



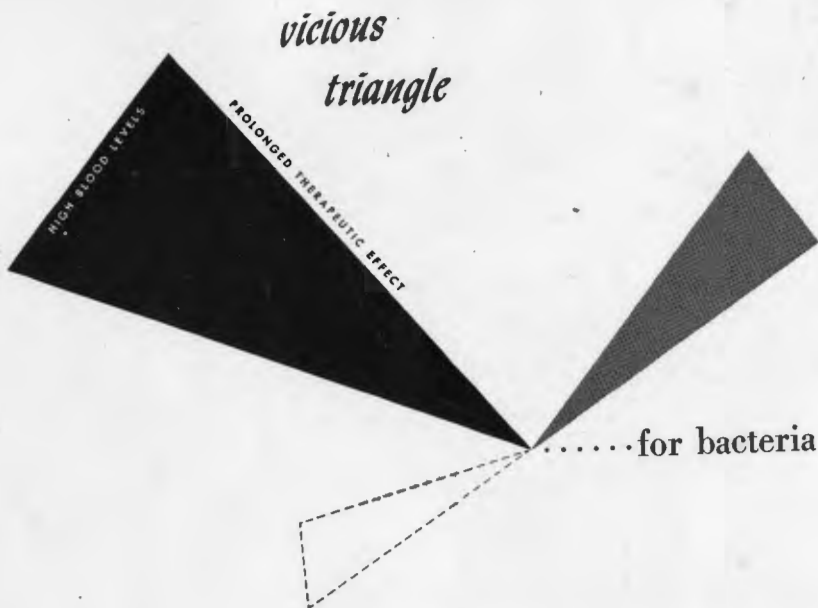
Nature is only to be commanded
by obeying her.

—Francis Bacon

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XIX, No. 1
JANUARY • 1949



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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 Society—Schween-Wagner Bldg.
3rd Tuesday 8:30 p. m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home
4th Tuesday 8:30 p. m.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home.
Every Tuesday 8:00 a. m.	Monthly Meeting—Mahoning County Medical Society— Hotel Pick-Ohio.
Every Tuesday 11:00 a. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Thursday 12:30 p. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Friday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Alt. Saturdays 11:00 a. m.	Weekly Surgical Conference, Youngstown Hospital— Nurses' Home
	Urological Section, Library—S. Side Unit, Youngstown Hospital
	Clinico-Pathological Conference, St. Elizabeth's Hospital Library
	Clinic—Pathology Conference, Auditorium Nurses' Home South Side Unit Youngstown Hospital
	Obstetrical Section—North Side Unit of Youngstown Hospital

COMING MEETINGS

American Academy of General Practice, Cincinnati, March 7-8-9, 1949.

American College of Physicians, Annual Session, New York City, March 28-April 1, 1949.

Mahoning County Annual Post-Graduate Day, April 13, 1949.

Ohio State Medical Association Annual Meeting, Columbus, April 19-22, 1949.

PRESIDENT'S PAGE

★ ★ ★

In these days when the social order is evolving rapidly, the past minutes of our Society are worth reading. Here we witness the professional character of medicine emphasized, its ethics, its training, independence of judgment, its collaboration and the position that the Society has held as a guide and initiating center in the welfare of the community.

As society evolves and new problems present themselves, the Mahoning County Medical Society will show itself in the future as it has shown itself in the past, as accepting them as nutrients for growth and service.

Doctor John Noll, who has contributed so much of his time and energy to the welfare of the Society, is to be congratulated upon his successful term as President.

J. N. McCANN, M. D.

BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio

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**VOLUME 19****JANUARY, 1949****NUMBER 1**

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

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S. W. OndashJ. A. Patrick
H. J. Reese
R. J. Scheets
W. J. Tims**WE CONTINUE**

During the last year, the programs of our regular meetings have been uniformly of good quality; and we have attended with the expectation of being amply repaid for our time and effort. Many of us have become unwilling to lose these opportunities to make better doctors of ourselves through these presentations and discussions.

While most of these programs have taken the form of having someone from a distance speak to us, quite often we have felt that he was also speaking for us out of experience comparable to our own, and constructively interpreting and extending our limited observations.

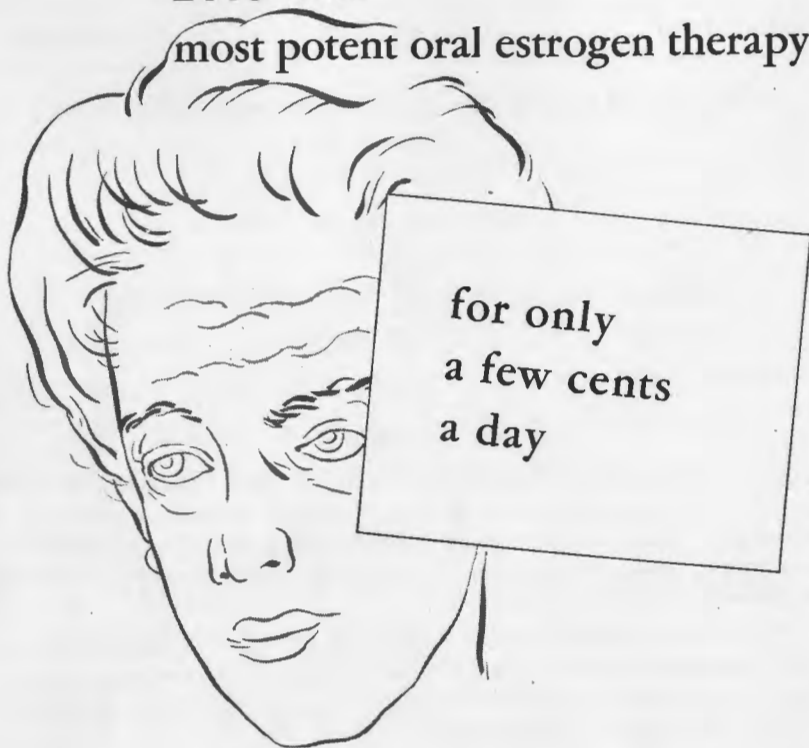
In a comparable way the Bulletin has presented each month material that has required time and effort to collect and produce, to the end that each issue shall speak not only to you, but shall also speak for you. That it shall speak for you at your best, is our unyielding determination. To maintain this, requires both your interest and your participation. The responsibility of Society membership includes this participation.

There may come to your attention some news items of personal or professional interest. You may have had some experience, recent or remote, or some observation that should be recorded. Short articles pertaining to phases of diseases or of therapy are extremely helpful. Resumes or summations of recently published articles that have attracted your attention will serve a good purpose. Community problems involving cultural, ethical or professional relations could be presented to our advantage. Suggestions from members of the various committees concerning their special assignment would likewise be helpful.

We hope that these suggestions will secure the assistance we will require to continue our purpose of making the Bulletin your opportunity, while it is remaining the voice of the Society.

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SHOULDERS TO THE WHEEL

The 81st Congress has approximately twenty per cent new members in each House. With few exceptions, the committees in which we have the most interest are likely to be manned by the people who directed them in the 79th Congress. By the time this Bulletin reaches you, we will know what health legislation the President recommended in his message to Congress. Congress, and especially the new members, should be informed on the problems involved in changing our medical care system. They should know what has been done in providing medical care and what plans we have for the future. The public, as well as Congress should be so fully convinced that our program is for the improvement of the general welfare, rather than the advancement of our private interests that they will give approval and join us in accomplishing its realization. We must enlist the endorsements of individuals and of organizations for what we know to be to their best interest. The public servant relying on public confidence for his election will listen to the people who elected him to office, for he knows if he is to stay in office, he must ask these same people to re-elect him. The advocates of federal health insurance programs, did not have a mandate from the people for socialized medicine.

What are we, in Mahoning County, doing to organize public sentiment to our point of view? Most of us are so busy with our practice of medicine that we have no time to do anything else. But we must take time to do this very important task, or we shall all be in the plight of the English physicians. We should find opportunity to discuss these problems with our patients. We certainly should have a weekly radio program. And the speakers' bureau should be a very active committee this year. Every member of the Society should be able and willing to present the fundamental facts to any organization, on call.

In the "Kiplinger Magazine", a point is made about the glaring difference in the results of two polls on health insurance. One poll asked people if they would approve a six percent deduction from wages for federal medical care and hospitalization. Only 16 percent of the replies were favorable. Another poll asked if they approved of having social security cover doctor and hospital care. Sixty-eight percent approved. This love of something for nothing, has been successfully exploited.

C. A. G.

WE WILL NOT TAKE IT LYING DOWN

At the recent St. Louis interim session of the American Medical Association, the House of Delegates unanimously voted to assess each member of the Association \$25.00. The fund thus provided will be used for a nationwide plan of education on the progress of American Medicine, the importance of the conservation of health and the advantages of the American system in securing a wide distribution of a high quality of medical care.

What this means is that at last the AMA has decided to come into the open and fight the threatened socialization of medical practice. For sixteen years the threat has been growing, but the AMA, the only powerful organization the doctors have, has sidestepped the issue. They felt that it was political and the AMA should keep out of politics. The rising clamor of the doctors to save the country from an importation of European socialistic health-care and themselves from regimentation, has now been heeded. The action was taken by the delegates elected from cities, small towns or villages, and it was unanimous.

WITH A SCORE OF

94.6

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•
Isaly's

It is time now for every doctor of medicine to take his stand squarely behind the AMA and use every resource of money, influence, and prestige to further the cause. The people must be told our side of the controversy with every means at our command.

Already the plan of attack against us is evident. It is the pattern of divide and conquer used so successfully by dictatorships everywhere. Headlines in the newspapers say "Revolt in the AMA". Rival organizations will be promoted composed of doctors willing to "go along". Prominent teachers of socialistic leanings will receive wide publicity for their utterances which disparage the American system of practice. The campaign is already on, vigorously promoted by the Federal Security Administrator.

Maybe it is too late. Certainly the amount to be raised is too little; perhaps we won't all approve of all the methods used, but we must not let ourselves be divided. The fight must be made. Once the Bureaucrats obtain power, they never give it up.

Everyone should read the statement of the Board of Trustees which says in part, "The Board of Trustees is not adverse to the expenditure of its total funds if need be to oppose any enslavement of the medical profession or any effort to attack the fundamental principles of liberty and democracy which are characteristic of the American nation. We are confident of the honesty, sincerity and altruism of our position. We are earnest in our efforts to maintain standards of medical science and medical care which are responsible for the high position that American medicine occupies in the world today. We propose to resist determinedly any attempt at deterioration of these standards, and we shall give to this effort all the strength and the courage of conviction that the American Medical Association, through its officers, its House of Delegates, and its membership, can muster."

Those are heartening words. The gauntlet has been picked up, the challenge is accepted. We are not going to take it lying down.

J. L. F.

EXTRARENAL UREMIA

A functional disease of the kidney which is the result of one or more disorders outside the kidney. There is no unanimity of opinion concerning the exact etiology and pathogenesis. Almost any serious illness or injury may be looked upon as a cause for extrarenal uremia and yet there is no common factor accountable for it. The chief clinical characteristics uniformly present are dehydration, stupor, azotemia, low blood pressure and a shock-like appearance. In some cases alkalosis and hypochloremia are present and in others acidosis and normal chloremia exist. Diagnosis of the syndrome may be difficult since the clinical features may be overshadowed by the primary disorder. Alertness for the condition is the first essential, especially in patients who vomit excessively, have prolonged diarrhea or who suffer from trauma or infections. Unlike dehydration which causes a craving for water, alkalosis and/or hypochloremia may exist without causing an urge for salt or giving any hint of its presence. CO₂ combining power of the blood is usually elevated to the point of alkalosis. When dehydration from diarrhea is present the sodium chloride of the blood may be normal and acidosis may prevail. Treatment is directed toward restoring to normal the volume and electrolyte composition of the blood by intravenous fluids.

J. D. M.



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New Slate for '49

On our fresh, clean slate in the bright new year,
let us record only those acts that will bring to
others the most happiness and the greatest good.
May the New Year bring to all our doctor friends
an overflowing measure of peace, contentment
and happiness . . . may 1949 be a year of great
opportunities and greater achievement.

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PROFESSIONAL LITERATURE ON REQUEST

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THE RELATIONSHIP OF DOCTOR AND PATIENT

The monthly meeting of the Mahoning County Medical Society was held Tuesday night, November 30, 1948, at the Pick-Ohio Hotel. The speaker of the evening was Dr. Douglas Bond, Professor of Psychiatry, School of Medicine, Western Reserve University. Dr. Bond spoke on "The Feeling of the Patient for the Physician and Vice Versa". He stated that the physician must realize that in the eyes of the patient that particular physician is a superior being. The patient has come to this conclusion because he has selected that particular physician only after discussion with other people, word of mouth advertising, and other means of obtaining information. Because of his method of selection of a physician, the patient has a blind faith in him. Should the patient lose confidence in his physician, he becomes a difficult patient to handle. Dr. Bond then went on to point out that, by his method, the physician often prevents the patient from telling his story. Certain procedures should be followed in an effort to obtain a more complete story:

1. Close all office doors.
2. The physician should not be doing things which will distract the patient's attention while the conversation is going on.
3. Insofar as possible, the physician should keep silent when the patient wants to talk.
4. The patient will not talk about intimate problems in front of other people.
5. If the patient is disturbed about the physician's therapy, it is a wise thing for the physician to allow the patient to censure him without rejoinder. Very often the patient does very much better after such an outburst, because he feels much closer to the physician who listens to the irritative tirade. This is a difficult situation for the physician unless he realizes that such anger is not based on reality. This is especially true in those patients whose ailments are chronic and whose treatment is either difficult or inconvenient to follow.

Dr. Bond continued to discuss many of the problems which come to him in the proper handling of patient-physician relationships. A difficult problem is the one presented by the patient who becomes too fond of the physician. In such a situation, the physician should give the patient a chance to express this feeling, for very often such an expression of feeling is followed by an improved ability of the patient to respond to the physician's therapy. The physician, in such cases, should not resort to innuendos, et cetera, which may give the patient a wrong interpretation of the physician's feeling toward him.

Something which the physician should avail himself of much more frequently than he does is the use of silence. Silence can be a most important tool. The physician should not do all the talking; he should let the patient talk as much as he wishes. Furthermore, he should allow that patient plenty of time. If the physician will keep quiet long enough, the patient gets a chance to study the discussion he has been conducting and to re-evaluate his ideas and comments. Silence may be a means of conveying a feeling of reassurance to the patient. The physician should be very careful when

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uttering reassurances to see that such utterances are given at the most opportune moment; that is, when they will have the most positive value.

As Dr. Bond talked, and it should be pointed out that his discussion was purposely kept on an informal basis, he illustrated many points with personal case histories. He concluded a most interesting evening by answering questions from the audience.

HAROLD J. REESE, M. D.

THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING December 7, 1948

The monthly staff meeting of the Youngstown Hospital Association was called to order at 8:30 P. M. on December 7th, by the president Dr. W. K. Allsop.

Dr. Gustafson, chairman of the Record Committee, reported that there are 500 charts that are incomplete at the North Unit and 200 charts at the South Unit. Members of the staff are urged to complete the charts upon discharging the patient.

Dr. Fisher announced that the recovery room at the North Side Unit is now opened and functioning. All surgical cases will be removed from surgery to the recovery room unless the attending surgeon requests otherwise. It is not mandatory that the patient be admitted to the recovery room. Dr. Fisher suggests that the attending doctors inform the family of the patient that the patient will be transferred to the recovery room and that there will be a delay in their return to their own room. The purpose of the recovery room is: first, that patients may have better immediate post operative care and secondly, it removes a load from the general duty nurses on the floor. The room has been in operation one week and 70 patients have been admitted to the room. It has a total capacity of 8 cases. The average time spent in the recovery room is one half hour. The highest time to date is one hour. The highest number of patients present in the room at one time to date, is 4. Dr. Coombs inquired as to the accomplishments of the recovery room. Dr. Fisher replied that fluids started during surgical procedures can be finished. Secondly, the blood pressure can be more closely watched. Third, blood and fluids are quickly available. As soon as the patient is awake they are returned to their rooms. Dr. Altdoerffer suggested that some newspaper publicity be given to the opening of the room. Dr. Allsop stated that the matter of publicity comes under the Administrative Department of the hospital and is not the responsibility of the staff.

A paper on "Abdominal Pregnancy" was reported by Dr. Alexander and Dr. Altdoerffer. A second paper was presented by Dr. Altdoerffer on the subject of "Hystero-Saepingography".*

In the absence of Dr. Bierkamp, Dr. R. R. Morrall read the report of the resolutions committee in reference to the death of Dr. Orrin Haulman and Dr. R. M. Morrison. There followed a moment of silent tribute to Dr's. Haulman and Morrison.

The meeting was adjourned at 10:15 P. M.

E. C. BAKER, M. D.
Secretary

*These papers will be published in later issues of the Bulletin.—Ed.

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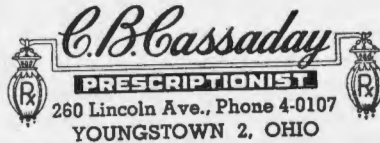
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ST. ELIZABETH'S HOSPITAL ELECTS OFFICERS FOR 1949

The annual election of officers of the Staff of St. Elizabeth's Hospital was held at the regular monthly meeting on December 7, 1948. The following officers were elected to serve for the coming year.

Dr. R. B. Poling was re-elected President of Staff and Dr. Robert E. Odom was elected Vice-President; Dr. Stephen W. Ondash was re-installed as Secretary-Treasurer. Elected as departmental heads of the various sections were the following. Dr. L. G. Coe was elected Director of Surgery; Dr. A. J. Brandt, Director of Obstetrics and Gynecology; Dr. M. W. Neidus, Director of Medicine. Dr. R. V. Clifford and Dr. I. C. Smith were elected to membership on the Executive Committee. Dr. C. D. Hauser was named as Hospital Representative to the Associated Hospital Board.

Brief case abstracts, representative of interesting problems in various departments, were presented for review by Drs. A. Bax, A. Luchette, F. J. Gambrel and W. Kelley, members of the resident staff.

TUBERCULOSIS SANATORIUM ANNOUNCES 1949 OFFICERS

Dr. William Newcomer, Director of the Mahoning County Tuberculosis Sanatorium, announced the results of mail balloting for staff officers to serve for the year 1949.

Dr. J. P. Keogh was re-elected President of Staff. Dr. M. W. Neidus, Vice-President and Dr. J. F. Stotler, Secretary-Treasurer. Drs. J. M. Ranz and M. M. Yarmy were elected as representatives to the Executive Committee to serve for a period of three years.

UNCLE DUDLEY

Great thoughts do not spring into being when we hear them expressed. They are the accumulation of the ages, and have been voiced again whenever someone has arisen who could comprehend them and see their application. They might be called the eternal verities.

★ ★ ★

Learning to avoid the unpleasant truth, is a way to accumulate a lot of misconceptions that culminate in bitter disillusionment. Self-deception and happiness are strangers to each other.

★ ★ ★

When the Greeks were speaking of time as a succession of instants, always present, they were not presenting it as an entity; nor did they refer to it as a dimension. In our thinking, it is very difficult to be reconciled to its non-existence; and equally difficult to accept it as an entity. We are compelled to shape our thinking and our conduct as if something which is not, still exists.

FEBRUARY 15, 1949

Speaker:

DR. T. G. RANDOLPH
of Northwestern University

Subject:

"FOOD ALLERGY"

Women's Auxiliary
to the
Mahoning County Medical Society

DINNER MEETING

Thursday, January 20th

6:30 P. M.

YOUNGSTOWN CLUB

Husbands Will Be Guests

Health Department Bulletin

REPORT FOR NOVEMBER 1948

	1948	Male	Female	1947	Male	Female
Deaths Recorded	180	116	64	172	110	62
Births Recorded	560	299	261	450	242	208

CONTAGIOUS DISEASES:

	1948		1947	
	Cases	Deaths	Cases	Deaths
Chicken pox	22	0	41	0
Measles	4	0	4	0
Scarlet fever	3	0	11	0
Polio	0	0	1	0
Whooping cough	14	0	61	0
Tuberculosis	1	3	11	1
Mumps	1	0	0	0
Syphilis	31	0	50	0
Gonorrhoea	18	0	10	0

VENEREAL DISEASES.

	Male	Female
New Cases:		
Syphilis	7	2
Gonorrhoea	16	4
Total Patients		29
Total visits to clinic (patients)		434

W. J. TIMS, M. D.
Commissioner of Health

Regular Meeting

January 18, 1949

8:30 P. M.

Cascade Room, Hotel Pick-Ohio

Speaker:

DR. ROBERT H. BROH-KAHN

Subject:

**"SOME SPECULATIONS CONCERNING
THE BIOLOGY OF RHEUMATIC FEVER"**

Dr. Broh-Kahn is:

**Associate Director, May Institute
for Medical Research, Cincinnati, Ohio**

**Assistant Professor Experimental Medicine,
College of Medicine,
University of Cincinnati**

**Consultant in Charge of Chemistry and
Bacteriology, Jewish Hospital, Cincinnati**

**Formerly Consultant in Bacteriology to the
Air Surgeon and Chief of Bacteriology,**

School of Aviation Medicine, Randolph Field

In Memoriam

ROBERT MEHARD MORRISON, M. D.

Dr. Robert Mehard Morrison was born September 28, 1872 at Wurtemberg, Pennsylvania, the son of James M. and Ann Mehard Morrison. He was graduated from the University of Pittsburgh in 1895 and immediately began the practice of medicine in Youngstown. He was one of the early members of the Youngstown Hospital Staff, a Fellow in the American College of Physicians as well as a member of various professional and social clubs in the City and State. A charter member of the recently organized Half Century Club of the Mahoning County Medical Society he was secretly pleased about his length of practice but never bragged about his fifty-three years of service.

"Pop" Morrison was an able internist who practiced as a family physician. His love for his own home and family permeated into the households of those who were ill so that each member of the home was considered. A Master in the practice of the Art of Medicine, coupled with an uncanny clinical judgment which sensed trouble before it occurred, made him a leader in his class.

The traits of a shrewd business man, builder and benefactor, were responsible for many of his achievements. The Industrialists and Financiers of this Valley held his financial opinion with such respect that the successful drives he headed for the North Side and South Side Units of the Youngstown Hospital were to our profit. As a builder he loved to see new construction and repair whether it was a dwelling, a church or a hospital. He served on many building committees and boards as counselor in this regard. A true benefactor has companionship and humbleness with giving when sincerity exists. All of these were there plus a sense of humor equal to few. When his arm was around your shoulder and you listened to a story or a bit of wise counsel no barriers existed, just respect and friendliness. No one will ever know his great number of charities to patients, because he never listed them, but woe to anyone who slighted a charity patient.

When Dr. R. M. Morrison passed away, November 19, 1948, Mahoning County and the Profession lost one of the Deans in the practice of medicine, but the good he accomplished will live on for all to enjoy.

JOHN NOLL, M. D.

There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Heracleian cheerfulness and courage. So that he brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing.

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OBSERVATIONS OF THE HOUSE OF DELEGATES**Third Interim Session of The American Medical Association****St. Louis, Mo.**

The House was called to order by Speaker F. F. Burzell at 10:15 A. M. November 30, 1948, with 129 delegates seated, after answering roll call. Total House is 175 members.

First order of business (after approval of minutes of the last session of the House in Chicago, June 1948) was making the award to the outstanding practitioner of the year. Three candidates were presented to the House by E. L. Henderson, Chairman of the Board of Trustees. Candidates were Dr. W. L. (Buck) Pressly of Due West, S. C., receiving the first award; Dr. Lyle (Bonnie) Hare, Spaurfish, S. D., second award; and Dr. Chas. M. Horton, Franklin, La., third award.

Dr. Henderson said 23 states sent in nominees but material was insufficient in many cases to give consideration.

Speaker Borzell made a short talk asking that speech making be cut to a minimum but everyone will and must be heard. And that the coming year would be the most important in Medical history. That there would be no gag rule. There was a lot of work to be undertaken and finished with little time to do the job.

A short talk by the President R. L. Sensenich about the United Nations attempting through aid of medicine to define "human rights" as we know them in the United States. He believed there will be a good report. We are one of three countries of the world that does not have socialized medicine.

It will be the duty of this House to make policies which the American Doctor can defend regarding the Socialization of our Profession.

Sec'y George Lull made a report on the activities of the Association since the June meeting. He gave the amount of work being carried out by the various councils, committees, and departments, coordinating the work of each with all others. The great amount of work carried on by his office in the field.

Report of the Board of Trustees by Henderson, its chairman, stressed work that is needed to further the position of American medicine both at home and abroad. A great amount of necessary propoganda is being set up in Congress against medicine. We are in the darkest time of our history and it will be necessary to have and spend a lot of money if we are to survive as a free and independent profession. To get the money the board proposed that each State Society be assessed an amount in proportion to its membership. This was not approved; In its stead was a \$25.00 assessment against each member of the Association. With this assessment there were certain things the Board was to do; enlarge the Washington office—space and personnel; engage high class public relations personnel; educate the profession; educate the people through the press—daily-weekly-monthly; periodicals; radio; movies; and in any way they can be reached telling them what medicine has proposed as a free enterprise; and what will happen if it is socialized. This must be done at once with no soft peddling of the issues, and a study of all legislation on Public Health and medical reports to the profession for action at once.

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Medical Director
JOHN A. MCKAY, M. D.

The World Medical Association was explained by Dr. John Cline of California. The organization is attempting to bring a closer relationship of World Medical men; as there are many things in all countries in medicine that are the same. We talk the same language, we have ill people to treat, we have diseases to prevent, we have in short the job of bringing all medical organizations closer together with a better and clearer exchange of medical information; public health assistance to all the peoples of the world; to promote better health by better living, i.e., better housing, working conditions.

Promote peace, in that all medicine is not to destroy but cure and prevent. Investigate war crimes.

Strengthen existing medical associations and assist in starting new organizations.

Increase medical education in the world and standardize all teaching.

Improve medical advertising; to improve treatment and eliminate undesirable practices and quackery.

Extend a hand of fellowship to all medical men of other countries. Every medical man is requested to become a member; The Committee on National Medical Service reported that officers on duty are the responsibility of the Sec'y of Defense; that the only physicians that should be required to register are those below the age of 26; that the committee has gone on record against drafting physicians over the age because it is class discrimination. Committee on Veterans' affairs reports that General Bradley stated that 80% of the patient load of all veterans' hospitals are not service connected. That any veteran can sign a statement that he cannot afford to pay and he will receive transportation, medical care with hospitalization at government expense.

These facts with cost should be given to the American Legion and Hoover Commission for study. In order to save money the Veterans Administration should purchase insurance from prepayment plans in each area to cover all veterans in the area. Then have the Veteran treated in the area without increasing government hospital beds.

New Business—A resolution asking AMA to state policy regarding voluntary prepayment plans, which it did, stating it approved all plans sponsored by State or County Societies. That the American people enjoy better medical care because of free enterprise, more so than other countries. That medical care declines where government takes over, that socialization is opposed, that any form of compulsory health insurance is state medicine, that voluntary methods are superior and less costly than State controlled. Through these uncontrolled methods better medical care will be available to all the people.

Resolution asking approval of Diabetic Society program to educate all about the diabetic; approved. All state and county societies requested to cooperate.

Father Swetila of St. Louis was given by unanimous vote the First lay award for meritorious service to medicine and the medical profession of the United States.

Resolution requesting the AMA to withdraw all approval to hospitals or other medical bodies requiring compulsory attendance at meetings. The body disapproved such methods.

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Re-affirmed its stand that such drastic action should not be taken but that the AMA has not in the past or now set up such regulations for attendance at medical meetings.

Resolution condemning Federal Subsidiaries in any form was introduced. The House approved the resolution after much debate regarding the action taken by the Academy of Pediatrics asking for Federal aid to educate pediatricians. This was condemned as one step toward government medicine. All forms of subsidiaries of any type, medical educations, etc., included, were condemned.

That a National Foundation be established to aid Medical Schools; approved.

Resolution asking that medical students and interns be deferred. Recommended that this would give the student his medical degree and a 2 year internship, that to make up for the shortage of armed forces personnel a number of medical teachers be released to serve for at least 1 or 2 years.

Resolution showing that there is more deaths due to accidents than any other cause. That the American Medical Association cooperate with the American Safety Council in an attempt to prevent this cause of death.

Resolution urging all medical schools to increase enrollment. And request that this be done as soon as possible.

Resolution urging that all medical care of the Armed Forces be under the direct supervision of medical men. That the Chiefs of Service be under various Surgeon Generals.

Resolutions setting up methods of operation of Red Cross Blood Banks, recommending that all such services shall be set up under direct supervision and sanction of the County Medical Society as the Red Cross cannot charge for blood or blood products.

That such service should not be set up but a charge can be made by the physician giving the service. No blood banks should be established unless need is definitely shown.

The Committee on Rebates reported that it is the duty of the County Society to withdraw membership of those members that insist on continuing this practice and state laws should be passed outlawing such practice.

Several resolutions asking confirmation of a national enrolling agency with a national underwriting insurance company; after a three hour hearing on these resolutions on Blue Cross, Blue Shield, combination, both pro and con the House confirmed a national enrolling agency but rejected the insurance principle.

Resolution asking medical men to refuse to co-operate with Government if Federal medicine becomes a reality; not approved.

Reference Committee—Hygiene and Public Health approved that more adequate health units be established over the country. Public Health is an art and science to improve the Health of the People and prevent disease.

Because of a shortage of interns it is suggested that a 2 year rotating service be set up instead of one year; would give more interns. The armed

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forces were requested to keep medical personnel to a minimum; to spread medical men over greater areas both at home and in service, (Veterans' Hospitals included).

All Workman Compensation groups should have a technical advisory Committee. Miner's group should have medical advisory Committees in each State.

A method should be worked out whereby all veterans that cannot pay for hospital and medical care can be taken care of at local level, they should be insured in prepayment plans.

The County Societies should take action on all matters pertaining to legislation of which and in which we are interested and give a helping hand to State Legislative Committees. Each Physician should know each elected officer from his district both National and State.

There is a definite trend toward informing all students of the pro socialization of medicine with a lack of material against; that the Board of Trustees should see that material against is found in all schools, colleges, and public libraries, which the House requested the Board of Trustees to furnish.

W. M. SKIPP, M. D.

Delegate from Ohio to AMA

MAHONING VALLEY SOCIETY OF ANESTHESIOLOGISTS

At a recent meeting at the North Side Hospital the Mahoning Valley Society of Anesthesiologists was organized. Membership thus far includes physicians from Alliance, Canton, Salem, Sharon, Warren and Youngstown.

Members of related specialties are invited to the meetings which are held on the fourth Wednesday of each month. Officers were elected as follows: President, Dr. A. J. Fisher; Vice-President, Dr. M. Esther Cushnie of Sharon; Secretary-Treasurer, Dr. D. W. Metcalf.

D. W. METCALF, M. D.

CYNICAL SAM

When old people are lamenting the passing of the "good old times", it is not difficult to get them to admit that some of that time was spent in trying to keep flies away from what they wanted to eat.

★ ★ ★

The most powerful weapon against vanity is ridicule. We learn this in childhood but continue to be vain.

★ ★ ★

The propagandist knows that people's opinions are not influenced as much by the truth or falsity in what they are told as they are by the order, the time and the manner in which the material is presented. He also knows how to use repetition, and doesn't limit it to children.

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MEDICAL BOWLERS OPEN SEASON

The medical bowling league received a belated opening when a dozen hardy physicians fired away at the tenpins at the Champion alleys on Thursday, December 16, 1948. Although self-prescribed physiotherapy was necessary for resultant myalgias, etc., considerable enthusiasm marked resumption of play. Dr. James Brown proved to be the most successful in consistently chalking up high scores, but Drs. Piercy, Young, Reese and Herman also scored well for the first time out. Others spent the afternoon trying to control wicked curves or the "hard, fast one" on the lanes. Suffice it to say, the pin boys were far from overworked because the maples failed to fall in any record breaking numbers.

Efforts are being made to attract greater numbers to the bowling sessions so that teams can be drawn up for competitive sport. The heavy representation from St. Elizabeth's Hospital is trying to encourage a like number from the Youngstown Hospital Association so that hospital teams can match their wares at future sessions. It is certain that there are more from YHA other than Drs. Piercy and Brown who, incidentally, gave excellent account of themselves. Your reporter recalls Ipp, Tims, DeCicco, Vance and a few others who helped take a lot of paint off of the ten pins in the past. Let's go!

As a reminder, the bowling league meets every Thursday, 1:30 p.m., Champion Alleys. Adequate lanes and pin boys are available, so lets turn out.

COUNCIL MEETING

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on December 13, 1948, at the office of Dr. John Noll, 101 Lincoln Ave., Youngstown, Ohio.

The following doctors were present: J. Noll, V. L. Goodwin, W. J. Tims, W. M. Skipp, C. A. Gustafson, E. J. Wenaas, G. G. Nelson, R. E. Odom, I. C. Smith, E. J. Reilly and J. K. Herald.

The following applications were presented by the censors:

ACTIVE MEMBERSHIP

R. J. Scheetz, St. Elizabeth's Hospital, Youngstown, Ohio.

INTERNE MEMBERSHIP

W. J. Kelly, 1110 Belmont Ave., Youngstown, Ohio.

E. A. Shorten, Youngstown Hospital Assn., Youngstown, Ohio.

J. F. Downey, 1204 Central Tower, Youngstown, Ohio.

ASSOCIATE MEMBERSHIP

B. S. Brown, N. S. Unit, Youngstown Hospital Assn., Youngstown, Ohio.

D. M. Metcalf, N. S. Unit, Youngstown Hospital Assn.

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

V. L. GOODWIN, M. D.
Secretary.



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NEWS

Dr. H. K. Giffen and Dr. Robert T. Thomas were at Chicago at the University of Illinois School of Medicine, December 18th, for the North Central regional meeting of the College of American Pathologists. The first lecture was on the medical legal practice of pathology by Dr. Levinson of the University of Illinois. The latter part of the morning was on differential diagnosis of lesions of bones and joints by Dr. Bennett. In the afternoon there was a seminar on brain tumors by Dr. Paul C. Bucy. This was followed by another seminar on the diagnosis of liver damage by functional and morphologic methods by Dr. Hans Popper.

Dr. Louis Bloomberg passed successfully the examination for the American Board of Ophthalmology in Chicago, on October 5th, 1948.

Dr. D. H. Smeltzer announces his return to the practice of nervous and mental diseases.

Dr. R. B. Poling and Dr. Arnoldus Goudsmit announce the opening of their laboratory of Clinical Pathology at 2218 Market Street.

Dr. C. W. Sears has received his fellowship in the American College of Surgeons.

Dr. George Yale Smith passed successfully the examination for the American Board of Radiology.

Under the energetic leadership of Mrs. H. S. Banninga and her splendid committee more than three hundred dollars was raised at a bazaar and bake sale in November. This money is added to the Nurses' Scholarship Loan Fund to help finance the education of two nurses. In February, (date to be announced) there will be a Benefit Style Show, proceeds to be used for the same project. Mrs. George M. McKelvey and Mrs. Herman Zeve form the committee in charge.

Auxiliary members are cooperating with the Red Cross in a plan to collect all old medical journals. Members are urged to clear attics and basements of all unneeded issues for shipment overseas to schools and medical centers.

Attention! Dues not paid by December 31, 1948 are delinquent.

At the recent meeting of the Radiological Society of North America, in San Francisco, a considerable portion of the program was devoted to Isotopes and other chemical methods of treating disease. At the end of a very fine wet clinic on Isotopes, one of the leading Radiologists of the country, who has been working over a year in Isotope investigation, made a statement to the effect that no patient should consider Isotopes necessary in the treatment of disease at present.

In view of the present knowledge on the subject, any disease successfully treated by Isotopes can be equally well treated by older and established methods of therapy.

The use of Isotopes is still experimental and investigative.

E. C. B.

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HEALTH NEEDS EDUCATION

We cannot legislate good health into being any more than we could create temperance by the passage of the Volstead Act. Good health is not a commodity which the Government can deliver to you in a neat package. It cannot be administered to you out of the doctor's little bag. The attainment of good health requires the active and intelligent participation of every member of the community. Given all the paraphernalia of modern medical science, the well-being of the community will not improve unless the people are sufficiently well educated to take advantage of what is offered. In many sections of the country the chief barrier to improved health is ignorance.

In the meanwhile there is no need for hysterics. We can well afford to resist any rash political action which would sabotage a system that has enabled us to become one of the healthiest nations in the world. Certainly the health of our country is not in such desperate state that we must rush to surrender complete control of our medical care into the hands of an all-powerful federal agency—an agency whose members are responsible for the propaganda to convince you that we are a nation of cripples and weaklings.

Maurice Friedman, M. D., in Nation's Business.

ARMED SERVICES SEEK AUTHORITY TO CALL DOCTORS

It has been learned on high authority that the armed services will ask Congress to change the draft law to permit induction of doctors and other professional men as such.

More than 3,900 additional doctors, 2,000 dentists, and several hundred in related professional groups will be needed by this time next year.

Professional men in the reserves aren't filling the vacancies.

The draft law says new inductees cannot be brought in until adequate medical and hospital personnel is available.

Unless some action is taken the services will be hard put to comply with the law in 1949, members of Congress are informed.

An inductee may turn out to be a doctor or a dentist when he is sworn in. He may then be assigned to the medical corps and given junior rank, but will not be eligible for the \$100 a month extra that may be given a professional man entering as such.

The military department will ask Congress to amend the draft law to permit direct drafting of professional skill. Special incentives can be offered to get the needed personnel. Otherwise, a shortage is likely to occur. Already medical men in the army and navy are having their leaves canceled.

—The Kansas City Star

CENTRAL SOCIETY FOR CLINICAL RESEARCH

The annual meeting of the Central Society for Clinical Research was held in Chicago, October 29-30, 1948. An excellent selection of papers was presented, displaying both new ideas, and new approaches to older problems. A pamphlet containing abstracts of the papers was distributed prior to the meeting and these abstracts are also to appear in the NOVEMBER and DECEMBER issues of the JOURNAL OF LABORATORY AND CLINICAL MEDICINE. Dr. Edgar V. Allen of Rochester, Minn. became the new president of the organization to succeed Dr. Richard McKean of Detroit, Mich., the retiring president.

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Old Way . . .

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Frazer* states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.

*Frazer, J. G.: The Golden Bough, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

New Way . . .

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