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**APRIL 13, 1949**  
**BULLETIN**

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Youngstown, Ohio  
VOL. XIX, No. 3  
MARCH • 1949



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## PRESIDENT'S PAGE

★ ★ ★

It is imperative that we pay the special assessment of the American Medical Association. This money is needed to take the medical profession's story to the grass roots in the good old American tradition.

It is needed to tell the story of liberty and human dignity as compared with those countries that have been robbed of initiative with the consequent moral and economic disintegration of medical care.

It is needed to tell to healthy America the comparative story of those countries morally spent and financially bankrupt with socialized medicine.

It is needed to expose those persons who are cloaked in respectability of leadership whose nostrum is lowering the medical standards of our country.

There is no question that the powers for socialized medicine can outspend the medical profession. But the spending of large sums of money does not control public opinion.

J. N. McCANN, M. D.



**BULLETIN** of the Mahoning County Medical Society

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**VOLUME 19****MARCH, 1949****NUMBER 3**

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

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W. J. Tims**"PICKPOCKET MEDICINE"**

Before Congress passes any bill for universal sickness insurance—falsely called "health" insurance—Mr. Ewing should provide the American taxpayer with all the facts. Here are a few puzzling questions he might answer:

1. If a patient can choose his own doctor under the government plan, what happens when a specialist is swamped and a patient must be sent to another doctor?

2. How are hypochondriacs to be kept from overloading the setup?

3. How will people be prevented from entering hospitals for long rests if the government pays the bill?

4. What assurance can the government give that compulsory sickness insurance costs will not balloon above original costs as was experienced by the Labor government in England?

5. How will such a vast program, affecting every man, woman and child, be carried on if a depression strikes?

6. Will war veterans, who are entitled to free medical and hospital care under existing law, still have to pay the compulsory payroll tax to provide medical care?

7. What constitutional right does anyone have to tell a doctor where he will work in what community or why he will practice medicine, how much or how little he is to learn, what he is to charge for his skills, whom he is to treat, and where he is to treat them?

The government cannot give the people anything for nothing because the government itself cannot produce wealth. It is only by taxing the citizens that the federal treasury can accumulate funds. Where subsidies are given to any state for any purpose, it is the people's own money that is being returned, minus a considerable proportion used for maintaining an ever-expanding federal payroll.

No one recognizes more than the doctor the right of everyone, regardless of race, color, creed or economic circumstance, to good health. No one is more aware than he of the need for a wider and better distribution of medical care. But this can never be done by picking the pockets of the American taxpayer and putting a politician between the doctor and the patient.

## MILK'S Contribution towards the Recommended Allowances of Nutrients

Accepted by the Council on Foods and Nutrition of the  
American Medical Association

NUTRIENT	CHILDREN 7 TO 12 YEARS		ADULT MAN PHYSICALLY ACTIVE		ADULT WOMAN MODERATELY ACTIVE	
	Recommended Daily Allowance	Supplied by one quart milk	Recom- mended Daily Allowance	Supplied by one pint milk	Recom- mended Daily Allowance	Supplied by one pint milk
		%		%		%
Food Energy, calories	2000 to 2500	34 to 27	3000	11	2400	14
Protein, gm.	60 to 70	57 to 49	70	24	60	28
Calcium, gm.	1.0 to 1.2	115 to 96	1.0	58	1.0	58
Phosphorus, gm.	1.0 to 1.2	88 to 73	1.5	29	1.5	29
Iron, mg.	10 to 12	3	12	1	12	1
Vitamin A, I.U.*	3500 to 4500	43 to 33	5000	15	5000	15
Thiamine, mg.	1.0 to 1.2	33 to 28	1.5	11	1.2	14
Riboflavin, mg.	1.5 to 1.8	110 to 92	1.8	46	1.5	55
Ascorbic Acid, mg.	60 to 75	23 to 19	75	9	70	10
Niacin, mg.	10 to 12	9 to 7	15	3	12	4
Vitamin D, I.U.**	400	100	400	50	400	50

\*Average Vitamin A Value in Milk is used.

\*\*Applies only to Vitamin D Milk.

# Isaly's

DAIRY SPECIALISTS

## ON THE USE OF TETRAETHYL AMMONIUM CHLORIDE IN MIGRAINE

### A Preliminary Report

By *Arnoldus Goudsmit, M. D.*

Within the past few months a number of patients with unusually severe migraine have presented themselves for treatment. Each one had failed to obtain relief in their acute attack, not only from analgesics, sedatives, and antihistaminics, but also had proven essentially refractory to nicotinic acid, intravenously, and ergotamine and dihydroergotamine, subcutaneously. The majority of them had received a course of intravenous injections of histamine, which had been followed up with its daily subcutaneous administration. A number had been subjected to anesthetic infiltration of one or more areas of marked hyperesthesia in the region of the scalp.

All of the patients had been given careful ophthalmological and otorhinological attention in the past, and the existence of significant organic intra-cranial disease had been excluded by appropriate clinical means. None of them were suffering from hypertension.

In spite of the use of the agents mentioned above, and of combinations thereof, the acute migrainous paroxysm in all these patients had continued unabated; in some it had lasted between two days and one week. One patient had experienced almost continuous nausea and vomiting spells at least twice daily for several months, and had required—on more than one occasion—as many as ten subcutaneous injections of 100 mg. of demerol each, in the course of three to five days, before feeling able to pursue her usual household tasks.

In view of the fact that satisfactory relief of the migrainous paroxysm may be obtained in suitable patients by the use of ergotamine, primarily a depressant of the adrenergic nerves, and of nicotinic acid, which is most prominently a vaso-dilator, it appeared worth while to attempt palliation by the use of the autonomic blocking agent tetraethyl ammonium chloride. This was administered slowly, intravenously, to these otherwise refractory patients in doses of four to five cc of "Etamon hydrochloride", either by itself, or diluted with 15 cc of 50% glucose. Soon after the familiar subjective sensations resulting from its injection had begun to be experienced, the disappearance of nausea was noted by all. The headache itself tended to subside entirely, or decrease markedly in severity, within the next five to ten minutes.

These favorable effects lasted for a considerable time beyond the established period of pharmacological activity of the drug, thus practically terminating the attack of migraine. The patient who had been vomiting daily was relieved for two consecutive weeks, and has been able to manage subsequent attacks without recourse to the use of any narcotic. A number of patients have returned of their own initiative requesting similar treatment on the occasion of a recurrent attack. Up to this writing, only one failure has been encountered: one patient to whom the drug was administered three times became asymptomatic twice, continued to have her headache once.

*Discussion and Summary:* It is realized that although the symptoms of the migrainous paroxysm are brought about mainly by local vaso-motor processes, the more fundamental cause, or causes, of the disease belong largely, if not entirely, to the fields of allergy, endocrinology and neuropsychiatry. Unfortunately, the offending factors, whether foods, hormonal

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imbalance, or emotions, are notoriously difficult to identify, eliminate, or neutralize.

Etiologically directed management may succeed in preventing the migrainous attacks, but once they make their appearance, symptomatic treatment becomes a practical necessity. To those patients whose acute paroxysm fails to yield to the many measures advocated in the past, a trial with tetraethyl ammonium chloride appears to offer an additional opportunity for relief.

### SPECULATIONS CONCERNING THE BIOLOGY OF RHEUMATIC FEVER

The above subject was discussed at the January 18th meeting of the Mahoning County Medical Society by Dr. Robert H. Broh-Kahn, who is associate director, May Institute for Medical Research of the Jewish Hospital and Assistant Professor Experimental Medicine, College of Medicine, University of Cincinnati.

Dr. Broh-Kahn observed that rheumatic fever is the most common cause of heart disease in thickly settled communities of the temperate zones. He outlined the relationship of Group A hemolytic streptococci and the rheumatic state giving evidence both in favor of and against streptococci being the chief etiologic agent in production of rheumatic fever. It manifests its principle activity, he said, in the destruction of collagenous tissue, which is a protein and part of the body's connective tissue outside of the working cells. The chief theory of Dr. Broh-Kahn's is that proteolytic activity takes place in the extra cellular tissues by a substance called "plasmin", which is formed in the blood stream, causing the breakdown of collagen.

This theory, Dr. Broh-Kahn said, then explains why rheumatic fever seems to have so many causes such as streptococci infections, shock, injuries and other associated factors, called precipitating factors, as age, climate, social and economic status and heredity. All of these apparent causes or precipitating factors may result in the formation of plasmin in the blood by a complicated chain of processes involving the nervous system, the endocrine glands and an involved system of enzymes. He used as examples for the above statement the experimental works of Selye, Rich and Cavelti in which rheumatic-like lesions have been produced in animals by physiologic stresses, infection of horse serum and egg albumin, and injection of autogenous heart extracts respectively.

He brought up the interesting problem, however, that if the above theory is true, why do not more of us succumb to this disease, since all, at some time or other, have probably been exposed to the various noxious stimuli which can incite the production of "plasmin"? His answer dealt with the variable inherent capacities of individual's nervous systems, enzyme systems, or endocrine systems to withstand such stresses as streptococcal infections, wounds, and shock, both mental and physical, and that if his inherited resistance is low he will succumb to rheumatic fever. Therefore, he said doctors should not stop when the case is diagnosed, but they should try to appraise the patient's capacity to resist stress and the amount of stress to which his environment exposes him, and if out of balance then efforts should be made to reduce the environmental stress.

Dr. Broh-Kahn admitted that much of the foregoing was highly speculative in nature and awaits experimental verification; but at the very least, "speculation" may afford the basis for a working hypothesis without which experimental investigation becomes aimless.

E. R. M.

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## MR. EWING HAS PLANS. DO WE?

Recently Federal Security Administrator Oscar Ewing spoke before the convention of State and Territorial Health Officers in Washington on "The Job Ahead." Mr. Ewing said that national health insurance was the keystone to his proposed health plan.

Mr. Ewing said in part:

"Success (of the government health plan) depends on what the people themselves are willing to do about it.

"For that reason we must start laying the groundwork now. Every community must organize its own committees to analyze the plan in relation to its own community resources and community needs. These committees must establish liaison with similarly organized state groups under your leaderships charged with coordinating these resources and meeting demonstrated needs in a state-wide program.

"Equally important is the need to start, now, a state and local campaign of education to explain the scope and purpose of the plan and to demonstrate what it will mean to the health and well-being of every citizen of the community—to rally all business, professional and civic organizations, together with the churches and the labor unions, for an all out effort to start the ball rolling.

"To set such a project in motion requires responsible state and local leadership. It requires the unstinted faith and determination of men and women who can spearhead such a campaign and carry it through to a successful conclusion.

"I am putting this up to you, as an organization and as individuals, to undertake this responsible job. We are set to go on the most comprehensive program of health that has ever been offered to the people of the United States.

"If we all put our shoulder to the wheel we can translate this program into a living reality. And with the facilities we shall be able to command we shall create a standard of health and well-being for the entire country, such as no nation has ever dreamed."

Those six paragraphs from Mr. Ewing's talk are a clear-cut indication that the Federal Security Administration is going to the communities and people direct in its fight to put through a compulsory sickness insurance program.

Read Mr. Ewing's pleas again. Every sentence can be applied to the medical profession, aimed, of course, at educating the people to the dangers of compulsory sickness insurance. Every state and county medical society can take a lesson from Mr. Ewing's remarks and apply them to their own job ahead.

Mr. Ewing says that "success depends upon what the people themselves are willing to do about it." How true! That applies just as well in our fight.

Again, Mr. Ewing says that "to set such a project in motion requires responsible state and local leadership." Again, how true! The medical profession already has that leadership in state and county societies.

In his plea to get to the grass roots, Mr. Ewing urged his own workers to put their shoulder to the wheel. We must do that, too, within the states and counties of the nation so that the people everywhere will realize that any form





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of compulsory sickness insurance will necessitate a new payroll tax and the addition to the public payroll of thousands of administrative workers. We must push our 10-point program. Our job is, to put it in Mr. Ewing's words, "a state and local campaign of education," too. Only, we must stress the fact that the government isn't going to give the people anything for nothing because the government itself cannot produce wealth.

A. M. A. Letter.

### DOES YOUR PATIENT KNOW?

Stop, look, and listen! The red signal is against us. Where do we go from here?

Time is running out, also it is shorter than we think. Have you been talking to every person you can about what is going to happen to the practice of medicine? Have you told them that it is going to cost money to put a million and a half more government employees on the payroll? To give them "free medical, dental, nursing, and hospital care", this will amount to 18% (not now but 10 years hence) deducted either directly from their pay envelope or it will be added to the product they buy. Some one must pay; the "fair dealers" tell you the government will pay but who is the government? Every person in this U.S.A. is that government.

Does he know that the take-home pay will be less with each "Fair Deal" program that is put through? Does your patient know that he will have free choice of doctor after the local government office holder tells him who his doctor will be if that doctor does not have too many patients when he applies? Does he know that to go to a hospital, have a nurse, or a specialist, he will have to consult the local director who is a political appointee? Does he know that all persons employed in the income bracket up to \$4800 a year will have a certain amount deducted from his pay to cover the cost? At first this will be small but it will increase with the years and the program is put into operation.

Does he know that Mr. Ewing says this program is entirely American? It was first started in Germany in 1850. In England in 1911. And that it has failed wherever tried. That in England the plan has cost triple the amount it was estimated? That the English professional people are swamped at present with people that are not sick? Hospital beds are empty because of lack of professional help? If he is a veteran this plan will supercede the veteran's medical plan? That this plan will be compulsory? That this plan will not cover the people that need free medical care, the individual that is very poor, aged, blind, crippled, etc.? That this plan was set up by the International Labor Organization which is dominated by enemies of "free enterprise" and is for social insurance including political medicine which is included in S 5, the new Wagner, Murray, Pepper, Dingell bill just introduced into the 81st Congress? That Moscow has directed that State Medicine would be used to promote Communism in the United States?

Does he know this is only one of the steps toward complete socialism in this land of ours? Because the farmers are being socialized; banks are now under control; utilities are subject to control; steel will be taken over as in England; but the first and easiest is medicine because we are a minority group and are working hard every day to heal the sick while our government bureaucrats are spending our money to sell us down the river? Does he know



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MARCH

that the heads of several bureaus in Washington were exposed by the Harness Committee as spending hundreds of millions of dollars to sell to the people political medicine?

That these same people write the material that is used to blacken the faces of the best friend the American people have, their family doctor? That the employees of our government at government expense have traveled over the world studying and advising on political medicine? That employees of our government attempted to set up political medicine in Japan? Does he know that we are one of the healthiest countries in the world for our size? That the life expectancy in this country has risen from 40 to 66 years in 50 years? That our nation enjoys the highest standard of living, better housing, working conditions, better transportation, education, and better health than any country in the world? That if the people of this country stand for socialization of medicine all other forms of free enterprise will be socialized in turn?

Does he know that if he writes a letter to his congressmen and senators something like this that they will pay heed to him as he is the man with the big stick, the secret ballot?

"I am opposed to all types of socialization that are pending in Congress. If you vote for any of them I will never vote for you again."

Does he know that Mr. Lenin said the keystone of the Arch of Socialism is medicine?

We do not feel that all that advocate political or social medicine are Communists but all Communists advocate socialization of medicine and all competitive free enterprise.

Please ask yourself a few of these questions and see what your patients think about them. How many of them on your request have written their congressmen and senators condemning bureaucratic control of free enterprise, which medicine is a part of the whole?

W. H. SKIPP, M. D.

### SMOKE PREVENTION

On Tuesday, January 11, our medical society was represented at the League of Women Voters where there was a discussion of smoke ordinance. Mr. Kuhn, who is Pittsburgh's assistant administrator of smoke control, gave several points considered to be important in starting smoke control. He stated that "smoke must go" and that it should be looked upon as nothing more than a means of waste rather than a measure of prosperity. To demonstrate this waste, he said that under present systems of firing, our city might expect to lose 6,000 railroad cars full of coal each year, or the equivalent of three million dollars. He stated, that the whole state of Missouri doesn't burn as much coal as Youngstown does each year. St. Louis was the first city to have a smoke ordinance.

The three possible approaches to the problem are (1) total control through heating only with electricity or gas.

(2) No control, or

(3) a middle of the road method which has been used in Pittsburgh.

In order to fulfill the latter there must be

(a) a strong ordinance, which includes the use of only smokeless coal, gas, or electric fuel, and smokeless equipment. The latter has been on the



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MARCH

market for 18 months and is obtainable from Botel Institute of Columbus, Ohio. The ordinance should be written so that there are no exceptions or opportunities for "fixing" a fine.

(b) A good administration which is well trained in smoke control problems, and which tries to cooperate in solving problems slowly before showing its authority is essential to a successful program. Mr. Kuhn also pointed out the fact that a and b are useless if there is a lack of—

(c) Good public support.

He said that both industries and individuals will cooperate if the laws are such that anybody can be arrested and the administration is properly handled. Pittsburgh obtained its public support through the extensive planning and teaching of nine men, active free use of the papers and radio. He warned that it must be entirely a non-partisan venture. He concluded with the statement "if it smokes, you have to clean it up."

R. M. KISKADDON, M. D.

### 1948 — RECORD YEAR FOR THE ASSOCIATED HOSPITAL SERVICE, INC.

Hospitalization benefits totaling \$1,965,106.46, a record amount, were paid last year to members by the Associated Hospital Service, Inc., the Youngstown Blue Cross Plan, it was reported today following the annual meeting of the Board of Trustees.

The payments compare with \$1,482,098 paid in 1947.

The Hospital Service increased its assets from \$447,586.14 on December 31, 1947 to \$552,702.23 on December 31, 1948.

Assets include \$419,331.50 in government bonds.

Operating expense for the year was 4.6% of the annual income.

Besides a statutory reserve of \$87,522.93, the Association reports a reserve in excess of statutory reserve of \$229,763.97.

The excess reserve compares with \$160,417.84 in that account at the end of 1947.

#### *Payments are Record*

A. C. Cook, President and Director, said the payments to members in hospitalization benefits were the largest for any year since the inception of the Associated Hospital Service in 1938.

Subscribers to the Association increased from 74,811 the first of the year to 77,306 on December 31, 1948, Cook said. Enrollment of the National Blue Cross in the United States and Canada now exceeds 31,000,000, he reported.

Subscribers to the Blue Shield Plan, which is the surgical expense protection contract the Association offered effective January 1, 1948, numbered 10,530 at the end of the year, Cook added.

Cook was re-elected President and Director at the annual meeting. Other officers are Walter Bender, Vice-President, Nathan B. Folsom, Treasurer, and H. H. Wickham, Secretary.

Besides the officers, the trustees include: Dr. W. H. Bennett, John Coakley, Jr., H. B. Crow, David Endres, G. F. Hammond, Dr. C. D. Hauser, W. J. Hitchcock, Jr., Frank Mouery, Dr. H. E. Patrick, Paul Wick.

## SOCIETY HOLDS 21ST ANNUAL POSTGRADUATE DAY

April 13, 1949 will mark the 21st Annual Postgraduate Day, perennial attraction of the Mahoning County Medical Society. A faculty of distinguished speakers from the University of Buffalo, College of Medicine, will present clinics and papers before Society members and the great number of guests from surrounding communities annually attracted to the Assembly.

The faculty is composed of men from the University of Buffalo and includes teachers with a nationwide reputation. Dr. John H. Talbott, Professor of Medicine, Dr. John R. Paine, Professor of Surgery, Dr. Roswell Brown, who is in charge of cancer teaching at the University, and Dr. Earl Osborne, head of the Department of Dermatology and Syphilology, have all contributed to the advancement of medicine in the past decade. They will present a well rounded program featuring subjects of general interest.

### *Urge Clinic Attendance*

Those attending the clinics in 1948 still talk of the splendid sessions arranged for the morning portion of the Assembly. Over 100 physicians attended the Medical Clinic at St. Elizabeth's Hospital School of Nursing, and a large number participated in the Surgical Clinic at the South Side Unit, Youngstown Hospital. Even greater effort is being made this year to make attendance at the clinics worthwhile. The presence of all members of the faculty at one or the other clinic is significant. Cases representing the particular interest of the guest speakers will be presented.

Dr. John H. Talbott and Dr. Earl Osborne will conduct the Medical Clinic at the Stambaugh Nursing Home, South Side Unit, Youngstown Hospital, and Dr. John R. Paine and Dr. Roswell Brown will conduct the Surgical Clinic at the St. Elizabeth's Hospital School of Nursing. The Postgraduate Committee, with the assistance of the respective staffs of local hospitals, has left nothing undone to present interesting clinics which will begin promptly at 9:30 a. m.

### *Registration*

Registration is scheduled to be held at the Pick-Ohio Hotel from 12:30 to 1:30 p. m. Exhibits will be more numerous than ever before and hotel accommodations will leave little to be desired. The scientific sessions will be held at the Ballroom.

### *After Dinner Feature*

Plans for the after dinner feature are incomplete but arrangements are being made for an interesting session. In all likelihood all members of the visiting faculty will participate in the short program following dinner.

It is needless to say that our Postgraduate Day will not be complete without our friends from surrounding communities—the invitation for their participation is perennial. We are pleased to share our Assembly with them and cordially invite them to attend. The Committee stresses that clinics and lectures will begin on time. As a Society member each one of us is a host to physicians from neighboring communities. A by word for each member on April 13th is "I am at the Mahoning County Postgraduate Day Assembly".

A. K. PHILLIPS, M. D., Chairman  
Postgraduate Day Committee.

**TWENTY-FIRST ANNUAL  
POSTGRADUATE ASSEMBLY  
MAHONING COUNTY MEDICAL SOCIETY  
WEDNESDAY, APRIL 13, 1949**

Program by

**GROUP FROM UNIVERSITY OF BUFFALO COLLEGE OF MEDICINE**

John R. Paine, M. D. ----- *Professor of Surgery*  
 John H. Talbott, M. D. ----- *Professor of Medicine*  
 Roswell Brown, M. D. ----- *Associate Professor of Surgery*  
 Earl Osborne, M. D. ----- *Professor of Dermatology and Syphilology*

**MORNING SESSIONS**

9:30 A. M.—Surgical Clinic at St. Elizabeth's Hospital Nursing School.  
 9:30 A. M.—Medical Clinic at Stambaugh Nurses' Home, South Unit, Youngstown Hospital.

**REGISTRATION**

Ballroom Pick-Ohio Hotel  
 12:30 P. M. — 1:30 P. M.

**AFTERNOON SESSIONS**

1:30 P. M. — 4:30 P. M.

Carcinoma of the Lung ----- Dr. John R. Paine  
 Fractures of the Hand ----- Dr. Roswell Brown  
 Diagnosis and Treatment of Common Skin Disorders ----- Dr. Earl Osborne  
 Treatment of Hypertension ----- Dr. John H. Talbott

**DINNER — 6:30 P. M.**

8:00 P. M.—Round Table Discussion ----- Drs. John R. Paine,  
 Roswell Brown, Earl Osborne, John H. Talbott

# POSTGRADUATE



John R. Paine, M.D.

John R. Paine, M. D. Date of birth: November 18, 1906—Dallas, Texas. Harvard College, A.B.—1927. Harvard Medical School, M.D. — 1931. University of Minnesota Hospitals — Surgical Internship — June 1931 - June 1932 (12 months). University of Minnesota — Research Assistant — June 1932 - June 1933 (12 months). Minnesota General Hospital —Assistant Resident in Medicine — June 1933 - January 1934 (6 months). University of Minnesota Hospitals — Surgical Fellowship — January 1934 - January 1937 (36 months). Army Service: February 1942 - September 1945 — 26th General Hospital Unit — (Major and Lt. Colonel). University of Minnesota Hospitals — January 1934 - June 1947. (From Instructor in Surgery to Professor of Surgery). June 1947 to present: Professor of Surgery, University of Buffalo — Chief of Surgery, Buffalo General Hospital.



John H. Talbott, M.D.

Dr. John H. Talbott was graduated from Harvard Medical School in 1929 and served two years as a medical interne at the Presbyterian Hospital in the city of New York. Following a year as tutor in biochemistry at Harvard College he became affiliated with the Harvard Medical School and Massachusetts General Hospital until 1941. During this time he was in charge of the clinical studies on Ill Effects of Heat at Boulder Dam and in 1934 was in charge of a similar problem in Youngstown. At the beginning of the war he was affiliated with the 6th General Hospital and later transferred to the Quartermaster Corps where he was Commanding Officer and Director of Research of the Climatic Research Laboratory. Since 1946 he has been Physician-in-Chief at the Buffalo General Hospital and Professor of Medicine at the University of Buffalo Medical School. He is a member of the American College of Physicians, the Association of American Physicians and is Editor of the journal *Medicine*.



# DAY FACULTY



Roswell K. Brown, M.D.

Dr. Roswell K. Brown was graduated from the College of Wooster in Ohio in 1919. He then spent three years teaching pre-medical students at Assuit College, Egypt, and later studied medicine at Cornell University Medical College in New York City. His hospital training was chiefly at the Roosevelt Hospital in New York City. He was, for five years, surgeon at the Kennedy Memorial Hospital, American Presbyterian Mission Hospital, at Tripoli Marine, Republic of Lebanon, Syria. Since 1934 he has been practicing surgery in Buffalo, New York, except for three and one-half years absence in the Army of the

United States during the recent war. He was Chief of the Surgical Service of the 165th U. S. Army General Hospital in France and also served as Surgical Consultant of Normandy Base Section. His present affiliations include Assistant Surgeon at the Buffalo General Hospital, Associate in Surgery at the University of Buffalo Medical School and director of cancer teaching at the medical school.



Earl D. Osborne, M.D.

Earl D. Osborne, M. D. Born February 1, 1895 in Petoskey, Michigan. B.S. and M.D. degrees — University of Michigan, 1917 and 1919. M.S. degree — University of Minnesota, 1924 (Mayo Clinic). Professor of Dermatology and Syphilology — University of Buffalo School of Medicine, 1926 to date. Member American Medical Association, American Dermatological Association, New York State Dermatological Association, Erie County Medical Association, Society for Investigative Dermatology, Buffalo; Rochester Dermatological Society, and Secretary-Treasurer of the American Academy of Dermatology and Syphilology.



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**AVAILABLE MATERIAL FOR SPEAKERS**

The following material is available to the members of the Mahoning County Medical Society who may need literature for preparation of talks before various groups. Material can be obtained by calling Dr. Stephen W. Ondash, Chairman, Lay Education and Speakers Committee, Mahoning County Medical Society, telephone 95358.

1. Check and Double Check on Sickness Insurance.
2. Economic Council Letter — Political Medicine.
3. Voluntary Health Insurance vs. Compulsory Sickness Insurance — A Bibliography on Available Literature.
4. A Clarification of Terms — pamphlet explaining meaning of terms used in discussion of National Health Programs.
5. Medical Care for the Individual — A Statement of the Issues and Conclusions from a Study by the Brookings Institution.
6. Voluntary Health Insurance vs. Compulsory Sickness Insurance.
7. Voluntary Prepayment Medical Care Plans.
8. Voluntary Health Insurance vs. Compulsory Sickness Insurance — an outline by The Council on Medical Service, American Medical Association.
9. Voluntary Prepayment Medical Care Plans — Charts and Graphs.
10. Program of the American Medical Association for the Advancement of Medicine and Public Health.
11. A Survey of Accident and Health Coverage in the United States.

Your committee will gladly provide whatever you may request to facilitate preparation of your talks. Save all of the literature which you receive in your office from other sources so that it may be immediately available to you when called upon to assist in the program of your Society for the preservation of the Voluntary System of Medicine.

S. W. O.

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Carl W. Wolter, Rep. Credit Bureau of Youngstown

**THE ASSOCIATED HOSPITAL SERVICE, INC.****STATEMENT OF ASSETS AND LIABILITIES**

As of December 31, 1948

**ASSETS****CASH**

On hand .....	\$ 250.00	
On deposit .....	120,932.37	121,182.37

**UNCOLLECTED PREMIUMS**

Not over 30 days past due .....		10,289.10
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**ACCOUNTS RECEIVABLE — OHIO**

MEDICAL INDEMNITY .....		1,899.26
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**RESERVE FUND**

United States government bonds .....		419,331.50
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**\$552,702.23****LIABILITIES****HOSPITALIZATION**

Bills rendered unpaid .....		25,467.59
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**ACCOUNTS PAYABLE**

.....		691.75
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**CONTINGENT HOSPITALIZATION RESERVE**

.....		83,340.00
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**ACCRUED PAYROLL TAXES**

.....		556.39
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**DEFERRED INCOME**

.....		125,359.60
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**STATUTORY RESERVE**

.....		87,522.93
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**RESERVE FOR CONTINGENCIES IN**

EXCESS OF STATUTORY RESERVE .....		229,763.97
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**\$552,702.23**

Accounts and records examined by Clark and Collins, Certified Public Accountants.

A. C. COOK, President

**DISTRICT OFFICES:**

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# *Annual Banquet*

**Speaker: FRANK T. BOW**

**Subject: "The Future of the Practice  
of Medicine in the U.S.A."**

**March 17, 1949**

**6:30 P. M.**

**Youngstown Country Club**

**Monthly Staff Meeting  
of  
Tuberculosis Sanatorium**

**March 22, 1949**

**8:30 P. M.**

**DR. KNOX — Speaker**  
Research Department of Merck & Co.  
**"Clinical Aspects of Streptomycin"**

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## ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth's Hospital was held on February 1, 1949. Dr. R. B. Poling, President of Staff, presided.

The scientific program featured the first portion of the meeting. The program was divided into two sections. First, brief case abstracts and reviews of recently hospitalized cases were presented by members of the resident staff. A case was reported from each of the major departments. Case reviews included a peripheralvascular problem, a cardio-renal case and a case of meningitis secondary to a bilateral mastoiditis in a two year old youngster. General staff discussion followed presentation of each of the cases.

Dr. J. J. McDonough presented a paper on "Sterility in the Female". His discussion, highlighted by numerous slides, featured a statistical analysis of 202 cases of female sterility in his personal experience. The discussion was led by Dr. J. L. Scarnecchia.

Dr. W. D. Collier announced that the essayist for the March meeting would be Dr. C. Edward Pichette who would talk on "Lower nephron-nephrosis".

After a short business session the meeting adjourned at 10:30 p.m.

S. W. ONDASH, M. D.  
Secretary.

### UNCLE DUDLEY

If natural selection be still a factor in the development of mankind, it must be operative through an environment which men have altered inadvertently. Not only has facility in movement given larger opportunity for selection, but it has also influenced the choice and inevitably the result.

★ ★ ★

If one can become disillusioned without becoming cynical, he is on his way to wisdom.

★ ★ ★

It is because most of us retain our primitive way of thinking that we expect that at times an individual much superior to the average shall arise to lead us forward and upward. A lesser number of us are aware that in natural processes advancement is occasioned through small alterations, preserved and repeated.

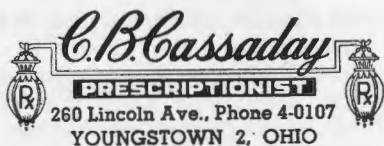
### INVITATION TO CEREBRAL PALSY CLINIC

Dr. Winthrop M. Phelps of Baltimore will hold a clinic for Cerebral Palsy children in the auditorium of the Nurses' Home at the South Side Hospital on Thursday, March 17, from 9:30 A. M. to 4:00 P. M. The Rotary Club's Cerebral Palsy Project Committee extends a cordial invitation to all of the members of the Medical Society to attend this clinic.

Dr. Phelps will see the children who are in the Rotary Club's pre-school and parent-education project and also those children afflicted with Cerebral Palsy who are in attendance in the regular orthopedic class at Bennett School.

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they have in me by recommending me to their patients.



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## COUNCIL MEETING

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 125 W. Commerce St., Youngstown, Ohio, on Monday, February 14, 1949. Meeting was called to order at 9:20 P. M.

The following doctors were present: J. N. McCann, E. J. Reilly, L. H. Getty, C. A. Gustafson and W. M. Skipp.

Dr. A. K. Phillips, Postgraduate Chairman, reported through the secretary on the progress of his committee to date and asked Council for advice on some problems. Council advised Dr. Phillips that it was the duty of the Program Chairman to make all arrangements with the speakers as to how and when they would arrive in Youngstown, and from the time of their arrival until they departed, the Postgraduate Chairman takes over. Also, any and all material and information needed for publicizing the event in the Bulletin should be obtained from the speakers by the Postgraduate Chairman. The registration fee is to be \$6.00 this year.

Attention was called to a request from the telephone company as to whether or not doctors' names could be in bold face type or caps in the next issue of the telephone directory.

A motion was made, seconded and duly passed that all members of the Mahoning County Medical Society be submitted to the Ohio Bell Telephone Company and to advise them that our members' names should be printed in the same type as other names in the directory, no bold face type or no caps.

Dr. Sisek, Chairman of the Social Committee, through the Secretary, called attention to the Annual Banquet which is scheduled for March 17, 1949, at the Youngstown Country Club, and asked Council to decide what the ticket charge should be. Council instructed the secretary to notify Dr. Sisek that they favored inviting some lay people to be guests of the Society who would be interested in hearing about "Socialized Medicine". The charge to our members will be \$5.00.

Dr. McCann read a letter from Dr. O. J. Walker in which he stated that he wished to be relieved as chairman of the School Health Committee. Dr. McCann then appointed Dr. E. R. Thomas to serve as chairman of that committee and instructed the secretary to so notify him.

Dr. Skipp discussed the work being done by the Allied Professions group.

A motion was made, seconded and duly passed to expand the Allied Professions Committee by appointing additional lay people, the total committee not to exceed twelve.

Dr. Skipp discussed the Society having a display at the Youngstown Hospital during Health Week in April, 1949. Council approved such a display.

Dr. Skipp called attention to the meeting of the House of Delegates to be held April 19 to 22, 1949.

A motion was made, seconded and duly passed instructing our delegates to present a resolution urging the Council of the Ohio State Medical Association to bring pressure on the Ohio Legislature to oppose Compulsory Health bills.

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Dr. Goodwin discussed, for Dr. Odom who is ill, the problems concerning the hard of hearing school children. Council's opinion was that a screening and diagnosis report by a specialist should be sent to the family physician for disposition. Details of the discussion to be relayed to Dr. Odom by Dr. Goodwin.

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

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### NEWS

Oscar A. Turner, M. D., wishes to announce the removal of his office to 2204 Glenwood Avenue.

Charles E. Pickette, M. D., announces the opening of his offices for the practice of urology at 604 Central Tower Building.

Dr. John N. McCann, President of the Mahoning County Medical Society and a member of the Ohio State Board of Medical Examiners, was elected to the Executive Committee of the Federation of the State Medical Boards of the United States at their annual meeting held at the Palmer House, Chicago, Illinois, on February 8, 1949.

The Mahoning Valley Gun Club cordially invites all members of the Mahoning County Medical Society to join them in trap and skeet shooting. Instructions provided for beginners.

For further information phone Dr. Leon D. Osborne, 909 Mahoning Bank.  
D. E. MONTGOMERY, M. D.

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### LAY EDUCATION AND SPEAKERS' CALENDAR

- |                   |  |
|-------------------|--|
| January 26, 1949  | Dr. W. J. Flynn addressed the Optimist Club at the Y.M.C.A. His subject: "Peptic Ulcer".                                       |
| February 3, 1949  | Dr. John Rogers addressed the Lions Club. His subject: "The Human Heart".  |
| February 8, 1949  | Dr. W. H. Bunn, WFMJ, "Campaign Against Heart Disease".  |
| February 8, 1949  | Dr. W. H. Bunn spoke before the Mahoning Valley Retail Druggists Association at Pick-Ohio Hotel. His subject: "Heart Disease". |
| February 10, 1949 | Dr. B. I. Firestone, WFMJ, "Heart Disease".  |
| February 14, 1949 | Dr. H. Bryan Hutt addressed the Northhill Child Study Club. His subject: "Psychological Problems of Children".                 |
| February 16, 1949 | Dr. R. B. Poling spoke before the Kiwanis Club, Hubbard, Ohio. His subject: "Your Heart".                                      |
| February 17, 1949 | Dr. John N. McCann, WFMJ, "Research in Heart Disease".   |
| February 17, 1949 | Dr. John L. Scarnecchia spoke before the Lions Club. His subject: "Juvenile Sex Problems".                                     |
| February 18, 1949 | Dr. John Rogers appeared on "Talk of the Town", WKBN, "Campaign Against Heart Disease".  |
| February 22, 1949 | Dr. Morris Rosenblum, WKBN, "Heart Disease is Everyone's Problem".   |
| February 25, 1949 | Dr. Paul Mahar, WKBN, "Your Heart".  |
| March 1, 1949     | Dr. William M. Skipp addressed the Kiwanis, Girard, Ohio, Mahoning Country Club. His subject: "National Health".               |

## MAHONING COUNTY TUBERCULOSIS SANATORIUM MEETING

The regular monthly meeting of the Mahoning County Tuberculosis Sanatorium was held at the Nurses' School of St. Elizabeth's Hospital on February 22, 1949. Dr. J. P. Keogh, President of Staff, presided. A scientific program was presented following completion of routine business.

Dr. Gutteriez, resident physician at the Sanatorium, presented a paper on "Use of Streptomycin in Tuberculosis". In his discussion he gave a brief history of streptomycin and presented an analysis of its use in 120 cases at the local institution. In their series streptomycin was used in the acute types of exudative disease. Spectacular results were obtained in its use in the pneumonic type of lesion. The therapy was used in conjunction with some type of collapse therapy, phrenic crush, pneumoperitoneum or a combination of both.

It was found that smaller doses were just as effective in treatment as the larger doses used hitherto. This represented the most significant practical development in the use of the drug. It has been found that the daily dose of 2 gm. may be reduced to 1 gm. for an equivalent period with significant reduction in toxicity. In some cases as low as 0.5 gm. was used without loss in therapeutic efficacy. The drug was used routinely in pre operative and post operative cases coming to lung resection. Streptomycin was not used routinely in cases undergoing thoracoplasty. Attention was called to a number of cases which became streptomycin fast after therapy was instituted; this representing the chief clinical difficulty encountered.

Dr. Gutteriez presented several brief case histories and X-Rays from a series of cases in which streptomycin was used. The effectiveness of the drug was apparent in clinical and X-Ray improvement. Dr. Gutteriez stated that streptomycin was ineffective in the treatment of miliary tuberculosis and that in the small number of cases in which it was used 100% failure resulted.

Dr. Newcomer, Director of the Sanatorium, led the discussion and reviewed the program and experience of the hospital in the use of streptomycin. He commented on the remarkable effect of the drug in certain types of tubercular disease and stated that while the drug did not prove to be the final answer it definitely puts out the acute process in the exudative and pneumonic type of disease. He added that prompt and significant relief from tracheobronchial and laryngeal tuberculosis results but warned that relapses may be anticipated. Dr. Keogh remarked that the use of streptomycin made surgery possible in a larger number of cases, made the prognosis more favorable and that it cut down the morbidity and mortality in surgery. He, too, stated that the drug should be used in pneumonectomies, lobectomies and other operations for tuberculosis excepting thoracoplasty.

Dr. Keogh announced that the next meeting would feature a discussion on "Streptomycin" by a member of the research department of Merck and Co.

J. F. STOTLER, M. D.

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## LYSOZYME IN PEPTIC ULCER

Lysozyme is a mucolytic enzyme which is present in relatively high concentration in the gastric mucosa of animals and man. The mean lysozyme titer of the gastric juice of ulcer patients is increased over that of normal individuals. The idea is entertained in this article, that lysozyme have a definite etiologic role in the pathogenesis of peptic ulcer. Karl Meyer et al. American Journal of Med. Oct. 1948.

J. D. M.

MARCH

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**WEDNESDAY**  
**APRIL 13**

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