



He who practices virtue will have neighbors.

—Confucius

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Youngstown, Ohio  
VOL. XIX, No. 4  
APRIL • 1949



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## PRESIDENT'S PAGE



During this month, preparations are going forward to push the Youngstown Hospital drive over the top. As doctors, we do not have to be told of the services this institution has given to our patients both physical and spiritual. There are people in our community who have had no opportunity to witness these services. We who know the story so well should take time to educate the community as to the fine job this institution has been doing with an inefficient building, and how a greater and better job can be done with a modern efficient setup.

After seeing hospitals in Europe I can say that we in this community have been fortunate to have institutions that measure up to the highest hospital standards in the world. However, they cannot maintain these standards with over-crowded and inefficient buildings.

JOHN N. McCANN, M. D.



**BULLETIN** of the Mahoning County Medical Society

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

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W. J. Tims**GOALS**

Though we may disregard or disavow, this sphere of ours remains a world of choice. Through the process of the years, man has become a continual establisher of goals. His aims have been so varied that they have included primitive instinctive behavior and altruistic martyrdom. Somewhere between these extremes lies the field of reasonable enterprise in which we may take justifiable pride in accomplishment.

The craze for easy success, with the consequent blunting of sensibilities which is now so evident, need not disturb our sense of values. We cannot jeopardize integrity if we would commune with reality. This we dare not fail to recognize if we are to accomplish a reasonable part of our expectations. We must expect much of ourselves, even more than is possible of attainment.

Discouragement is inevitable. How can we make unerring choice when all that we may know are symbols? Not only is our knowledge inadequate, but our capacity is limited. How much of reality could we comprehend? With how much of it could we be trusted? We demand of ourselves judgments which could be valid only if we were able to detect and understand purpose beyond our limited objectives.

To our advantage, we may postulate. We may erect imaginary structures which become so realistic that they serve as resting-places until we can move onward. How inadequate these seem in retrospect! Centuries speed away and leave men still searching for the permanencies.

In erecting the bridges that span our difficulties, it is well to consider not only what men have done. Their purposes are as important, for these become a part of our thinking and modify our choice. Scholarship is of as much value as discovery, and is essential in interpretation and application. The catholicity here required is both an endowment and an acquisition. These factors are in harmony, and each seems necessary for fruition.

Reason must come into its rightful domain; for thought is not only our assurance of life, but is its measure also. This is the process that gives meaning and beauty to living. This is the power that enables one to appreciate purpose as isolated contributions and not alone as mass achievement. Yet goals do not remain individual, and if the purpose of nations be empire, the



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suffering of humanity will demonstrate its futility. The heartaches of the past remain as we live them again.

We hear much about doing something to make the world better. We shift the emphasis from ourselves where we can do much, and put it on the world where we can do little. We dissipate our strength, and thus lessen our effectiveness. We need less superficial talk about brotherhood. We need more profound thought about manhood, for this is but collective individualism.

In making ourselves fit for society, we form the mass where most of us belong, and so are not left behind in its endless onward movement. Occasionally, men of thought and discernment will appear and society becomes more fit for man. Perhaps it is well that this occurs infrequently, for it takes society a long time to adapt itself to a new concept.

Yet, we need not mourn, nor seek to be comforted, however futile our efforts may seem. Around our course the winds may be wailing while the light of the sun encompasses the whole. By indirection we move toward our goals, sustained by the genius of those who belong to the ages, but whose purposes were beyond attainment.

W. D. C.

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### ACTIVE WOMAN'S AUXILIARIES

The fact that a Woman's Auxiliary can be active and do a grand job has been shown many times over, even though some physicians are still skeptical. The Auxiliary of the Summit County (Ohio) Medical Society sponsored a successful "Health Day" which featured a public exhibit on medical and health subjects. There were 2,000 persons who viewed the exhibit which was housed in the auditorium of one of the large department stores. The Woman's Auxiliary of the Michigan State Medical Society last winter took over and developed interest in a state-wide tuberculosis speaking project. The result was that some 3,537 high school students from eighty-one communities participated. Sixteen local radio broadcasting stations throughout the state gave time to the winning scripts. The Woman's Auxiliary of the Academy of Medicine of Toledo and Lucas County (Ohio) recently published a brochure telling all about the Auxiliary, its history, and its activities. The Auxiliary of the South Carolina Medical Association publishes a monthly "Auxiliary Bulletin". The Woman's Auxiliary of the Texas State Medical Association has inaugurated what seems to us to be a new service. The Auxiliary is operating a newspaper clipping service under the direction of each county auxiliary president. This will provide a progressive picture of activities throughout the state and will yield valuable information which will be useful in guiding a public relations program. All clippings will be maintained in the Association's central office in Fort Worth. COMS—AMA

The Women's Auxiliary, cooperating with the Mahoning County Medical Society and the Red Cross will undertake to collect all old Medical journals and periodicals.

The American Medical Association has requested that all available material of this nature be shipped overseas for distribution to libraries, medical centers, and physicians in devastated countries. Please clean out your storage shelves, both at home and in the office, and have the magazines in readiness when we call.

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## PRACTICAL DIABETES MANAGEMENT

Milton M. Yarmy, M.D.

The management of diabetic patients is a combination of the individual needs of the patient and the ideas of the attending physician. However, there are certain general procedures which can be of great help in the practical management of diabetics. These can be classified in four groups: I. Diet, II. Use of Insulin, III. Management of Troublesome Cases, and IV. Management of Complications. This paper will deal with the practical aspects pertaining to these procedures.

Patients should be put on a calculated diet at the institution of therapy. Then, if insulin is required it should be adjusted as necessary. It is much easier and certainly less time consuming to give a full diet and adjust insulin needs to it, than to juggle both every few days. The carbohydrate fraction averages two to two and one-half grams per kilo body weight. The protein fraction has come in for special attention since it has been reported that low serum proteins might be the underlying cause of diabetic retinopathy. Consequently some have increased this fraction in excess of the traditional one Gm/kilo. Fat should be given as needed to supply the remainder of the caloric requirements.

The type of insulin or combination of insulin to use should be decided by the individual physician. Many factors must be taken into account.

1—The age of the patient—children and the aged are usually extremely sensitive to insulin.

2—The severity of the diabetes—in mild cases it is possible to put the patient on a diet and small doses of PZI, increasing the dose every two days to its optimum level. In severe cases, where rapid control is essential, regular insulin three times a day is indicated and then a switch made to PZI.

3—The mode of living of the patient—i.e., does he do office work, or does he work in a mill and rotate turns weekly.

4—The intelligence of the patient.

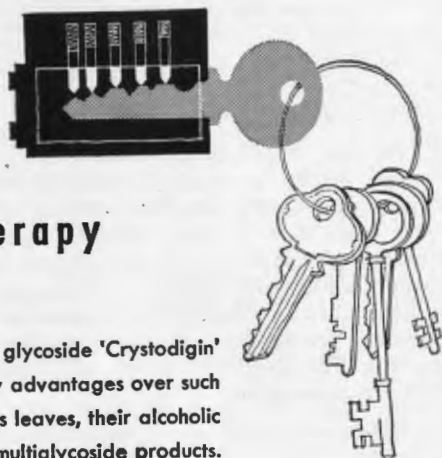
5—The cooperation of the patient.

6—The familiarity of the physician with the action of the particular insulin he desires the patient to use; i.e., Globin supposedly gives an afternoon peak and may be used in cases which shock during the night.

Control of the blood sugar goes hand in hand with control of glycosuria and in most patients will vary accordingly. In clinical practice the most important factors in the control of the patient are the relief of symptoms and avoidance of coma or shock—with shock the more likely to occur. Consequently, providing the patient is symptom free, a slight amount of glycosuria lets the patient and the doctor know where they stand. This is particularly important in patients taking PZI or Globin insulin, for with these insulins the blood sugar may be almost at shock levels and give no symptoms.

Recently there has been some agitation for using mixtures of insulin (PZI or Globin and Regular in one syringe). However, the average patient cannot go through all the steps involved without becoming negligent or confused and certainly our aim in instructing diabetics is just the opposite. The more steps involved in any procedure the greater the possibility of error. It's well too, not to forget that it takes about three weeks to reach maximum effects from PZI and patients should be carefully watched during this time in order to avoid reactions.

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Now the troublesome cases—those who don't fall into any routine. By these I mean the cooperative patient who adheres to his diet and takes insulin, has no infections, and yet will occasionally or frequently, become extremely difficult to control. In males this is apt to occur at the extremes of life—children and the aged are apt to be very insulin sensitive and should not be too strictly controlled. Emotional outbursts and personality changes in diabetic children should be attributed to insulin until proven otherwise. In the aged it is wise to use only enough insulin to give relief from symptoms. Glycosuria in the aged may be due to arteriosclerotic changes in the glomerular and tubules, and increased filtration and decreased reabsorption of glucose.

In females, in addition to difficulties in management in childhood and old age there are problems which present themselves at three different phases of the life cycle—menarche, pregnancy, and menopause. Each of these, is associated with increase in pituitary activity and is in accord with newer ideas concerning the antagonism between the pituitary fraction and insulin.

In adolescent girls the difficulty seems to be greater, not with the onset of menstruation, but in the year or two previously, during which time the pituitary is stimulating secondary sexual changes and as yet the products of ovarian activity—estrone and progesterone—are not being manufactured.

Pregnancy complicating diabetes certainly offers no great joy to the obstetrician or internist. From conception to delivery the situation is fraught with danger and worry over impending catastrophes—whether realized or not. Each trimester presents different problems—the increased need for insulin which occurs in the first—the leveling off of dosage in the second—and the sharply reduced requirements in the last trimester in which the fetal pancreas becomes active in insulin productions. All of these must be most carefully regulated in order to avoid the hazards of shock or ketosis which are so prone to cause abortion or still birth. Priscilla White working in the Joslin group has developed a routine of using stilbestrol and progesterol in ascending doses during the pregnancy and feels that she can show a very definite lowering in maternal morbidity and an increase in number of live births.

The menopause presents further problems. It is at this time of life that diabetes frequently first becomes evident. Many times the presenting diabetic symptoms are easily confused with those of the menopause or—more commonly and more difficult to evaluate—hyperthyroidism. However, until we have more specific diagnostic tests for hyperthyroidism—we must occasionally use shot gun remedies. Certainly a few drops of iodine daily will do no harm and will often help considerably in controlling the hyperglycemia due to hyperthyroidism and making the diabetic control much easier.

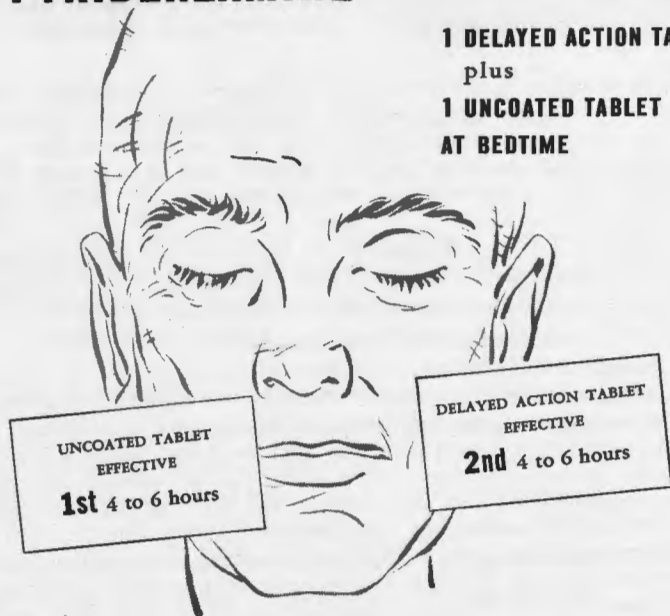
Lastly, in the management of complications, the antibiotics have been extremely important in their application to the treatment of infection, and particularly gangrene, in the diabetic. The early institution of penicillin therapy has saved many toes, legs, and lives. The patient with gangrene, who does not have an elevation of temperature, or whose temperature returns to normal following the institution of penicillin therapy, has a good chance of healing. Amputation in this type of person should be deferred as long as possible, providing the diabetes remains under control.

1946 was the twenty fifth anniversary of the discovery of insulin and the reports on twenty five year case controls are just beginning to be published. From them it appears that almost all cases of that duration suffer some degree

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of retinopathy, hypertension or albuminuria. Arteriosclerotic complications such as coronary artery disease are much more common than in non-diabetics of the same age group. On the other hand we certainly must appreciate—first—that there are patients with diabetes of twenty five years duration who are still alive and secondly, that these people are not burdens to themselves, their families or their communities.

How, then, does all this apply to the management of our patients? Some points have been presented which, I feel, have some practical value in the management and care of the diabetic.

Diabetic instructions and particularly diets should be simplified as much as possible and a certain amount of flexibility should be incorporated into the supervision of the diabetic patient, for he cannot be expected to devote a great deal of time to solving insulin equations or dietary riddles. The more complicated the instructions the less cooperation and the poorer the control.

Too much insulin is a more serious hazard than too little.

The troublesome cases in diabetes emphasize the need for individualizing the management of this group.

Finally, in the management of complications we know that even the best regulated diabetic will suffer from a certain amount of vascular changes and refractory neuropathies. On the other hand the poorly controlled patient is certain to suffer from these and even worse complications.

---

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J. D. M.



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## FOOD ALLERGY

Talk by Theron G. Randolph, M. D.

February 15, 1949

The subject of allergy is relatively new to the practice of medicine, being introduced before World War I and increasing in importance since that war until it has become the most commonly encountered entity in the practice of medicine. The etiologic agents produce a physiologic mechanism which may be local or generalized.

In all cases of allergic investigations all other causes of the patient's symptoms should first be ruled out by clinical and laboratory investigations. Food allergy cannot be separated from inhalant allergy. First investigate the inhalants and get them under control and allow approximately one month before investigating food sensitivity. If the patient's symptoms are controlled by inhalant therapy, he is not considered a food problem.

Foods eaten regularly often mask their symptoms so that the specific food is not suspected as causing trouble. Symptoms from foods eaten infrequently are easily diagnosed because of the apparent cause-and-effect relationship. Clinical manifestations of chronic food sensitivity may be any one or more of many symptoms such as perennial nasal allergy, asthma, coughing, insomnia, fatigue, diarrhea, headache, myalgia, pruritis (esp. of skin, nose, throat, ears) any part of the gastro-intestinal tract, genito-urinary allergy, profuse mucous secretions, certain cases of purpura, certain cases of arthritis. The timing of the masked symptoms is later than the unmasked, which occur within two hours after the meal. The masked symptoms are usually the most severe in the morning on arising or on awakening during the night. Also they may be worse just before meals and be relieved by eating the offending food.

Food allergy is as common, if not more common, than inhalant allergy. Also it is as common in adults as children and is often more complicated in adults.

Food allergy exists when a specific cause and effect relationship may be demonstrated between the ingestion of a food and the production or accentuation of allergic symptoms. The patient's suspicion of sensitivity or the presence of positive skin tests with food extracts are not to be relied upon. Skin tests with foods produce too many false reactions, both positive and negative.

The history of the allergic patient is taken as a chronological course of events. Many of them start in infancy with eczema or as feeding problems and continue on through life through different phases, such as croup, asthma, diarrhea, headaches, at different ages.

Our conception of the incidence of various foods causing allergic symptoms has changed in the past few years. In a series of 200 consecutive patients the most common foods causing trouble were found to be in order corn, wheat, milk, egg, potato, oranges, lettuce, beans, beef, tomato, coffee, pork and many others to a lesser degree. Someone has been found allergic to almost any food which exists. The food most difficult to avoid is corn. It is present in more commercially prepared foods in one form or another than any other single food. It is present as corn starch, corn sugar, syrup, as sizing in paper containers such as cups, plates, milk containers. It is present in medicines as excipients in tablets, in intravenous glucose or dextrose solu-



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\*Meyer, O. O., and Howard, B.: Proc. Soc. Exper. Biol. & Med. 53:234-237, (June) 1943.

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APRIL

tions. (The Upjohn Co. produces some of the common drugs called Abergic, which contain no corn.) Food products containing corn are continually being found so that lists of foods which contain corn are always becoming out of date. The Pure Food and Drug law is inadequate in its requirements as to the labeling of the contents of food packages.

In diagnosing food allergy, the individual food test is used. A food, previously eaten regularly, is completely eliminated for a period of four days prior to test feeding. On the fifth day after fasting for five hours, the patient rests for thirty minutes, during which time a careful record is kept of the incidence per unit of time of sneezing, coughing, and all other allergic symptoms. The subject is then fed a large serving of the food in question and similarly observed for another hour. In the event that diagnostic symptoms have not developed, a second feeding is given at the end of one hour and clinical observations are continued for an additional half hour. Total leukocyte counts are performed prior to and at twenty, forty, and sixty minutes after the first feeding.

Types of food allergy based on the individual food test are as follows:

1. Early Acute Symptoms — Masked offender.
2. Delayed symptoms — Latent offender.
3. Leukopenia without symptoms — Cumulative offender.
4. Trajectory curve of leukocytosis without symptoms — Current clinical tolerance.

The blood findings are incidental to the clinical observations.

Types of food allergy based on the extent of involvement of the diet are:

- (1) Narrow base of sensitivity, or a high inherent tolerance to foods; and
- (2) Wide base of sensitivity, or low inherent tolerance to foods. A narrow base exists when one reacts with symptoms on individual food tests with only one or two of the first four or five major allergenic foods. A wide base exists when one reacts with more than half of the tests performed.

Diagnosis of food allergy is on a long term basis. It cannot be done in three or four weeks but often takes closer to a year. Once a major food is incriminated it is rare that it ever can be used as frequently as formerly used. Complete avoidance of the incriminated food is the only way of ever regaining a degree of tolerance. Diets should be made as diversified as possible within the limits of its restrictions. Elimination diets are sometimes harmful; the patient with a wide base of sensitivity does not show improvement and is then thought to be not allergic. Also they are sensitized to the allowed foods.

Anti-histaminics have a limited usefulness. Some patients develop an allergy to them. Some even contain corn starch. They are not the answer although in some cases they do give symptomatic relief. The results of prolonged use is not yet known.

In summary it is apparent that:

- (1) any so called allergic expression may be on the basis of food sensitivity and that the localized and constitutional manifestations of the food allergy process are considerably more frequent than commonly recognized.
- (2) In speaking of food allergy, we are not discussing a rare process in medicine, but are dealing with an etiologic mechanism responsible for symptoms observed every day by physicians actively engaged in medical practice.

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**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*



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## THE MAHONING COUNTY MEDICAL SOCIETY FOOD AND THOUGHT BANQUET

At the Youngstown Country Club, March 17, 1949 the doctors and their guests from Mahoning County met for the annual banquet with Dr. Reilly in the chair in the absence of President Dr. J. N. McCann. The chairman introduced the guest speaker, Attorney Frank T. Bow, who is a legal adviser to the committee on expenditures in the executive department of the United States Senate. Attorney Bow was formerly from Canton, Ohio and is on the executive committee of the Ohio Bar Association. Attorney Bow began with a tribute to the Irish doctors in the crowd since it was St. Patrick's Day.

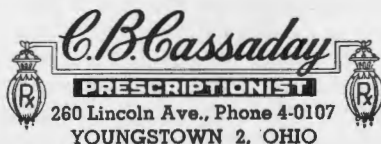
One of the investigations which Attorney Bow has been conducting in Washington is the government expenses toward propagating the idea of socialized medicine. He stated that we must not think that socialized medicine is the end of the program, but rather stands as a blueprint for nationalizing many other things in our land, but starting with the cornerstone of such programs which is the health agencies. The first step here as in other countries is to have control of all branches of medical, surgical and other health agencies under bureaucratic control from Washington. At the present time, it is Senate Bill No. 5 in the 81st Congress which is the immediate study. Attorney Bow stated that the bureaucrats are the ones who are pushing this program and he is convinced that there are few private individuals in the land who really want socialized medicine for themselves. The results obtained by similar schemes in other lands are certainly no recommendation for the success of such a program to improve the medical services to the people of the country. In Germany it developed years ago and started with bureaus controlling the medical facilities, and soon turned to controlling methods of treatment and limiting doctors as to what they could prescribe. It became impossible for individuals to select their own specialists without an O. K. from the local bureau representative.

In Great Britain it is again directed by demagogues at tremendous expense to everybody with a large staff of bureaucrats which is necessary to administer this costly experiment. This is only one of the public services which were taken over by the government. The utilities were taken over with great rise in prices throughout all of them. The physicians, dentists and druggists were taken over and careful study will show that it has resulted in the poorest kind of medical care throughout the land. They not only control the eye doctors but the making of spectacles and even have gone as far as to control the selling of coffins and dictating of funeral expenses. The doctors have been forced into the program pretty largely by the inability to get their patients into hospitals because the bureaucrats control the hospitals themselves and will not allow non-cooperative doctors to hospitalize their patients.

In England, although most of the doctors have been forced into the system, it has meant that doctors are compelled to see two or three times the number of patients each day that they can take care of in any satisfactory manner. In every place it has been tried, socialized medicine has meant poor medical care, unsatisfactory to doctors and to patients. In England doctors report that they frequently must see sixty to eighty patients in a two hour period as well as make a great many home calls. Over and above this is the tremendous paper work which has meant that more helpers are required for the filling out of forms than for their technical staff in the laboratory and nursing

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of patients. This can only mean that doctors and patients will be and always have been dissatisfied in this kind of answer to the health problems which face every individual eventually.

In the last thirty-five years American medical work has become the best available in the world. The loss of productive work due to illness has gone from twenty-eight days per year down to an average of eight days in this country. In the last one hundred and sixty years in this country the life expectancy has risen from thirty-five years to sixty-seven years. As long as we keep American medicine out of the hand of bureaucrats it can progress but it will be totally impossible to advance under any bureaucratic system. There is no question but that communists have pushed this drive for socialized medicine not only in other countries but in our own. Socialization of medicine is the keystone of the socialized state. It is communist inspired and urged to strengthen the comintern systems. The U. S. government has spent over \$2,000,000 in recent months in an effort to develop socialized medicine. All communists favor socialization of medicine although those favoring socialized medicine in the United States are not all communists. In most cases those who favor it do not realize to what it leads.

The American Bar Association can readily see that it is only one step in a communistic program which they heartily oppose. Close to the heart of all good Americans is the American form of government which is based on liberty, but this scheme will lead to the loss of liberty in every individual. We will be forced to pay heavily for a scheme which has not and cannot succeed in producing the very thing that people want. We must fear the power which is influencing the drive for socialized medicine partly because they are using tax funds from you and me to advance this propaganda in the country.

People think that doctors have an axe to grind in opposing this system. So we must make the lay-public understand and take part in explaining the basic reasons why we do not want this system. Doctors must come out of the stratosphere of professional aloofness and go into politics enough to oppose the system, not alone from our own individual convenience and conviction, but because we know it will result in inferior medicine. The road to destruction of the country is paved with good citizens who have failed to take an active part in government programs. It is the duty of every citizen to devote a part of his life and time to the activities and interests of government in our land if we are to clean up the deplorable conditions which are developing. To sit idly by will allow socialized medicine to win out. All you have to do is nothing. People who would destroy your government are working night and day.

Attorney Bow presented ten principles which he felt we should regard as the Ten Commandments for our action. (1) Oppose the principle, in whatever form, of supremacy of the state over man. (2) Oppose organizations and legislation which encourages public ownership of any basic industry. (3) Oppose federal and state subsidizing of individuals, professions and communities. (4) Oppose the tempting offers of government do-gooders to provide security, for they lead to socialism and stateism. (5) Resist the temptation to turn to federal government for the solution of local problems. (6) Remember the government can not prescribe security, but only the people can do this through efficient and productive effort. (7) Never trade freedom of action for benevolent federal hand-outs. (8) Support at all costs the philosophy of our ancestors that the Creator endowed all mankind with the rights of freedom

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as a child of God. (9) Oppose with equal zeal and courage the satanic philosophy that the rights of man come from the State. (10) Ever remember that socialistic planning in any form is a vital and integral part of the sinister philosophy of the supremacy of the state over man as an individual.

After Attorney Bow closed there were a few questions asked in regard to the effects and activities of this program. One question asked was, "If doctors refused to take any part in the program, would it fail?" Attorney Bow said that he did not believe doctors would ever let sick patients go without help, so that he felt that they would have to find some way to help as they are able. To boycott a system which might be started, would probably be impossible by the very nature of the situation.

Most doctors go into medicine with high ideals for the service of mankind. This system shows every indication of inhibiting rather than helping to give to people better medicine in this or any land.

After Attorney Bow's lecture the Mahoning County Medical Society adopted formally a resolution opposing any State medicine type of program which is now under consideration. It was made clear that our reasons for opposing this are not based upon our own selfish interest but rather because we are interested in better medicine for the sick in our land.

HORACE K. GIFFEN, M. D.

### RESOLUTION CONCERNING FEDERALIZATION OF MEDICINE

The following resolution was presented to the members at our Annual Meeting held March 17, 1949, and passed unanimously.

WHEREAS, The Congress of the United States is being urged to pass legislation which would control the practice of medicine through Compulsory Health Insurance as embodied in Senate Bill S. 5 and House Bills H. R. 345 and H. R. 783.

WHEREAS, This is a definite step toward general socialization of all business.

WHEREAS, The practice of medicine is a part of Free Enterprise as it is understood in the United States.

WHEREAS, Compulsion of any type is un-American and un-democratic and restricts the energies of free men to produce unrestricted.

THEREFORE, BE IT RESOLVED, That the Mahoning County Medical Society at its regular meeting March 17, 1949 went on record as opposing any type of compulsory health insurance as proposed in the above named bills and beseeches the 81st Congress not to pass any type of Socialistic Legislation that will interfere with our American Way of Life.

AND BE IT FURTHER RESOLVED, That a copy of this resolution be forwarded to the President of the United States, Harry S. Truman, Senator Robert A. Taft, Senator John W. Bricker, Representative Stephen M. Young, Representative Michael J. Kirwan, Speaker of the House of Representatives Sam Rayburn, Vice President Alvin J. Barkley as President of the Senate, Representative John Lisinski, Chairman of Committee on Education and Labor of the House of Representatives, Senator Elbert D. Thomas, Chairman Labor and Welfare Committee of the Senate, and Representative J. Percy Priest, Chairman Sub-Committee on Health of the House of Representatives.

William M. Skipp, M. D.  
Legislative Committee Chairman

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**POST GRADUATE DAY**

**Wednesday, April Thirteenth**

**12:00 Noon**

**V. F. W.**

**Out-of-Town Wives Cordially Invited**

— **S P E A K E R** —

**ROSWELL BROWN, M. D.**

Associate Professor of Surgery

University of Buffalo College of Medicine

**Program Chairman**

**Mrs. H. K. Giffen**

**Social Chairman**

**Mrs. Samuel Tamarkin**

**MAY MEETING**

**EDWARD B. TUOHY, M.D., Department of Anaesthesiology**  
**Georgetown University Medical Center**  
**Washington, D. C.**

**Subject: "Anaesthesia"**  
**Tuesday, May 17, 1949**  
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**COUNCIL MEETING****March 14, 1949**

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society on Monday, March 14, 1949. Meeting was called to order at 9:00 P.M.

The following doctors were present: E. J. Reilly, W. M. Skipp, V. L. Goodwin, G. M. McKelvey, J. N. Noll, E. J. Wenaas, I. C. Smith, R. E. Odom, L. H. Getty and W. J. Tims

The minutes of the February meeting were read and approved after changing the committee from the Allied Professions to the Planning Committee of Mahoning County, Ohio, in the motion to appoint additional lay people to that committee

"A motion was made, seconded and duly passed to expand the Planning Committee of Mahoning County, Ohio, a committee for the preservation of the voluntary system of medical care, by appointing additional lay people, the total committee not to exceed twelve."

The Secretary was instructed to write a letter to Dr. H. S. Banninga, stating approval of the project of the Kiwanis Club of Uptown Youngstown in their effort to further the health of the community through their rehabilitation of children with rheumatic fever and rheumatic heart disease.

Dr. Skipp read the following 5 point program suggested by the Ohio State Medical Association:

1. Your county medical society adopt a resolution opposing the compulsory sickness insurance proposals (S.5, H.R. 345, and H.R. 783,) and endorsing the American Medical Association's 12-point program which supports many of the pending Federal medical and health bills which are constructive and sound.

2. Send copies of the resolution to President Truman and Ohio's congressmen.

3. Request Ohio's congressmen to go slowly—not to support radical, bad measures.

4. Get other substantial groups and organizations in your county to follow the above procedures. It will take widespread, concerted action by the public at large to prevent the enactment of dangerous Federal bills.

5. Send to the Columbus office copies of action taken by your society and information concerning what other citizen groups in your community are doing on this.

A motion was made, seconded and duly passed asking Dr. Skipp to draw up a resolution opposing the compulsory sickness insurance proposals and present it to the membership at the Annual Meeting to be held on the 17th, for approval.

Attention was called to a request from Dr. C. R. Clark, in which he desires to become an honorary member.

A motion was made, seconded and duly passed approving Dr. C. R. Clark for Honorary Membership and that his request be presented to the membership for their approval.

Mr. R. W. Leedy of the Community Chest, requests representation on a hospital service committee. In the absence of Dr. McCann, the Council appointed Dr. Noll to represent us.

The following members have applied for membership:

**For Active Membership**

Dr. Durbin T. Yoder, 142 Boardman-Poland Rd., Youngstown, O.  
 Dr. Arthur E. Rappoport, N. Side Unit, Yo. Hospital Ass'n, Youngstown, O.  
 Dr. James A. Patrick, 138 Lincoln Ave., Youngstown, Ohio.  
 Dr. Charles W. Stertzbach, 710 Dollar Bank Bldg., Youngstown, O.

**For Interne Membership**

Dr. Francis J. Gambrel, 2004 Elm St., Youngstown, O.

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

Bills were read.

A motion was made, seconded and duly passed to pay each one.

Meeting adjourned at 11:45 P. M.

V. L. GOODWIN, M. D.  
 Secretary

**CYNICAL SAM**

Most of what passes for tact we recognize as deceit wearing its party dress.

★ ★ ★

Since we are so much addicted to comparatives that we apply them to the incomparable, we may soon hear that something is deader than the Monroe Doctrine.

★ ★ ★

When man discovered alcohol and its effects when ingested, many of the woes of the world took on permanency.

**TO BLOW OR NOT TO BLOW — AND HOW**

The statement, recently publicized by the lay press, that the nose may be blown with impunity during the course of an acute or chronic nasal or para-nasal sinus infection without any danger of infecting the eustachian tubes or middle ears has been viewed with alarm by otologists because of its erroneous and misleading portent.

It is true that a normal middle ear mucosa is covered with a ciliated epithelium in its inferior half and a normal eustachian tube mucosa with a similar type of epithelium throughout its entire length. When the cilia are

functioning normally, secretions and pathological discharges are carried into the naso-pharynx.

The mucosa of the eustachian tube being continuous with that of the naso-pharynx at its medial end and with that of the middle ear at its lateral end establishes a favorable channel for the spread of infection through the sub-epithelial tissues along the eustachian tube and into the middle ear. It has repeatedly been demonstrated histo-pathologically that in the course of a nasal or sinus infection there may exist a subacute and subclinical eustachian salpingitis, especially in children, which awaits the implantation of infectious material forced through a narrowed eustachian tube into the middle ear for the establishment of a clinical otitis media. It is axiomatic therefore, that any such procedure should be carefully avoided, whether or not obvious infection is present in these areas.

We, as practicing otologists, have always impressed upon our patients and the parents of our children patients, to scrupulously avoid the forceful blowing of secretions from the nose, especially with one nostril held closed. We have advised the "sniffing" backward of nasal secretions thus creating a negative pressure, not only to clear the nasal passages but also to prevent this infectious material from gravitating into the trachea and bronchi and establishing infection in the lower respiratory tract as well.

It is lamentable that the lay press will seize upon such ill-advised statements and give them unwarranted publicity without obtaining authoritative confirmation. This policy not only woefully misinforms the public but it also nullifies to a great extent the excellent constructive propaganda of the American Hearing Society and the local League for the Hard of Hearing directed towards the prevention and amelioration of deafness.

Bernard J. McMahon, M.D.  
Director, Department of Otolaryngology  
St. Louis University School of Medicine  
Past-President American Otological Society  
Weekly Bulletin of the St. Louis Medical Society

### UNCLE DUDLEY

It is the emotional content of an experience that fixes it in memory. The woman who put that piece of angel food cake into a boy's lunch did not know that he would never see her again, but would never forget her.

★ ★ ★

Ideas that one cherishes must be flexible if they are to retain their value, and will continue to be satisfying only if they are capable of being expressed in fluid language.

★ ★ ★

Hatred in mass burns the soul out of a nation as inevitably as it destroys the sensibilities of the individual. It is an easy and efficient means of enslaving fellow men.

## DAYTIME SPECIALISM

Almost any night in Flint the telephone of Joe Doaks, M. D., begins jumping up and down about two A. M. Once in a while it's a drunk who can't think of anything funnier to do than make phone calls. Usually, it's a worried mother or wife who wants him to come right out. By the time Joe can get the sleep out of his eyes and a couple of brain cells connected he's heard a familiar story.

"Well, Johnny has been sick for several days now" --- (the burn has reached Joe's neck by the time this one slips out) --- "and we've had a specialist see him a couple of times. He's been our regular doctor for shots, immunizations, feeding and so forth and he knows his case. But I'm sure Johnny is a lot worse tonight and of course his doctor doesn't make house calls so I thought maybe you'd come see him. Please, doctor, he's really sick now and I want you to come tonight."

So Dr. Doaks goes through the routine of cranking up the old jalopy and by the time he has reached Johnny he's hitting on all synapses. His services performed, he turns to go and very properly through gritted teeth advises Johnny's mother to get in touch with her own doctor tomorrow.

So Joe gets home and catches about twenty winks when his enemy at the bedside shatters the silence once again. It's a woman he never heard of before.

"Doctor, will you please come see my husband right away. I think he's had a heart attack. You know he's had a heart specialist checking him for over six weeks now. He says he has a chronic gall bladder, too. He's had an attack of something tonight. I know he's bad, doctor! Can't you please come right away? You know his regular doctor doesn't make house calls." Joe cradles the receiver, methodically repeats the old routine, and by the time the bus is rolling down the street, Joe has figured that at this rate, in five years he can afford to tell them to go to hell too.

But even in his sleepy condition, Joe wonders at the myth of specialization that is so important only during the sunny hours of the days, weekends excluded. And so Joe laughs for the first time in weeks. Because the cloak of night has once more banished the confines of his ability and clothed him in the garb of a Superman equal to any challenge of life or death.

But as he examines his "just once" patient, grave doubts beset Dr. Doaks. He wishes he had a cup of hot coffee—maybe that would help. Or maybe he shouldn't have come. For here is a man who has taken his case to a specialist who needs expert care. But the hell of it is he needs it at three o'clock in the morning and not three o'clock in the afternoon when a blood pressure cuff may be very revealing but not very life-saving. The inspiration of the last resort comes to him once more and off to the hospital goes a sick patient and if he lives the night out there will be expert advice there during the morning.

No specialist nor specialty deserves to exist if it can actually confine its problems to the waking hours of a day. If Dr. Doaks is equal to all the problems at night why can't he handle them during the day when he's at his best, too?

But Joe gave himself away too. Give me five years more of this skutt work and I can tell them off too.

The foundations of medical practice are crumbling because too few of us remember that the bulwark of a profession is the service it renders. If service is to be regulated only by the financial need of the individual, we have gutted our professional standing and relegated medicine to the level of an unsavory business.

If the sarcasm or insinuations about Joe Doaks, M. D. irritate you, you'd better investigate the symptoms, doctor.

—Genesee Co. Bulletin

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### THE ANNUAL CONFERENCE OF COUNTY MEDICAL SOCIETIES AND OHIO STATE MEDICAL ASSOCIATION OFFICERS AND COMMITTEEMEN

The Conference was held at the Fort Hayes Hotel March 20, 1949, Columbus, Ohio. Members of the O. S. M. A. attended from all sections of the State, giving up their time and traveling hundreds of miles for the cause of "Free Medicine" in these United States. Men are called "Medical Politicians" but they are the fellows that are carrying the ball in an attempt to stop the Federal Government from taking over the practice of medicine and putting all of us on the federal payroll. Men that are anxious to bring back to their counties what is happening and what is being done to stop socialization of "Free Enterprise" in this land of ours. The meeting was called promptly at 10 A.M. by President Brindley. He welcomed the members of his conference and gave some good advice as to the duties of each of us there and the men back home, such as getting the co-operation of our patients, contacting our business associates, telling all the story of what a plight medicine is in and where this whole program of socialization is leading, Mr. G. G. Gross ("What's Going on in Washington") said that there is much activity in the national capital both pro and con regarding health legislation. That there are a great number of people who are not just socialistic minded but think from reports over the country that we should have some type of compulsory health insurance for all the people. Then there are many that feel the plan set up should be voluntary.

The Hill-Burton Law is being discussed so that its benefits can be enlarged to cover more ground which should include more money for hospitals, all types of medical education. The amount will be increased from 75 million to 150 million per year. The House is pretty well sold on some type of compulsory insurance but the Senate is not going along with this idea. The Republicans as a rule are opposed, also the Southern representatives and senators. At the present time it would be rather hard for such a bill to get through the Senate.

Mr. Truman is finding it rather difficult to get any considerable portion of his "Fair Deal" program through Congress. The feeling in Washington is that a health bill of any description will have a tough time getting through as the situation is at present and as the general feelings are in Congress but this will not kill health insurance but will just postpone it for some later date. The proponents are not the type to let the matter drop.

A new school health bill was to be introduced into the House March 21st. This bill has already been approved by the Health Committee of the House. It carries free medical and dental examinations of all school children from 5 to 17 years of age and covers all types of schools, public and private. It also covers treatment with the school boards making the payments for all that cannot pay. Also the board may pay for all treatment, regardless of the ability of the parents to do so. This section of the bill was objected to by the Conference. The president was requested to send a letter regarding this section objecting to this one step of socialization or inroad into the practice of medicine.

Medical military has been unified but all services—Army, Navy, Air Force, need doctors and if the V-12's and ASTP's do not come through there will be a draft of all medical men particularly of the younger brackets.

Mr. Charles Nelson, executive secretary of O. S. M. A., gave the legislative set-up in Columbus. The last Ohio legislature was controlled by the Republicans but the present legislature is controlled by the Democrats but he wanted it to be known that the Ohio medical profession has no party lines. We are interested in the health of the people regardless of party politics. Miss Margaret Mahoney of Cleveland, the first woman to hold the position of president pro tem of the Senate, with Mr. John Cantwell of Youngstown, Speaker of the House, both are able and sincere leaders and both are medically minded and friends of the medical professions. The minority Republican leaders are also able and sincere men. In fact the whole body is made up of right thinking and earnest men and women who are trying to do a good job for the citizens of Ohio. Governor Lausche has sound views on all medical matters but usually gets his advice from individuals rather than any organization. So the public health and medical welfare are as a whole in good hands and sound thinkers.

There are several classifications of bills being introduced. Those that would permit cults of all types without education to practice medicine, unrestricted. They would break down our medical practice act so that the people of the State would have no protection. It is the duty of each member of the medical profession to see that the standards of education are not lowered and insist that all those who would practice the healing art be well grounded in the basic sciences of medicine.

Then there are those who would change the public health laws but as long as it is for the improvement of the profession we can say nothing but we must guard against lowering of standards. The medical profession must see that good welfare laws are passed and strengthened such as old age pensions, indigent relief, child welfare and mental hygiene. We must be interested in the allied professions; nurses, druggists, hospitals, etc., so that nothing will interfere with their practice and must aid at all times in the passage and laws that will improve their services to the people.

As the medical profession is now in the insurance business with the Ohio Medical Indemnity laws pertaining to that branch must be watched by the profession. There are bills before the Ohio Legislature asking that naturopaths and chiropractors be given separate licensing boards. Thus without education they would become doctors of medicine and would practice unrestricted. These bills must be defeated and you should do something about them with your local representatives and senators. Call them and tell them

how you feel. Write them a note stating your views. Bills giving nurses aides legal status and the control of barbiturates should be supported in the same conversation with your state legislators. Your local legislative committee is important and is carrying on but you also have a stake in this set-up. Write Dr. Jos. Lawrance at 1302 18th St., N. W., Washington, D. C., and tell him what you know about your congressmen. It will help him to fight for us.

It is the duty of each of us to insist that our state health department be financed by State funds, not Federal. Now the balance is bad. The total cost is one million two hundred thousand dollars, eight hundred thousand of which comes from Washington. We should carry our own load and if money is to be sent, send it to the local health units.

There was much discussion on the piecemeal approach of socialization such as money or heart, cancer, diabetic, rheumatic fever, investigation, etc. After they are started the Ewing gang can say, "Well, we got all this, let's take in the whole now."

In the afternoon, Mr. Lawrence Rember, Director of Public Relations, AMA, spoke on "The New AMA Public Relations Program." He urged that in order to take the shock out of all types of illness, all types of insurance have been urged and companies enlisted to sell to all the people, insurance of voluntary prepayment. This is not just the plans that are sponsored by the Blue Shield but all insurance. The doctor is urged to take a few minutes of his time to advise his patients to enroll in some sound plan.

The Chicago office is preparing the material which will be available in a very short time to educate the people of this nation in the pitfalls of compulsory insurance. The doctors then will have at their command material to combat this propaganda. Each State will get a blue print of the plan so its organization can fit into the picture. There will be a national publicity campaign covering newspapers, radio, television, magazines, and any and all avenues of outlet for this educational program. A plan is being set up to get endorsements of all national organizations like Law, Farm Bureaus, Co-operatives, Labor, Veterans' organizations, Teachers and educational organizations. A National Speaker's Bureau is being set up, also state-wide bureaus. National women's conferences are being solicited for support of this educational program. In the end this will be a program wherein the AMA, the State, County Society, and each doctor will fit into the picture and will all be coordinated. There will be no lost motion, each will function as a unit under the AMA as head.

The trustees are not spending all for education but are also proposing a 12 point program which we should understand will improve the health of the nation.

The \$25.00 assessment will finance this program. It therefore behooves each of us to remit our \$25.00 if it has not already been sent into the Columbus office.

Every doctor today must be a public relations agent. He should sell the profession to his patients, give good service, advise on health and keep his fees within reach of all. He must quit gouging and charging all the traffic will bear. He is hurting his profession by over charging. Learn that labor controls more votes than the doctors and as a minority we are being put on the spot. Take away the foe's weapons by making necessary night calls; stopping rebates, give true information to newspapers, co-operate with them

fully. Do not withhold information from patients. Tell them in language they can understand what they want to know. Stop if possible doctors attacking the plans of the profession, resell them our profession and what it has done and stands for today and what it can do unshackled by government interference.

This will be the most momentous program ever undertaken to keep men free from all types of socialization. England at the present is taking over steel, but if medicine goes down it will be the beginning of the end and the "Do Gooders" will not stop with medicine.

"Public Relations Activities of the OSMA" was presented by Mr. George H. Saville, Director of P. R., OSMA. Public relations of Ohio can be broken down into three parts: the State Society, County Society, and the members of each County. Each has a place, each must work hand in hand to stop the threat of socialization of our profession.

Every activity of the State Public Relations affects the P. R. of each member. The Ohio Medical Indemnity has and is affecting all. It now has over 500,000 members. Its program sponsored by the profession will cover the State. A 25 point health program has helped the entire state. The State organization has placed 50 doctors in communities where needed. This is accomplished through the Ohio State Medical Placement Bureau.

The medical profession is anxious to have the health of the State protected and improved. The Ohio State Medical is co-operating with all farm groups. At one time these groups were controlled from Washington but through the able guidance of Dr. Carl Mundy the control is in the State. The OSMA is co-operating with these groups in setting up scholarships to aid rural boys to become doctors so that they can and may return to the rural areas to practice. Representatives of business in general have been guests of OSMA and are co-operating with us in development of a larger Public Relations Committee which is comprised of business and professional members, who will give us aid in this undertaking.

State wide Speakers Bureaus have been organized to include lay and professional speakers to go out over the State to tell the story relative to the problems confronting not medicine alone but all types of business.

The State Medical Society will furnish material to all School and Public Libraries so that the story of Free Medicine and voluntary health insurance can be understood. All types of material including speeches will be furnished by the OSMA, such as articles appearing in newspapers as Porter of the Cleveland Plain Dealer writeups, Dorothy Thompson's articles, etc. Also short pamphlets including magazine articles will be sent to be distributed by the doctor in his office or mailed to his patients.

Each County Society should have a very active public relations or Planning Committee. This committee composed of laymen that will give a hand to the willing physicians of the County. It should have a Speaker's Bureau under its control consisting of all types of speakers and be able to furnish said speakers to all organizations requesting same and also material to all for general discussions.

That a definite program should be set up to handle night calls including emergency, and for days that doctors are not in their offices. This should be publicized in the County publications and local newspapers. There should



be a committee to handle patients' complaints such as over charging, or anything that patients want to complain about regarding their doctors. When these complaints come in either from physicians or patients they should be given due consideration and the parties involved should be given a hearing, not just bury the matter in routine.

Each County Society must have a definite and constructive program regarding its public health; must see that the programs set up in the county be properly guided and accepted by the profession. This should include health departments, care of the indigent and the low income groups, running and supervision of dispensaries, etc. The profession's views should be respected by lay groups as well as by the profession. It should respect all opinions of those interested in the handling of this problem.

The newspapers and radio stations of the community must be co-operated with for better public health and public relations. When asked, interviews should be granted and true, concise, clear facts explained so that ordinary people can understand it. Do not use medical terms where good English can be used just as easily.

Every county should have a woman's auxiliary. It should be given a definite program to follow in public relations. The County Public Relations Committee with the Planning Committee should sponsor a get-together of all business, asking and taking advice from men and women of the community that know and understand our problems. Our side of the story should be explained by the Women's Auxiliary, and also by the physicians to all lay groups. The County Society should have at least one meeting a year to sponsor public relations where the members of the Society can and will be brought up to date.

A program the same as we have already put into effect, that is, passing of a resolution by the Society opposing Federal Medicine should be instituted and every lay organization asked to follow through with the same.

Each physician of the Committee should sell this program to his physician friends and they in turn to at least 20 of their patients requesting letters be written to our legislators in Washington opposing socialization of medicine and any other type of socialization.

The professions need men and women that will go to work for it, both in and out of the profession. We must save medicine as a free enterprise or we will all (in every business) be working for the government. The present practice of medicine is better than any type of compulsion.

Please give these facts some thought and let's all go to work for what we know and believe is for the best interests of the people as a whole. Let's not let the socialistic minded worker or the socialistic minded individual sell us down the river.

WM. M. SKIPP, M. D.  
Chairman Legislative Committee

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