



To be free is to be subject to
nothing but the laws.

—Voltaire

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XIX, No. 7
JULY • 1949

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"OUR COUNTRY"

"Our Country! In her intercourse with foreign nations, may she always be in the right; but our country, right or wrong."

No one would have reason to doubt Decatur's loyalty had he not expressed it so memorably. We have been led to think often about patriotism during these times when it is being derided, maligned and misinterpreted all over the world.

There was a time when we could feel pride in the efforts or in the accomplishments of historical characters like Bolivar, Bruce, Washington or Nathan Hale. We felt it not necessary to conceal our admiration for characters like Barbara Fritchie or Molly Pitcher or for others whose existence or whose deeds may have been fictitious, but whose reputed loyalty furnished anchorage for our faith in civic virtue.

To find this wholesome and constructive emotion misrepresented and discredited, as is now being done for the purpose of replacing it by loyalty to a universal and ill-defined ideal, takes away from us who are no longer young much of that for which we have labored.

The pride of being a Briton, a Frank, a Scot or a Pole was no small factor in the establishment of European culture. The contribution that America is now called on to make to the well-being of the world, has been envisioned and accumulated under the influence of this worthy emotion. The present tendency to call this "narrow nationalism", is but an effort to confuse our thinking and create prejudice.

Sneering at our gestures of patriotism is a cheap substitute for sound reasons why the love of home should not be considered natural. Even our exhibitions of this emotion have a definite value. It is inspiring and constructive. Trust him not who has not felt its influence or who can no longer experience it.

Patriotism implies more than saluting the flag or exhibiting it on occasions. There must also be respect for the Constitution, and observance of the rights of others. Industry and self-reliance which enable one to become and remain self-supporting and be of assistance to others, are requisites of good

citizenship. These lessen the burden of the State and contribute toward the State's becoming worthy of your citizenship.

So the patriot keeps himself upright and produces more than he consumes. He does not think of his country as an asset or merely a convenience for himself and his group.

The patriot knows that genuine love of country requires of us clear minds and constructive thinking. We must be willing to apply ourselves to the cultural and economic problems that arise, to the end that we may vote intelligently for those whom we believe will be honest and efficient.

Patriotism requires of us free criticism as to governmental policies, an unhesitating condemnation of deceit and incompetence, while at the same time maintaining loyalty to the principle of freedom, justice and equality of opportunity.

This judicial attitude toward our country's purposes and its integrity enables us likewise to extend sympathy and intelligent aid to other liberty-loving peoples under whatever government they may live. International cooperation can be brought about only between peoples who are worthy and loyal citizens of their own countries. Their common loyalty is to principle, their special loyalty is to their own country. In this way, liberty may live under various forms; and peace be possible through increased understanding and tolerance of each other.

W.D.C.

"BORED WITH BOARDS"

"I am fed up with these specialty boards dictating what we can or can not do." One hears such an exclamation in most any medical group today, whether among young or older doctors or hospital administrators. In most cases there are profane qualifying adjectives to castigate the board members still further.

Let us take stock of the situation. What are the reasons for Boards and are they desirable or should their members be shot? Have they done any good? What are the alternatives?

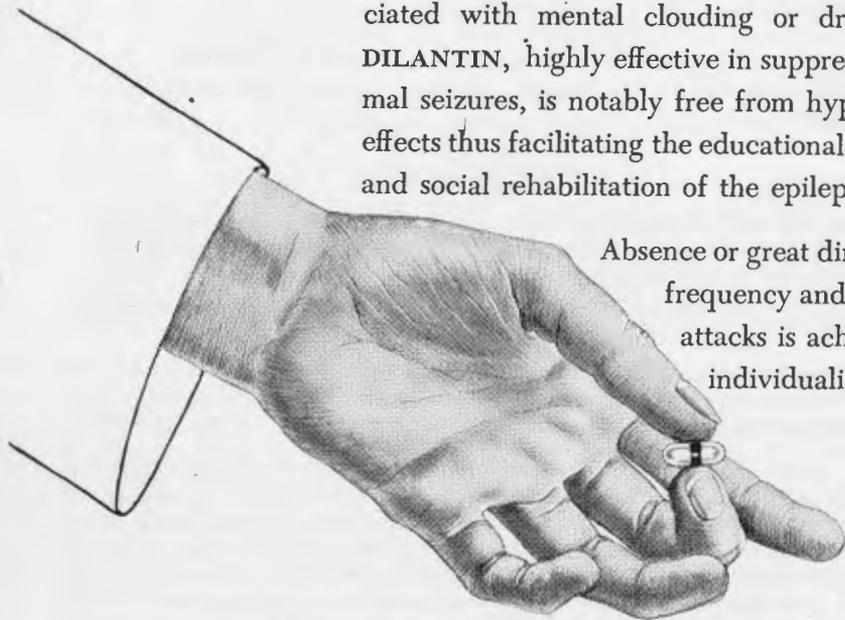
It is within the memory of most of us when specialists were self-designated and self-made. All that was necessary was to move to a new town, post a large chosen specialty on a large sign-board in front of one's office and a new specialist was born. There are plenty of illustrations for this method extant today, but they are diminishing. The AMA, County Medical Societies, pressure from men in the specialties and the hospital staffs themselves have all helped to control and define specialties. The growth of knowledge in medicine has made it impossible for one individual to be the master of all fields of development. Sub-division of medicine is a desirable and necessary step in line with progress. Each specialty found it necessary to choose men to define and standardize, so that new-comers into the field would be prepared adequately to safeguard the interests of patients as well as the reputation of the specialty. Most members of the various specialty boards are men with high professional ideals—perhaps too high—and they have worked hard without pay except for a sense of satisfaction in elevating the standards for the specialty for the welfare of the sick. The Boards are an intra-professional effort to better ourselves. They are pulling on our own boot-straps, but they have done much good in raising the standard pattern

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*Magladery, J. Therapeutic Conference, The Treatment of Epilepsy. Bull. Johns Hopkins Hosp., 82:609, (June) 1948.

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for each branch of medicine. Perhaps more justifiable criticism can be waged against groups of men who have passed the various specialty boards. In local situations there may be errors by these men for the way they have applied this advance step.

Another criticism often expressed is that the Boards are holding back board certificates to strengthen the economic position of those in the specialty already. That is a cruel blow to men in a thankless task and probably has little basis in facts. The Boards have done much to elevate the caliber of specialists today and the public as well as the profession owes gratitude to them. It would be wonderful if a board certificate would permanently guarantee professional ability, but many of us have short memories. However, to be forced to pass one of the Boards' examinations challenges our best effort for one season at least. The Boards are here to stay and the next step may be that they will give certification for a limited period—forcing us all to keep abreast or lose our specialty standing. Let's be thankful that has not come yet and stop condemning or we all may have to verify qualifications repeatedly. If the Boards go, it will be a backward step which will not be to the credit of American Medicine or for the good of the sick. Let's be thankful, too, that so far the Board members are chosen without regard to whether they are Democrats or Republicans.

HORACE K. GIFFEN, M.D.

COUNCIL MEETING

June 13, 1949

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society on Monday, June 13, 1949, at 9:00 P. M. The following doctors comprised a quorum: J. N. McCann, V. L. Goodwin, C. A. Gustafson, W. M. Skipp, G. G. Nelson, John Noll, W. J. Tims and R. E. Odom. Also present were doctors S. W. Ondash, H. J. Reese, W. E. Maine, Sidney Franklin, M. S. Zervos and F. S. Coombs.

The following applications were approved:

FOR ACTIVE MEMBERSHIP

Howard Ellsworth Mathay, M.D., Hartzell Ave., Youngstown, Ohio
 Charles Edward Pichette, Jr., 604 Central Tower, Youngstown, Ohio
 Unless objection is filed in writing with the Secretary within 15 days,
 they become members of the Society.

Monthly Membership Meeting

June 21, 1949

The following resolution was passed without a dissenting vote:

RESOLUTION

June 21, 1949

WHEREAS, The Mahoning County Medical Society in coping with today's medical problems realizes the need for every practicing physician to see that when he is not available his patients are able to contact someone to whom he refers calls in cases of emergency, and

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CHANCE-OVER . . . 0.1 or 0.2 mg. of Digitaline Nativelle may advantageously replace present maintenance dosage of 0.1 gm. or 0.2 gm. of whole leaf.

Current references and comprehensive brochure "Management of the Failing Heart" available on request. Also, if you wish, we will send a full digitalizing dose. Simply address Research Division, Varick Pharmacal Company, 83 Varick Street, New York 13, N. Y.

Digitaline Nativelle

... active glycoside of digitalis purpurea (digitoxin)



WHEREAS, The Mahoning County Medical Society on February 25, 1948 asked for volunteers to serve on a panel set up at the Medical-Dental Bureau for use in cases of emergency, and

WHEREAS, The Council of the Mahoning County Medical Society has instructed the executive secretary to contact all practicing physicians and urge them to leave at least two or more colleagues to whom they refer their calls in case of emergency, Sundays, nights, holidays and on regular days off, and

WHEREAS, In order to efficiently carry out the instructions of the Council by obtaining the necessary information and referrals of our members.

THEREFORE, BE IT RESOLVED, That it is urgently recommended that every member of the Mahoning County Medical Society, practicing medicine, be enrolled as a member of the Medical-Dental Bureau and that they leave with the Executive Secretary of the Mahoning County Medical Society for use by the Medical-Dental Bureau such information as is necessary to meet the medical needs of patients, especially emergencies and on Sundays, nights, holidays and on regular days off.

V. L. GOODWIN, M. D.
Secretary

TREATMENT OF SYPHILIS

With the advent of Penicillin the treatment of Syphilis has been altered a great deal. Now the Penicillin treatment has been varied according to the results obtained. The Rapid Treatment Center of Ohio has recently changed the syphilis therapy which I thought would be of interest to doctors in general.

Briefly the treatment for syphilis at the Rapid Treatment Center is:

For Primary, Secondary, Early Latent, Late Latent, Late Manifest, Late Congenital (over 2 years), and Syphilis in Pregnancy, 50,000 units of Aqueous Penicillin "G" intra-muscularly every 2 hours for 96 doses, a total of 4,800,000 units. On an out-patient basis, the above conditions may be treated with 600,000 units of some form of delayed absorption penicillin every day for 10 days, making a total of 6,000,000 units. For children under 24 pounds, we are using 20,000 units of Aqueous Penicillin "G" every 2 hours for 120 doses, a total of 2,400,000 units. For all forms of Neuro Syphilis, either Symptomatic or Asymptomatic, and for Cardio-Vascular Syphilis, we are using 50,000 units of Aqueous Penicillin "G" every 2 hours for 192 doses, a total of 9,600,000 units of penicillin. If it is desired to treat these later forms of syphilis on an out-patient basis, it is recommended that 600,000 units of some form of delayed absorption penicillin be used every day from 20-30 days.

So far as follow-up is concerned, it is recommended that a quantitative Kahn be obtained before treatment, every month for 12 months after treatment, every 3 months the second year, and every 6 months for 3 additional years. All cases should have spinal fluid examination regardless of diagnosis. This is especially true in Congenital Syphilis of 2 years or more duration. Patients with positive spinal fluids should have repeat spinal fluid examinations every 6 months until they have had 2 consecutive negative examinations.

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



even after **40**, a woman's work is never done...

Dishes, dustpans, a thousand details...the three "d's" of household drudgery...are challenge enough at any age, but a stack of dinner dishes can look mountain high to the woman in the menopause. This is a disquieting aspect of the daily life of such patients that physicians can bring into proper perspective with "Premarin."

"Premarin" therapy, it has been found, has in it a certain "plus" that produces a sense of well-being in most women. "Premarin" quickly relieves the symptoms of the menopause. It is orally active, and is rapidly absorbed from the intestine.



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JULY

The following graph has been proposed by them for the treatment of Syphilis:

SYPHILIS	DRUG	DOSAGE PER INJECTION	NUMBER OF INJECTIONS EACH DAY										TOTAL INJECTIONS (DOSAGE)			
			1	2	3	4	5	6	7	8	9	10				
Primary	Penicillin G aqueous	50,000 units (intramuscularly) every 2 hours	12	12	12	12	12	12	12	12	12	12	12	12	96 (4.8 million units)	
Secondary			1	1	1	1	1	1	1	1	1	1	1	10 (6 million units)		
Late manifest			1	1	1	1	1	1	1	1	1	1	1			120 (100,000 units per lb. body wt.)
Late congenital Pregnant women			12	12	12	12	12	12	12	12	12	12	12			
Primary	Penicillin G in oil and beeswax	600,000 units (2 cc.) (intramuscularly) every 24 hours	1	1	1	1	1	1	1	1	1	1	1		120 (100,000 units per lb. body wt.)	
Secondary			1	1	1	1	1	1	1	1	1	1	120 (100,000 units per lb. body wt.)			
Late manifest			12	12	12	12	12	12	12	12	12	12		120 (100,000 units per lb. body wt.)		
Late congenital			12	12	12	12	12	12	12	12	12	12	12			
Early congenital	Penicillin G aqueous	100,000 units per lb. of body weight \div 120 (intramuscularly) every 2 hours	12	12	12	12	12	12	12	12	12	12	12	120 (100,000 units per lb. body wt.)		
Neurosyphilis	Asymptomatic	6 - 10 million units penicillin administered over 8 - 20 days														
	Acute meningitis															
	Diffuse meningovascular															
	Gumma															
	Vascular															
	Parasis	10 - 20 million units penicillin administered over 10 - 20 days accompanied by fever therapy unless contraindicated														
	Tabes dorsalis															
	Primary optic atrophy															
Cardiovascular syphilis	Nothing is known as to the effectiveness of penicillin in cardiovascular syphilis. If penicillin is utilized, it should be started after the patient is prepared for several weeks with bismuth therapy; the total penicillin dosage should be large (6 or more million units), individual doses relatively small, and duration of treatment prolonged (15 or more days).															



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Relief from pain usually lasts up to eight hours with 'Surfacaine.' However, it may be reapplied freely at shorter intervals, if necessary, and over extensive areas. Unlike topical analgesics whose value is sharply limited by high toxicity, 'Surfacaine' may be used liberally.

It is soothing to the tender skin of infants with diaper rash, to burns that are superficial or deep, to painful hemorrhoids, and to itching skin conditions.

Readily available as:

Ointment 'Surfacaine,' 1 percent, in 1-ounce tubes with removable, perforated rectal tips and in 1-pound and 5-pound jars

Cream 'Surfacaine,' 0.5 percent, in 1-ounce tubes and in 1-pound and 5-pound jars

Lotion 'Surfacaine,' 0.5 percent, in 4-ounce and 1-pint bottles

Suppositories 'Surfacaine,' 10 mg., in packages of 12 and 100

Suppositories 'Surfacaine,' 10 mg., and Sulfadiazine, 325 mg., in packages of 12

Suppositories 'Surfacaine,' 10 mg., and Zinc Oxide, 250 mg., in packages of 12

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ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth's Hospital was held on June 7, 1949. Dr. R. B. Poling, President of Staff, presided.

In conducting the first portion of the scientific program, members of the intern-resident staff presented case abstracts and reviews of recently or currently hospitalized cases. Presenting the case histories were Dr. A. Bax and Dr. D. Dockry of the surgical service, Dr. W. Kelly, medical resident, and Dr. B. Munson of the obstetrics-gynecology service. Brief general discussion followed the presentation of the interesting and varied cases.

Dr. Anthony J. Bayuk, Director of the Department of Anaesthesia, was the essayist and spoke on "The Indications and Contra-indications of Various Anaesthetic Agents." In his analysis of anaesthesia problems, Dr. Bayuk pointed out that no specific rule can be given regarding the selection of anaesthetic agents, but that various factors to be considered in selection of proper anaesthesia are briefly as follows: (a) The physical state of the patient. (b) The type of operation—its duration, depth of anaesthesia required, blood loss, etc. (c) The anaesthetist, and (d) The pharmacological action of the anaesthetic drugs and their relationship to the underlying pathology.

After elaborating on the various points afore-mentioned, Dr. Bayuk discussed the use of supplemental anaesthesia and its particular value for use in conjunction with spinal anaesthesia where it is impossible to avoid reflexes which may cause vomiting, retching, etc. In concluding, he emphasized that while there are numerous agents and techniques at the disposal of anaesthetist and surgeon, it is mandatory that anaesthesia for a patient be individualized, and that the patient should not be jeopardized by the inability of the anaesthetist or surgeon to work under certain conditions.

Dr. R. Clifford, President of the Ex-intern Association, reported that a reunion would be held on Thursday, August 18, 1949. He announced that Doctor Harold Clark, associate professor of surgery at the New York Post-Graduate Medical School would be the guest speaker at the clinical session and that he will talk on "Management of Colon and Rectal Malignancy". Added information is being sent to Ex-interns by way of a news letter which will also include the address of Dr. Charles Geschickter, entitled "Breast Tumor," given at last year's clinical session.

The president announced the executive committee appointment of Dr. F. W. McNamara as Director of Medical Education for the intern-resident staff.

After several committee reports and an analysis of hospital service for the preceding month, the meeting was adjourned at 10:15 p. m.

Stephen W. Ondash, M.D.
Secretary

OHIO UNIFORM BARBITURATE ACT—EFFECTIVE AUGUST 12, 1949

The new Ohio Barbiturate Law which becomes operative on August 12, channels the legal handling, sale and distribution of all compounds, preparations, mixtures, etc., containing any barbiturate into the hands of thousands of persons and agencies including pharmacists, practitioners, hospitals, manufacturers, wholesalers, educational institutions, government agencies, etc.

In the belief that you will want to show immediate compliance with this new law in order to avoid personal embarrassment, we present herewith a brief analysis of the statute and the suggested procedure to be followed by you.

Prescriptions: On and after the effective date of this law, barbiturates



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CENTURY"**



Dependable Prescription Druggists WHITE'S DRUG STORES

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(salts and derivatives of barbiturate acid) can only be dispensed upon the original prescription of a practitioner. A prescription means a written order and in case of emergency, a telephone order, by a practitioner to a pharmacist, for a barbiturate for a particular patient, which specifies the date of issue, name and address of practitioner, name and address of patient, the name and quantity of the barbiturate prescribed, the direction for use of such drug and the signature of the practitioner. Further, it will be unlawful to refill any prescription for a barbiturate unless so designated on the prescription by the practitioner. In connection with telephone prescriptions the practitioner must furnish the pharmacist a written prescription within 72 hours thereafter and if the practitioner fails to do so it will be an unlawful act upon the part of the practitioner.

Labeling of Containers: There must be affixed to the container in which such drug is delivered, a label bearing—(a) the name and address of the pharmacy from which the drug is delivered; (b) the date on which the prescription for such drug was filled; (c) the number of such prescription as filed; (d) name of the practitioner (prescriber); (e) name and address of patient; and (f) the direction for use. This is important because it is unlawful for any person to possess a barbiturate unless such person obtained such drug on prescription or from a practitioner, etc., so the improper labeling of containers could be embarrassing to a customer who might be questioned by an officer of the law. Practitioners are also required to similarly label their containers.

Record Keeping: The law requires complete and accurate records with respect to all transactions involving the handling, sale and distribution of barbiturates. This is interpreted to mean—(1) that there be made a complete record or inventory of all stocks of barbiturates on hand on the effective date of this Act (Friday, August 12, 1949), and that you retain such record for not less than two calendar years immediately following such date; retain, starting as of August 12, each commercial (invoices from jobbers, manufacturers and suppliers of barbiturates) or other record maintained by you in the usual course of your business, for not less than two calendar years immediately following the date of such record.

All practitioners, hospitals, sanatoriums, wholesalers, manufacturers, educational institutions, government agencies, etc., must also comply with the inventory and record keeping provisions of this Act.

Enforcement and Penalties: The Ohio State Board of Pharmacy is charged with the enforcement of this Act and is authorized to promulgate regulations to aid in the enforcement and administration of the statute. Unlawful acts consist of: illegal possession of barbiturates; refusal to make available records for checking and inspection purposes; fraud or forgery in obtaining barbiturates; unauthorized sale of barbiturates or the unauthorized refilling of prescriptions, etc. Violators of this Act, upon conviction, shall be punished by a fine not exceeding \$500, or by imprisonment for not more than one year, or both such fine and imprisonment.

While we are cognizant of the fact that some doctors do not favor any more laws or regulations relating to their profession, on the other hand we sincerely believe this new Ohio law is definitely in the public interest and eventually it will eliminate the illicit trafficking in this drug. Further, it is possible that most of you will not like the required record keeping, however, without this feature of the law, enforcement would be impossible and although it may be a burden at first we believe you can meet this problem by handling barbiturates in the same manner as you now do narcotics.

Bulletin—The Ohio State Pharmaceutical Ass'n (Submitted by Ralph White, Ph.G.)

HAVE YOU DONE YOUR PART?

Like philosophers and statesmen of old, I presume I should view with alarm and look with suspicion on all radical procedures and plans. And I do. I view with great suspicion the monstrous plans of Mr. Oscar Ewing and all the little Oscars. It is like the small boy who was looking, with some alarm, at his first elephant. After satisfying himself that his eyes were not deceiving him, he said, "Well, you big old leathery thing, if I knew which end your head was on I'd kick you." We have an advantage over that boy. We know which end to kick and we finally have something to kick with.

All of which brings me to the point. I have been "Peck's Bad Boy" again because I did not feel that a \$25.00 assessment of all A. M. A. members was practical or justified just to put on a radio campaign and harass Legislators. I was completely out of accord with the so-called program. However, in the last two weeks events have transpired which puts us in a very excellent position to kick back the monstrous plans of Oscar Ewing to the level which it should occupy. Whittaker and Baxter have set up a program by which you may procure information which will instruct your patients as to the real intent of the Ewing plan. There is the contact that is going to defeat any effort to socialize sickness and commercialize on the misfortunes of mankind. That is your task to see that your patients know what is being attempted by bureaucrats. Our negative program is no longer negative. It is constructive. The picture of "The Doctor" is not going to be defiled by some Washington "Bureaucrat" offering the anxious parents a contract to sign away 6% of their earnings. Send in your \$25.00 NOW.

J. CLAIR VANCE, M.D.

Health Department Bulletin

REPORT FOR MAY, 1949

	1949	Male	Female	1948	Male	Female
Deaths Recorded	174	104	70	158	86	72
Births Recorded	509	269	240	461	253	208

CONTAGIOUS DISEASES:

	1949		1948	
	Cases	Deaths	Cases	Deaths
Chicken Pox	125	0	83	0
Measles	164	0	157	0
German Measles	91	0	0	0
Mumps	25	0	4	0
Scarlet Fever	9	0	4	0
Tuberculosis	5	1	1	0
Whooping Cough	42	0	5	0
Gonorrhoea	36	0	16	0
Syphilis	38	0	38	0
Chancroid	1	0	0	0

VENEREAL DISEASES:

	Male	Female
New Cases:		
Syphilis	3	5
Gonorrhoea	24	6
Total Patients		38
Total visits to clinic (Patients)		487

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

Annual Golf Meet

Physicians

Dentists

The Annual Golf Meet will be held in conjunction with the Corydon Palmer Dental Society at

The Youngstown Country Club

THURSDAY, JULY 28, 1949

Fun Starts at 1:30 P. M.

Golf

Dinner

Prizes

No dinners served without reservations

UNCLE DUDLEY

Watching the opening of the leaf-buds and the preparation for flowers, fruit and seed, leads irresistibly to the thought of recurrence indefinitely to fixed pattern as Nature's way of populating the earth. The seasonal aspect of each plant is in keeping with this idea, and will persist throughout the life of each specimen. In the alteration in the succeeding one, minute though it may be, is the only hope for the continuance of its kind and the development of new forms. Nature has nothing fixed but her ways of doing things.

★ ★ ★

Philosophy should not tread upon the heels of science.

★ ★ ★

The belief that there will never be on the Earth a higher creature than man, that he is the culmination of ages of effort, has justification only if we consider man at present to be in the earlier part of his upward climb. Changes in his physical form are still evident. There is no evidence that his mental development has ceased. That his present state should be the ultimate achievement is unthinkable to those who remain aware of his weakness while they are admiring his strength.



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Menadione (Vitamin K analogue) 0.125 mgm.

*It has been found that adequate amounts of menadione will protect against hypoprothrombinemia and capillary damage that has been reported to follow salicylate therapy.

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

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JULY

THE NATIONAL CONFERENCE OF COUNTY MEDICAL SOCIETY OFFICERS (GRASS ROOTS CONFERENCE), SUNDAY, JUNE 5, 1949

The conference was called to order by Chairman Mitchell, who introduced E. L. Henderson, Chairman of the Board of Trustees of the AMA. He asked those gathered from all parts of the country to give much thought to the conditions of the times and to remember that we are at the cross roads in the practice of medicine. Each one should carry back to his County Society the message of the need for all to get behind the program as set up by the Co-ordinating Committee on Public Relations and insist that each member of the County Society make himself a public relations agent, to educate his patients in what we of this country are facing if compulsory health insurance is forced on the people of the country.

Three methods were presented on "Plan of Operation on Emergency Calls." Dr. R. E. Schmidt of Erie County, Pa., told of their plan in operation. Calls are covered 24 hours a day. The plan to be a success must have continuous organization and maintenance. The public must be informed of the plan through radio, press, editorials, paid newspaper advertising. The physician making the call does not replace the family physician but answers calls only on days off or where the physician is out of town. The patient is turned back to the family physician on his return. It is not a free service. New families are retained by the physician making the call. The medical society underwrites the cost of this service. The censors decide when a physician has not fulfilled his obligation to the public and to his fellow physician. Physicians rotate days on call and see that all Sundays and days off do not fall on any one man.

If the physician on call does not answer he is called by the censors and asked "why"? Forms are filled by operator receiving calls as to the time received, from what responsible person, their phone number and address, and who is the family physician. Then the operator contacts physician on call and calls the patient back.

The plan of operation in a small county society was presented by Dr. James M. Biggins of Sharpville, Pa. It is set up in the same way with the medical secretary of the Society in charge, with the same educational program and publicity in newspapers, etc. Newspapers feel that ads should be paid for, as they like ourselves, are interested in "Free Enterprise" and good public relations. All doctors are contacted, and a list is made up. When calls are received at hospitals the list is called until a physician responds. Three men are on call for each week.

The 24 hour answering service in D. of C. was outlined by Mr. J. R. Connelly. Panels are set up over different parts of the city, of doctors in each section that will answer. The medical bureau handles this service, sending doctors, ambulances, etc. All emergency calls are directed to hospitals giving nearest address. Operators are trained to handle calls but in the final analysis it is the responsibility of all doctors to see that their practice is covered and that the Bureau be informed where they are at all times. The Bureau inserted a quarter page ad in the telephone book stating that the Bureau, not the police, is to be called on all calls needing a doctor. Medical practice is the responsibility of the practicing physician, not a lay operated Bureau.

Medical care plans for the indigent were presented by Dean W. Roberts,

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M.D., Baltimore, Md. This is a state plan supported by tax money for the care of the indigent and near indigent. It is supervised by a state planning commission in which the medical profession has representatives. Each County was surveyed to determine the need of medical, dental, and nursing care of the indigent or near indigent. There is a definite responsibility to the patient (indigent), the State (because of taxes), to those rendering the service; so a council of 14 members was set up of all professional organizations to see that these responsibilities were fulfilled. It is being decentralized and carried on in each county. There is a medical commission which controls physicians' as well as patients' chiseling. It pays for all services on a fee for service basis.

County Society's Part in National Education Campaign

The first Educational County Society campaign was organized by S. H. Lockwood, M.D., Kansas City. There should be a public relations (or co-ordinating) committee in each County. The President and Council are the advisory board of the County Society. The center of the program is the Woman's Auxiliary. Radio and newspapers are important parts of this program. Labor's help is important. Cooperation with the Chamber of Commerce is very necessary in order to get the interest of all business men. The executive office of the Society is very important so that news releases are given properly and correctly, public health education, necessary material for all programs, and where this may be obtained. (In our County call Society's office, phone 43285). Each doctor's secretary should be trained to see that all material relating to the program, when received, is in the reception office. Doctors should be impaneled to give public health education, and public speaking programs, which must be sponsored.

Younger men should be educated to talk on medical educational programs to lay audiences. A weekly study group should be organized to go over all material so it may be properly classified and distributed, with comments. Woman's auxiliary should hold health forums with definite program of education. They should teach in schools, talk and know subject, that is, well enough to be able to talk on subject freely. Radio talks should be given by members of Society, Auxiliary, and interested lay groups; scripts to be written and furnished by Society. There should be a Committee of Allied Professions who should know what is happening. Labor should be contacted (not the union heads), but interested labor groups. Sit down with Labor and explain our program; get down to the worker, not just the labor head. Public opinion is important and must be directed by a definite plan of education.

The local Chamber of Commerce should be asked to help in this plan for "maintaining" free enterprise. Every doctor should be a member and be active in this organization. Through the C. of C., business can be contacted and the good job that medicine has done can be brought to their attention. Voluntary as well as compulsory health insurance can be understood by all. This is the task of each physician and he has to be the sole public relations agent. Public opinion is made by the physician, how he charges, answers calls, explaining to patient so that the patient understands what is wrong, telephone coverage, patient load coverage when away from home, office or telephone; all will make good or bad public opinion.

During the course of the meetings, (Grass Roots, Conference of the Presidents, House of Delegates), Whittachre and Baxter were heard several times



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and gave a word picture of what they have in mind for conducting the educational program to the American people against compulsory health insurance, curtailment of free enterprise, and loss of American Freedom.

When they came to Chicago they asked for 18 months to study the picture but found things were rolling faster than they expected. They have set up an office at 1 LaSalle St., Chicago, and feel that the job is being undertaken by the physician back home in good shape but he must continue. They are receiving and answering 3000 letters a week from doctors. They have mailed $1\frac{1}{2}$ million pieces of literature; 40,000 pictures of the "Doctor" (every doctor's office should have this picture in his waiting room). Every place of business should also display a picture of the "Doctor". All material can be obtained from your local Society office, State Association Office, or LaSalle St. Public relations are important. State and County Societies are being set up with co-ordinating committees. The plan has been brought out into the open. Each legislator has been told of the plan. Money spent has been reported under law to the Congress. We are fighting in the open, to inform the people what will happen if compulsory health insurance is pushed onto them. We are urged to follow some of the suggestions above to bring this un-American plan to the attention of all.

The Society and National Campaign (how they work together), was described by Mr. Rollen Waterson, Oakland, California, and Mr. Hugh Breneman, Lansing, Michigan.

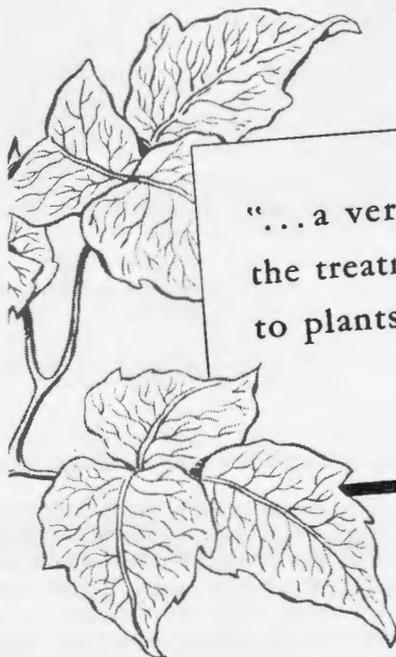
So that better public relations are obtained we must improve our work and then let the people know of our good work. Also they must be taught that medicine must stay free if we are to remain a free people. Fees must be discussed with the patient before or during treatment because many patients are upset because of what they think are excessive fees. Fees must be adjusted to the income of the individual. Not just a flat fee for a course of treatment or operation.

Rebating must be stopped and unethical practices must be brought into the open and those guilty not protected. "Soak the Rich Idea" must be stopped. Emergency calls must be answered and filled at once. Daily newspaper ads should be used to acquaint people of our service. All material from National and State levels should be siphoned through the County Societies to each member.

Evening session was addressed by the Honorable John L. McClellan, Dem. Senator, Ark. The Senator has the courage of his convictions to speak against the administration's plans. President Truman's program is just window dressing to interest the people to look at the outer garment rather than look beneath. It is a false precept. Compulsion is a course that will restrict the American freedom. Good health will not come by compulsion and it denies the citizen the right to protect himself and his family.

Freedom will be abridged if the Federal Government continues to pass such laws that make the people so weak that they must depend on the government.

This great nation with its medical care did not come to pass by accident but because we have freedoms of all kinds guaranteed by our Constitution and the Bill of Rights. This tree of strength will die if State Medicine is carried through.



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"In many instances the local skin conditions are, of course, more rapidly and more completely eradicated by the combined topical and oral administration of this drug."¹

1. Carrier, R. E., Krug, E. S., and Glenn, H. R.: J. Lancet, 68: 240, June 1948.
2. Feinberg, S. M. and Bernstein, T. B.: J. of A.M.A., 134: 10, July 1947.

PYRIBENZAMINE CREAM, 2 per cent (water-washable base), jars of 50 Gm. and 1 pound; **Ointment**, 2 per cent (petrolatum base), jars of 50 Gm. and 1 pound.

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2/1417M

JULY

All power must remain with the people. The health plans offered much promise for little, which is impossible but if enacted will have to be carried by taxation and will depart from the American heritage. This is police state, first, last, always. Cost will be more than we can bear. First, free choice will be abolished and then everything will be directed. The doctor-patient relationship is sacred but will be taken away. Confidence of the doctor will be destroyed because of necessity of turning all records over to the Government Bureaucrats who will know what is in every history. This is the beginning of the end. No other business will be free if medicine goes down. FIGHT. You must fight. Free enterprise gives us the right to own property, without it we are lost. Economy is the first public obligation. Debt will destroy us. We will be taxed on what we eat and drink. Stop the government's taxing and wasting of the people's money. Higher taxes and more spending is not the road to freedom. Doctors of America, God bless you, the great character of America is doomed if you do not carry this message to the people, which will destroy this nation.

During the various meetings we heard three English physicians: Lord Hordor, Physician to the King, Dr. R. J. Gambell, Dr. Lawrence Abel, and Mr. Cecil Palmer, Publisher.

The trend of all talks was the same. The English doctor was blackballed into signing up with the plan because Bevan is a master politician. Doctors buy their practices in England so after July 5th there would be no sale if not signed up.

All younger men had to sign or be financially ruined. The doctors do not like the program and are starting to take action against the plan. The doctor becomes the servant of the Bureaucrats. He becomes a clerk just signing papers. "Fellowship for Freedom of Medicine" is an organization started by Lord Hordor and it is rolling along and picking up members. The Doctor is a human being and has satisfaction in work and economic security but both are lost in England. There is no freedom in selecting patients or doctors. Do not let this happen here. Do not move away from the general principle, keep the politicians out and put up a good fight.

The general trend before the Conference of Presidents was the same as the Grass Roots conference. Wm. A. Richardson, Editor, Medical Economics, talked on first year of British Health Service. Medical service getting poorer, less schooling will be the outcome. 80% earned less than \$1000 per year, 40% less than \$2000 before present plan started. \$3.60 per person per year plus mileage, emergency calls extra, Anesthetic service extra, now they're making \$5000 or \$6000 per year. The Government without talking to the Dentists cut their fees 20%. It takes a G. P. two hours each day for paper work. Doctor is trained clerk and guide to specialist.

It is felt that this plan should have taken care of needy not whole population.

Secretary Lull says AMA is confederation of State associations. AMA cannot direct any state activities but majority of states direct AMA's policy. Each doctor should write Senators and Congressmen, about how he feels on compulsory insurance and economy in Government.

C. E. Northcutt says "what affects the people also affects the doctor". There must be good public relations through an Allied Professions Committee. An Educational program must be available to all groups: lawyers, farm groups, drug salesmen, nurses, dentists, etc.

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Women's Auxiliary is most important. They should be given a job in this program which they can carry out more effectively than any other group.

A Working Grievance committee is a must in every Society, where over-charging, or any complaint can and will be received from the public about or against our members.

We must teach the art of medicine to our younger men and we with them must remember it is not all science, this practice of medicine (the monthly medical Society meetings should not all be scientific but the business should have a part of the time).

Cecil Palmer, talking to the Conference of Presidents, said we should not talk of service alone but the moral issue is important. State patronization is damnable. The Women of England will revolt because of loss of physician's confidence on their various diseases which are public property now.

Lenin said if he could control the doctors he could control all the people. The patient-doctor relationship has been destroyed which Mr. Bevan promised would not happen. Three weeks after July 5, 1948 an order was issued which was law compelling the making of a report to the local committee (not doctors) of all diagnoses and treatment. State says it is the duty of the citizen to keep well and if ill it is the duty of the doctor to return patient to work as quickly and cheaply as possible.

Under "control of engagements" the government can order every man or woman from 18 to 50 to take any job anywhere (such a law is under consideration in our congress). With this order the people will never be free. The doctor is the servant of the State. At present 2 million patients should be hospitalized but cannot be because of lack of help. There are 57,000 empty beds in the hospitals. Doctors can give each patient 5 minutes for diagnosis and treatment. The life of the doctor is that of a clerk and the regional board can override any prescription given by a physician.

House of Delegates Meeting, June 6-10, 1949, Atlantic City, N. J.

Monday morning, roll call, 10 A. M., 165 present.

First order of business was the awarding of the distinguished Service Medal to Dr. Leole Harris, Birmingham, professor emeritus of medicine, University of Alabama.

Speaker's address urged the House to remember that this House is in a very important position, in that we have a responsibility to the public and to the medical profession. Both expect us to give guidance in the problems that are facing the country in regard to "Federalization of Free Enterprise". A publicity committee has been set up and all news releases will be siphoned through this Committee.

President Sensenich says that Medical education has been upset because of War, increase in number of students, speedup of courses, and medical teacher shortage. Also the State is interfering by funds coming from it and it thereby directing the show.

The Council on Emergency Medical Service was set up to aid in getting men for Armed services. Young men will not enlist at present because manpower is poorly used in services today and must be adjusted so that less medical personnel is needed, particularly in peacetime.

The issue of compulsory health insurance must be settled for the good of our citizens. It is debasing the individual and making him dependent on

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the State. Bureaucrats would place groups of men over all the people. There must be a distinction between a patient and his doctor. Personal service belongs to the individual not the state.

Co-operation is our aim with all groups that are within our field. We will cooperate with any and all groups, Labor for one but not by pressure for this is not co-operation but coercion.

The Report of the Committee on Hospital and The Practice of Medicine being referred to Committee. The report was broken down and a final draft was approved by the House. In reviewing the report some sections are noteworthy. The corporate practice of medicine is distinctly illegal in all of the states of the Union with some minor exceptions. The ethical principles activating and governing a group or clinic are exactly the same as those applicable to the individual. The code of ethics governs group practice. Contract practice, professional attainments cannot be sold to an agent. It is the policy of the AMA that it is illegal and unethical for a lay corporation to practice medicine or collect fees which include hospitals and medical schools. Insurance programs, hospital service plans, should provide for hospital care only. Medical service plans should provide payments for all medical services. It is also the duty of a physician on a Staff to be interested in the finances of the Institution in which he works. Every professional man on the Staff should have a voice in the professional management of the Institution. Most controversies between management and professional staff should be settled at the local level in accordance with clearly established national policy. Each state should have an appointed Committee on Hospital and Professional relations. This committee is to receive complaints from either physician or hospital. The Committee will review, investigate, and act in accordance with regular and existing modes of procedure.

There can be no exploitation of the doctor or the hospital if both parties concerned work together to produce the best service for the public. If differences cannot be settled at the local levels and the State has exhausted its powers the matter shall then be referred to the Judicial Council who shall take action as set forth in Chapter III, Disciplinary Action of the Constitution and by Laws of the AMA. Also Chapter X Section 4, standing Committees.

The activities of the Editor as presented to the House was reviewed.

"The Board of Trustees is aware of the criticism of the Editor coming from within and from without the profession. The Board recognizes that the public has come to believe that the Editor is spokesman of the Association. The membership undoubtedly wishes the elected officials to speak authoritatively on all matters of Medical policy.

Against the time when the Editor retires Dr. Austin Smith has for some months been in training as the Assistant Editor and the talent of the Editor will be retained for the present under the control of the Board of Trustees.

In view of the increasing responsibility of the Editor and reorganization of the department, the Board of Trustees has decided on the following points:

1. The Editor will completely eliminate speaking on all controversial subjects both by platform and by radio. Approval of all speaking engagements will be made by the Executive Committee.

2. Elimination of all interviews, including press conferences, and statements by Dr. Fishbein except on scientific subjects.



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3. Editorials on controversial subjects will be supervised by the Executive Committee.
4. Complete information as to these activities will be reported to the members of the House of Delegates.
5. There will be permanent elimination of diary in Tonics and Sedatives.
6. Plans for the training of a new Editor in an orderly manner, including the retirement of the present Editor, will be formulated."

Your Reference Committee on Reports of the Board of Trustees, and Secretary has considered the memorandum from the Board of Trustees, "Activities of the Editor," and recommends its adoption by the House of Delegates. The by-laws provide that the functions of the Editor are a responsibility of the Board of Trustees. Your reference committee feels that this organization, together with the whole civilized world, owes Dr. Fishbein a debt of gratitude. Through THE JOURNAL, Dr. Fishbein has contributed the dissemination of medical knowledge through the world. The Journal of the American Medical Association is an enduring monument to his genius and devotion.

Report of the Council on Medical Service recommends a positive approach to the National insurance, and voluntary insurance plans. There were meetings held with Blue Cross, Blue Shield, Labor, and private Health Insurance Underwriters as a result recommends that the AMCP be set free to function on its own. Resolution introduced was approved by the House.

The Council on Medical education reported many foreign medical men coming into this country and were finding it hard to register because of lower educational standards of foreign schools of medicine. This matter is being studied and has been referred to boards of licensure of each state.

Judicial Council presented the new code of Ethics to the House as a Committee as a whole and as such reviewed the work of the Council, noted the changes in the Code, particularly the section on rebates, etc. Would advise that each member of the Society obtain a copy and read. Read the entire code, it will be worth your time and effort.

The House recommended that the Council on Scientific work be increased from 5 to 7 members, two of the members to be G.P.'s, Dr. Carl Lincke, President, OSMA, was appointed to fill one of the G.P.'s positions thus created.

Resolution requesting that all efforts be made to get special training both in medical schools and hospital for general practitioners was passed. Such a resolution has been approved by a former house.

Resolution introduced condemning the Bill passed by the Senate whereby all school children from 5 to 18 years of age (29 million) would have free medical examination and treatment regardless of ability of parents to pay. This was cited as a foot in the door for Federalization of Medicine. House asked Trustees to oppose outright that measure did not conform to 12 point AMA program.

Resolution requesting the House to go on record asking and approving expansion of health insurance plans, that federal grants have no strings attached and be directed at local level and that more money be set aside for hospital building and medical and nursing support. As this is part of the AMA program it was supported.

Resolution regarding veterans care, which involved paying hospital and

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medical assessments to voluntary prepayment care plans; thus it would be unnecessary to build new veterans hospitals, to stop care of those with non-service connected disabilities and would place the care of veterans in their local communities. The contract would cover all diseases and the payment of premiums would be the responsibility of the federal government. This was approved after first being rejected.

Resolution requesting that some method be devised to bring the younger men into the military service, those that had been educated at government expense or had been deferred, because of studying medicine. It was recommended that county societies urge and request these men to enlist. That they be given credit for the service, that their respective internships or residencies be held open for them upon return.

Resolution asking that there be one inspection for all hospitals and that the inspection should be made by the AMA. The House did not approve but made this recommendation, that as the American College of Surgeons and AMA both have done exceptional good jobs it should be continued.

Resolution requesting that all interns have a two year rotating service in all branches of medicine if not should not be given credit. Rotating service approved but the taking away of credit not approved, as that is a state licensure duty to give credit.

Resolution asking disapproval of social security insurance for all physicians, which was approved.

Resolution asking for a study of displaced physicians be made, it was reported that so many of these physicians do not have qualifications to admit them to practice in the various states, and therefore cannot take the medical examination required before they can be admitted to practice.

Resolution requesting change in constitutional by laws to make one membership in AMA. Approved to lay over one year.

Resolution that General Practitioner's award be discontinued was vigorously opposed by trustees, so was disapproved.

National emergency medical service reports that the surgeon general has been elevated to a consultant to all the services and departments.

Resolution to create a section of military medicine with a delegate to House was approved with changes in constitution to be in force one year.

Resolution making it possible for medical students to be affiliated with AMA approved.

Resolution that a stamp be made like TB seal of picture of doctor, to be attached to letters, bills, etc. Mats for pictures to magazines, newspapers, etc.; approved with recommendation for further investigation to be sure it does not conflict with postal laws.

Resolution requesting that government be restricted in its management or operating of any type of business, in that "Free Enterprise" will not have to compete with government; approved.

The final session was election of officers and standing committees.

This was a very busy, instructive, productive and worthwhile meeting. There was an attitude present as if we members were willing to fight; the defeatism of the past has disappeared.

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This was one of the most constructive sessions of the House that I have had the privilege to attend.

Long hours were spent by every delegate. They did not seem to mind the grind as most felt it was for the good of the profession and the health of the American people.

The feeling being it must not be said that the American physician was asleep at the switch, and is not willing to work for freedom, for if medicine goes so does American Freedom.

W. M. SKIPP, M.D.
Delegate OSMA

CYNICAL SAM

The individual who has the habit of using in his conversation easy and outworn phrases, usually does not suspect that he is telling those who hear him that he lets other people do his thinking for him.

★ ★ ★

Of all the companions with which man surrounds himself, the dog is the arch-flatterer. He becomes such through devotion which is transmuted into praise.

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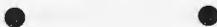
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STOP DESPOTISM WITHIN OUR RANKS!

The time has come to call a halt to compulsory attendance at meetings. For years we have railed, rightfully, against proposed medical compulsion of various kinds by government. Let's clean our own house, now!

Institutions, some of them not at all democratically controlled, have set standards for medical, surgical and hospital practices which work real hardship by forcing physicians to attend a very high percentage of meetings or lose their right to use their workshops. We admit these rulings have some advantages in disciplinary power and encouragement of improved scientific endeavor in presenting programs. But disadvantages far outweigh advantages.

Why should limited specialists be literally forced to spend whole evenings listening to long reports by limited specialists in other fields—material which can in no way improve their own knowledge and practice? The same length of time spent upon general subjects or material in their own fields in their own libraries—or even just relaxing apart from science—would make them better doctors.

Small communities with only one or two hospitals do not pose the critical problem that now plagues doctors in larger centers. Most of us in cities are now forced to spread ourselves entirely too thin. We are obliged to attend staff meetings of several hospitals, patronize specialty groups, support the committee activities of all of them. There are no evenings left for one's family, none for simple living and being a human being. One feels like crying: "I can't take any more; another meeting this week will spell the last of me!"

Then the County Medical Society suffers. Here is one meeting we are not compelled to attend, yet it is the organization that is the foundation of all medical organizations and its meeting is the one we *should* attend. This one depends upon its merit to attract our attendance—not on someone checking off names to delineate good boys from bad boys. The County Society is the hub of all local medical activity. It not only advances our science; it formulates medicine's public policies and develops educational pursuits for laymen who need it most of all; it directs opposition to destructive legislation; it relegates opponents of scientific medicine to their proper place; it uncovers and exposes subversive elements. Without actively and enthusiastically supported county societies our public service efforts will lag, public relations programs will deteriorate into mere efforts to obtain publicity, lay educational enterprises will fail, adverse legislation and unscientific cults will prosper, and regional and national parent medical organization will suffer in proportion.

Our county medical societies really need us and we really need them, but there are only seven nights in a week and human endurance has a definite ceiling which becomes lower during and after middle age. This physiological fact cuts down too many doctors in their most productive and useful years.

Yet we must earn our living, so our staff positions must be preserved. We cannot risk "being relieved" of hard-earned places in our workshops. So we have to be officially "excused" for non-attendance. We are disciplined like grade school children.

Are we not mature enough to choose those meetings to which we may contribute or from which we may derive benefit? Are we not loyal enough to attend those whose actions and recommendations control the honor, dignity, and future of medicine? If so, let us be heard by those who have carried so-called standardization to the level of despotism.

Reprint from Rocky Mountain Medical Journal.

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AN URGENT APPEAL TO YOUNG DOCTORS!



Your personal help is needed to avert a serious threat to our national security!

By the end of July of this year we will have lost almost one-third of the physicians and dentists now serving with our Armed Forces. Without an increased inflow of such personnel, the shortage will assume even more dangerous proportions by December of this year.

These losses are due to normal expiration of terms of service. The professional men who are leaving the Armed Forces during this critical period are doing so because they have fulfilled their duty-obligations and have earned the right to return to civilian practice.

Without sufficient replacements for these losses, we cannot continue to provide adequate medical and dental care for the almost 1,700,000 service men and women who are the backbone of our nation's defense.

Normal procurement channels will not provide sufficient replacements!

To alleviate this critical, impending shortage of professional manpower in the three services, I am urging all physicians and dentists who were trained under wartime A. S. T. P. and V-12 programs under government auspices or who were deferred in order to complete their training at personal expense, and who saw no active service, to volunteer for a two-year tour of active duty, at once!

We have written personally to more than 10,000 of you in the past weeks urging such action. The response to this appeal has not been encouraging, and our Armed Forces must move rapidly toward a professional manpower crisis!

Many responses have been negative, but some worse—a great number of doctors have not replied. It is urgent that we hear from you immediately!

We feel certain that you recognize an obligation to your fellow men as well as to your profession in this matter. We are confident that you will fulfill that obligation in the spirit of public service that is a tradition with the physician and dentist.

There is much to be said for a tour of duty with any of the Armed Forces. You will work and train with leading men of your profession. You will have access to abundant clinical material; have the best medical and dental facilities in which to practice. You will expand your whole concept of life through travel and practice in foreign lands. In many ways, a tour of service will be invaluable to you in later professional life.

Volunteer now for active duty. You are urged to contact the Office of Secretary of Defense and collect wire immediately, signifying your acceptance and date of availability. Your services are badly needed. Will you offer them?

Louis Johnson

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3 Add evaporated milk and stir.



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1 Mix whole milk and water.



2 Heat until almost boiling and stir in Dextri-Maltose.



3 Boil gently for three minutes.



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