



He who seeks equality between
unequals seeks an absurdity.

—Spinoza

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XIX, No. 8
AUGUST • 1949

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MEDICAL CALENDAR

1st Tuesday 8:30 p. m.	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
	Monthly Staff meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m. 8:30 p. m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home.
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Hotel Pick-Ohio.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
	Weekly Surgical Conference, Youngstown Hospital—Nurses' Home
Every Friday 11:00 a. m.	Urological Section, Library—S. Side Unit, Youngstown Hospital Clinico-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinic—Pathology Conference, Auditorium Nurses' Home South Side Unit Youngstown Hospital
Every Friday 2:00 P. M.	Conference—X-ray Dept., St. Elizabeth's Hospital.
Alt. Saturdays 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital

COMING MEETINGS

American Roentgen Ray Society, Cincinnati, Oct. 3 - 8.

Annual Post Graduate Day, Sixth Con. Dist., Youngstown. Nov. 30.

A. M. A. Clinical Session, Washington, D. C. Dec. 6-9, 1949.

American Academy of General Practice, Feb. 20-23. St. Louis.

PRESIDENT'S PAGE



SMALLPOX

This dreaded disease, which is preventable, shows an increase in the death rate in many states.

As we survey our own community, we find that most of our children are not protected against smallpox until they enter school at six years of age.

Pediatricians and our health commissioners have repeatedly pointed out that children should be protected early in life, as early as three months. The reaction to vaccination in babies is less than at six years of age.

In the Visiting Nurses Welfare stations, 5,191 pre-school children received immunization against diphtheria, whooping cough and tetanus. Less than 4% of this group are protected against smallpox and the remaining 96% will not be protected until they enter school, mainly because the importance of immunization has not been stressed as it has against diphtheria and whooping cough. In other words the lack of education along these lines.

At the Fresh Air Camp, all children of school age have been vaccinated, while in the pre-school group the percentage not vaccinated is over 60%.

With the rapidity in which people travel, a communicable disease like smallpox can be spread far in a very short time. We should take every means at our command to protect these children under 6 years of age in our community against smallpox.

JOHN N. McCANN, M. D.

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COMMUNISM AND RELIGION

Lenin in his book, *Religion*, attributes to Marx the statement that "The criticism of religion is the beginning of all criticism." It is true that the evaluation of religion within cultural lines is an evidence of wisdom. What with the emphasis on religion, its decline, and then an attempt at restoration, the man of ordinary mentality has difficulty in seeing its place in the intellectual part of our lives. It seems now to be a thing apart, whereas it should be so interwoven into our fabric that we cease to define it. It is a way of personal life, yet inseparable from its social relations.

It isn't only Christianity that Communism must antagonize if it is to succeed, but religion in general. Communism demands absolute subservience to a group of human beings who represent absolute power. The individual exercises no choice and is permitted no modification to adapt it to his sense of justice, or to make it serve his physical or mental requirements.

Religion occasions voluntary surrender to a concept that transcends his advantage, and permits of blending it with his unique understanding. Communism dwarfs his personality; religion supports him in his growth and in his value to society. Communism makes its appeal to our desire for physical necessities; religion transmutes our physical well-being into cultural attainments.

When Lenin says that "Atheism is a natural and inseparable part of Marxism, of the theory and practice of scientific socialism," he mixes truth and falsehood in an unsound and deceptive way. Atheism may be inseparable from Communism, since no sensible person can reconcile a just and supreme power with the behavior of these heartless and single minded totalitarians; but to consider it as natural in any other way than as an associate of Marxism, would have no support in fact. The human being is not naturally atheistic, nor is he naturally communistic. Primitive man was unsocial.

Self-interest, to the exclusion of the interest of others, is no longer to be considered natural. In his development, man has become gregarious. Purposeful conduct that is detrimental to fellow beings is now being considered both unsocial and unnatural. It is not to be considered acceptable; nor is its advocacy scientific. It is an evidence of retrogression.

Lenin's characterization of religion as "an opiate of the people which is


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AUGUST

the task of the cultural revolution to combat," is based on a similar misconception of the origin and nature of religion. If his idea is that it is something that is administered to people, something extraneous that they ingest or imbibe, the error of his metaphor might escape detection. Religion does not have an extraneous source. It originates within one's own consciousness and seeks expression in activity, in acceptable conduct. It does not narcotize nor confuse the understanding. It does not make one quiescent in the presence of injustice; but is incentive to action, the beneficent effects of which reach beyond the self.

Communism demands a conformity in deed and a loyalty in purpose that one who experiences religion cannot give, and will not pretend. Lenin knew of this incompatibility; and that, if Communism were to prevail, the best of the individual's self must be destroyed. The same process that would destroy a man's religion takes away also his personal responsibility to his family, to his associates and to his country. Substituting for this sense of obligation a theoretic allegiance to a social ideal, leaves him a vassal, makes him the prey of a dominant minority, and freedom is no more.

W. D. C.

A SUGGESTION TO OUR AUXILIARY

The Colorado State Medical Society, through Dr. John S. Bouslog, Chairman of its Educational Campaign Committee, reports the development of a new plan for putting punch into the Write-To-Your-Congressman drive which is getting splendid results in Denver and which may prove helpful in other areas.

It's a simple but effective system—and here's how Dr. Bouslog describes it:

A novel and effective method of helping people write or wire their Senators and Congressmen in opposition to socialized medicine has been developed by the private staff of St. Luke's Hospital, Denver.

A stenographer is stationed at a desk in the hospital lobby from 8:30 a. m. to 8:00 p. m. to take a letter, postcard or telegram in the words of any person visiting the hospital. The communication is ready for signature before the visitor leaves the hospital. A member of the Woman's Auxiliary of the Denver Medical Society is also on hand to answer questions and provide pamphlet material. A sign behind the desk reads:

"If you do not favor the proposed Compulsory Health Insurance Bills now pending, you may voice your disapproval to your Congressmen by postcard, letter, or night telegram free of charge to you, from this desk. To be effective, these messages should be sent NOW. Please stop for information.
St. Luke's Medical Staff."

The plan went into full effect April 28, 1949. By the next morning almost 300 letters, postcards and wires had cleared the desk. The plan will be followed as long as interest continues, and it is estimated that more than 1,000 communications per week will result.

Important features of the plan, in our opinion, are:

1. Every person dictates his communication in his own words.
2. Auxiliary members assist the stenographers in shifts, so that two persons are always present.
3. The Whitaker & Baxter pamphlet "Compulsory Health Insurance" and our State Society's folder "It's Your Pocketbook" are given to each visitor.
4. The expense is underwritten by the private medical staff of the hospital—non-profit hospitals should avoid criticism by not using their own funds.

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MAHONING COUNTY MEDICAL SOCIETY MEETING of June 21, 1949

Dr. McGehee Harvey, Professor of Medicine, of Johns Hopkins University, gave one of the most interesting talks heard before the Society in the past year. The subject, "Some Recent Advances in Medical Therapy", attracted the attention of all present and they asked Dr. Harvey to extend his talk one half hour so he could tell of his personal experience with adrenocorticotrophic hormone in arthritis.

Chloromycetin and *aureomycin*, two very promising antibiotics introduced this past year were reviewed by Dr. Harvey. The outstanding feature is that they are readily absorbed from the gastro-intestinal tract and can be given orally. *Chloromycetin* is especially valuable in the treatment of rickettsial diseases and typhoid fever. Scrub typhus and the Eastern variety of Rocky Mountain spotted fever responds very well to *chloromycetin*, shortening the febrile course by fifty to eighty percent and reducing complications and deaths to practically zero in Smadel and Woodward's series. The dosage usually used is an initial oral dose of 50 mgm/kg. of body weight and 0/2 - 0/3 Gm. every 2 - 4 hours.

Chloromycetin in Typhoid Fever is of special interest because it is the first drug that has had a direct effect on the course of the illness and it has improved the general condition with lessened toxicity within twenty-four hours. The temperature reached normal in 3.5 days as compared to 26 days in the untreated cases of Smadel and Woodward. The total dosage averaged 19/0 Gms. over a period of 8.1 days.

Aureomycin, produced from the mold *streptomyces aureofaciens* is also useful in rickettsial diseases, virus of lymphopathia venereum and certain bacterial diseases. Dr. Harvey brought out clearly that it is the drug of choice in acute and chronic brucellosis and should be used in a total daily dose of four to six Gms. for 2 weeks. This drug has also proven beneficial in a large group of chronic urinary tract infections due to *B. coli*, *aerogens*, *streptococcus-fecalis* and *B. paracolon* which did not respond to penicillin, streptomycin or sulfonamide therapy.

Dr. Harvey expressed the opinion that there have been no adequate control studies in the use of *aureomycin* in atypical virus pneumonia, but in some it seems promising. In others, although the series are small, there is no significant difference between the treated and untreated cases. *Aureomycin* is not successful in typhoid fever and *chloromycetin* is the drug of choice.

In general, current practice in the use of *penicillin* for the treatment of infections in man demands that a relatively constant blood concentration be maintained. This is generally accomplished by the administration of frequent doses of *penicillin* in aqueous solution or by the use of some repository form. Tillet and his co-workers showed several years ago that pneumococcal pneumonia in man could be cured by *penicillin* even though the drug was omitted for a twelve hour period during the night. Experimental work done by Jarowitz and by Zubrod suggest that *in vivo* *penicillin* exerted an acute bacterial effect for a longer period than could be explained on the basis of persistence of *penicillin* in the blood.

With these studies as a background it was decided to try a treatment regime consisting of 300,000 units of *penicillin* given intramuscularly every



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12 hours to all patients admitted to the hospital with lobar pneumonia. When treatment was begun late and the bacterial population was presumably high, 600,000 to one million units was administered initially. After subsidence of fever and toxic manifestations the dose was reduced to once daily. All patients had the clinical findings of pneumonia with x-ray evidence of disease, leucocytosis, and pneumococci in the sputum. Many had bacteremia. In all cases, the response to therapy was good. There were no relapses, serious complications or deaths. This type of treatment plan has been extended to other situations and it might be of interest to outline the general plan of penicillin therapy now used in Johns Hopkins hospital:

1. Penicillin should be used only in the treatment of bacterial infectious diseases.

2. While it is not necessary to postpone the initiation of penicillin therapy until bacteriological studies have been completed, penicillin treatment should never be instituted until indicated bacteriological studies have been started.

3. Aqueous crystalline penicillin G should be the only type of penicillin employed throughout the wards of the hospital. Repository forms of penicillin should be used only in the treatment of ambulatory patients because of practical necessity. When a repository form is needed aqueous procaine penicillin should be employed. This repository form is to be used only in the accident room in the Venereal Disease Clinic.

4. The prophylactic use of penicillin should be restricted and is not recommended as a general therapeutic principle. In clean surgical cases, other than pulmonary resection, penicillin should not be given prophylactically. In surgical cases with established infections, including compound fractures, penicillin should be used prophylactically in dosages of 100,000 units of aqueous crystalline penicillin G every 8 hours. Patients with organic heart disease are an exception because of the risk of bacterial endocarditis and should receive 200,000 units of aqueous crystalline penicillin G every 8 hours.

5. The usual therapeutic dosage recommended is 200,000 units of crystalline penicillin G every 8 hours. In severe infections, such as meningitis, septicemia, acute and chronic osteomyelitis, severe streptococcal infections, subacute bacterial endocarditis and lung abscess, the daily dosage may have to be increased up to 2,000,000 units and the intervals between the administration of the drug shortened. In meningitis, excepting syphilitic, penicillin should be given intrathecally as well as systemically. The daily intrathecal dose should not be more than 10,000 units. When special problems are involved treatment should be planned after consultation with the Biological Division.

6. The therapeutic management of empyema and other localized collections of pus involves special problems to be considered individually. Frequently the use of penicillin is but an adjunct to other measures necessary for proper therapy. Thus, in general, the treatment of empyema is a surgical problem and medical treatment should not be embarked upon without surgical consultation.

The topical use of penicillin in the eye and on the skin is undesirable because of the risk of sensitization. The promiscuous use of topical penicillin in minor infections should be avoided. However, in certain severe ocular infections and in the prophylaxis of ophthalmia neonatorum topical penicillin may be employed.



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7. Penicillin should be administered intravenously to patients with circulatory impairment. A large initial "priming" dose of aqueous penicillin (400,000 units) should be given to patients with overwhelming infections.

Dramamine was the next drug discussed by Dr. Harvey and it is interesting that this drug was sent to Dr. Leslie Gay at Johns Hopkins Hospital for its possible value in control of hay fever and urticaria. The drug was administered to a pregnant woman with urticaria who incidentally had suffered all her life from carsickness. Her carsickness was prevented by this drug and Dr. Gay observed this and carried it on to other victims of motion sickness. He gave statistics on the "Operation Seasickness" on the U.S.A.T. General Ballou and most important, of a total of 418 cases of seasickness 407 were completely relieved within 1 (one) hour after the first dose. The dosage used was 100/0 mgm. every five hours and before retiring. Other situations in which *Dramamine* is very promising are:

1. Nausea and vomiting of pregnancy
2. Acute labyrinthitis
3. Meniere's syndrome? The mode of action is not known.

Tolserol is a synthetic chemical compound which exhibits profound muscle-relaxing properties, particularly those associated with lesions in the region of the brain stem and certain cord lesions. Useful in hemiplegics, parkinsonism, arthritis of the spine, and low back pain. Dose varies but suggested 1/0 Gm. 3 - 5 times daily and if no relief in 48-72 hours further use will probably be ineffective.

Vitamin B 12 is a complex containing cobalt of low molecular weight and effective in treatment of pernicious anemia, both hematologically and neurologically. It is also effective in treating sprue. Dr. Harvey spent some time on mode of action of B 12 and its relation to the intrinsic and extrinsic factors of Castle. The current belief, which is not accepted by Castle and others, is that *Vitamin B 12* represents the extrinsic factor and that the defect in pernicious anemia appears to be inability to absorb this substance adequately. At the present time there is no reason to believe that B 12 offers any advantage over potent liver extracts except in those instances in which patients are sensitive to liver. *Vitamin B 12* is effective when administered parenterally at a dosage level of 1 microgram per day.

At this time Dr. Harvey concluded his talk but after a short question and answer period he was persuaded to make a few remarks about the use of adrenocorticotrophic hormone in a case of severe polyarthritis, pneumonic involvement and temperature up to 103 and 104°. Salicylates did control the fever, but for months the other symptoms progressed and the case was diagnosed as *Lupus Erythematosus*. This patient had been bedfast for months with a sedimentation rate of 30 - 40, a pulse of 140 and diminished respiratory excursions. Three hours after a single dose of ACTH at 9:30 A. M., the patient was sitting up in bed, could move his joints and in eight hours he had profuse, drenching perspiration and temperature had dropped to normal. In 24 hours joints appeared normal, respirations were normal and pulse varied 60 - 70 per minute. On the fifth day the sedimentation rate had dropped to 5 mm. per hour.

Dr. Harvey said this was the most dramatic episode he had ever witnessed in clinical medicine. He added a few words of warning, however, in that

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complications, such as diabetis mellitus, hirsutism and edema have occurred in the use of "Compound E". Also, because of difficulty in producing the drug, that by July 1st, 1949, 200 Gms. of the drug can be produced daily which is only enough to treat 200 patients 10 days out of each month.

E. R. McNEAL, M. D.

THE APPLICATION OF CLINICAL PSYCHOLOGY IN PSYCHIATRY

Charles Waltner, M. D.

Murray Benimoff, M. A.

The psychiatric diagnosis, as often is the case with the medical one, is frequently a complexity. Although clinical observations through the doctor's direct contact with the patient remains paramount, our need for exactitude and precision emphasizes the importance of the laboratory. The laboratory findings, however, do not stand by themselves, but are directed, co-ordinated, and interpreted by clinical experience. We abhor vagueness, undefined generalities, and approximate estimations, but wish to obtain exact data and definite diagnosis. We need decisive answers, possibly etiological ones, preferably numerically expressed, to be able to measure the severity of conditions in order to form a prognosis and compare progress and improvement. Although we try to approach the ideal, sometimes, the difficulties are unsurmountable, even in physical medicine.

Frequently, issues are even more complicated in the evaluations of the intangibles of personality: normal and deviate. We are still at the threshold in our etiological approach to the so-called functional nervous and mental diseases; we still hear the pros and cons of inheritance, conditioning, physiological factors, and psychological ones. In our minds we try to segregate the interwoven issues in order to simplify and separate complexities so as to unravel, understand and correct. Clinical psychology is one of our greatest allies in establishing norms and in drawing sharp lines between variety and abnormality. However, we do not work with absolutes but with latitudes. Although general knowledge can be sufficient in extreme cases, the difficulty arises in the more subtle cases: this is the field where clinical psychology is equipped to offer the most.

It is not possible to discuss, or even mention, all of the several hundred of the psychological tests. Therefore, we should like to limit ourselves in mentioning but a few of the most frequently used clinical examinations. Today, the test which singularly offers the most information is the ROR-SCHACH TEST; this is the so-called "Ink-Blot Test", wherein the patient is required to give his impressions of 10 standardized blots. This is one of the few tests that will clearly differentiate between the neurotic and normal and between the psychotic and neurotic. It will show the level of emotional maturity, how the subject uses his intelligence, what his interests are, the extent of the patient's common sense, and many other facets of the personality. This test will give the best view of the structure of the patient's personality and is the best for the purpose of differential diagnosis.

For the purpose of evaluating the patient's level of intellectual functioning we have WECHSLER-BELLEVUE SCALE for adults and adolescents and the STANFORD-BINET TEST for children. There are also a wide variety of performance tests, those which do not require any verbalization, for use with children who are either too shy or retarded to talk. These tests can also

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contribute much clinical material by means of the scattering of the scores, quality of the responses, and the exhibited behavior during the test.

If content material is required regarding the patient's problems, the **THEMATIC APPERCEPTION TEST** will serve this purpose adequately. The patient is required to make up stories using the stimulus of a special set of pictures; these stories are then analyzed and interpreted. Here it is possible to uncover the patient's feelings and attitudes towards others in his environment and towards himself. Attitudes such as ambitions and fears are exposed very neatly. Sometimes, the patient will give his life history without being aware of what he is doing.

Recently, a new test has been added to our list which gives us a type of information not directly obtained from other means. This is the **SZONDI TEST**, which consists of a series of photographs of patients of specific clinical entities and the subject is required to select those that he likes and those that he dislikes. From these selections we can not only obtain a view of what channels the patient uses to express his personality, but also what the driving forces are in his personality that are responsible for his actions. It will show his conflicts and how he reacts to them. This test is being used more and more today because of the unusual simplicity and little time required in administration.

There are also the wide variety of aptitude tests which attempt to determine the type of vocation a person is fitted for, whereas the interest tests bring into clearer focus the areas of work in which this person is most interested.

These clinical tests are used mainly within a medical setting, specifically that of a psychiatric situation. However, it is becoming more and more obvious that their use can be of infinite value within a larger area. This greater application is being seen now in the field of industry where the results of clinical psychology and psychiatry are paying large dividends for industry and labor.

Clinical psychology is not a rival of psychiatry but an ally—a completion which gives the precision of the laboratory. It is not an answer in itself but it plays a dynamic role in establishing the psychiatric diagnosis. Its importance cannot be overestimated in preventative psychiatry, mental hygiene, and industrial work. In view of the fact that a large number of patients with physical complaints have, partly or totally, unresolved emotional and personality problems, a broader and more liberal utilization of the services of clinical psychology is indicated.

ST. ELIZABETH'S STAFF MEETING

The regular monthly staff meeting of St. Elizabeth's Hospital was held on July 5, 1949. Dr. R. B. Poling, President of Staff, presided.

The usual monthly presentation of Case Histories was made by the Interne and Resident Staff from the following departments:

Surgical—Dr. D. Dockry and Dr. W. Bannister.

Medical—Dr. L. Strutner and Dr. W. Breesmen.

Obstetrics and Gyn.—by Dr. H. Munson.

Dr. Paul Mahar gave a talk on Heart Disease in Pregnancy and illustrated with slides.

S. W. O.

MAGNUSON PROGRAM FOR NATION-WIDE MEDICAL CARE

Dr. Paul B. Magnuson, Chief Medical Director of the Veterans Administration, submitted to the Press a plan which he personally devised for nation-wide medical care based on principle of local control. He recommends generally the establishment of diagnostic clinics and mobile examination units to travel sparsely populated areas on a pay-as-you-can-afford basis with Federal subsidy. If this plan is translated into legislation it will be reported in this Bulletin.

JOS. S. LAWRENCE, M. D.
Director, Washington Office

TAXATION

The Governors of several States appeared last week before a Joint Expenditures Subcommittee in support of bills on Intergovernmental Relations. In discussing problems of the several State governments, the subject of taxation and its changing pattern was singled out as the chief reason for the States not being able to solve their domestic financial difficulties. Representative Boggs (R.-Del.), a member of the joint committee, pointed out that the Federal government in 1932 collected a little more than one-fifth of the taxes levied in the United States, and by 1947 the collections had increased to three-fourths of the total sum. Governor Lane of Maryland said that the Federal tax system threatens to destroy State and local governments. The trends of governmental administration, operation and finance, he said, are "weakening local responsibility, curtailing civilian participation in government, undermining our democratic processes and leading straight toward establishment of a national government in place of our federal system" of States.

A table showing distribution of taxes in dollars and percentages between the Federal, State and local governments is reproduced in support of the above statements:

Years	(In millions)									
	1932	Pct.	1937	Pct.	1942	Pct.	1947	Pct.	1948	Pct.
Federal	\$1,790	22.0	4,765	38.8	12,286	59.0	35,117	75.2	37,632	74.0
State	1,890	23.2	3,013	24.6	3,939	18.9	5,776	12.3	6,807	13.3
Local	4,468	54.8	4,481	36.6	4,589	22.1	5,795	12.5	6,498	12.7
	\$8,148	100.0	12,259	100.0	20,814	100.0	46,688	100.0	50,937	100.0

Federal tax collections do not include miscellaneous receipts of the Federal Government nor payments to Social Security trust funds.

State collections include local shares of state-imposed taxes.

Local collections exclude shares of state-imposed taxes.

Source: "Facts and Figures", published by the Tax Foundation, New York, N. Y., and Annual Reports of the Secretary of the Treasury.

This clearly indicates that the shift of tax dollars from State and local governments to the Federal government constitutes the chief reason for State and local groups insisting upon Federal contributions to support programs of welfare. The bulk of services furnished to the average citizen such as construction and maintenance of streets, sewers, police and fire protection, schools and health units are certainly within the geographic limits of the States. Now that the war has ended, the tax pattern should be due for a shift in the direction of State and local governments.

JOS. S. LAWRENCE, M.D.
Director, Washington Office

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W. J. JADOT
Representative

HAVE YOU WRITTEN YOUR SENATOR OR CONGRESSMEN?

Let's take stock of what the future holds for the medical profession. It should not be said of the profession of Mahoning County that we have been and are asleep at the switch.

Many of us have the opinion that the battle against Federalization of Medicine has been won and we can let up on our oars; that our ship has come ashore safely; that with this 80th Congress (the worst) past, we are safe. Let us not be lulled to sleep by the soothsaying of the social uplifters, and their willingness to step aside. That is not true. They are just biding their time to step in when we least expect it to take the ball away from us and push over the plan of medical care for all without cost. These do-gooders never sleep and never give up as State Medicine is just the first step in the total Socialized State. They are never out in the open but continually work in the dark or behind the scenes.

The American Medical profession of which we are a part has just started to roll in the biggest (and out in the open) program that has ever been launched to educate the American people of the dangers they are facing if they (the people) allow Mr. Ewing and his cohorts to take away their freedom by giving them so-called free medical care, which in the end will bankrupt our Country as it has done in England. This will only be the beginning of total socialization.

Each one of us is a public relations agent telling the people we meet of how this social plan will spread until it has engulfed all free enterprise of our land. The cheapest thing we have is freedom; it can be lost easily if we do not defend it. We must by act and by word of mouth convince our patients that we are not ganging, overcharging, but giving them the best medical care in the world. We must keep the price within the budget of each family so that we are not mortgaging their future. Keep our fees reasonable so that all can obtain our services when needed.

We must take time to explain to our patients and their families in language they can understand, the diagnosis; what procedure of treatment is necessary including the cost of such treatment. This should be undertaken if possible before the treatment has been started. Every person should have explained to him that he or she can procure prepaid medical or hospital insurance at a reasonable cost from either medical or hospital plans or an old line insurance company. These are not compulsory and there is not a tax on their pay check each payday.

Each one of us should remember there is more than one way of getting socialized medicine: that is it does not have to come by the passage of the present Thomas, Murray, Dingell Bill, but by gradually getting a piece at a time. While we are letting the social uplifters tell us that it is necessary to have all the people get all the medical care they want and we fight back but we forget they are like the tropical jungle gradually taking over a little at a time. They want to cover more under social security, child health is to be expanded, school health added to the new list, then comes aid for medical, nursing, dental education, Hospitals, Medical clinics, and Diagnostic centers are built and paid for at taxpayers' expense. Always keeping control by the Federal Government. Then comes all types of Health Centers—TB, Heart, Rheumatic, Diabetes, ad infinitum. The bureaucrats put in money (your money) but control is not local but in Washington. It therefore behooves us to watch continually; keep yourself interested in politics and informed of

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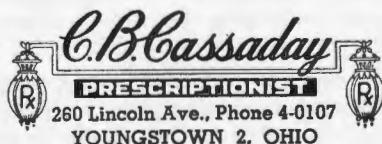
Elizabeth McLaughry, M. D.

Elizabeth Veach, M. D.

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Please write your Congressmen and Senators at once opposing increase in taxes and any type of back door Socialization of this free America. We can be free but we have to stop spending. But the "Fair Deal" is worse than the "New Deal." Remember Harry Hopkins, "Spend, Spend, Tax and Tax."

WM. M. SKIPP, M. D.

Chairman Legislative Committee

VENEREAL DISEASE CAMPAIGN

In the last nine successive quarters there has been a constant decline throughout the country in the syphilis discovery rate. Since this could mean a decline in incidence, it points up the necessity of the most effective kind of public appeal to reach those cases which are becoming more difficult to find by ordinary case-finding procedures.

Recent improvements in case-finding public appeal and the widespread public acceptance of the materials used, indicate that application now of the techniques and materials available will consolidate past gains and open up new case-finding opportunities.

In the past, health officials, both state and local, have been confronted with the discouraging fact that a case-finding program in their own communities achieved only partial success because of the lack of equally effective programs in adjacent areas. Recognizing the value of simultaneous case-finding project operations, the Venereal Disease Division of the Public Health Service has recommended, in a memorandum to all State Health Departments, that they conduct a public appeal campaign embracing all local health departments within the state and designed to fall within the same period of time.

In order to facilitate such coordinated operation, it was further recommended that the intensive publicity phase of this project be conducted during the months of July and August. All types of public appeal media will be used. These will include the use of posters, both on poles and in store windows, car cards in public transportation systems, feature articles in local newspapers, aerial banner towing, sky writing, and the introduction of a new series of venereal disease radio transcriptions. Many other forms of public appeal media will be developed in local health departments to meet local situations.

This is part of numerous communications from Dr. John D. Porterfield, Ohio State Director of Health, in regards to the extensive campaign this summer on Venereal Disease. This is to be coordinated with similar campaigns in all other states throughout the nation.

WALTER J. TIMS, M. D.

UTAH IS THE FOURTH STATE TO PETITION CONGRESS

The United States Senate and House of Representatives received on February 22nd a Resolution from the Utah State Senate. Congress was memorialized not to enact legislation providing for socialized medicine or national compulsory health insurance and urged that legislation be restricted to measures which will encourage private health insurance in cooperation with the private practice of medicine.

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JOHN A. MCKAY, M. D.

POLIO

In spite of careful studies, there is no evidence of any relationship between the occurrence of polio and swimming in any lake, river or pool. However, polluted water must be considered a health hazard—the water in which a person swims should approach in purity the water he drinks, and the beach areas of any lake as Lake Erie are polluted, from reports. They are unfit for swimming, but not necessarily because of any particular danger from polio.

A frequent question comes up, "should tonsil and adenoid operations be discouraged during the polio season"? The general concensus of opinion is: No, unless an epidemic is present in the area.

Prevention of polio must await further scientific research, but prevention of permanent disability is largely dependent on adequate care. Your doctor and your local polio board are certainly prepared for that.

A few facts issued by the National Foundation for Infantile Paralysis or "Polio-Board" for information to the public.

Infantile paralysis—often called polio—attacks few people.

Twenty (20) cases per 100,000 population usually is considered an epidemic.

Half of all those who get the disease recover without crippling. Another fourth with good care recover with slight permanent crippling.

Deformities may be prevented and crippling lessened by prompt, complete and sometimes prolonged medical care.

Summer is the chief danger period. If infantile paralysis comes to your community, follow these suggestions:

Precautions to Take:

Practice cleanliness. Wash hands before eating, before handling food and after going to the toilet. Teach children not to exchange bites of candy or to put dirty hands or objects in their mouths. Keep flies and other insects away from food. Don't leave garbage uncovered. Good, personal health habits help prevent disease from spreading.

Avoid new contacts. Try not to mingle with crowds. Local health authorities decide whether schools and other gathering places may remain open. If you can help it, don't take children to theatres, on trains, buses, boats or to beaches where they mix with strangers.

Don't get overtired. Extreme fatigue makes easier victims. Too strenuous play, late hours, irregular schedules are possible invitations to attack of polio.

Avoid chilling. Don't stay long in very cold water.

Don't swim in polluted waters. Check with your Health Department before you go in the water.

Get your family doctor's advice as to whether tonsil, adenoid or other mouth or throat surgery should be performed during the months when infantile paralysis usually appears.

Call your doctor at once, if, in addition to fever, any of these symptoms appear: headache, nausea, a cold, upset stomach, muscle soreness or stiffness. Infantile paralysis starts in many different ways, most of them just like a lot of other childhood diseases. Be on the safe side.

WALTER J. TIMS, M. D.



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UNCLE DUDLEY

As this paragraph is being written daylight is just appearing, revealing the most beautiful world possible to the conception of man, an expanse of marvelous interest in which one cannot become sated. The only justification for becoming bored is with the petty affairs of men.

★ ★ ★

In enumerating the inventions and advancements in science as an evidence of progress, we should recognize that the invention is a realization of the progress that precedes it. The proper use of it is an indication that we are sustaining the advance.

★ ★ ★

When a child tells you that all sorts of things go through its mind, you will better understand its significance if you know that the same faculty, which envelops the child in fantasies, may in maturity extend itself into the unreal, and bring into existence for the comfort or convenience of man what nobody had dreamed of before.

WHO IS MR. EWING TALKING ABOUT?

In the state of Ohio any person employed with a group of five or more can obtain hospital insurance in any of seven Blue Cross plans in the state.

Similarly, any person, as above described can obtain Blue Shield surgical and obstetrical indemnity; also coverage for emergency operations in doctors' offices.

Any person aged and dependent upon a policy holder in Blue Cross can be insured by that holder for hospitalization.

Any person receiving old age pension from the state is entitled to and can obtain medical and hospital care.

Any indigent person is a ward of the county within which he resides and his medical and hospital care are a direct charge upon the county commissioners.

Who is Mr. Ewing talking about?

Contributed.

NEWS

Dr. H. Bryan Hutt has been elected a fellow of the American Academy of Pediatrics.

Francis J. Gambrel, M. D., announces the opening of his office for the practice of obstetrics and gynecology at 306 Home Savings & Loan Building.

Joseph P. Keogh, M. D., announces his new office location at 243 Lincoln Avenue. His practice is limited to thoracic surgery, bronchoscopy and esophagoscopy.

The display page on "Medical Costs", appearing elsewhere in this issue, was suggested by Dr. John Heberding. Post it in your waiting room.

Dr. Stanley A. Myers announces his new office location at 2218 Market Street. His practice will be limited to Ear, Nose, Throat, Endoscopy, and Rhinoplastic surgery.

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**SPECIAL BULLETIN
COMMITTEE ON WAYS AND MEANS
H. R. 2893**

If you have not already written to your Congressman, especially if he is a member of the Ways and Means Committee, objecting to the physicians being placed under Old Age and Survivors Insurance (OASI), write or telegraph now. Ask your lawyer friends, and other professional friends to do likewise on their own behalf. The Committee is not entirely persuaded that professional people become public charges as they grow old and will benefit by government assistance, and your opinion on the matter will be welcomed.

Under the bill a practicing physician would be obliged to pay 2¼% on all income up to \$4800, which means about \$108 a year. To draw any benefits a physician would have to be over 65 years of age and have an income less than the amount paid in benefits in his state at the time. Emphasize that payment of a social security tax by a physician who is gradually retiring from active practice may be a real hardship. Get your communication off today.

Ohio members of Committee:

THE HON. STEPHEN M. YOUNG
Congressman-at-Large
House of Representatives
Washington, D. C.

THE HON. THOMAS A. JENKINS
House of Representatives
Washington, D. C.

Health Department Bulletin

REPORT FOR JUNE, 1949

	1949	Male	Female	1948	Male	Female
Deaths Recorded	181	95	86	164	84	80
Births Recorded	515	265	250	475	254	221

CONTAGIOUS DISEASES:

	1949		1948	
	Cases	Deaths	Cases	Deaths
Chicken Pox	67	0	32	0
Measles	71	0	66	0
German Measles	23	0	0	0
Scarlet Fever	4	0	3	0
Whooping Cough	27	1	22	0
Mumps	8	0	0	0
Oph. Neo.	1	0	0	0
Gonorrhoea	24	0	17	0
Syphilis	37	0	31	0
Tuberculosis	5	1	12	0
Typhoid	0	0	1	0

VENEREAL DISEASES:

New Cases:	Male	Female
Syphilis	2	2
Gonorrhoea	17	6
Total Patients	27	
Total visits to Clinic (Patients)	352	

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

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CARE OF SENILES

For the past several years there has been a steady increase in admissions of aged, senile and arteriosclerotic patients in our mental institutions without any additional facilities being provided. A large number of these patients are of a chronic nature whose mental condition is not of such severity as to require care in a State Hospital. This has resulted in much overcrowding at these institutions. The problem became so acute that it necessitated the immediate attention of the Director of Public Welfare and the Commissioner of Mental Hygiene. According to their instructions, the State institutions will be unable to admit senile patients unless they constitute severe danger to themselves, to their families, or to the community.

"Until more facilities are available, the State Division of Mental Hygiene will be unable to accept for admission to any mental hospital any person over seventy years of age who does not have a definite psychosis other than senility and so long as hospital beds are not available for all types of patients, senility can only be accepted if the committing County has arranged for, and will accept for local care, a mild senile patient now in a State Hospital who needs custodial care only, in return for the acceptance of such a patient awaiting admission."

Care of the returning patient may be provided at the County Home, a rest home, or by their own families. Realizing the influence of the family physician in the decision of the family, we are requesting the cooperation of members of the medical society in advising further family care for those patients who may be troublesome, though not dangerous. If this could be done, it would greatly facilitate the position of the Probate Courts and the State institutions who, at present, are unable to accept all the commitments that are being made and must give preference to the more serious cases awaiting admission.

The Youngstown Receiving Hospital, as in the past, will extend its full cooperation in examining, either at our Out Patient Department, or in a general hospital, screening or accepting for temporary care seriously disturbed senile cases with the understanding that after a few days, they will be transferred to the Massillon State Hospital. However, if the families would be advised by their physician that only dangerous, but not custodial cases can be accepted by the Massillon State Hospital, a great deal of disappointment will be spared these families who will have to accept the responsibility for the care of their aged.

We shall be glad to furnish any further information necessary and trust we will receive your cooperation. EUGENE E. ELDER, M. D.

MORE ABOUT TAXES

Some time ago we included in our Bulletin the changing tax pattern. At that time we pointed out the Federal Government is now collecting 74% of all tax dollars, leaving for the state and local governments a small percentage. The Senate Committee on Expenditures in the Executive Departments recently released a report which included some of the recommendations made by the Commission on Organization of the Executive Branch of the Government. Recommendation No. 2 follows:

"We recommend that our tax systems—National, State, and local—be generally revised and that, in this revision, every possible effort be made to leave to the localities and the States adequate resources from

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which to raise revenue to meet the duties and responsibilities of local and state governments.

"Many tax sources are exploited by both States and the Federal Government, and today there is even a triplication of taxation in the matter of incomes since many cities are now resorting to income taxes to meet their expenditures. The whole problem of duplicating and triplicating taxation is most difficult to resolve. But it is to be hoped that the Joint Committee of the Congress and the Governors' Conference will continue to explore the question of overlapping taxes."

JOS. S. LAWRENCE, M. D.
Director, Washington Office

CYNICAL SAM

It takes more power of discrimination than most of us have to be able to distinguish between a compliment and plain flattery; yet it may be easy. A compliment may be flattery which you can swallow without too much nausea.

★ ★ ★

Of all the creatures in the world, man alone is capable of thinking about the consequences of his conduct; and most of the time, he doesn't do it.

★ ★ ★

Were we doubtful of the progress of the race, the fact that we no longer execute our scientists and inventors for their achievements, could be taken as evidence that we have taken a step forward. The substitution of rulers and usurpers may be considered as an improvement, even if it be a reminder of our primitive impulses.

PRACTICAL NURSE TRAINING

Appropriation: Beginning July 1, 1949, and annually thereafter \$15,000,000 is appropriated for assisting the several States in meeting the direct cost of maintaining an adequate program of administration, supervision and teacher training, for travel expense of students, for purchase, rental or other acquisition, and the repair and maintenance of equipment for vocational instruction, for purchase of instruction supplies, for promotion of the program and recruitment of students and teachers, and for paying costs of practical nurse training. Only after June 30, 1954, are the States required to match Federal contributions by State or local funds on a formula basis.

Supervision and Federal Contribution: The Commission of Education of the Federal Security Agency, with the approval of the Administrator, is in charge of expending sums for this program. He is directed to pay 50% of the sums available among the several States having approved State plans. The remaining 50% shall be distributed among those States having plans which he determines can make the most efficient use of such funds. The Commissioner is directed to make studies, investigations, and reports for use in aiding the States in training practical nurses and teachers, teacher-trainers, supervisors and directors of practical nursing.



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31 Central Square
Tod House

Our whole attention is devoted to serving the medical profession and filling out prescriptions. Hundreds of physicians and families feel an added confidence when they have a prescription filled at Beil & Rempes.

They know that this assures the best in quality and the utmost in care.

We Invite You to Visit Our
Prescription Department

**BOWMAN'S
QUALITY
PHARMACEUTICALS**

We have a complete stock of
Pharmaceuticals for the
medical profession

Surgical Instruments
Biologicals
Office Furniture

**THE BOWMAN BROS.
DRUG COMPANY**

CANTON OHIO AKRON

Medical Cost

In 1947, the American People spent
\$10,000,000,000 for liquor;
\$ 4,000,000,000 for tobacco;
\$ 2,000,000,000 for cosmetics;
\$ 1,700,000,000 for Physician services

★ ★ ★

If the American People wanted to double, or even triple, this \$1,700,000,000 they could easily do so by cutting down a little on unnecessary things. Socialized medicine is one of the most serious threats to the National welfare now pending in Congress. Such a law would injure the health of the people and jeopardize our traditional liberties. Compulsory health insurance is not needed. Most Americans can afford doctor bills.

Fellows

vitamin b complex

liquid and capsules

The superiority of Vitamin B Complex derived from natural sources has been well established. Jolliffe¹ has attached special importance to this subject and Lewey and Shay² have stressed the necessity for natural substances.



Natural Base



formula:

Each Teaspoonful (4 cc.) contains:

Thiamine Hydrochloride	2.5 mg.
Riboflavin	3.5 mg.
Niacinamide	25.0 mg.
Pyridoxine (B ₆)	0.056 mg.
Calcium Pantothenate	2.5 mg.

plus Choline, and other factors of the B-Complex present in the natural base. The Riboflavin content is derived entirely from natural sources.

BASE: Rice Bran, Corn, Liver Concentrate.
SUPPLIED: in 4-oz. Rx size.

formula:

Each Capsule Contains:

Thiamine Hydrochloride	5.0 mg.
Riboflavin	3.5 mg.
Niacinamide	30.0 mg.
Calcium Pantothenate	10.0 mg.
Pyridoxine (B ₆)	1.0 mg.
Choline (derived from Liver)	2.0 mg.
Desiccated Whole Liver	170.0 mg.
Brewer's Yeast Extract	170.0 mg.

plus other factors of the B-Complex present in Whole Liver.

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

Samples on Request



26 CHRISTOPHER STREET NEW YORK 14, N. Y.

AN URGENT APPEAL TO YOUNG DOCTORS!



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

At 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 100,000 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 move rapidly toward a professional manpower crisis!

Many responses have been negative, but 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 professions. 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 by collect wire immediately, signifying your acceptance and date of availability. Your services are badly needed. Will you offer them?

Louis Johnson

BACKGROUND

The use of cow's milk, water and carbohydrate mixtures represents the one system of

infant feeding that consistently, for over three decades, has received universal pediatric



recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.