

The greatest of all wonders is not the conqueror of the world, but the subduer of himself.

-Schopenhauer

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XX No. 4
APRIL • 1950

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*Fry, C. O.: J. Am. M.Women's A. 4:51 (Feb.) 1949

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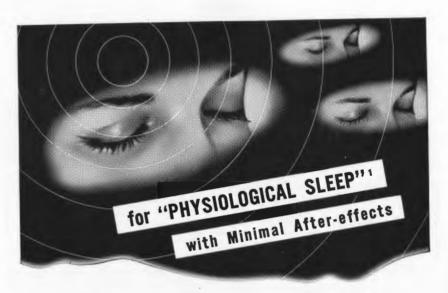
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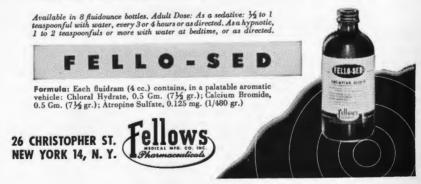


Chloral hydrate, used in medicine since 1869, is, even today, "the standard hypnotic of its class."

Goodman and Gilman observe that it "is unfortunately neglected today," and that the present widespread use of the barbiturates has "... caused the physician to lose sight of the fact that chloral hydrate is still one of the cheapest and most effective hypnotics."2

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¹N.N.R., 1947, p.398. ²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.



MILK in the American Home

The housewife spends about 15ϕ of every dollar of her food budget for milk or its products. For this 15% of her food money she gets about one-third of all she feeds her family. And in this one-third she provides her family with three-fourths of its calcium, one-half of its riboflavin, and very substantial quantities of every other nutrient recognized by scientists as vital to human development.

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PRESIDENT'S PACE

* * *

Last month on this page I made some remarks about the tragic indifference exhibited by physicians of this county toward exercising their constitutional right to vote. This month I would like to quote some figures which have been brought out in a recent survey of one of Ohio's industrial areas. These figures are worthy of your serious attention and I quote them directly as follows:

"18% of the physicians of the county did not vote in the 1948 election. 13% of them were not even registered and therefore not eligible to vote. 22% of the wives of physicians did not vote. 16% of them were not registered.

"10% of the members of the Rotary Club did not vote. 3% were not registered. The tally on Kiwanis Club members was about the same.

"18% of the druggists did not vote; 15% were not registered. 11% of the teachers did not vote—6% were not registered.

"32% of the bank employees, including executives, did not vote; 26% were not registered. 33% of the ministers did not vote; 26% were not registered. 34% of the retail grocers did not vote; 29% were not registered.

"Last but not least 21% of the members of the Chamber of Commerce did not vote; 15% were not registered.

These figures are factual and one shouldn't have to say more. This lack of interest on the part of business and professional men is really serious, and I think it is about time that something to be done about it. There are many people who vote even when they are bedridden and there simply is no good reason why the rest of us cannot do the same.

I think it is up to us individually to do a little missionary work and impress on every one we see, the importance of being registered, and then voting.

Gordon G. Nelson, M.D.

President

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O.S.M.A. OFFICERS' CONFERENCE

By G. E. DeCicco

The Ohio State Medical Association Annual Conference of County Society presidents, secretaries, and committeemen was held in Columbus, Ohio at the Fort Hayes Hotel on Sunday, March 5. Drs. Gordon Nelson, William Skipp and G. E. DeCicco represented your society. Dr. Carl A. Lincke, President, O.S.M.A., presided and presented the "Goals For 1950" which are as follows:

1. Expand the public education program.

2. Get all members interested in civic, political and community affairs. "A physician who is not a good citizen is also not a good physician."

3. Rural health improvement.

4. School health improvement.

5. Help obtain more financial support for public health departments.

6. Promote Ohio Medical Indemnity. (It is one of the five largest in the United States.)

7. Obtain better co-operation with health departments, welfare departments, Industrial Commission and Veterans Administration.

8. Assist A.M.A. education programs.

9. Aid in securing physicians in communities where none are available.

Dr. E. J. McCormick, Toledo, member, Board of Trustees, A.M.A., gave a review of the activities and objectives of A.M.A. and the reasons for the \$25.00 annual dues. The aim of the A.M.A. is "Service to Humanity".

Dr. McCormick said, "The A.M.A. service is provided by doctors without selfish motives in the interest of public health. No physician has ever been barred from membership except for ethical reasons. Each county society should devote a meeting to acquaint its members with the activities of the A.M.A. and O.S.M.A. as most members are ignorant of the activities of both. All O.S.M.A. members become members of A.M.A. on payment of \$25.00 dues.

DUES LESS THAN UNIONS

"This is the first time that dues have ever been assessed. Fellowship dues are \$12.00 and include subscription to the 'Journal A.M.A.' or one of the nine special journals published. The state, local, and national dues add up to less than that of most labor organizations. All physicians when in Chicago should visit the headquarters on Dearborn St. The A.M.A. has

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various committees that have as their main purpose the protection of the public interests. The individual physician is the best public relations that we have. In the near future you will receive a booklet describing the A.M.A. Read it! The A.M.A. is also planning to organize a Junior A.M.A. for students, interns, and residents to educate them before leftist organizations can take hold."

Hon. Roscoe R. Wolcott, Columbus, Republican floor leader, Ohio Senate, discussed physicians and governmental activities. "You get the kind of government you show you want and not the kind you only say you want," he declared. "This is shown by your inactivity in public affairs and politics. You as physicians are so engrossed in daily activities that you neglect your civic duties.

"You must know your legislature," he continued. "You should let your legislators know what you think when they vote as you want them to as well as when they do not. They only know what your desires are when you express your opinions. Get active in politics! Support good men financially to conduct their campaigns. Vote! Physicians are notoriously noted for their apathy on election day except when returns are counted. Interest yourself in all affairs of government, not only those that affect you."

Hon. William M. McCullough, Piqua, member of Congress, gave a first hand report on the activities of the Congress, the state of pending health bills, prospects for their enactment or defeat, and current Washington trends and

developments.

Mr. Paul Daugherty, Columbus, director of legislative department of Ohio Chamber of Commerce, gave some interesting facts and figures on the "Welfare State". He gave the cost and implications of proposals to expand and enlarge the Social Security Program and what that would mean to physicians. He also discussed proposed disability compensation. If House Bill H.R. 6000 is passed, it would cost the government \$1,000,300,000 in 1950 and rise to \$11 billion annually by 1995, he pointed out.

Dr. Charles A. Doan, Columbus, Dean of Ohio State University College of Medicine, gave some facts and figures on the problems confronting our medical schools. Only seven medical schools operated in the black last year, he reported. Medical schools no longer obtain enough aid from private grants. These schools, according to Dr. Doan, should receive public assistance. He also stated that many large industrial organizations that take in a great many of the medical school graduates, at no cost to them, should contribute to medical school maintenance.

Dr. E. O. Swartz, Cincinnati, President-elect, O.S.M.A., spoke on "We've Got a Job To Do; Let's Do It!" He gave some straight-from-the-shoulder recommendations for action by physicians and county medical societies in the fields of politics, civic affairs, public relations and what-have-you.

A. M. A. ASKS FOR YOUR DUES

Within the last month the American Medical Association sent a two-page letter to all of its members outlining the work which the Association has accomplished to raise and to maintain the levels of the practice of medicine through-out the country. The letter was signed by Dr. Louis H. Bauer, chairman of the board of trustees.

Dr. Bauer points out that all of this costs money and so the A.M.A.

is asking each physician to forward his \$25 dues promptly

Next month the *Bulletin* will try to publish some figures on the number of members of the Mahoning County Society who have and have not paid dues. Pay your dues now! Send them to the Ohio State Medical Association in Columbus where they will be forwarded to the A.M.A. in Chicago.

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WILLIAM DEAN COLLIER, Ph.D., M.D.

1897 -- 1950

Dr. William Dean Collier was born on January 15, 1897 at Trenton, Missouri. He obtained his A.B., A.M. and Ph.D. degrees at the University of Missouri, Columbia, Missouri. He was then graduated from Johns Hopkins School of Medicine in 1924. He was a graduate resident in pathology at the University of Missouri from 1920 to 1922 and became voluntary assistant in the Department of Pathology at Johns Hopkins in 1922—1924. He became instructor, then professor and director of the Department of Pathology at St. Louis University School of Medicine in the period from 1924 to 1936. In 1936 he became director of the departments of Pathology and Laboratory Medicine at St. Elizabeth Hospital, Youngstown, Ohio.

He was a member of Sigma Xi, the Society for Experimental Biology and Medicine, the Ohio and American Societies of Clinical Pathologists, the American Association of Pathologists and Bacteriologists, a fellow of the American Association for the Advancement of Science, a fellow of the American Society of Pathologists, a member of local, state and national medical societies and a Diplomate of the American Board of Pathology.

Dr. Collier was a diligent, persistent colorful figure in the field of pathology and laboratory medicine. Noteworthy were his articles in experimental and clinical journals on blood transfusions, Rh factor, virus diseases and the estrones. His doctorate treatise on the effects of exercise and rest on the size of nerve cells won high recognition. A notable contribution to science was his work with Dr. Edward A. Doisy, later a Nobel Prize winner, on theelin. He rendered singular service in the encephalitis epidemic in St. Louis in the early thirties.

Dr. Collier rendered extraordinary service to St. Elizabeth's Hospital by his unstinting devotion to duty; by his instruction of nurses, internes, residents, and colleagues; and by his dynamic and versatile manner in the approach to diagnostic problems. He was ever the teacher and a master in the art of presentation and analysis. He was a driving force in the educational program in the hospital and achieved justifiable respect for his incessant effort particularly directed toward improvement of the younger men in the medical arts. Clarity of thought, excellent diction and superb command of speech charmed student and colleague alike.

In the death of Dr. Collier on March 14, 1950, the Mahoning County Medical Society and the community have lost a loyal citizen. His memory will ever remain in the hearts of his students, colleagues and friends; a lasting tribute to signal greatness.

Stephen W. Ondash, M.D.

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plus Choline, and other factors of t		
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Natural Base



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Niacinamide 100	mg.
Pyridoxine 1	mg.
Calcium Pantothenate 10	mg.
Choline Dihydrogen Citrate 20	
Inositol	mg.
Folic Acid	mg.
Liver Extract (secondary) 100	mg.
Brewers' Yeast Extract 100	mg.
plus other factors of the B-Complex present in Whole Liver.	

BASE: Liver and Yeast. SUPPLIED: in 50's and 1000's.

- Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:613, Oct. 27, 1945.
- Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

Samples on Request



26 CHRISTOPHER STREET NEW YORK 14, N. Y.

COUNCIL MEETING

Monday, March 13, 1950

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, March 13, 1950, at the office of the Society, 203 Schween-Wagner Bldg., Youngstown, Ohio. The following doctors were present: G. G. Nelson, President, G. M. McKelvey, John Noll, G. E. DeCicco, J. N. McCann, J. C. Vance, F. S. Coombs, and L. H. Getty.

Dr. E. J. Reilly, president of the Medical Service Foundation, Mr. Franklin Powers, counsel for the Foundation, and Mr. Howard Jones, vice-president of the Foundation, were present and reported on the progress of the Foundation.

The following applications were presented to Council:

FOR INTERNE MEMBERSHIP

Dr. John Rowling Willoughby, Jr., Yo. Hospital Ass'n, Youngstown, Ohio.

Dr. Frederick Arthur Resch, Guide Bldg., Canfield, Ohio

Dr. Earl Evans Brant, Yo. Hospital Ass'n., Youngstown, Ohio

Unless objection is filed in writing with the secretary within 15 days

the above applicants become members of the Society.

Dr. Sidney Franklin submitted a letter written by the International Council for Exceptional Children, in which he encouraged the reporting of individual exceptional children, those who deviate physically or mentally from the normal in sufficient degree to require special instruction and special service. He asked permission to send it to the membership. A motion was made, seconded, and duly passed approving Dr. Franklin's request.

Council discussed the full time Health Commissioner problem. It was moved, seconded, and duly passed that a letter be written to the members of City Council, signed by Dr. G. G. Nelson, President of the Society, and Dr. W. M. Skipp, chairman of the Allied Professions Committee, notifying it that in conjunction with the introduction of legislation to provide for a full time Health Commissioner for the City of Youngstown, the Council of the Mahoning County Medical Society had unanimously passed the following resolution:

RESOLUTION

Passed by the Council of the Mahoning County Medical Society March 14, 1950

For the past two years, The Mahoning County Medical Society and the Allied Professions Committee have strongly advocated on numerous occasions, that the City of Youngstown establish a City Health District to comply with the provisions of the General Code.

To correct the deplorable health conditions now in existence and to provide the City of Youngstown with a modern, efficient health system, we, the Mahoning County Medical Society do hereby resolve:

"1. That an amendment to the Home Rule Charter of the City of Youngstown shall be submitted to the electors of the City of Youngstown for adoption or rejection.

"2. That this amendment shall comply with the provisions of the General Code governing the establishment of City Health Districts and the duties thereof; to constitute the City of Youngstown a City Health District; to provide for the establishment of a Board of Health of five (5) members appointed by the Mayor for a term of five (5) years, each of whom shall serve until his successor is appointed and qualified, which members are to serve without compensation; to confer upon this Board of Health power to appoint a full time Health Commissioner who shall be a Doctor of Medicine, licensed to practice medicine and surgery in the State of Ohio, and who shall hold a master's degree or a doctor's degree in public health from a recognized university, whose salary shall be fixed by the Board of Health and who shall be under civil service after a probationary period of six (6) months."

G. E. DeCicco, M.D. Secretary



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LITERATURE ON REQUEST

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LOCAL TALENT FOR APRIL MEETING

In place of the annual Post Graduate Day the Mahoning County Medical Society is substituting a local talent meeting for the month of April. Dr. John Rogers has arranged for two Residents from St. Elizabeth and two from the Youngstown Hospital to present papers on original work done during the training period in the local institutions.

The meeting will be held at the usual time, April 18, 1950 at eight p. m. in the Elks Club.

The first of the papers will be presented by Dr. Frank K. Inui, Surgical Resident in the Youngstown Hospital, who will talk on "A Technique for Closure of Post-operative Broncho-pleural Fistula." This work was performed on dogs by Dr. Inui and Dr. Paul Dobson, Resident in Anesthesia. Dr. Inui was Resident in Thoracic Surgery in the Mahoning Tuberculosis Sanatorium 1947-49.

The second paper will be presented by Dr. Joseph G. Rogers, Resident in Surgery. It will be entitled, "A Preliminary Report on a New Prothrombinase and Fibrinogen Inhibitor." This work was done by Dr. Rogers and Dr. Robert G. Thomas, resident in Pathology, under a grant from the Youngstown Area Heart Association.

The third paper, entitled "Lumbar Sympathectomy in Arteriosclerotic Gangrene of the Lower Extremities," will be given by Dr. Edward Massullo, Surgical Resident in St. Elizabeth Hospital.

The fourth paper will be presented by Dr. Hugh B. Munson, Resident in Obstetrics and Gynecology in St. Elizabeth Hospital, and will be on "Total Hysterectomy Versus Subtotal Hysterectomy."

FIFTY-YEAR CLUB HONORED AT BANQUET

Approximately 120 physicians turned out for the Society's Annual Banquet March 16 at the Elks Club when Dr. Paul Davis, Councilor of the Sixth District of the Ohio State Medical Association, awarded certificates and pins to five of the 11 members of the county society who have practiced medicine for fifty years or more.

Those who were present to receive the awards were Drs. C. R. Clark, M. E. Hayes, C. H. Beight, W. W. Ryall, and C. D. Hauser. Other members or former members of the society who could not be present but who will receive certificates are Drs. Julia M. Baird, H. E. Blott, W. D. Coy, A. V. Hinman, H. M. Osborne, and R. E. Whelan.

The after-dinner speaker was James Swan, humorist from Jamestown, N. Y., who more than lived up to his name with an account of his induction into the marine corps and his experiences in boot-training, amphibious attacking party, and recreational methods of the corps in the South Pasific.

Dr. Gordon G. Nelson, presided at the banquet. The affair was arranged by the social committee with Dr. A. K. Phillips as chairman.

DR. STEIGLITZ TO TALK IN AKRON

Dr. Edward J. Steiglitz, Washington, D. C., will talk on "The Challenge of Longevity" before the Summit County Medical Society May 2, 1950 at nine p.m. in the auditorium of the Nurses' Home of the Akron City Hospital.

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JOHN L. KELLY, M. D.

Diplomate in Psychiatry

SURVEY OF PHYSICIANS' INCOMES

CHICAGO—Late in April the Bureau of Medical Economic Research of the American Medical Association and the Office of Business Economics of the U. S. Department of Commerce will jointly conduct a survey of physicians' incomes.

The Bureau has been authorized by the A.M.A. Board of Trustees to cooperate in this survey, which the Department of Commerce had planned to conducted alone. It will be the first full-scale survey by the department of physicians' incomes since 1941.

An analysis of the results will be published by the Department of Commerce next fall in its monthly publication, "Survey of Current Business." Its August 1949 and January 1950 issues had published similar analyses of surveys of incomes of dentists and lawyers, respectively, made jointly with the American Dental Association and the American Bar Association.

There is evidence that the national averages in some surveys have been too high because physicians who do not have bookkeepers to fill out questionnaires do not reply in sufficient numbers. Accordingly, the Bureau emphasizes the importance of all doctors, especially those with a relatively small practice, filling out the questionnaires.

Accurate postwar data on physicians' incomes are badly needed in order to develop better estimates of how much the American people pay to physicians.

FIGURES CONFIDENTIAL

Every physician can be assured that the survey has no relation whatever to the operations of the U. S. Bureau of Internal Revenue. There is no way by which the Department of Commerce could have obtained the needed information from the Bureau of Internal Revenue; hence, the questionnaire survey.

There will be two questionnaire forms. The Bureau of Medical Economic Research helped to design these. A short form will request income data for 1949 only. A long form questionnaire will cover the years 1945 through 1949. All are to be returned unsigned in franked envelopes.

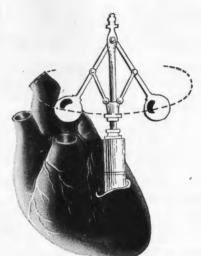
The punch card files of the Bureau of Medical Economic Research contain the names of about 200,000 physicians. The survey will cover 125,000 of these, or $62\frac{1}{2}$ per cent of the total. Selection will be by a formula which eliminates any partiality.

A short form will be sent once only to every other name in the file. Of the remaining 100,000 names, every fourth will be selected. To these will go 10,000 short forms and 15,000 long forms, with this distinction—the return franked envelopes will carry a code number which will identify the physician to the Bureau of Medical Economic Research alone. All of the addressing will be done in the headquarters of the A.M.A.

The sole purpose of the code number is to enable the Bureau of Medical Economic Research to address a follow-up letter to those not replying to the first request. Physicians need have no suspicion about the code number because when the reply is received, the questionnaire will be separated immediately from the envlope and the identity will be lost.

Physicians will be doing the medical profession a service by filling out the forms and returning them as soon as possible.

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ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth Hospital was held on Tuesday, March 7, 1950. The meeting was called to order at 8:30 p.m. by Dr. R. B. Poling, President of Staff.

The scientific program consisted of the following case presentations.

Department of Surgery

"Acute Hemorrhagic Pancreatitis" Review of operative case with unevent- Dr. S. W. Ondash ful convalescence and recovery. Analysis of all cases of acute pancreatitis, operative and non-operative treatment, at St. Elizabeth Hospital 1944-1949, incl.

Dr. Massullo*

Department of Obstetrics-Gynecology

"Eclampsia" Presentation of case with uneventful Dr. J. Scarnecchia recovery. Major discussion directed towards fluid balance requirements of patients in the eclamptic state.

Dr. Munson*

Department of Medicine

"Meningococcemia" Clinical manifestations of Friderichsen- Dr. S. Davidow Waterhouse syndrome with purpura Dr. U. Melaragno biblateral adrenal, pulmonary and gastro-intestinal hemorrhages were prominent autopsy findings.

Dr. Strutner*

* Resident

Discussion of the above autopsy findings and a review of clinical experience with similar cases followed presentation of the above program.

The secretary presented the analysis of hospital service for the month of February. Significant features were a bed occupancy of 91.5%, an average residence per patient of 8 days and an autopsy average of 43.3%.

Doctors W. D. Collier and J. J. Wasilko spoke briefly on the function of the blood bank and pointed out problems requiring attention of attending physicians. Projected plans directed towards increased efficiency in operation of the blood bank were presented. General discussion followed.

> S. W. Ondash, M.D. Secretary

YOUNGSTOWN HOSPITAL STAFF MEETING

"Clinical Observation on the use of Antabuse in the Treatment of Alcoholics," was presented by Dr. Frank Gelbman at the regular meeting of the Youngstown Hospital Staff March 7, 1950 in the Nurses Home Auditorium of the South Side Unit.

Statistical report for the previous month revealed that the autopsy percentage at the South Unit was 70 per cent and at the North Unit 36 per cent for a total of 57 per cent.

Dr. Gordon G. Nelson, vice-president of the staff, presided. Dr. Gelbman's paper is printed elsewhere in this issue.

T.B. SANATORIUM STAFF MEETING

Dr. Fred G. Schlect will talk on "Treatment and Prophylaxis of Venous Thrombosis" at the April 25 meeting of the staff of the Mahoning Tuberculosis Sanatorium to be held in the Nurses' Home of St. Elizabeth Hospital.

APRIL MEETING

Speakers:

Dr. F. K. Inui: "A Technique for Closure of Post-Operative Bronchopleural Fistula."

Dr. Joseph G. Rogers: "A Preliminary Report on a New Prothrombinase and Fibrinogen Inhibitor."

Dr. Edward Massullo. "Lumbar Sympathectomy in Arteriosclerotic Gangrene of Lower Extremities."

Dr. Hugh B. Munson: "Total Hysterectomy versus Subtotal Hysterectomy."

(Drs. Inui and Rogers are Residents from The Youngstown Hospital, while Drs. Massullo and Munson are Residents from St. Elizabeth Hospital.)

Time:

Tuesday, April 18, 1950 — 8:30 P. M.

Place:

ELKS CLUB, 220 W. Boardman St.

OBSERVATIONS ON THE TREATMENT OF ALCOHOLICS WITH "ANTABUSE"

By Frank Gelbman, M.D.

"Antabuse" is the trade name for tetraethyl-thiuram disulphide. This drug is not yet available in this country for commercial purposes, its use being limited by the Pure Food and Drug Administration to experimental use and clinical investigation.

Studies have indicated that an alcoholic's intake that normally would elicit little or no symptomatic response has been found to produce sudden unpleasant effects when the individual has been taking "Antabuse."

In some unknown manner, "Antabuse" interferes with the normal oxidation of alcohol, resulting in an increased acetaldehyde concentration in the blood. The drug is relatively non-toxic and is not habit forming. It is excreted in the feces only. This slow excretion has an important clinical application; a patient will have a typical "Antabuse" plus alcohol reaction in spite of the fact that he had discontinued taking the drug a few days before. In some 2,300 cases already reported in the literature four deaths have been reported. Three of these deaths occurred in diabetics.

Alcoholics selected for treatment must have a sincere desire to quit drinking. Epileptics, schizophrenics, manic-depressives and those with organic brain damage are not treated. Care and caution should be used in the treatment of people with cardiac, liver, kidney, and lung disease. If there is evidence that there has been severe damage to vital organs, the patient should not be treated with "Antabuse." Best results are obtained if a social approach is used. That is, a relative, friend, sponsor in Alcoholics Anonymous, employer, or social worker encourage and help each patient so that he will take his "Antabuse" each morning. The patient is warned that he cannot take any liquid drugs without first making certain that it does not contain alcohol.

SYMPTOMS

Each patient has an "experience session" after he has been taking "Antabuse" for a few days. The "experience session" consists simply of allowing the patient to consume alcohol at his own pace so that he can become acquainted with the "Antabuse" plus alcohol reaction while a physician is present. This reaction occurs within two to fifteen minutes, or after two to six ounces of whiskey, or before one or two bottles of beer can be consumed. Subjective complaints are usually expressed in the following sequence:

- 1. Warmth
- 2. Dizziness
- 3. Blurred vision
- 4. Pressure on top of the head
- 5. Pounding headache, particularly in the temples or behind the ears
- 6. Palpitation
- 7. Difficulty in breathing
- 8. Tightness in the throat
- 9. Chest pain
- 10. Numbness of the hands and feet
- 11. Nausea
- 12. Sleepiness

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418 Dollar Bank Bldg. 3634 Market St. at Judson Phones 3-7334 or 3-3596 Phones 2-4805 or 2-5411 The following signs are observed, usually in the following order of appearance:

- Flushing of the head and neck, spreading downwards, later (sometimes) covering most of the body
- Vasodilitation of the capillaries of the conjunctiva, later with conjunctival edema
- 3. Sweating
- Hyperpneα
- Dyspnea
- 6. Tachycardia
- 7. Decrease in blood pressure
- 8. Odor of acetaldehyde on the breath
- 9. Somnolence
- 10. Sleep
- 11. Vomiting, in a majority of the patients

TREATMENT OF SYMPTOMS

An "experience session" usually requires from one to three hours before the patient can go home. A small oxygen tank is kept ready for emergency use. Oxygen is apparently specific for an "Antabuse" plus alcohol reaction. It has been recently reported that intravenous Vitamin C will also terminate the reaction.

Each patient is told to take one "Antabuse" pill (0.5 gm.) each morning with breakfast and to return for office check-ups. The follow-up program consists of seeing the patient weekly for about three weeks, every two weeks for two or three visits, every three weeks for two or three visits, and then once each month.

In order to protect the patient who might consume alcohol and develop symptoms which would be misunderstood and cause him embarrassment in public, a prescription blank with the following statement is given to be carried in his possession:

"To Whom It May Concern: The bearer is taking 'Antabuse.' The drug alone is harmless. When combined with alcohol, symptoms of marked flushing, perspiration, redness of the eyeballs, difficulty in breathing, odor of acetone on breath, palpitations, vomiting, and low blood pressure will be marked. If such a reaction occurs and is severe, please call me or a hospital."

LENGTH OF TREATMENT

Complications are rare. The greatest dangers are the wide variety of complaints and overconfidence. Within the first few weeks of sobriety, each patient has an extremely wide variety of complaints. As yet none of these have found to necessitate withdrawl of the drug. These complaints subside within a few weeks. Many patients desire to terminate therapy after a few weeks or months of sobriety. Here, it is important that the physician does not terminate therapy simply because the patient has been sober for a short period of time and now feels that he will never drink again.

It is not yet known how long each patient must continue taking "Antabuse." After a few months of sobriety, the daily dosage may be decreased to half a pill (0.25 gram) or quarter pill (0.125 gram).

It is far too early to draw any conclusions about long term results with "Antabuse." One study of 45 patients after three months revealed 32 "socially recovered," five "much better," and nine "failures." Another study of

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We Invite You to Visit Our Prescription Departments 100 patients after six months revealed fifty-two "socially recovered," nineteen "much better," and twelve "somewhat better."

In summary, "Antabuse" appears to be a valuable adjunct in the total treatment of alcoholism. All the psychotherapeutic measures which have been used in the past are still a necessary part of the successful treatment of alcoholism. To insure adequate treatment and proper evaluation of "Antabuse," a social approach to include relatives, friends, associates, and Alcoholics Anonymous is necessary.

It is recommended that the patient be sober when starting on this drug and that the first trial with alcohol should be under controlled conditions so that medical aid and oxygen is available. Each patient should be seen at frequent intervals. Finally, it is recommended that each person taking "Antabuse" carry a card stating that he is using the drug.

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REFERENCE MATERIAL AVAILABLE FOR PHYSICIAN SPEAKERS

Stephen W. Ondash, M.D., chairman of the Lay Education and Speakers Committee, announces the availability of a considerable amount of literature on compulsory health insurance. With an increasing public desire for speakers on socialized medicine the wealth of material available should more than equip speakers with data for logical presentation of the stand of organized medicine on compulsory health insurance. The chairman has packets of information and will supply them considerably in advance of a speaking engagement.

Members of the Society are urged to notify the chairman of the Speakers Committee of any speaking engagement so that usual clearance and due credit can be given the speaker.

Some of the reference material available is as follows:

"The Doctor Brushed off Utopia"

"What is the A.M.A.?"

"Socialized Medicine"

"Granny is Gone"

"Never! Never! Never!"

"Compulsory Health Insurance versus Health—The American Way"—50 questions and answers.

"You and Socialized Medicine"

"State Medicine Hasn't Worked any Miracles"

"Program of the American Medical Association for the Advancement of Medicine and Public Health"

"Your Medical Program"

"The Planners Paint a Picture"

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TUBERCULOSIS CONTROL MEASURES IN MAHONING COUNTY

(Part I)

By William Newcomer, M.D.

Tuberculosis Control in Mahoning County took a long step forward three years ago when the Health Departments of Campbell, Mahoning County, Struthers, and Youngstown designated the Medical Director of the Mahoning Tuberculosis Sanatorium as the Deputy Health Commissioner for Tuberculosis for all of Mahoning County. This procedure, recommended by the Ohio State Health Department particularly in counties like Mahoning with more than one health department, placed responsibility for tuberculosis control in the entire county under the direction of one person. During the two years that I have functioned as Controller of Tuberculosis for Mahoning County I have endeavored to co-operate with the members of the Medical profession, the several Health Departments, and with the public.

The Mahoning Tuberculosis Sanatorium and the Tuberculosis and Health Association have jointly and co-operatively promoted, organized and financed the operation of the Tuberculosis and Chest X-Ray Center at 100 Dollar Bank Building, which serves as the Downtown Branch of the Sanatorium. The X-Ray facilities are available daily from 8:30 a.m. until 4:30 p.m., except Monday when the Center stays open until 8 p.m. and Saturday when it closes at noon. I am available for consultation by appointment on Tuesday and Friday afternoons, and on Thursday morning.

The purpose of the Chest X-Ray Center is to provide facilities so that miniature 70mm. Chest X-Rays may be available to the public. Acutely ill patients should not be referred to the Center for large Chest X-Rays because these are read only once a week at the Sanatorium and there is too long a delay for satisfactory service. Physicians have been supplied with X-Ray order forms and have been requested to refer all patients for a small (70mm.) chest X-Ray. There is also a designation on the X-Ray order listed as 14 by 17 chest X-Ray P.H.S. The initials P.H.S. refer to Public Health Service and indicates that the patient cannot afford to pay a radiologist for a large X-Ray. Patients who can pay should be referred to a radiologist. Patients should not be referred routinely to the Center for a large X-Ray P.H.S. before they have had a 70mm. X-Ray. Center facilities for handling large films are limited. Expense involved in materials, time, and facilities do not permit using the large films as a screening measure.

All physicians are urged and invited to refer their patients under the above regulations. Reports on all patients referred by physicians will be mailed promptly to the referring physician.

THE COMMON MAN

Recently, in my opinion, there has been too much talk about the Common Man. It has been dinned into us that this is the Century of the Common Man. The idea seems to be that the Common Man has come into his own at last. But I have never been able to find out who this is. In fact, most Americans will get mad and fight if you try calling them common . . . I have never met a father and mother who did not want their children to grow up to be uncommon men and women. May it always be so. For the future of America rests not in mediocrity, but in the constant renewal of leadership in every phase of our national life.—Herbert Hoover.

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NURSING CARE OF MULTIPLE SCLEROSIS

By Mrs. Elizabeth Hamm, R.N., B.S.

(Editor's Note—The following is part of an article written by Mrs. Hamm on the general subject of Multiple Sclerosis. Mrs. Hamm is a graduate of the Youngstown Hospital and is now afflicted with Multiple Sclerosis. In her article she has been interested in having patients avoid quack cures.)

Little has been written about the care of Multiple Sclerosis patients in the nurses' textbooks and so the prime factor to the nurse is to educate herself concerning the symptoms. When she understands the nature of the disease, the nursing care is a natural procedure. Take care of the symptoms as they appear!

One of the most embarrassing symptoms to the patient is incontinence. Not only is it discomforting, but it is a matter of great inconvenience since it may require many changes of clothing. Simple aids can be used to reduce this inconvenience such as a sanitary pad and rubber panties for the female patient; male patients can carry a urinal as well as make use of the rubber pants.

By experience, the time of voiding can be determined and if the patient is non-ambulatory, the bed-pan or urinal should be put in place at that time. The patient should be kept clean and dry for comfort as well as to prevent possible infection. Night bed wetting can be controlled by limiting fluids after the evening meal.

WALKING

The patient should be kept ambulatory as long as possible. The use of a cane, aside from being an aid to locomotion, gives the patient a sense of security and, in the case of spastic or drunken-like gait, will prevent needless and cruel remarks, stares, pushing, etc. Possible hazards to the patient's traffic should be removed. Little aids such as hand-rails and ramps help to contribute to the patient's well-being. The patient should be encouraged to carry on as many of regular activities as possible.

Placement of articles to be used should be kept in mind at all times. Light switches should be reached easily. Without contributing to the hazards that are always present, everything should be done to keep the patient as happy as possible and as self reliant as his condition warrants.

The patient should not be confined to a wheel chair just to make it more convenient for those attending, when the condition does not require it. A wheel-chair can be of inestimable value in making it possible for the patient to reach points or places that would otherwise be denied. A collapsible type is available that can be stored easily or placed in the automobile. A "walker" is a great asset in keeping the patient ambulatory. This can be used in the home or hospital. The patient should do some exercising each day.

Encourage the patient to make things with the hands to provide activity and to overcome the tendency of muscles to lose tone. Knitting, crocheting, typing, playing the piano, working with clay, or simply pressing a small rubber ball in the affected hand are recommended. Exercise for the toes can be had by the use of marbles, these to be picked up by the toes. Standing or walking on the toes when possible is excellent exercise. Simple ankle flexion should be practiced.

Speech involvement is a symptom. It becomes a source of much embarrassment. The patient should be encouraged to talk. Listeners should exercise patience. Family and friends should be made aware of this. Have

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the patient say difficult words correctly. Encourage him to whistle, sing and repeat the alphabet.

Double vision and blurring can be the cause of accidents. The nurse must remove hazards and place the patient in a safe environment. Eye muscle exercises often are helpful. Have the patient follow hands or objects laterally, rotatory and vertically.

PSYCHOLOGICAL ASPECTS

The patient should be made to feel that life is important. Suggest simple duties to be performed daily, encourage reading, listening to radio, writing letters, and taking an interest in people and things with whom contact is made. The patient should not be fatigued, unduly, but should be encouraged to conduct as much activity as the condition permits. The patient has a definite ailment that few understand, and any suggestion that it is only a matter of thinking can be very harmful. Some patients display a tendency toward emotional outbursts and should be distracted from these as subtly as possible. Explain the disease to the patient, family, and friends so that they will understand that it is not a mental condition. Naturally, any change in symptoms should be reported to the physician. The nurse can contribute in a great measure to the happiness and comfort of the Multiple Sclerosis victim. To a very great extent, recovery or improvement will depend on the co-operation and the desire of the patient to recover.

That physicial therapy is helpful and essential in cases of Multiple Sclerosis has been definitely proven. The patient, in attempting to maintain ambulation in the face of nerves that refuse to control muscle-action, is forced to substitute other muscles. In many cases antagonists of involved muscles are brought into action. Thus the patient brings about a condition that eventually helps to hasten the loss of ability to function normally. This is noted particularly when the patient uses back muscles to assist weakened leg muscles, etc. Even if strong muscles are made to become stronger at the expense of a weak inactive muscle, it is far better to have this condition than to completely immobilize the patient by putting him to bed where he would soon lose the use of all muscles. The lack of nerve control soon causes atrophy of muscles. Continual exercise against resistance maintains at least a semblance of muscle tone. There is a theory that by strenuous exercise collateral nerves may be taught to carry brain impulses past the supposed blocks. Here again there is no basis for believing that the collaterals are not affected in the same manner as the main tracts, or any guarantee that these collaterals may not become affected.

The use of electronic stimulation of nerve and muscle tissue has come to the forefront in recent months. These machines, by reason of their action in causing muscle movement, can exercise muscle tissue and thus prevent its atrophy. Unless properly used, they can cause tetany, spasticity, and tremors if not used for periods sufficiently long enough to simulate the natural processes. The value is comparable to the work of the physiotherapist. When the patient's condition does not permit successful exercising by the therapist, electronic stimulation will provide a semblance of exercise. The use of these stimulations should be considered only as an adjunct to Physicial Therapy, not as a cure-all. Unless the involved nerve tracts have been determined by an Electro-Myograph or Electro-Encephalograph, treatment would be of the shotgun variety at best.

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PSYCHIATRISTS TO HOLD TRAINING SEMINAR

Physicians, internes, residents, and medical students are invited to enroll in a Training Seminar for Psychiatrists and the General Medical Profession, to be conducted by the Committee on Medical Education of the American Psychiatric Association at the Fort Wayne Hotel, Detroit, Michigan, Sunday, April 30, 1950, 9:30 a. m. to six p. m.

With emphasis on practical psychiatric technics as applied to problems confronted by physicians in everyday practice, the Seminar program will include papers on child feeding, anxiety states, childbirth, emotions and the respiratory tract, gastro-intestinal tract, rehabilitation, and geriatrics.

The enrollment fee for practicing physicians is \$10.00, and for residents, internes, and medical students, \$2.00. The fee covers the cost of a buffet luncheon. Advance enrollments are requested and should be addressed to the American Psychiatric Association, 1624 Eye Street N. W., Washington 6, D. C. Enrollments will also be accepted at the Fort Wayne Hotel from 8:45-9:30 a. m. the morning of the Seminar to the extent that seats are available.

PLANS FLOWER SHOW

A flower show exhibiting prize blooms grown by local doctors is being planned in connection with the June staff meeting of the Youngstown Hospital Association. Dr. Henry Sisek is arranging the details and has urged all physicians who have prize or unusual blooms to plan to exhibit them at that time.

In order to make the exhibit instructive, Dr. Sisek asks that physcians planning to exhibit have typed cards with the common or botannical name of the blossom, together with the exhibitor's name. He further adds that there will not be any limit to the number of entries by any one physician.

Among the physicians who already have indicated that they will exhibit are Drs. John Goldcamp, John Dulick, E. C. Baker and Sisek.

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Tuberculosis			2		4*	2	4
Whopping Cough .			19	(0	30	0
Gonorrhea			26	()	25	0
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Syphilis			2	7			
Gonorrhea				9			
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1949 - RECORD AMOUNT OF CLAIMS PAID BY THE ASSOCIATED HOSPITAL SERVICE, INC.

Hospitalization benefits totaling \$2,110,095.13, a record amount in the 12 years of its existance, were paid last year to members by the Associated Hospital Service, Inc., the Youngstown Blue Cross Plan, it was reported following the annual meeting of the Board of Trustees. The payments compare with \$1,965,106.46 paid in 1948.

The Hospital Service increased its assets from \$552,702.23 on December 31, 1948 to \$616,387.85 on December 31, 1949. Assets include \$431,779.00 in government

bonds.

Operating expense for the year was 4.4% of the annual income.

Besides a statutory reserve of \$93,177.88, the Association reports a reserve in excess of statutory reserve of \$238,039.69. The excess reserve compares with \$229,763.97 in that account at the end of 1948.

Subscribers to the Association increased from 77,306 the first of the year to 80,444 on December 31, 1949. Enrollment of the National Blue Cross in the United States

and Canada now exceeds 35,000,000, the Association reported.

Mr. A. C. Cook, president of the Association since 1939 and Director as well as President since 1943, tendered his resignation to be effective March 1, 1950. Mr. Cook will continue to serve as a member of the board.

Dr. H. E. Patrick was then elected president; Frank Mouery, vice-president; Nathan B. Folsom, treasurer; and H. H. Wickham, secretary. John B. Morgan, Jr. was appointed Director of the Association effective March 1, 1950.

Besides the officers, the Trustees include:

Walter Bender Dr. W. H. Bennett John Coakley, Jr. A. C. Cook W. J. Hitchcock, Jr. H. B. Crow David Endres G. F. Hammond Dr. C. D. Hauser Paul Wick

> A. C. COOK, President and Director

Mr. Roy W. Welch, Sr.

THE ASSOCIATED HOSPITAL SERVIC STATEMENT OF ASSETS AND LIAB As of December 31, 1949 ASSETS		
CASH		
On hand		
On deposit	170,991.17	\$171,343.67
UNCOLLECTED PREMIUMS		
Not over 30 days past due		7,477.05
ACCOUNTS RECEIVABLE		
Ohio Medical Indeminty	2,250.08	
Other hospitalization plans	3,538.05	5,788.13
RESERVE FUND		
United States government bonds		431,779.00
		\$616,387.85
LIABILITIES		
HOSPITALIZATION		
Bills rendered and unpaid		50,502,49
ACCOUNTS PAYABLE		265.54
CONTINGENT HOSPITALIZATION RESERVE		105,060.00
ACCRUED PAYROLL TAXES		610.60
RESERVE FOR EMPLOYEES' SAVINGS BONDS		92.50
DEFERRED INCOME		128,639.15
STATUTORY RESERVE		93,177.88
RESERVE FOR CONTINGENCIES IN EXCESS		
OF STATUTORY RESERVE		238,039.69
		\$616,387.85
Accounts and records examined by Clark and Accountants.	Collins Cert	

COMING MEETINGS

American College of Physicians, Boston, Mass., April 17-21.

American Gastro-Enterological Association, Atlantic City, N. J., April 28-29.

American Pediatric Society, French Lick, Ind., May 8-10.

Ohio State Medical Association, Cleveland, O., May 16-19.

FROM THE BULLETIN

By J. L. Fisher, M.D.

15 YEARS AGO (APRIL 1935)

Post-Graduate Day 1935 was held at the Stambaugh Auditorium with the dinner and evening session at the Youngstown Club. A group from the Mayo Clinic consisting of Dr. Walter Alvarez, Dr. C. F. Dixon, Dr. Frank C. Mann and Dr. Henry Meyerding gave the program.

That Post-Graduate Day was one of the best we ever had. Dr. A. E. Brant headed the Program Committee, Dr. James D. Brown was Post-Graduate Day chairman, Dr. M. H. Bachman managed the entertainment, and the publicity was ably handled by Dean Nesbit.

Attendance was nearly 600.

Dr. Ray Hall gave up his general practice in Austintown to take a residency in E.E.N. & T. Dr. Joseph Hall took over his office.

10 YEARS AGO (APRIL 1940)

The thirteenth Annual Post-Graduate Day was held at the Ohio Hotel and featured a group from Johns Hopkins University consisting of Dr. Warfield T. Firor, Dr. Richard M. TeLinde, Dr. Benjamin Baker and Dr. Lloyd G. Lewis. Most of the drudgery that year was done by Marinelli and Tims. William Evans ran the Program Committee and John McCann made several trips to Baltimore to line up the speakers. Those were the days!

Judge Woodside was urging the use of the Municipal Hospital for mental cases. Dr. William E. Ranz was made an honorary mem-

ber of the Society.

Dr. Maine, Dr. Rosapepe and Dr. David Hauser announced themselves candidates for coroner.

Dr. John Hardman died April 4, 1940.

LAY EDUCATION AND SPEAKERS CALENDAR

March 8, 1950: Dr. H. Bryan Hutt; Warren-Ritchie P. T. A.; "Rheumatic Fever."

March 14, 1950: Dr. H. Bryan Hutt; South Side Child's League; "Whats New in Child Care."

March 16, 1950: Dr. Dean Stillson; Wilson High School; "Medicine as a Career."

March 22, 1950: Dr. William M. Skipp; Hubbard Kiwanis; "Socialized Medicine."

March 22, 1950: Dr. M. M. Szucs; Lions Club of Niles, Ohio; "Arthritis."

March 30, 1950: Dr. Stephen W. Ondash; Youngstown College, Biology Section; "Recent Advances in Surgery."

March 30, 1950: Dr. James K. Herald; Jewish Community Center, Public Discussion; "National Health Legislation."

THE EDITOR SPEAKS

A little poem which we herewith reproduce, Jimmie Fisher's buried comment, "Those were the days!" in his new feature column, and Gabe DeCicco's report on the State Officers' meeting in Columbus move us to chide our membership again on its apathy.

Why sure! Your club just runs itself There's not much work to do: The by-laws here look after that: Why worry, me and you? The president he may do a bit, But a very little mite; Just 'phone calls now and then And a meeting every night. The officers keep sitting 'round, Arranging plans and such, Bout seven days in every week-They don't amount to much. The entertaining job's a joke, It makes a fellow grin; The speakers we hear each meeting, Why, they just happen in. Your publication don't mean a thing A big machine just puts them out; That ain't work, it's gall. Why, sure! Your club runs itself; It's the best that ever "wuz"; You think so! Just try it once; You'll say: "Like fun it does." -Exchange.

We are beginning to wonder if the Mahoning County Medical Society isn't living on a reputation gained more than 10 years ago (really 26 years ago to be exact). As Dr. Paul Davis said at our Annual Banquet, "They are always starting something over in Youngstown." We want to take that in the best possible way, but it won't be true unless more of our members exhibit an interest in the society.

There are some committees in the Society which just have to function; at least the chairman does. But is everything else so well under control that there isn't any work for the other groups?

And what about our attendance at meetings? If we have 110 members, including internes and residents, we think we have a good crowd. We think our programs will compare favorably with any in the country. Why can't we have 175? The next program by four residents probably will be one of the most succinct given. Try it and see!



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