



Nothing is evil which is according  
to nature.

—*Marcus Aurelius*

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Youngstown, Ohio  
VOL. XX No. 6  
JUNE • 1950

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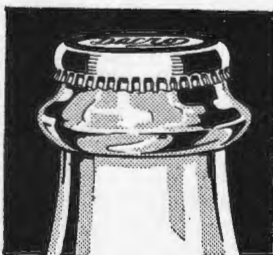
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## PRESIDENT'S PAGE



It may be well to bring to the attention of the membership the fact there is a slight but growing opposition thruout the country towards socialized medicine. There have recently been several significant events which indicate this trend. On the 25th of April this year a concurrent resolution of the State of Mississippi memorializing the Congress of the United States not to federalize the practice of medicine was inserted in the Congressional Record. The State Senate adopted the Resolution March 20 and the Mississippi House acted April 10. Mississippi joins 11 other states which have taken similar action.

There is no doubt that these events have occurred as a result of the intense educational program carried out by the American Medical Association. Furthermore, some polls which have been carried out show a strong opposition to socialized medicine. According to a bulletin from the American Medical Association sent out from its Washington office, overwhelming public opposition to compulsory health insurance is registered in three polls conducted by representatives.

Rep. J. Harry McGregor, of Ohio, sampling his district on this and other subjects, found that only 10 per cent of the people wanted socialized medicine. One of the questions that Mr. McGregor asked was "Do you favor any type of federal legislation placing the medical and dental profession and operation of our hospitals under federal control?" Two thousand replies were received and they were listed as 10 per cent yes, 90 per cent no.

Rep. Thomas E. Martin of Iowa sent out a similar survey and the replies showed only about 14 per cent in favor. Mr. Martin sent out approximately 25,000 questionnaires and received 4,221 replies which he regarded as an ample proportion for a reliable sample to the question: "Do you favor socialized medicine?" Responses totaled 575 yes, and 3,409 no. The same question was asked by Rep. Henry J. Latham of New York in 95,000 questionnaires. Of 5,000 answers tabulated thus far only 13 per cent answered yes to the question: "Do you favor socialized medicine?" It is satisfying to know that people are starting to think for themselves.

Gordon G. Nelson, M.D.  
President

# BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio

Annual Subscription, \$2.00



VOLUME 20

JUNE, 1950

NUMBER 6

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

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275 W. Federal St.

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## MILLER WINS SOCIETY ESSAY CONTEST

Winner of the essay contest on "Why We Should Preserve the Voluntary System of Medical Care in the United States", sponsored by the Mahoning County Medical Society, was Edward M. Miller, Jr., 716 Glacier Heights Road, Youngstown, Ohio.

Miller was graduated from Chaney High School in 1946, where he was president of the National Honor Society, a member of the National Forensic League, and received the Bausch & Lomb science award and the mathematics award. He is now in medical school at Ohio State University where he is a member of Phi Eta Sigma, Romophos, Bucket and Dipper, Sphinx, Alpha Epsilon and Phi Beta Kappa. He received his B.A. degree in 1948 and B.S. in 1949. His essay won him a \$250 United States Government Bond.

Second prize winner was Henry W. Pierce, 254 Fairgreen Ave. He is a graduate of Rayen High School and a freshman at Hiram College where he is working for his B.A. degree. He won first prize at Rayen School in the essay contest conducted by the Youngstown Area Heart Association. He also won the Edwin S. Gregory award. His prize was a \$100 United States Government Bond.

Donald F. Rendinell, 1824 Coronado Avenue, was third prize winner. He is a graduate of Rayen High School, received his B.A. degree at the University of Michigan, served in the United States Navy during World War II, was a lieutenant and served in northern China. He received his M.S. degree in chemistry at the University of Pennsylvania in 1947 and is now completing his second year at Western Reserve University School of Medicine. His prize was a \$50 United States Government Bond.

Honorable mention was given to George Geordan, 224 Porter St., N.E., Warren, and Wilson S. Hamilton, 546 Detroit Ave., Youngstown College students.

The contest created considerable interest amongst county students and over 300 essays were submitted. Judges of the contest were Judge Elmer T.



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Phillips, Mrs. Charles B. Cushwa, Jr., Roy M. Welch, Sr., Attorney David E. Jones, and Mrs. J. C. Foutts.

The contest was conducted by the Health Education Committee, a special committee appointed by Dr. Gordon Nelson, Society President, to inform and educate the citizens of Mahoning County to the dangers of socialized medicine. The committee was comprised of the following members: Dr. C. A. Gustafson, Dr. E. J. Reilly, Dr. W. M. Skipp, Dr. Stephen W. Ondash, Dr. James Miller, and Dr. H. E. Mathay.

---

## WHY WE SHOULD PRESERVE THE VOLUNTARY SYSTEM OF MEDICAL CARE IN THE UNITED STATES

By Edward M. Miller, Jr.

(First Prize Winning Essay)

The very basis of our economic greatness is our inalienable *right to choose*. And whether that choice be one of vocation, religion, or personal physician, all are so interrelated that maintaining any one strengthens the others, and forfeiting any one undermines the rest.

It is my purpose, therefore, to set forth here how our freedom of choice is being challenged by insidious attempts to foist state or political medicine upon our unsuspecting citizenry and why we should resolutely defend our present system of personalized care under which America has grown great and strong.

The American medical profession is the best informed, the most highly skilled, the most efficient, the most humanitarian of any country in the world, without exception. In a generation, life expectancy has been increased twenty years. Epidemics have been virtually eliminated. Amazing strides in preventive-curative medicine, surgery, and psychiatry have been made. Vast storehouses of knowledge have been compiled. Through individual initiative, backed by private and public philanthropy, the nation's health *has kept pace with its economy*.

This enviable record of progress — *unmatched elsewhere* — has been achieved in a free and unfettered medical field. Why, then, should anyone want to halt this advance? Why substitute a devious system of controls and compulsions, regulated, not by local authorities who know community conditions, but from Washington by medically inexperienced administrators, motivated by political expediency and self-perpetuating in office?

For years, large groups of Marxian-schooled propagandists have been working zealously throughout America to disseminate their doctrine of so-called "free" medicine. Their efforts are not based on sincere desire to better our welfare. They seek rather to entrench themselves firmly in a vast system of power and patronage, and thus weaken America's financial stability and threaten her dominance in world affairs.

Such a change in our patient-physician relationship would be far-reaching, disastrous, and *irrevocable!* Besides being an encroachment of our Constitutional liberties, it would inevitably result in decreased medical efficiency, dwarf development of self-reliance and personal achievement, attract lower

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1. 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.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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type of students into medicine, reduce patients to bureaucratic submission, and cost the average family *more* than it now spends for medical care.

Government-controlled medicine has failed abysmally in every country in which it has been tried, including France, Germany, Russia, England. Costs have been stupendous; patients treated on "assembly-line" speed; doctors, badly overworked by queued-up patients, compelled to diagnose and treat in two to four minutes. Patients become "form numbers" instead of individuals. Enormous administrative costs cut sharply into every tax dollar. Heavy abuses reduced each dollar's service still further. Hospitals, over-taxed, were unable to receive emergency cases, or aged patients.

Is *this* what our people want? I think *not*. When sickness strikes, they want to "call a doctor"—*their* doctor—not wait hours in line for a government appointee.

Then let us keep our medical profession *unbound*, that it may maintain *responsible* relationship between doctor and patient, better its remarkable achievement record, and continue to serve America *competently! understandingly! counsientiously!*

---

### DR. SKIPP RE-ELECTED A.M.A. DELEGATE

Dr. William M. Skipp was re-elected a delegate to the American Medical Association by the Ohio State Medical Association at its annual sessions in Cleveland, May 16-18, 1950. Dr. Skipp's new term will run from January 1, 1951, to December 31, 1952.

Other delegates re-elected for two year terms were Drs. E. P. McNamee, Cleveland, Carl A. Lincke, Carrollton, and G. A. Woodhouse, Pleasant Hill. The four alternate delegates re-elected are: Drs. H. B. Wright, Cleveland, H. A. Platter, Columbus, R. S. Binkley, Dayton, and C. E. Hufford, Toledo.

The house of Delegates of the Ohio State Medical Association adopted a resolution condemning a proposal to have the state legislature adopt a compulsory non-occupational sickness or accident benefit law.

The house also adopted a resolution to be presented to the A.M.A. Board of Trustees requesting single membership classification in the A.M.A. instead of the present plan of members and fellows.

Resolution to allow 50-year members to be exempt from dues was voted down. Likewise on the recommendation of the committee on resolutions, a proposal by the Toledo Academy of Medicine to ask the A.M.A. to request university hospitals not to offer first-year rotating internships was not accepted.

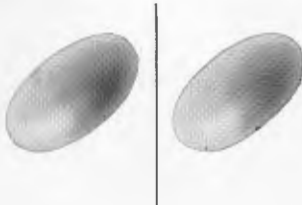
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### LAKE MILTON SEEKS PHYSICIAN

The offices of the Mahoning County Medical Society have recently received a letter from Mildred L. Carr, Secretary of the Lake Milton, Ohio, Improvement Association, asking that the County Society try to locate a physician who would be willing to practice in that area.

The letter points out that while Lake Milton formerly was considered a summer resort, due to the general housing shortage, it now has an all-year-round population of 3,000 persons and is without the services of a local physician.

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the inside story

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## COUNCIL MEETING

May 8, 1950

The regular monthly meeting of the council of the Mahoning County Medical Society was held at the office of the Society Monday, May 8, 1950. The following doctors were present: G. G. Nelson, President, presiding; V. L. Goodwin, F. S. Coombs, E. J. Wenaas, W. M. Skipp, I. C. Smith, C. A. Gustafson, J. N. McCann, G. E. DeCicco, R. E. Odom, L. H. Getty, and John Noll.

Mr. J. Howard Humphrey was present to discuss and iron out some problems at the Elks Club. Mr. Humphrey's services at our monthly meetings from now on will be billed at \$30.00 per month.

The secretary read a letter from Sister M. Adelaide, Superintendent, St. Elizabeth Hospital, in which she asked the question, "To whom should the information go on active or arrested tuberculosis patients where the diagnosis is made during their course of hospitalization."

Council instructed the secretary to turn the request over to the chairmen of the Legal and Public Health Committees to clarify just where the information rightfully belongs and report back to Council.

The secretary read a questionnaire from the A.M.A. requesting information on our set-up for the care of mentally indigent. The communication was turned over to Dr. Getty who will fill out and return it to council.

The local Veterans Administration set-up was discussed. Some of the personnel has been retained, but the records have been transferred to Cleveland.

A motion was made, seconded, and duly passed, instructing the secretary to write to General Carl Gray, administrator of Veterans Affairs, Washington, D. C., and Dr. Paul Magnuson, Chief Medical Director, Veterans Administration, Washington, D. C., requesting that inasmuch as there is a great need here for medical care of Veterans in this area, it is our desire that the local medical services of the Veterans Administration be continued; and in view of the fact that the services of Dr. Sidney Franklin have been very satisfactory to the medical profession and that he is thoroughly familiar with the local situation, we request that he be retained in the Youngstown Office of the Veterans Administration.

Council discussed Public Health in general and was of the opinion that in the interest of all concerned that the City Health Commissioner be extended an invitation to attend our Council Meetings.

The following applications for INTERNE MEMBERSHIP were presented:

DR. HUGH BENJAMIN MUNSON, 505 Central Tower, Youngstown, Ohio

DR. SAM AMIL LERRO, Yo. Hospital Ass'n., Youngstown, Ohio

DR. FREDERICK LOUIS SCHELLHASE, 45 E. Florida Ave., Youngstown, Ohio

Unless objection is filed in writing with the secretary within 15 days, the above become members of the society.

Dr. Gustafson, Chairman of the Health Education Committee, reported on the progress of his committee and the splendid work done by the doctors and the lay people. Council expressed appreciation for their efforts on the Essay Contest and asked Dr. Gustafson as Chairman of the committee to extend a special invitation to the judges and advisory committee to be present at the June meeting, at which time the prizes will be awarded to the contestants.

Dr. McCann called attention to the influx of displaced doctors in the United States and the difficulties in dealing with nationalistic patients.

G. E. DeCicco, M.D.  
Secretary

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## JOHN S. LEWIS, JR., M.D.

1891 - 1950

John Saunders Lewis, Jr., was born May 5, 1891 in Youngstown, Ohio. He attended the Brier Hill grade school and was graduated from Rayen School. He entered Jefferson Medical College and was awarded his M.D. Degree in 1914 and also won honors in pathology.

He spent the next three years at Rhode Island General Hospital where he served a two-year internship and a one-year residency in pathology. At the outbreak of World War I an illness delayed his entrance into the Army Medical Corps and he taught pathology in Union Medical College in Albany, New York, for the better part of a year. He then entered the Army and taught surgical technique. He was discharged from the Army after contracting a severe case of influenza and spent the next year in clinics in New York and Philadelphia studying urology.

He entered upon the practice of urology in the Fall of 1919, establishing his offices in the Home Savings & Loan Building shortly after that structure was completed. Upon his retirement in 1949, the building management presented him with a gift of fishing equipment in recognition of the fact that he had been the longest continuous tenant in the building.

Dr. Lewis' entrance into the practice of medicine in Youngstown gave him an opportunity to exhibit his many talents. In 1923 he was elected president of the Mahoning County Medical Society. He became interested in promoting a better relationship amongst all physicians and also between the staffs of the two hospitals. He interested many physicians in golf and brought the various groups together on the golf course through the use of tournaments.

Professionally he began to establish a record for himself. His meticulous handling of super-pubic prostactomy cases brought him an enviably low mortality record. He was one of the early urologists to adopt the resectoscope in suitable patients. His knowledge and use of radium in the treatment of bladder tumor cases brought additional recognition outside the city of Youngstown. His talents were further recognized when he was elected president of the Pittsburgh Urological Society, an office which he held for more than 10 years.

He was remarkably well-informed in all fields of medicine. It was almost impossible to find him without basic and complete knowledge of newer developments. He was meticulous in everything he did and he could do almost anything—practice medicine, golf, give the botanical names of flowers, paint (oils), cook, and fish—to name a few. He was an avid story-teller—always with gestures or pantomimes.

His close friends were few—but they were as loyal to him as he was to them. His singleness of purpose at times made tempers flare, but he always had the respect of all his colleagues because he was so always right.

He set a brilliant example in urology and laid the foundations for the urological service in the Youngstown Hospital where he was director of urology until his retirement in 1949.

His camp on Lake Rideau, Ontario, was a source of much pleasure to him. It gave him welcome relief during the late summer months from hay fever of which he was a chronic sufferer, but he liked to have his friends and colleagues visit him there. His accidental death there May 19 when his fishing boat exploded robbed the world of a gentleman, a scholar, and a revered colleague.

Edward C. Goldcamp, M.D.

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**HOWARD C. MILLER, M.D.**

1876 — 1950

Dr. Howard C. Miller, one of the city's best loved general practitioners, died in the South Side Unit of the Youngstown Hospital, May 14, 1950 of intestinal obstruction after an abdominal operation. Dr. Miller would have completed 50 years of practice if he had lived one more month.

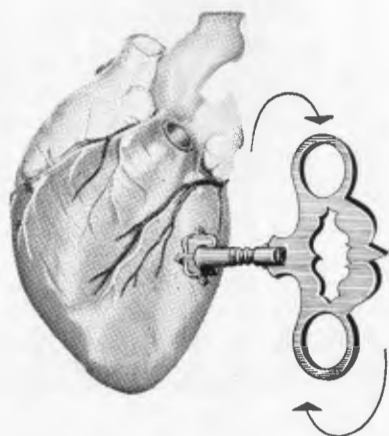
Dr. Miller, the son of I. B. and Ella Coombs Miller was born July 27, 1876 in Youngstown. His father was well known, having served as mayor of Youngstown. Dr. Miller was educated in the local public schools and was a graduate of Rayen School and Western Reserve University Medical School.

In 1902 he married Grace Montgomery. They had three children Howard C., Jr., who died in childhood, and Lewis B. and Mrs. Thomas J. George, who survive with Mrs. Miller.

He soon developed a large obstetrical practice and shortly after World War I took a post graduate course in pediatrics at Washington University in St. Louis. He was one of the first doctors in this community to be trained in the modern feeding of infants. He delivered the second generation in many families and came to be looked upon by them as the court of final opinion in medical matters. While some of his patients consulted other physicians, in time of great decisions affecting members of their families, they often went out to "talk it over with Howard Miller." He was a kindly physician who was a great listener and knew the problems of his patients very intimately. He knew so many people that he visited many persons in the hospitals, even when they were not under his immediate care. He was a bulwark of confidence to the patient and the patient's immediate physician. Dr. Miller was always solicitous of the welfare of his younger colleagues and went out of his way to see that they got patients.

Dr. Miller's hobby was growing flowers. He was the first in the spring to appear with a rose-bud in his button-hole and the last to have one in the fall. His passing will be felt by both his patients and colleagues. His insight and kindness will be a memory cherished by many for years to come.

W. K. Allsop, M.D.



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## ORVILLE J. WALKER

1888 — 1950

Orville Jackson Walker was born of pioneer parents, Harry Walker and Carrie Jackson Walker, in a sod house in Brinkleman, Nebraska, on the 28th day of June 1888. Within one year his parents returned to their native Pennsylvania and settled at Apollo where he attended the local schools. Later he entered Westminster College at New Wilmington where he played varsity football, and was president of his freshman class. He left college to teach at Vandergrift High School for two years before entering the University of Pittsburgh where he graduated in medicine in 1915. During his Junior and Senior years he was a student assistant in Pathology, and after serving an internship at West Penn Hospital, Pittsburgh, he went to St. Anthony's Hospital in Oklahoma City as the first pathologist where he organized a working laboratory in a then fast growing community.

On the 16th day of December 1916, he married Mary Getty, his Westminster College sweetheart, and two children were born to them, Orville Jackson, Jr., a senior at Ohio State University, and William Getty who is a pre-medical student at Allegheny College.

"O. J.," as he was known to many of his friends, entered the military service in 1918, and after doing research work in Boston and New York City became Chief Pathologist at Camp Sherman, Chillicothe, Ohio. Upon his discharge from the army he came to Youngstown as pathologist at the Youngstown Hospital and here he re-organized the laboratory and started the technicians training course. Although he was an outstanding pathologist he was not satisfied to make this his life endeavor for he preferred clinical contact with patients, and in 1923 he entered upon the study of his chosen specialty, Ophthalmology and Otolaryngology. After completing this study he returned to Youngstown and opened an office on Wood Street. Later he moved to Lincoln Avenue and finally in 1932 to the Home Savings & Loan Building where his work was so suddenly brought to a close on the 27th day of April 1950.

Always a leader, the medical profession will remember him as chairman of all the important committees, both local and state, how he worked to get the best teachers to come to Youngstown for Post-Graduate Days, as well as for the regular meetings. And in 1941 he was honored by being elected president of the Mahoning County Medical Society. During World War II he spent long hours serving as Co-ordinator of Disaster Relief, a division of the Office of Civilian Defense in the Youngstown District.

Many of the profession will remember his cottage at Conneaut Lake, Pennsylvania, where he entertained for many years during the golfing and swimming season. In more recent years his interest in flowering shrubs and plants has transformed his lake side property into a veritable garden. And with this thought the following comes to mind:

"Near a shady wall a rose once grew,  
Budded and blossomed in God's free light,  
Watered and fed by morning dew,  
Shedding its sweetness day and night.

★ ★ ★ ★  
As it grew and blossomed fair and tall,  
Slowing rising to loftier height,  
It came to a crevice in the wall  
Through which there shown a beam of light.

★ ★ ★ ★  
Shall claim of death cause us to grieve  
And make our courage faint and fall?  
Nay! Let us faith and hope receive,  
The rose still grows beyond the wall."

Dean Nesbit, M.D.

## **JUNE MEETING**

★ ★ ★ ★

**Speaker:**

**DR. LOUIS H. CLERF**

**Professor of Laryngology and  
Broncho-Esophagology,  
Jefferson Medical School,  
Philadelphia, Pennsylvania**

•

**Time:**

**Tuesday, June 20, 1950 — 8:30 P. M.**

•

**Place:**

**ELKS CLUB, 220 West Boardman Street**

## DR. RUTSTEIN DISCUSSES PREVENTION OF HEART DISEASE

A concise enumeration of the possibilities in preventing heart disease was presented by Dr. David D. Rutstein, professor of Preventive Medicine in the Harvard Medical School, at the regular monthly meeting of the Society Tuesday afternoon, May 23, 1950, in the Elks' Club.

Dr. Rutstein pointed out that it is now possible to prevent Diphtheritic Heart Disease through immunization with toxoid. He cautioned, however, that we must not let up our vigilance to see that all children continue to be so immunized.

He declared that syphilitic heart disease is now on the decline because of the vigorous treatment of syphilis first with heavy metals and now more recently with penicillin. He also thought that hyperthyroid heart disease is easily controlled with modern treatment of the underlying condition.

While the prevention of congenital heart disease is far from easy, he said a very important step in this direction has been made in recent years with the recognition of the role of German Measles in the pregnant mother as the cause of congenital heart lesions.

Rheumatic heart disease still poses a challenge to the medical profession, though Dr. Rutstein pointed out that strides are being made. He emphasized recent work to show that vigorous treatment of streptococcal infections with penicillin and sulfonamides has proven to be effective in reducing the incidence of Rheumatic Fever and Rheumatic Heart Disease. He thought that community programs to decrease the incidence of streptococcal infections were especially worth while.

Once Rheumatic Heart Disease exists then the general practitioner becomes the most important cog in the prevention of later complications. Likewise active programs in the schools where below-par children are referred for physical examinations help to find early cases of Rheumatic Heart Disease, Dr. Rutstein said.

He thought that arteriosclerotic and coronary heart disease are still in the investigative stages and that more fundamental research must be accomplished before definite advances can be made in a preventive way.

He felt that closer co-operation between the obstetrician and the cardiologist in cases where pregnant mothers have heart disease would prevent cardiac failure and possible foetal mortality.

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## ANTI-HISTAMINE CONTROVERSY

Grove Laboratories, Inc., of St. Louis, is the fifth seller of anti-histamine preparations to be named in a complaint by the Federal Trade Commission. FTC claims the company has misrepresented therapeutic properties and effectiveness of its product, Antamine, in treatment of the common cold. It also questions the safety of the product. FTC says that Antamine advertising is misleading, unfair and deceptive.

Meanwhile, the Armed Forces Epidemiology Board, in an official report, maintains that the anti-histamines are useless against true cases of common colds. Subjects suffering from allergies were eliminated from the group tested, so the report does not go into the effectiveness of anti-histamines on allergic persons who might believe they were suffering from colds.—*Capitol Clinics*

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## COMMISSION ON CHRONIC ILLNESS

"Community-wide" planning and action for integrated chronic disease programs is basic to the control of the nation's No. 1. health problem according to a report presented in May at the second annual meeting of the national Commission on Chronic Illness in Chicago.

"The health, social and economic factors in long term illness and disability present such a broad problem that probably every health and social agency has a responsibility for some part of it," said Mr. Leonard W. Mayo, chairman of the Commission.

"The Commission has recommended that each state, city and major community utilize already existing agencies or establish widely representative planning groups to explore the many problems relating to the prevention—care—and rehabilitation of chronic illness.

The Commission on Chronic Illness is the first national agency to be charged with the responsibility for studying the integration of programs of the many health and social agencies working in this field. It was established in May 1949 by the American Medical Association, American Hospital Association, American Public Welfare Association, and the American Public Health Association.

The various forms of chronic illness in this first unified approach include heart disease, cancer, tuberculosis, hardening of the arteries, apoplexy, diabetes, arthritis and rheumatism, various types of paralysis, as well as chronic disabilities resulting from disease or accident.

These conditions have common problems and require integrated programs in addition to the single disease approach with which the public is familiar. This requires coordinated community action.

Dr. Morton L. Levin, Director of the Commission reported that states and cities in many parts of the country have organized for an attack on chronic illness.

### CITIES HAVE PLANS

In several cities, he said, a Central Service for the Chronically Ill has been set up. In Chicago the service is sponsored by the Institute of Medicine of Chicago and is supported by several community agencies; Milwaukee, sponsored by the Milwaukee Council of Social Agencies; Philadelphia, under the auspices of the Philadelphia Health and Welfare Council; Newark, sponsored by the Essex County Medical Society and Newark Council of Social Agencies; San Francisco, created by the social planning committee of the Community Chest.

These services provide information on facilities for the chronically ill, supply cost data for prospective operators of nursing homes and other services, stimulate community planning and development of good facilities, sponsor sound legislation and supply information on problems of the chronically ill.

"Planning at the state level has been generally initiated by the state legislature," Dr. Levin said. "In Illinois and New York commissions were responsible for establishing or planning the program. In Connecticut a special commission and the state department of health have been assigned responsibilities.

"In California, Maryland, Massachusetts and Michigan existing state agencies, usually the department of health, are utilized. In Connecticut and Massachusetts emphasis has been placed on the development of chronic



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disease hospital facilities. Massachusetts is also planning a broad chronic disease control program consisting of the promotion of diagnostic and treatment facilities, screening, follow-up education and research.

"In New Jersey important contributions have been made with respect to inspection and licensure of private nursing homes, while in Illinois the conversion of county homes to public nursing homes has received a good deal of attention.

"The Indiana Division of Chronic Disease is carrying on an educational program. The New York Health Preparedness Commission has placed a good deal of emphasis on regionalization of services and has recommended construction of regional chronic disease hospitals associated with medical schools.

"The California Department of Public Health is interested in the prevention approach. The Colorado State Advisory Hospital Council has been concerned with planning for chronic disease beds."

#### OHIO STATE COMMITTEE

Dr. Levin also reported that state medical societies are participating actively, saying "The Connecticut Medical Society has pioneered in this. The Ohio State Medical Association recently established a Committee on Chronic Illness and the State Medical Society of Wisconsin has a committee that has been active in advocating better care for the chronically ill."

The Commission on Chronic Illness urged an expansion of these activities into all other cities and states. It also recommended the establishment of rehabilitation wards for chronic disease, especially in large general hospitals or as centers in major communities. The New York University—Bellevue Hospital Medical Center, Cleveland Rehabilitation Center and Grace-New Haven (Conn.) Community Hospital were cited as outstanding examples.

An independent national agency, the Commission on Chronic Illness is an organization of 30 persons prominent in medicine, industry, education government and business. Founded by the American Medical Association, American Public Health Association, American Public Welfare Association and American Hospital Association, it is also supported financially by the American Medical Association, National Tuberculosis Association, American Cancer Society, American Heart Association, the National Society for Crippled Children and Adults and the New York Foundation.

Its technical staff with national headquarters at 535 N. Dearborn in Chicago will study the need for and stimulate or perform further administrative research in the field of chronic illness and plans a national campaign to acquaint the public with the positive aspects of chronic illness. Finally as a result of information gathered, there should result a set of programs for continued, concerted action by local, state and national agencies.

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#### YOUNGSTOWN HOSPITAL EX-INTERN REUNION

The Annual Ex-Interns Reunion of the Youngstown Hospital Association will hold an all-day meeting June 29, 1950 with a scientific session at the hospital in the morning and a recreational program at Millikin's Farm in the afternoon and evening.

Dr. John Heberding is president of the group and he has appointed Dr. Joseph P. Keogh program chairman. The scientific session will include papers by Dr. Wayne Hardin, Dr. A. J. Fisher, Dr. H. E. Hathhorn, and Dr. Lloyd H. Gaston.

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*Diplomate in Psychiatry*

## DR. ANDERSON DISCUSSES TUBERCULOSIS

Approximately 95 physicians attended the annual staff dinner of the Mahoning County Tuberculosis Sanatorium when Dr. Robert Anderson, chief of the Tuberculosis Division of the U. S. Public Health service, discussed the modern diagnosis and treatment of Tuberculosis May 23, 1950, at the Sanatorium.

Dr. Anderson pointed out that in spite of the work being done in this community we still did not have the requisite number of beds to adequately treat Tuberculosis. He advocated 3 beds per death from Tuberculosis. He said that from one to two cases per 1,000 persons screened in X-ray surveys were found to have the disease. In 1949 the number screened totalled 14,000,000 throughout the country while in 1945 it was only 5,000,000.

He thought that the use of Tuberculin testing would again be used as the number of positive cases found through the X-ray surveys drops off. He went on to comment on recent results from Tuberculin testing among college freshman where positive reactors to 0.0002 P.P.D. was only 10 per cent.

Dr. Anderson thought that streptomycin was of definite value in treating Tuberculosis and said that development of resistance to streptomycin was not a cause for alarm because of increased virulence of the organism. He thought that para-amino-salicylic acid (PAS) was a valuable adjunct for use with streptomycin. He commented on a number of the newer antibiotics, but said that they were too new to draw many conclusions at present.

He favored the use of B. C. G. vaccine under controlled conditions, but pointed out that preliminary evidence now showed that the immunity from such vaccination was not always lasting. He thought that difficulties in standardizing the vaccine might be a factor in explaining this.

Dr. Joseph P. Keogh, president of the staff, presided and introduced Dr. Anderson.

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## CHICAGO SOCIETY OFFERS COURSES

Physicians who are contemplating postgraduate work during the coming year will be interested to know that the Chicago Medical Society in honor of its One Hundredth Anniversary is offering two outstanding courses from October 23rd through November 3rd, 1950.

"Diseases of the Gastro-Intestinal Tract, Liver and Pancreas" will be presented during the week of October 23rd, and "Diseases of the Heart, Kidney and Blood Vessels" will be offered the week of October 30th.

The courses will be given at Thorne Hall on Northwestern University Medical School campus, Lake Shore Drive and Superior St., Chicago. The faculty for each course will represent leading teachers from all sections of the country. Because the registration is limited to one hundred, it will be possible to personally discuss individual problems with registrants. These courses are open to all physicians who are members of their county medical societies.

For information concerning these two 1950 courses, write the Committee on Postgraduate Medical Education, Chicago Medical Society, 30 North Michigan Ave., Chicago 2, Illinois. An application form will be sent upon request.

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## ST. ELIZABETH'S HOSPITAL STAFF MEETING

Presentation of a five-year survey of cases of diabetic acidosis highlighted the medical department contribution to the scientific program at the regular monthly staff meeting of St. Elizabeth's Hospital on May 2, 1950.

Dr. Louis Shensa presented the discussion of the pathologic-physiology of the condition and stated that the  $\text{CO}_2$  combining-power was not indicative of the irreversibility of diabetic acidosis but a prime factor in the evaluation of its course. Supporting his contention was Joslin's report that in 651 cases of diabetic acidosis, 85 had a  $\text{CO}_2$  combining power of 5 volumes per cent or less. Of that group 86% survived. Prognosis, Dr. Shensa pointed out, depends on the severity of the acidosis and its duration, the age of the patient, abnormal laboratory findings, extent of cardio-renal conditions, and other complications. Dr. L. Caccamo, medical resident, presented a case report of a recently hospitalized patient and gave a summary of cases of diabetic acidosis treated in the hospital during the five-year period from 1945 to 1950. The mortality rate, with inclusion of all complications, was 16.7%.

An interesting case of massive gangrene of the scrotum and perineum was presented by the surgical division, with Dr. Albert Luchette, surgical resident, narrating the case history. Dr. Paul McConnell discussed the urological aspects of the case and Dr. J. B. Kupec elaborated on the detailed serial plastic procedures utilized in the surgical approach to the management of the remarkably denuded scrotum and perineum.

A short movie featuring the abdominal approach to supra-diaphragmatic vagotomy for peptic ulcer completed the program.

Significant features of the analysis of hospital service for the month of April were an autopsy average of 27%, average daily census of 300 patients, average hospital residence of 7.9 days per patient, and a bed occupancy of 90.8%.

Dr. R. B. Poling, president of staff, presided.

Stephen W. Ondash, M.D.  
Secretary.

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## INTERNSHIPS, RESIDENCIES COUNT AS ACTIVE SERVICE

The new uniform standards for intern and residency programs of Army, Navy and Air Force have resulted in some confusion. Under each program an appointment carries obligation to serve a certain period on active duty. In some cases this has been interpreted erroneously as active duty in addition to the internship or residency period.

Actually, *all time served counts as active duty*. Thus for a one-year internship in a military hospital the officer is required to serve two years on active duty, which means one year in the internship and an additional year after completion of the internship. If a one-year internship is in a civilian hospital, three years of active duty are required, or two years of service after completion of the internship.

Residency training, limited to regular officers, may be served on the following schedule: For one-year residency in military hospital, *two years' active duty*; two-year residency, *four years' duty*; three-year residency, *six years' duty*. For residencies in civilian schools or hospitals, *six months to a year residency, three years' active duty*; two-year residency, *five years' active duty*; three-year residency, *seven years' active duty*. In all cases, *active duty starts when the officer starts the internship or residency*.—A. M. A. Washington Bureau

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## YOUNGSTOWN HOSPITAL STAFF MEETING

"Non-Penetrating Wounds of the Abdomen" was the subject of a group of short papers presented at the regular monthly staff meeting of the Youngstown Hospital Association May 2, 1950.

Dr. James D. Brown presented the first case history which was one of delayed hemorrhage from splenic rupture, occurring 48 hours after a fall downstairs.

The second case was given by Dr. Sam Klatman. The history was one of lower abdominal pain with urinary urgency following an auto accident. The following morning the abdomen became rigid requiring abdominal exploration. The final diagnosis was rupture of the small intestine.

The third case, presented by Dr. E. A. Shorten, was one of almost complete transection of the duodenum, occurring after an auto accident, but required observation overnight before symptoms were clear enough to warrant surgical exploration.

Dr. Fred Schlecht presented statistics on abdominal trauma, pointing out that the kidney is ruptured in 45 per cent of instances after trauma to the abdomen. The spleen is the next most commonly ruptured organ, occurring in 19 per cent of cases. Other organs in the order of frequency are liver, small intestine, colon, and bladder.

Dr. George M. McKelvey summarized all of the presentations and discussion of similar cases was presented by Dr. J. U. Buchanan.

The staff unanimously adopted a resolution in memory of Dr. O. J. Walker, late consulting oto-laryngologist.

Drs. John Noll and A. E. Rappoport spoke on the necessity of presenting a well-rounded program for the coming group of internes July 1, 1950.

Dr. W. K. Allsop presided.

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## PROGRESS IN ELECTROCARDIOGRAPHIC RESEARCH

Bureau of Standards researchers, working with a newly-developed wide-band electrocardiograph, are measuring the accuracy of commercial cardiographs, and indicate the machine may be a step toward better understanding of heart disease itself.

The advantage of the wide-band machine is that its upper frequency limit is 1,000 cycles per second, in contrast to 50 cycles per second for the direct-writing electrocardiograph. Because of its extreme limit, the new machine gives the most accurate picture of the heartbeat ever recorded. This capability, the Bureau researchers think, may help in determining the upper frequency limit of cardiac potentials.

Others have found that a wide-band electrocardiograph is necessary for accurately measuring the heartbeat of infants and small animals, where the rate is higher than in adults. However, the only important advantage so far is in research. NBS says that all commercial machines tested were found to be sufficiently accurate for general diagnosis.—*Capitol Clinics*

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Air Force researchers have found that Benedryl, known to be helpful in airsickness, is also effective in sea sickness.

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## POLLS AGAINST SOCIALIZED MEDICINE

Overwhelming public opposition to compulsory health insurance is registered in three polls conducted by Representatives. Results of the two polls completed have been published in the Congressional Record while about one-fourth of the last survey has been tabulated.

Rep. J. Harry McGregor of Ohio, sampling his district on this and other subjects, found that only 10 per cent of the people wanted socialized medicine. Mr. McGregor asked 12 questions, including: "Do you favor any type of federal legislation placing the medical and dental profession and operation of our hospitals under Federal control?" Two thousand replies were received. Mr. McGregor does not give the numerical totals but lists the replies as ten per cent yes, 90 per cent no.

A breakdown by professions shows opposition from 99 per cent of the businessmen, salesmen, professional and retired people. Next in line in opposition were housewives, 98 per cent opposed; farmers 97 per cent and attorneys and barbers 96 per cent. Socialized medicine had its strongest support among school teachers, 12 per cent of whom answered yes.

A similar survey by Rep. Thomas E. Martin of Iowa showed only about 14 per cent in favor. Mr. Martin sent out approximately 25,000 questionnaires and received 4,221 replies, regarded as an ample proportion for a reliable sample. Among 18 questions he listed this: "Do you favor socialized medicine?" Responses totaled 575 yes and 3,409 no. Significantly both of these districts are almost evenly divided between rural and urban residents.

Of the 95,000 questionnaires Rep. Henry J. Latham of New York sent, 20,000 have been returned thus far but only 5,000 tabulated. In his Queens district only 13 per cent of those tabulated answered yes to the question: "Do you favor socialized medicine?"— 753 answered yes, 4,424 no. A second question read: "Do you favor a national health program which would not socialize health services but would supply Federal grants and aids to the States and communities for health purposes?" On this 3,009 said yes and 2,136 answered no. — A. M. A. Washington Bureau

### WHERE DOES LEHMAN STAND?

Contrary to newspaper stories, Senator Herbert Lehman (D. - N. Y.) has not come out in opposition to the Thomas-Murray-Dingell Bill, S. 1679. Misunderstanding arose over a speech the Senator made before the Greater New York Hospital Association, which was later printed in the Congressional Record. Newspapers said Senator Lehman had opposed the "Truman Plan." A careful reading of the text shows that Senator Lehman made no mention of the bill, and that he said nothing that properly could be considered as

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opposition. This is confirmed by the Senator's office, where we were told that he did not intend to give the impression he was opposing the Truman Plan.

Here are some of Senator Lehman's points: "Health is properly the concern of the federal government," and can "no longer be considered an individual matter." The wealthy and the indigent are the only two classes "to whom all necessary medical care is now available." Voluntary insurance plans "are not adequate . . . not the answer." If we continue to say the problem can't be solved, "an outraged public opinion will impress upon the medical profession measures which may be neither right nor reasonable."

Senator Lehman came closest to the issue of national compulsory health insurance (S. 1679) in this statement: "Let me say at this point, before I go any further, and I hope that I can make myself perfectly clear on this—that I do not now, and never have and never will, favor any solution which involves socialization of our hospitals. I am opposed and always have been opposed, to any proposal that would place doctors, nurses or hospital employees under control of the federal government or make them employees of the federal government. I am opposed, and always have been opposed, to the regimentation of the medical profession."

It was this statement, apparently, which reporters accepted as evidence that Senator Lehman was opposed to the Truman Plan. Actually, the references were not to S. 1679, nor did Senator Lehman intend them to be so accepted. The fine point here is that its sponsors insist the Truman Plan for national compulsory health insurance is not socialistic and that it would not regiment the profession or hospitals.—*Washington Office A. M. A.*



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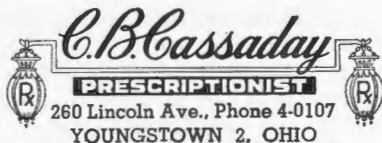
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**POLITICIANS DISTRIBUTE HEALTH PAMPHLET**

A few weeks ago CAPITOL CLINIC reported that a new pamphlet on President Truman's health plan was being prepared. It is now being distributed by the Democratic National Committee. The pamphlet ("Better Medical Care That You Can Afford") is small (four by five inches), printed in black and green, with simple line drawings on 31 of the 32 pages. Essentially, it is an overly-condensed argument for national compulsory health insurance. The whole complicated subject is disposed of in 1,000 words or less. The possibility that there might be honest and informed objection to compulsory national health insurance is dismissed in these two sentences: "Why do some people oppose it? Either because of self-interest or because they don't understand it."

In several instances the pamphlet either runs contrary to the facts involved or ignores them. For example, it states "you would choose your own doctor" and "the doctor would choose his patients," with no reference to the fact that in shortage areas among others there would be little choice on either side. It also states that costs of operating voluntary plans "are higher than national health insurance," ignoring the fact that any costs under national health insurance are, at this stage, merely an estimate. Furthermore, the pamphlet says flatly that "A worker would pay 1½ per cent of earnings under \$400 per month," without noting that this cost would go up eventually and that any deficit would have to come out of U. S. Treasury.

Whatever its factual errors, and whatever the reason for them, "Better Medical Care That You Can Afford" appears to be an effective piece of propoganda. It is being printed up in quantities and will get wide circulation from now on. For this reason we are calling your attention to its errors in facts.—Washington Office A. M. A.

*Health Department Bulletin*

REPORT FOR APRIL, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded . . . . .	185	118	67	191	110	81
Births Recorded . . . . .	484	245	239	524	275	249

CONTAGIOUS DISEASES:

	1950		1949	
	Cases	Deaths	Cases	Deaths
Chicken Pox . . . . .	53	0	191	0
Measles . . . . .	142	0	125	0
Scarlet Fever . . . . .	10	0	18	0
Whooping Cough . . . . .	23	1	31	2
Typhoid . . . . .	1	0	0	0
Tuberculosis . . . . .	14	6*	2	4
Mumps . . . . .	14	0	24	0
Syphilis . . . . .	31	0	40	0
G. C. . . . .	17	0	14	0
Amoeba Histolytica Dysentery . . . . .	1	0	0	0
German Measles . . . . .	3	0	77	0

VENEREAL DISEASES:

New Cases:	45	Male	Female
Syphilis . . . . .		5	6
G. C. . . . .		16	2

Total Patients . . . . .	29
Total Visits to Clinic (Patients) . . . . .	301

\* Incl. deaths in Sanatorium.

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



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They will receive prompt and sympathetic attention from our competent Camp-trained fitters whom you may depend upon to follow your instructions implicitly.

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**RESERVES MUST RENEW INOCULATIONS**

Army's announcement that all reserves planning on summer field training must have their immunization brought up to date is a forerunner of similar announcements from the Navy and Air Force. About 50,000 men are affected by the Army's order, a smaller number by Navy and Air Force. We understand that for a time consideration was given to a proposal to have all members of the reserve and national guard—more than 900,000—check up on their shots. The action was deferred for fear it might add to the war jitters, but the idea may be revived later.—*Capitol Clinics.*

**FROM THE BULLETIN**

*By J. L. Fisher, M.D.*

**15 YEARS AGO (JUNE 1935)**

The Scott Company was advertising Knox hats for \$5.00.

There was considerable complaint about the poor attendance at the May meeting.

Council decided to lend the bound volumes of medical journals to the Youngstown Hospital Library.

The Medical-Dental Bureau held its annual dinner and business meeting. Music was provided by the doctors' orchestra with Laurence Segal as soloist. Sidney McCurdy was elected president.

The Society endorsed the proposed use of the Municipal Hospital for a Psychopathic Hospital.

Major Ewing from Fort Hayes urged the younger men of the profession to join the Army Medical Reserve Corps.

**10 YEARS AGO (JUNE 1940)**

You could get a Beck Lee Electrocardiograph from Lyons for \$495.00 or a McKesson Waterless Metabolor for \$225.00. Strouss-Hirshberg's advertised Arrow and Manhattan shirts monogrammed for \$1.65.

At the A.M.A. Convention in New York City plans were made to organize the medical profession for instant service in the national defense.

Dr. Leland E. Phipps died June second.

**LAY EDUCATION AND SPEAKERS' CALENDAR**

April 29, 1950: Dr. C. A. Gustafson, WFMJ, Panel discussion "Cancer."

May 17, 1950: Dr. C. A. Gustafson, Layman's League of the First Unitarian Church, "Medical Health Insurance".

May 30, 1950: Dr. M. M. Szucs, St. Charles Parish, "Social Hygiene".



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## "POLITICS AND MEDICINE DON'T MIX!"

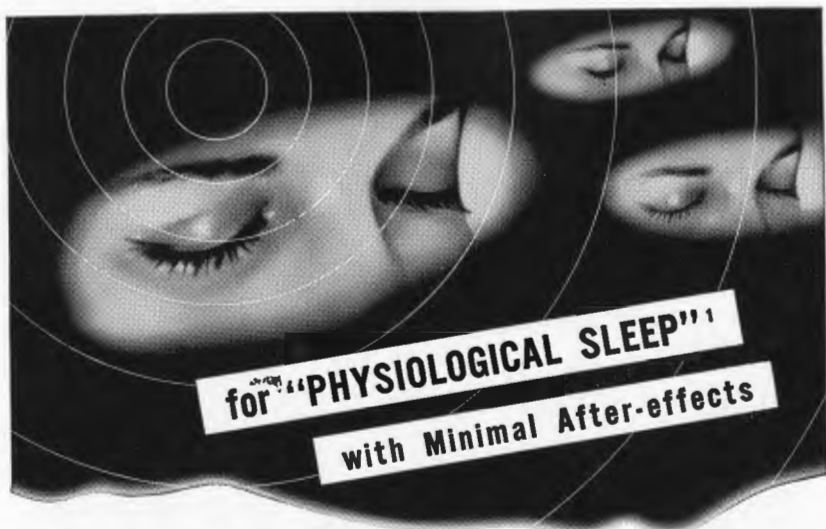
Statements like this frequently are employed by many doctors to justify their failure to register, failure to vote and failure to take part in the political decisions of the local community, the State and the Nation. Added to this viewpoint is the indisputable and somewhat extenuating fact that the best doctors are extremely busy people, engaged in the night and day task of preserving health and saving life.

Some members of the Mahoning County Medical Society are even too busy to read the *Bulletin* and acquaint themselves with what the Society is doing, and the problems before us. Some who do read, don't believe what they read. "It can't happen to us," or "People just won't stand for Socialized medicine." If you think the issue of socialized medicine is a dead or slumbering one, read what Senator Herbert Lehman (D.N.Y.) said recently in a speech before the Greater New York Hospital Association. "Health is properly the concern of the Federal Government, and can no longer be considered an individual matter." The wealthy and the indigent are the only two classes "to whom all necessary medical care is now available." Voluntary insurance plans "are not adequate—not the answer." If we continue to say the problem can't be solved," an outraged public opinion will impress upon the medical profession measures which may be neither right nor reasonable." This speech was later printed in the Congressional Record.

Yes, this year of decision, 1950, presents American doctors with an undeniable paradox: doctors either must enter the political arena or see politics enter medicine. For this is not just another election year. It is a year in which medicine itself will be one of the big clay pigeons on the political shooting ranges. The question of Compulsory versus Voluntary Health Insurance—embodying the future not only of the medical profession but of all the American people is one of the principal issues in the 1950 congressional elections.

It is imperative, therefore, that every doctor exercise his franchise this year—his right as an *individual citizen* to register, to vote, and to help influence the political direction of his Nation. Failure to do so, this year, may mean the ultimate termination of his traditional medical franchise—the right to practice medicine according to ethical professional and scientific standards—not political standards.

C. A. G.



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<sup>1</sup>N.N.R., 1947, p.398.

<sup>2</sup>Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics, MacMillan, 1944, pp. 177-B.

Available in 8 fluidounce bottles. Adult Dose: As a sedative:  $\frac{1}{2}$  to 1 teaspoonful with water, every 3 or 4 hours or as directed. As a hypnotic, 1 to 2 teaspoonfuls or more with water at bedtime, or as directed.

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**Corydon Palmer Dental Society**

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**THE ABOVE QUOTATIONS WERE TAKEN FROM THE OHIO STATE MEDICAL JOURNAL JUNE 1950 ISSUE — PAGE 592.**

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