



No one is exempt from talking
nonsense. The misfortune is to
do it solemnly.

—Montaigne

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown - Ohio
VOL. XX No. 11
NOVEMBER • 1950

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Gray, L.: J. Clin. Endocrinol. 3:92 (Feb.) 1943.

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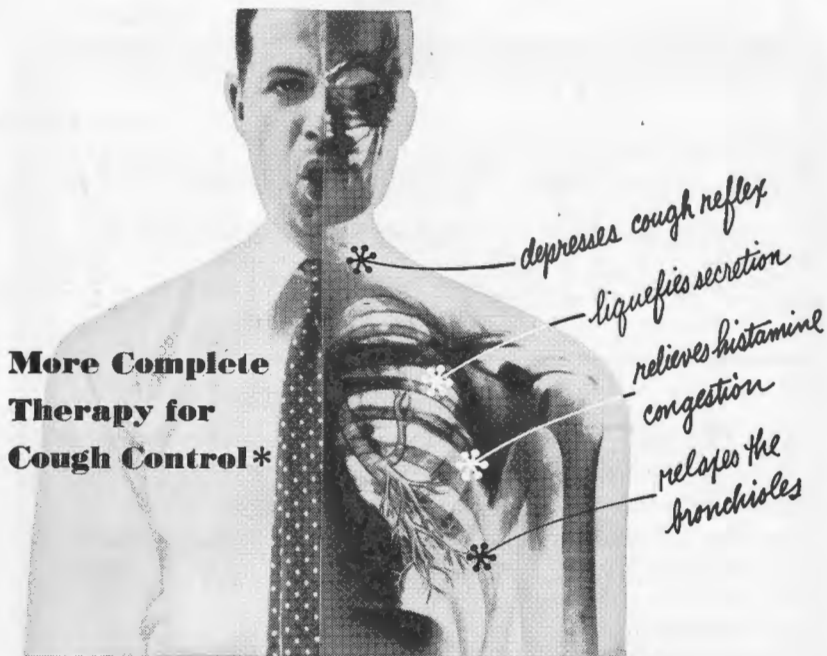
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MEDICAL CALENDAR

1st Tuesday	Monthly Staff Meeting, Youngstown Hospital, Auditorium—Nurses' Home
8:30 p. m.	Monthly Staff Meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m. 8:30 p. m.	Monthly Medical Conference, Youngstown Hospital, Auditorium—Nurses' Home American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Elks Club, 220 W. Boardman St.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Tuesday 3:30 p. m.	X-ray Conference, South Side Unit, Youngstown Hospital
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Clinical-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinical-Pathological Conference, Auditorium Nurses' Home, South Side Unit Youngstown Hospital
Every Friday 2:00 p. m.	Conference—X-ray Dept., St. Elizabeth's Hospital
11:00 a. m. Alt. Saturdays	Obstetrical Section—North Side Unit of Youngstown Hospital

PRESIDENT'S PAGE



It is well at this time to bring before the membership of the Society, the financial condition of the organization. Our income is derived from dues, and advertising in the bulletin. Our largest item of expense consists of dues to the State Association, the printing of the bulletin, and the monthly meetings.

This year we have had an added item of expense, amounting to over \$900.00. This was expended in the field of public relations. The Society sponsored an essay contest for students of Youngstown attending Colleges all over the United States. The expense of putting this contest on, including the prizes, amounted to the greater part of the above figure. It may seem like a great deal of money to put into such a venture but when one considers the enthusiastic response of the contestants and the good will engendered in the public at large it was well worth while.

An essay contest among high school students is contemplated next year. The same amount of money and possibly more will have to be appropriated to pay for the contest. There has been a definite trend toward increasing costs all along the line, and the Society must find a way to pay for them. There are two ways of doing this: either increasing the dues or asking for special assessments as the need arises.

At the last meeting an assessment was passed by vote. According to the constitution a proposal of increasing the dues must be signed by at least 12 members or a legally appointed committee on constitution by-laws and read before the Society at a regular meeting. It must have an affirmative vote of two-thirds of the active membership. It must then be published in the bulletin and voted on not later than 30 days thereafter. I hope this has clarified the situation. Now it is up to the membership!

Gordon G. Nelson,
President

BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio

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VOLUME 20

NOVEMBER, 1950

NUMBER 11

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

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275 W. Federal St.

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THE HOSPITALS WANT TO TAKE OVER

(Editor's Note:—The following article is reprinted from the "Modern Hospital", Sept. 21, 1950. It is part of a summary of the proceedings of the national convention of the American Hospital Association. The Journal of the A.M.A. and the Ohio State Medical Journal have outlined some of the same material, but have not presented the real, materialistic viewpoint of the hospital administrators as well as the following excerpt from their own publication.)

As a rich young man may reject an aging guardian whose authority is more traditional than actual, the American Hospital Association this week told the medical profession that hereafter hospitals, and not doctors, will set the standards that govern practice in the nation's hospitals. Like the young man's, the Association's independence emerges from its wealth. In a capitalist economy, money is power; as defacto owners of the facilities in which medical care is rendered, hospital trustees could change the rules any time they wanted to.

At the Association's 52nd convention in Atlantic City, it was apparent that they wanted to change the rules. By an overwhelming majority the house of delegates authorized Association trustees to establish a hospital standardization program and voted a \$240,000 a year increase in dues to finance standardization and other expanded association activities.

Whether the standardization program would be an independent enterprise or, as had been proposed earlier in the year, a take-over of the 30-year-old approval program of the American College of Surgeons was now for the College board of regents to decide. Whatever they decided, it was made explicitly clear that the A. H. A. was going to have a program of its own. With \$100,000 a year for standardization alone and all the power of the nation's hospitals behind it, the program seemed certain to become the most important thing of its kind in the field, if not the only one.

In a report to the house preceding the action on standardization, Dr. Arthur C. Bachmeyer related the events which resulted in the recommendation by its board of trustees that the Association act independently of other interested agencies. After tentatively approving a take-over plan, it developed,

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Niacinamide	100	mg.
Pyridoxine	1	mg.
Calcium Pantothenate	10	mg.
Choline Dihydrogen Citrate	20	mg.
Inositol	20	mg.
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Liver Extract (secondary)	100	mg.
Brewers' Yeast Extract	100	mg.

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

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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., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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the College of Surgeons regents last August met with a committee representing the American Medical Association and, subsequently, failed to act on the plan. Instead, the College suggested the possibility of a joint standardization program involving several organizations.

REJECT COLLEGE PLAN

This the A. H. A. had rejected, Dr. Bachmeyer reported, because "the administrative problems involved in the operation of a standardization program were so complex that the administrative aspect could hardly be operated on a shared basis with several organizations." It was agreed, however, that there should be "full participation and cooperation in the setting of standards affecting physicians and other groups within the hospital."

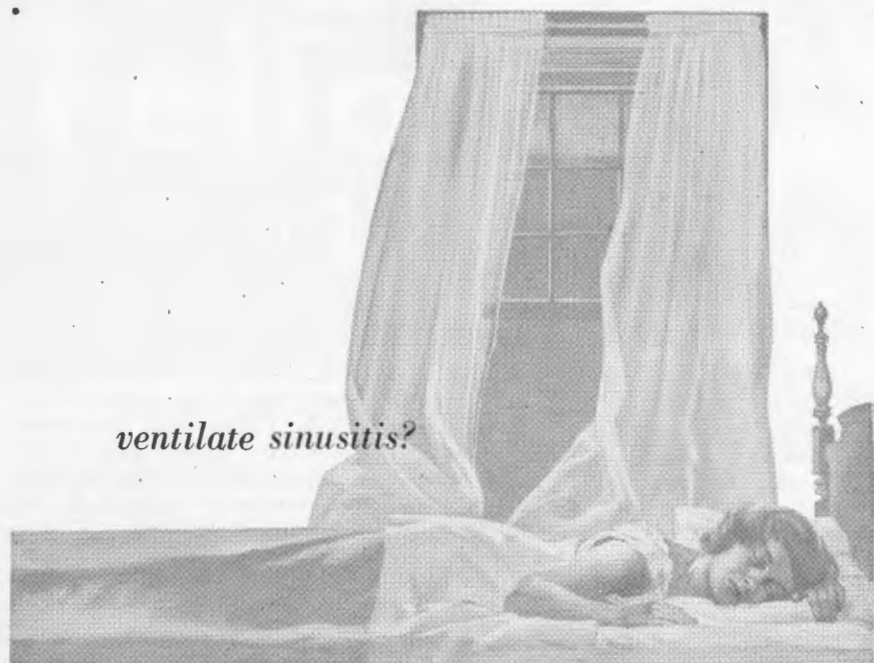
Then, early in September, a second meeting of College regents, again following a conference with A. M. A. representatives, failed to bring any action on the take-over plan. Meanwhile, A. H. A. trustees had determined to establish a hospital standardization program, subject to approval by the house of delegates, and to "invite interested organizations of the medical profession to cooperate in the development of standards relating to the practice of medicine in hospitals."

By this time, a College invitation to further talks and an A. M. A. warning, wired to Atlantic City, that action on standardization might "precipitate serious discord" were too late. When A. M. A. officials came to Atlantic City, by invitation, to meet with the A. H. A. board, they were told "that the (Hospital) Association's recommendation on dues and position on standardization had moved too far to withhold action, but that the American Hospital Association would be more than willing to meet to discuss the very special interest of physicians in a hospital standardization program."

After listening attentively to Dr. Bachmeyer's report and an explanation of the by-law changes needed to increase association dues (by an average of 58 per cent), delegates discussed the proposition briefly and voted for the change. Plainly, the rich young man had not acted without serious misgivings, and the guardian would be asked to stick around and offer his advice. But from now on, the one who paid the bills would make the decisions.

\$100 BONUS CLARIFIED

Regulations issued by the Defense Department and Army, and a policy statement by Dr. Howard A. Rusk offer some help in clearing up confusion on the doctor-draft. Dr. Rusk, chairman of the National Advisory Board on the draft, says that registrants making application for reserve commissions up to the time they actually are inducted will be eligible for the \$100 pay bonus, when and if the commission finally is granted. However, if they delay application until after induction, the \$100 monthly bonus is denied. Under Dr. Rusk's interpretation, a registrant may apply for a commission even during the 21 day period between notice to report for induction and induction. A Navy spokesman concurred in this policy. However, the Army Surgeon General's Office states that men will not be granted Army commissions during this period.—*Capitol Clinics.*



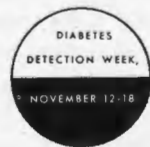
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NOVEMBER

PROPOSED DUES INCREASE

At the regular meeting of the Society October 24, Dr. John A. Rogers, chairman of the committee on By-Laws presented an amendment to the By-Laws to increase the dues of regular members of the Society from \$35 to \$50 per year.

At the present time \$20 of the total amount collected is forwarded to the Ohio State Medical Association, leaving \$15 to be used by the county society. The proposed amendment must be printed in the *Bulletin* and voted upon not less than 30 days afterwards. A two-thirds affirmative vote is required for passage.

In the meantime an assessment of \$15 for the rest of 1950 was passed without any dissenting votes at the meeting. The assessment was voted after President Nelson announced that the Society was running short of funds. The principal extra expenditure this year was \$900 to put on the essay contest amongst college students.

The present by-laws reads as follows:

Section 1. The dues of the different classes of membership shall be such as the Society from time to time shall decide, and which for the time being are established as follows: Active, \$35.00 per year; Associate members (a) and (c) \$35.00 per year; Associate (b) none for time for which dues have been paid to the Society to which the member last belonged; Intern members, while serving as Interns, none; for the year following, if in practice, \$5.00; Non-resident, none per year; and Honorary, none, except State dues.

The proposed change is as follows:

Section 1. The dues of the different classes of membership shall be such as the Society from time to time shall decide, and which for the time being are established as follows: Senior Active, \$50.00 per year; Associate members (a) and (c) \$50.00 per year; Associate (b) none for time for which dues have been paid to the Society to which the member last belonged; Junior Active members, for the year following internship \$20.00 per year; Intern members, while serving as Interns, none; Non-resident members \$15.00 per year; and Honorary, none, except State dues.

DR. McNAMARA HEADS CAMPAIGN DIVISION

Named chairman of the medical division for the St. Elizabeth Hospital Building fund campaign is Dr. F. W. McNamara, past president of the staff, former Director of the Department of Surgery, and now senior consultant on the surgical division of the Hospital.

Associated with Dr. McNamara in directing this section of the drive are Drs. R. B. Poling, W. H. Evans, J. B. Birch, S. J. Tamarkin, J. N. McCann, A. E. Brant, and W. K. Allsop.

The recently announced drive for funds is designed to procure approximately two million dollars from all divisions solicited, for the construction of the new wing and improvements to the present structures. Bed capacity will be raised from 350 to 450 with facilities for emergency capacity of 590 beds. Final building estimates are pending completion of architectural design.

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COUNCIL MEETING

October 9, 1950

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, October 9, 1950 at the office of the Society, 203 Schween-Wagner Building, Youngstown, Ohio. The following physicians were present: G. G. Nelson, President, presiding, F. S. Coombs, E. J. Wenaas, G. M. McKelvey, I. C. Smith, C. A. Gustafson, John Noll, V. L. Goodwin, W. M. Skipp, J. C. Vance and L. H. Getty.

The following applications were presented to Council for approval:

ACTIVE MEMBERSHIP

Dr. Benjamin S. Brown, Youngstown Hospital Association, North Side Unit
 Dr. Irving H. Chevlen, 2004 Elm Street, Youngstown, Ohio.
 Dr. George W. Cook, 3716 Market Street, Youngstown, Ohio
 Dr. Frank Gelbman, 250 North Heights Avenue, Youngstown, Ohio
 Dr. DeForest W. Metcalf, Youngstown Hospital Association, North Side Unit
 Dr. Edward A. Shorten, 101 Lincoln Avenue, Youngstown, Ohio
 Dr. Dean E. Stillson, 2914 Southern Blvd., Youngstown, Ohio

INTERNE MEMBERSHIP

Dr. Raymond N. Catoline, 301-03 Stambaugh Building, Youngstown, Ohio
 Dr. Patrick B. Cestone, 904-05 Central Tower, Youngstown, Ohio
 Dr. Kenneth J. Hovanic, 42 West Midlothian Blvd., Youngstown, Ohio
 Dr. Frank K. Inui, Youngstown Hospital Association, South Side Unit
 Dr. Harold Segall, 1508 Elm Street, Youngstown, Ohio
 Dr. Frank E. Shaw, Youngstown Hospital Association, North Side Unit.

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

The Secretary read a letter from the W. Frederick Bartz American Legion Post No. 726 calling attention to the passage of Public Law 779 which establishes the priority of call of medical personnel to duty in the Armed Forces of the United States. The letter further states that the Post endorses the provisions of Public Act 779 and recommends the establishing of the necessary machinery to implement the specific and implied provisions as stated in the law and request that the majority of the members of such a committee be composed of Medical Veterans of World War II, in order that the law be executed fairly and equitably, and offered complete co-operation and assistance to the Society in the attainment to that end. A motion was made, seconded, and duly passed, instructing the Secretary to acknowledge the letter, thanking the Post for its interest and to advise it we are aware of the need of such a committee, that we are momentarily awaiting word from the state, and that its recommendation will be given due consideration.

The Society's financial status was discussed.

A motion was made, seconded and duly passed giving the editor and his committee authority to raise the cost of the Bulletin Ads, to be effective with the expiration of existing contracts.

The Veterans Administration set-up in Youngstown was discussed with the possibility in mind of the removal of Dr. Sidney Franklin. Council instructed the Secretary to contact Senator Taft and Representatives Young and Kirwin, in an effort to offset his transfer in the interest of service to veterans.

G. E. DeCicco, M.D.
 Secretary

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G. E. DeCicco, M.D.
 Secretary

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NOVEMBER

"UNEXPECTED DEATHS FROM NATURAL CAUSES"

By Horace K. Giffen, M.D.

Doctor Allen R. Moritz, Professor of Pathology of Western Reserve University and Director of the Institute of Pathology in the University Hospitals, was the speaker for the Mahoning County Medical Society for the regular meeting October 24, 1950. This was the second time Dr. Moritz pleased our medical society during the last five years. Prior to coming back to Western Reserve, Dr. Moritz had spent 10 years developing and directing the chair of medico-legal medicine in Harvard University. While there he was pathologist for the Peter Bent Brigham Hospital, Boston, and consultant in pathology for the Army, which post he still holds, as well as consultant for the U. S. Public Health Service. His interest and studies in accurate determination of causes of deaths have been outstanding in this country and throughout the medical world.

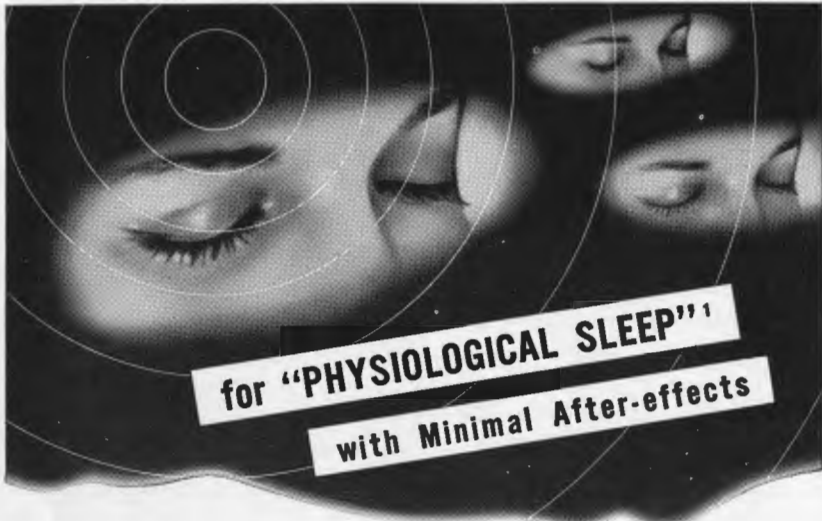
Dr. Moritz stated that in the death registration area of the U. S. about one in ten deaths are in persons who have not been known to be suffering from any serious or dangerous disease, and die unexpectedly. It is important to society as well as the medical community to know why these die. Some die from unnatural causes including violence which may not be evident on the outside of the body. There are many ways to kill people without leaving external signs. He cited head injuries made by heavy, blunt instruments producing subdural hematomas, often without skull fracture. Others suffer spinal injuries, especially fractures of the cervical vertebrae. Some victims are smothered, leaving little signs of struggle. Occult trauma such as with an ice pick may pierce the skull or heart with little external evidence of the instrument. Various methods of criminal abortion may be invisible externally. Finally, accidental or intentional poisoning is to be considered. Dr. Moritz called attention to the additive effect of barbituates with alcohol ingestion, producing occasional accidental suicide. In the presence of elevated blood alcohol level a sublethal dose of barbituates may kill, he declared.

INFANTS HAVE INFECTION

Unexpected deaths from natural causes are conveniently divided according to the age periods. In infancy about 10% of the babies die unexpectedly. Many show little evidence of disease, take feedings pretty well, and yet are found dead in bed with little or no warning. Unrecognized infection is the most common cause of such deaths. Suffocation is extremely rare, he asserted. Occasionally such things as volvulus, diaphragmatic hernia, congenital heart abnormalities, and the like may cause sudden death.

Few deaths occur unexpectedly during the years from 10 to 20 but from 20 to 30 he would think first of intracranial hemorrhage from a ruptured berry aneurysm with massive subarachnoid hemorrhage. The actual hemorrhage often occurs during some "pressor episode" or some unusual physical effort. Along with this cause must be considered septicemia from meningococci or streptococci. These patients often develop signs of shock due to massive hemorrhage into the adrenals. Some have meningitis or pneumonia but collapse often is due to damage to adrenals.

From 30 years on and occasionally even before that age, Dr. Moritz thinks first of coronary thrombosis with or without infarction of myocardium as the cause of quick death. Occasionally sclerosis of coronaries may cause



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¹N.N.R., 1947, p.398.

²Goodman, L. & Gilman, A., *The Pharmacological Basis of Therapeutics*. MacMillan, 1944, pp. 177-B.

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a coronary insufficiency for some time and then death may come unexpectedly apparently from acute dilatation of the heart.

People 70 years old or more often die unexpectedly. Their complaints may have given little lead to the seriousness of their condition. The most common finding is *unrecognized infection*. There may not only be pneumonia but actual abscess of the lung or other organ. This may be not merely acute but long-standing and yet the patient has remained ambulatory with few or no complaints. Genito-urinary infections are frequent in this group of cases. Some cases prove to have generalized peritonitis from appendicitis or ruptured viscus with few symptoms. In this group of elderly patients mental confusion or change in personality may be the only lead to anything abnormal prior to death.

In this whole group of unexpected deaths there tend to be three syndromes as to type: *first*, instantaneous deaths exemplified by coronary disease with or without a thrombus which has broken loose. In this group also come the so-called vagus deaths with puncture of the pleura or similar damage. *Second*, syncope, which comes on unexpectedly with unconsciousness which continues till death. This again may be caused by coronary disease. *Third*, collapse which has developed rapidly. This type is often from the overwhelming infection such as is seen in the Waterhouse-Friderichsen syndrome. Collapse also may occur from massive internal hemorrhage.

ST. ELIZABETH HOSPITAL STAFF MEETING

A case of coarctation of the aorta encountered in a patient first seen for subacute bacterial endocarditis was the basis for discussion of cardiac anomalies and featured the case presentations at the October Staff meeting of St. Elizabeth Hospital.

Dr. Paul J. Mahar, in leading the discussion of his case, emphasized the importance of making a diagnosis of coarctation particularly when the presence of endocardial lesions raise the possibility of an underlying congenital lesion. He pointed out that surgical intervention provides ideal treatment for coarctation of the aorta, providing gratifying reward for careful investigative effort in diagnosis. Dr. Raymond Sheetz, speaking on the radiological features in the diagnosis, stated hypertrophy of the left ventricle and notching of the ribs constitute evidence of coarctation. The particular case under discussion is being prepared for surgical intervention at an early date.

Other cases presented and discussed by the staff included a patient with a large simple interligamentary uterine fibroid and jaundice with a pre-operative impression of ovarian malignancy and hepatic metastasis, and a patient with tuberculosis of the knee joint.

Dr. R. B. Poling, president of staff, announced the plans for the building of the new unit and details of the drive for two million dollars for necessary renovation of the old units and construction of the additional wing.

Stephen W. Ondash, M.D.
Secretary

Dr. Russell L. Haden, former head of the department of Internal Medicine of the Cleveland Clinic, has been appointed medical director of the Red Cross National Blood Program succeeding Dr. Louis K. Diamond.



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STATE PLANS PREMATURE PROGRAM

(Editor's Note: The following letter received by Dr. Nelson is self-explanatory and outlines a project to increase the care for premature newborn infants.)

STATE OF OHIO
DEPARTMENT OF HEALTHColumbus, Ohio
October 18, 1950Dr. G. G. Nelson
138 Lincoln Avenue
Youngstown, Ohio

Dear Dr. Nelson:

On a recent visit to Youngstown I talked with you concerning the premature care program which we are helping to promote in Youngstown and Mahoning County. Since you are the President of the Local Medical Society, would it be possible for you to announce this program at one of your meetings or in your monthly *Bulletin* in order to acquaint all the Physicians with the program.

In several areas throughout the State, the Ohio Department of Health, in cooperation with local health Departments, is helping to set up a referral system between hospitals and public health agencies, whereby premature infants would be followed in the home by the local public health nurses. It would be the responsibility of the nurses to help prepare the home for the infant before discharge from the hospital, to carry on an educational program with the mother, and follow the infant as needed in that particular home after discharge from the hospital.

In-service training conferences will be held with the local public health nurses on all aspects of premature nursing care, with emphasis on the practical methods of care in the home. Our main objective in this program is to save the lives of more infants, and to help prevent illnesses in these infants after discharge from the hospital.

I am unable to give you the 1949 statistics on prematurity for the State as a whole, since they are not available as yet. In Ohio in 1948 prematurity was the ninth most important cause of death, 6.9% of all newborn infants were born prematurely, and 34.2% of all infant deaths in the State were from prematurity. I would appreciate very much having you bring this to the attention of the local medical group.

Again, I do want to thank you for your help and co-operation in this program.

Sincerely,

Grace E. Ransdell, R. N.
Pediatric Nursing Consultant

YOUNGSTOWN HOSPITAL STAFF MEETING

Dr. Harold G. Morris spoke on "Periodontal Disease" when the dental staff presented the program at the regular staff meeting of the Youngstown Hospital Association October 3, 1950, in the auditorium of the Stambaugh Nurses Home.

Dr. Morris illustrated his talk with colored slides of the various lesions of the gingiva.

A report of the dental clinic for the last year was read. Some of the features in the report were explained by Dr. D. D. Tomb.

DECEMBER MEETING

●

Election of Officers
Buffet Luncheon

●

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Time:

DECEMBER 19, 1950
8:30 P. M.

Place:

ELKS CLUB
220 W. Boardman St.

●

JOHN R. BUCHANAN, M.D.

Dr. John R. Buchanan, friend and colleague of the members of this society, died October 19, 1950, of tumor of the pancreas. His death, unfortunately, has come at a time when the fruits of his experience and ability could have best reaped by the sick, by his family and friends, and by the community.

Dr. Buchanan was born Oct. 8, 1901 at Lester, Iowa, graduate from the University of Iowa Medical School in 1925, interned at the Youngstown Hospital Association until 1926, and practiced a short time thereafter in Iowa. He returned to Youngstown as full time surgeon at the Youngstown Sheet & Tube Co. until 1932. Thereafter he received his formal post graduate training in orthopedic surgery on the service of Dr. Arthur Steindler at Iowa University Hospital. He successfully practiced orthopedic surgery in the city since 1935, served as attending orthopedic surgeon at the Youngstown Hospital and the Mahoning County Tuberculosis Sanatorium. He was a Diplomat of the American Board of Orthopedic Surgery, a member of the American Academy of Orthopedic Surgery, Fellow of the American College of Surgeons, and a member of the county, state and American Medical Association. He served in the army during World War II for approximately 44 months in several important posts as Chief of Orthopedic Surgery, leaving the army after a final tour of duty at Ashburn General Hospital in McKinney, Texas.

His understanding of personality and his skill in diagnosis and treatment of orthopedic disease caused him to be of great service to his patients and to his colleagues in Youngstown and nearby communities. His nature was to seem somewhat impersonal, yet seriously concerned with the welfare of his patients, and to thereby instill confidence and security in them. His direct, succinct and useful advice in consultation with other physicians made his services sought constantly by them. He was esteemed as a teacher by residents and nurses who were always eager to assist him in his surgical and after treatment of patients.

Outside the profession, his interests were many and his friends countless. He gave freely of his moral and financial support to his church and has served as president of the congregation of the First Unitarian Church. He was an active member of the Elks, the Youngstown Club and the Frederick Bartz American Legion Post. He was devoted to his family and he generously shared what leisure time and pleasures he took with them.

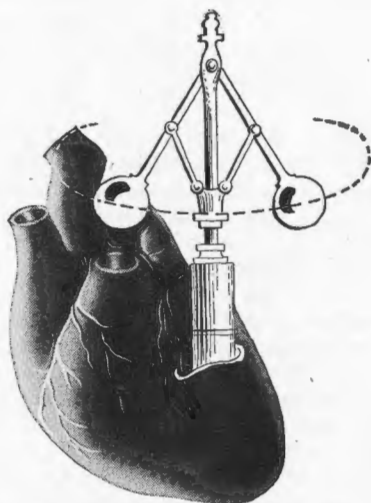
His loss will be deeply felt by many and the grief of his family will be widely shared. There is consolation in the fact that his years of hard work and devotion brought success and useful service and this will be an inspiration to others who follow him.

SAMUEL H. DAVIDOW, M.D.

With the passing of Dr. Samuel H. Davidow October 6, 1950, one of the busiest general practitioners of the community was lost. Dr. Davidow submitted to an operation about six months previously and had been in poor health since.

He was born in Russia December 25, 1895 and was brought to this country at the age of nine, coming directly to Youngstown with his parents, Louis and Rebecca Davidow. He attended Market St. School and was graduated from South High School. He then went to Ohio State University and

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subsequently enrolled in Jefferson Medical College from which he was awarded his M.D. degree in 1921. He served in the Medical Reserve Corps while in medical school during World War I.

Dr. Davidow interned in St. Alexis Hospital in Cleveland and returned to Youngstown in 1922 to establish his general practice which he so effectively carried on during his life time.

He was a member of the county and state medical societies, American Academy of General Practice, and American Medical Association, Rodef Sholem, Squaw Creek Country Club, B'nai B'rith, and Phi Lambda Kappa fraternity.

Dr. Davidow leaves his wife, the former Lena Berman, whom he married in 1921; his mother, two sisters, and a brother, Dr. Sidney L. Davidow.

JOHN F. LINDSAY, M.D.

Dr. John Fergus Lindsay, a physician here for many years, died at his residence October 11, 1950. He had been retired since 1936 when he became ill.

Dr. Lindsay established a general practice in Youngstown in 1910. He served on the staff of the Youngstown Hospital Association. Before that time he practiced with his father, the late Dr. John A. Lindsay in Salineville. He was a graduate of Ohio State University and the Western Reserve Medical school, and was a member of county and state medical societies and American Medical Association.

Born in Salineville, Dr. Lindsay was a son of Dr. John and Maria Connell Lindsay. Besides his wife, the former Leona Osborne, Dr. Lindsay leaves two sons, Dr. John F. Lindsay, Jr., of Cleveland, and James Robert Lindsay of Akron.

Dr. Lindsay had the fine faculty of making friends. The testimony of many at his death, after fourteen years of being bed-fast, showed the high esteem both patients and colleagues had for him.

JAMES S. MARINER, M.D.

Dr. James S. Mariner, former health commissioner of Campbell for more than 20 years, died of a cerebral accident August 14 at the age of 64. Dr. Mariner had been in semi-retirement in recent months because of his health.

Dr. Mariner was graduated from Ohio State University college of Medicine in 1916 and served in the Medical Corps in World War I in France. He was a member of the courtesy staff of St. Elizabeth Hospital and carried on an active general practice in Campbell and Youngstown for more than 30 years.

Surviving him are a daughter, one son, and three sisters and three brothers.

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PUBLIC RELATIONS CONFERENCE IN CLEVELAND

CHICAGO.—Terming the county "the key area in which the main public relations job of the medical profession must be done," Dr. George F. Lull, secretary and general manager of the American Medical Association, this month unveiled plans for the Third Annual Medical Public Relations Conference.

The 1950 conference is set for December 3 and 4 in Cleveland, just prior to the clinical session of the American Medical Association. It will concentrate on county society programs aimed at increasing community goodwill toward the medical profession.

In attendance at the two-day session will be some 300 physician chairmen of state and county medical society public relations committees, society executive secretaries and public relations directors, officers of the American Medical Association Woman's Auxiliary and key representatives of allied health organizations.

The program schedule calls for four work sessions, two noon sessions and an evening session. All activities will be at the Hotel Statler.

The opening work session on Sunday, December 3, will take up the important "groundwork for a successful public relations program." On the docket will be discussions on organizing public relations committees, financing the program, techniques for finding out what public relations work is needed, program planning and ways to build support among society members.

Work sessions on Monday, December 4, will include a timely summary of "county societies and the legislative scene," a series of brief reports on specific worthwhile county public relations activities, and an open forum period during which conferees will divide into three groups to swap ideas with representatives from similar-sized communities.

VARIED PROGRAM

Appearing at the "legislative" session will be Dr. Dwight H. Murray, A.M.A. trustee and chairman of the Committee on Legislation, and Dr. Joseph S. Lawrence, director of A.M.A. Washington office.

On Monday afternoon three discussion groups will be formed to take up medical public relations problems in small communities, medium-sized communities and metropolitan areas. Each group will attempt to work out basic ideas that will be useful to other county societies embarking on public relations campaigns.

Sunday noon, Dr. John W. Cline, President-elect of the American Medical Association, will keynote the conference with an address on "Serve Your Nation Through Better Public Relations." Speaker at the Monday noon session will be R. W. Mills, secretary of the Fond du Lac, Wisconsin, Association of Commerce. His topic is: "The American Way of Life."

Mid-point of the idea-packed Public Relations Conference will be the annual conference dinner Sunday evening. Sharing the speakers' platform will be A.M.A. President, Dr. Elmer L. Henderson, and a nationally prominent man outside the medical field. In addition, the program will feature cartoonist Marvin Bradley, one of the creators of the comic strip, "Rex Morgan, M.D."

As a supplement to the regular conference sessions, two special visual aid demonstrations have been scheduled. One will be a screening of the new Louis de Rochemont film, "M.D.—the U. S. Doctor." The other will be a demonstration of a television package show being produced by the Bureau of Health Education for use by state and county societies.

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DRAFT FIGURES, PLANS, AND POLICIES

The total of 21,101 physicians, dentists and veterinarians who registered October 16 under provisions of the doctor-draft were well above Selective Service and other estimates. However, part of this registration may be due to the fact that some men other than those in the first and second categories registered. These men were not required to do so at this time. Here is a breakdown of the total registration for the U. S. and territories: Total, 21,101; physicians, 13,968; dentists, 4,989; veterinarians, 2,144.

All but 158 of the physicians registered in continental U. S. Right now local boards are classifying the registrants in hopes of reporting the number and classification (1-A, 4-F, etc.) of all men in the first category by November 15. Registration data of men registering outside the area of their own home must be returned to their local draft board first. Preliminary reports on these men were submitted to National Selective Service Headquarters October 31.

While Army has stated it will offer reserve commissions to all men in draft-eligible categories at the time of their physical examination or any time prior to induction, Navy has clamped down on its reserve commission policy. No former ASTP with less than 21 months active duty (former Army men in draft-eligible categories) will be accepted by Navy. Former V-12s (Navy) and those deferred to continue their education during World War II may still volunteer for Navy reserves.

Navy says it will continue to call to duty V-12s in its unorganized reserves as well as reserves in organized units that are called to duty with their units. However, next January, when Navy gets back its 570 V-12 reserves (loaned to Army, these doctors will remain on duty with Navy to replace older reserves with World War II service. The more experienced reserves will be released on the basis of the amount of time spent in service during the last war.

Incidentally, the 922 men Army has requested from Selective Service will merely replace the 570 Navy on Army duty and 300 of its reserves Army called up on mandatory orders. The reserves will be allowed to return to civilian life and the Navy men will go on active duty with their own branch of service.

Air Force, which has very limited reserve strength, reports it has commissioned 500 volunteers since August 1, and is now processing another 300 doctors. Most of these physicians come from draft-eligible sources. Neither Air Force nor Navy has called on Selective Service to supply men

—*Capitol Clinics*

NEW LAB AT CUYAHOGA FALLS

The Ohio State Department of Public Health has established a new branch laboratory for diagnostic procedures effective Oct. 31, 1950, according to a recent announcement of Dr. John D. Porterfield, director.

The new lab will service northeastern Ohio and will do all of the tests now done in the central laboratory in Columbus with the exception of sputum examinations for Tuberculosis.

The new branch is located at 205 Second St., Cuyahoga Falls, and is supervised by Dr. George D. Canatsey, bacteriologist-in-charge. A supply of printed labels to paste over present containers may be obtained from the Columbus Lab. Dr. Porterfield has announced.

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(as the sodium salt)		
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(Vitamin B ₁ , 333 I.U.)		
Riboflavin	1 mg.	(1/60 gr.)
(Vitamin B ₂ , 340 Sherman Units)		

This formula will be found of great value in the treatment of rheumatic fever, myalgias (pain in a muscle or muscles) and joint pains, inflammations, immobility, and other arthritic states submitting to salicylate therapy.

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ANALYSIS OF HILL-BURTON MONEY

Following adjournment of Congress, the Budget Bureau, carrying out a Congressional economy directive, reduced authorizations for the hospital construction program (Hill-Burton) from \$150,000,000 to \$75,000,000 for the current fiscal year. Congress will be urged to make a deficiency authorization, either at the special session this month or after the first of the year. Hospital officials are not optimistic. In answer to a number of inquiries, we prepared the following analysis, based on latest information available in Washington.

How much will the reduction retard hospital construction? Some reduction in planning is essential, but not necessarily 50 per cent because authorizations may be used anytime over a two-year period. Furthermore, Congress can vote more money at any time. No construction now under way or finally authorized would be interrupted. However, some projects carrying tentative approval (Part One) would be reduced or postponed, as well as others in planning and fund-raising stages.

How will state programs be affected? Money is made available to states on the basis of per capita income and population, with poorer states getting more proportionately. States which have made local commitments beyond these quotas would have to cut back.

How much money has congress authorized for the program? Three hundred and seventy-five million dollars. Seventy-five million was authorized for fiscal 1948 and a like amount for fiscal 1949. This was increased to \$150,000,000 for fiscal 1950 and 1951 (current year) but as noted above the Budget Bureau reduced the latter figure to \$75,000,000. Each authorization may be used over two years, because of the time factor in planning and constructing.

How much money is U. S. definitely committed to spend under this program? From the start of the program and up to September 1 (latest figures available) U. S. had given final and binding approval to 1,091 projects, where the federal share totaled \$261,000,000.

\$250,000,000 PLEDGED

How much money has U. S. actually paid for construction? Payments through September totaled \$91,430,872. It is estimated that total payments by the end of the current fiscal year will be close to \$250,000,000, a binding obligation for which Congress has or will make appropriations.

What do U. S. tentative commitments total? "Part One" of the application, or the tentative approval, is subject to some difference of opinion. This essentially is a declaration by the Surgeon General that a project appears to warrant a grant, and that it is his intention to make the grant providing sponsors carry out their part of the agreement and providing funds are available. Because of the 50 per cent cut in authorizations, U. S. now will not have money for all such projects. Sponsors of some projects feel the federal government is "letting them down" if it fails to carry through. The Surgeon General has given tentative but not final approval to \$114,000,000 projects. This represents approximately the remainder of the \$375,000,000 total authorization.

Do large or small hospitals predominate? Here again the statistics might be misleading. About 43 per cent of all general hospital projects under the program are of 50 beds or smaller, but bigger hospitals are receiving 80 per cent of the money.

Why isn't more money going to smaller towns? Mainly because residents either don't want to sponsor hospitals or can't demonstrate they would be able to maintain them once built.—*Capitol Clinics.*

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SURGEON GENERAL URGES CAUTION ON MASS BLOOD TYPING

Dr. Leonard A. Scheele, PHS Surgeon General, put a "go slow" sign on suggestions for a nationwide blood typing program in an address before the Association of State and Territorial Health Officers.

He said such a program might be advisable later, but for the present, "The best thinking of governmental agencies and professional societies is that any state or local programs for mass blood-typing should be in conformity with a National Civil Defense program, the American Red Cross, American Medical Association, American Association of Blood Banks and American Hospital Association. Emphasis should be placed on typing people who can and will give blood, either in advance for storage in blood banks or for use at the time of an emergency."

He said that the immediate need is to identify in advance type O donors in the 18 to 60 age group. Dr. Scheele cautioned that mass blood-typing campaigns would place severe demands on manpower and supplies of typing serum, and that errors might be expected from hastily trained personnel. He said the interest in mass blood-typing grew out of a fear that large numbers of injured persons would be in immediate need of whole blood transfusions in event of an atomic bombing.

"Actually," Dr. Scheele said, "plasma and plasma substitutes, such as oral salt solution—which require no typing—will be the emergency treatment of choice in the event of disaster."—*Capitol Clinics*.

MILITARY INDOCTRINATION QUESTIONED

High-ranking Army medical officers in Washington continue enthusiastic over work done in Korea by physicians with only three days military indoctrination. About 100 of them with no previous military experience were taken out of residencies and flown to the fighting front where they were commanded by experienced field-trained medical officers. Their service contributed toward the remarkable medical record in Korea, where fatality ratio of casualties was only one-fourth of that of World War II.

Now, some thought is being given to the question of whether the usual period of military indoctrination is absolutely necessary. Army's newest and best equipped hospital, Tripler, Hawaii, has proved a valuable link in evacuation operations from Korea. The two-year old hospital is unusual in that it is staffed by Army, Navy and Air Force medical personnel and treats PHS and VA patients as well as military. Over 5,000 patients from Korea have received intermediary care at the base before returning to this country.—*Capitol Clinics*.

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HEALTH OFFICERS OPPOSE SOCIALIZED MEDICINE

Meeting in Washington, the Association of State and Territorial Health Officers reaffirmed its opposition to national compulsory health insurance and renewed its demand for creation of a federal department of health with cabinet status " . . . and under direction of a career physician in public health."

National health insurance is unnecessary, the resolution says, because voluntary health and hospitalization plans are "rapidly and progressively developing to meet the apparent needs of the people." The resolution notes the progress in preventive medicine, protective sanitation against environmental hazards and proper public health information, and says a major factor in this progress has been the work of organized public health service with qualified personnel. At the outset the resolution states that " . . . it is generally recognized that the people of the United States now enjoy the highest standards of health of any country in the world."—*Capitol Clinics*.

VA COMMITTEE RECOMMENDS CHANGES

A special committee appointed in June to investigate VA's hospital program has made its report to President Truman. The members are Dr. Howard A. Rusk, chairman; Dr. Arthur S. Abramson and Rear Adm. Robert L. Dennison. The report praises VA medical care in general and singles out paraplegic centers and amputee programs for special commendation. Highlights of the report: challenges Congress to make new interpretation of politically-hot policy covering care of non-service connected cases, which VA says take up at least two-thirds of its hospital beds; declares that VA cannot hope to provide present high-quality staffing for 131,504 beds now authorized, and suggests 120,000 as a safe maximum. This is a rebuke to Congress for authorizing additional construction in opposition to the President.—*Capitol Clinics*.

NEWS ITEMS

Dr. Robert E. Odom is enrolled at the Post-graduate School of Medicine at the University of Pennsylvania where he is pursuing studies in Ophthalmology.

Dr. J. J. McDonough has been elected to fellowship in the American College of Surgeons. He participated in the convocation of newly inducted fellows during the annual meeting of the College held in Boston on October 23-27, 1950.

Dr. Raymond Lupse attended the meeting of the Interurban Society of Obstetrics and Gynecology held at Buffalo on Oct. 30.

Dr. F. A. Friedrich has announced the opening of his offices for the general practice of medicine in the Boardman Post Office Building, 6911 Market Street. Dr. Friedrich interned in the Youngstown Hospital, then served two years in the Armed Forces and during the past year returned to serve as an assistant Resident Physician in the Youngstown Hospital.

Dr. M. D. Evans has announced the opening of his offices for the practice of neurology and psychiatry at 2514 Mahoning Ave. Dr. Evans interned in the Youngstown Hospital during World War II, served in the Armed Forces, and then spent several years in residency training in his chosen field. Recently he has been on the staff of the Youngstown Receiving Hospital.

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SCIENCE FOUNDATION NAMED

President Truman has announced the names of the 24 persons he will nominate to the National Science Foundation Board. All have informally accepted, but nominations are subject to confirmation by the Senate. After members are sworn in on interim appointments they will select a Board chairman and make nominations to Mr. Truman for a Director. The Director, also subject to Senate confirmation, will receive a salary of \$15,000 and, like board members will serve for six years. Board members receive no salary but expenses and an allowance of \$25 per day while on Foundation business.

Three physicians are on the list. They are: Dr. Detlev W. Bronk, president of Johns Hopkins University and president of National Academy of Sciences; Dr. Robert F. Loeb, bard professor of medical service, College of Physicians and Surgeons, Columbia University; Dr. James A. Reyniers, director of bacteriology laboratories, Notre Dame University.

The National Science Foundation, created by the last Congress, has wide grants of power to promote basic research and education in mathematics, physical science, medical science, biology, engineering, etc. It will make research grants and loans and issue scholarships, in addition to correlating public and private research, acting as a research information clearing house and maintaining a register of scientists, to be known as the National Roster of Scientific and Specialized personnel.

However, certain specific restrictions are written into the law. The Foundation may not itself operate any laboratory or pilot plant, although it may make grants or loans to other agencies to perform such work. It may initiate or support projects dealing with nuclear energy only with the permission of the Atomic Energy Commission. It may sponsor projects related to national defense only if request comes from the Secretary of Defense.—Capitol Clinics.

Health Department Bulletin

REPORT FOR SEPTEMBER, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded	153	86	67	166	90	76
Births Recorded	563	291	272	582	285	297

	1950		1949	
	Cases	Deaths	Cases	Deaths
CONTAGIOUS DISEASES:				
Chicken Pox	6	0	12	0
Measles	0	0	3	0
Polio	6	0	0	0
Scarlet Fever	2	0	1	0
Tuberculosis	5	3	3	5
Whooping Cough	4	0	33	0
Syphilis	33	0	33	0
Gonorrhoea	29	0	32	0

VENEREAL DISEASES:

New Cases:	Male	Female
Syphilis	8	7
Gonorrhoea	24	7
Total Patients	46	
Total Visits (Patients) to Clinic	447	

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



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AUXILIARY NEWS

Dr. Fred W. Dixon, Cleveland, President-elect of the Ohio State Medical Association, addressed members of the Mahoning County Medical Auxiliary and their guests on "The Doctor Looks at Socialism," following a luncheon October 24 in the Squaw Creek Country Club.

All of the presidents of the Federated Women's Clubs of Youngstown were special guests of the Auxiliary for the luncheon and Dr. Dixon's talk.

World-Wide United Nations Day was observed at the same meeting with Mrs. Paul J. Mahar describing the work of the various departments of the U. N.

Mrs. W. O. Mermis served as chairman, and Mrs. W. E. Maine, co-chairman, for the Bake Sale and Dessert Bridge held at the Y. M. C. A. November 14. Proceeds from this activity will be used for the Nurses' Scholarship Fund.

FROM THE BULLETIN

By J. L. Fisher, M.D.

FIFTEEN YEARS AGO (NOVEMBER, 1935)

Dues for the year 1936 were reduced from \$15 to \$12.

New members this month were Drs. Charles A. McReynolds, Earl Young, and Herman Kaufman.

Mahoning County was host to the Sixth Councillor District, providing an afternoon and evening program. The afternoon program was given by Dr. E. C. Goldcamp, Dr. E. R. Thomas, and Dr. C. R. Clark. The evening speaker was Dr. H. L. Bockus from the University of Pennsylvania.

Dr. Gustafson, reporting on a staff meeting, wrote, "This being the night of the prize fight very few of the staff members were present."

TEN YEARS AGO (NOVEMBER, 1940)

Some of the doctors sponsored a half-page advertisement in the *Vindicator* voicing their opposition to a presidential third term. Wendell Wilkie ran a good race but lost to the champ.

Benjamin Brown and Charlotte Heberding were married November 21.

Dr. P. L. Boyle announced his specialization in Obstetrics and Gynecology. Dr. A. J. Brandt was appointed to the O.B. and Gyn staff of St. Elizabeth's Hospital.

Dr. Bockus came back this year and conducted a two-day Post-Graduate course in Gastro-Enterology.

BOWLING SEASON OPENS

Bowling sessions are on tap for interested keglers-minded members of the Society. A number of men have started the usual migration to Champion Alleys on Thursday afternoons to fire away at the ten pins. Alleys are reserved and bowling starts at two p. m. Such ten pin stalwarts as Drs. F. F. Piercy, Ivan Smith, Harold Reese, P. McOwen, Vincent Herman, James Brown and a host of others are included in the group participating in the favorite indoor sport. Enough participants might well result in the formation of a league with prizes going to top keglers. Even 'Hap' Hathhorn has joined the initial group of enthusiasts so let's join the crowd on what might otherwise be an idle Thursday afternoon!

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THE SOCIETY'S ELECTION

During the past year the *Bulletin* has carried numerous pleas and articles on the necessity for voting. This month many gratifying results seem to have stemmed from this campaign. But there is still one more important election—that of electing officers of the Mahoning County Medical Society December 19.

The Society has almost 250 members. If only 100 members are present at the annual election, the results of that voting may not express the will of the majority of the members.

Lest anyone have the wrong impression, the office of President of the Society is far from being all honor; it requires a lot of work. Whoever is picked for President-elect should be chosen with the idea of keeping the Society one of the foremost in the land; of holding high the standards which were set many years ago; of adequately representing the Society to other groups.

Without pointing the finger at anyone, it is very apparent that there has been a great let-down in the Society in the last eight years. Our meetings are not attended as they should be; our meetings lack the dignity they used to have; our members do not want to take time to do the committee work which is so essential.

Some serious thought should be given to the selection of new officers before the next meeting. It is time things got into high gear again!

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