



Form is not merely the shape,
but the shaping force.

—Aristotle

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

February • 1952
VOL. XXII • No. 2
Youngstown • Ohio

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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.

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

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

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MEDICAL CALENDAR

First Tuesday 7:30 p. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Monthly Obstetrical-Gynecological Conference, St. Elizabeth's Hospital
8:30 p. m.	Monthly Staff Meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
	Monthly Staff Meeting, Youngstown Hospital, Auditorium—Nurses' Home
2nd Monday 9:00 p. m.	Monthly Meeting—Mahoning County Medical Society—Ballroom, Pick-Ohio Hotel
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital, Auditorium—Nurses' Home
8:30 p. m.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Ballroom, Pick-Ohio Hotel
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 Wednesday 11:00 a. m.	Obstetrical Section—North Side Unit of 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

COMING MEDICAL MEETINGS

Chicago Medical Society Annual Clinical Conference, Palmer House, Chicago, Illinois. March 4-7, 1952.

American College of Surgeons, Sectional Meeting, Atlantic City, New Jersey, Chalfonte-Haddon Hall. February 11-12, 1952.

Ohio State Medical Association, Annual Meeting, Cleveland, Ohio, May 20-22, 1952. Make your hotel reservations now.

COMBINED FEBRUARY MEETING
 THE YOUNGSTOWN AREA HEART ASSOCIATION, INC.
 MAHONING COUNTY MEDICAL SOCIETY
 MAHONING ACADEMY OF GENERAL PRACTICE
 FEBRUARY 19, 1952

Speakers

T. DUCKETT JONES, M.D.
 Medical Director, Helen Hay Whitney Foundation
 New York

HOWARD B. SPRAGUE, M. D.
 Clinical Associate in Medicine, Harvard Medical School
 Boston

Program

11:00 A. M. (1 Hour)

Clinic—Youngstown Hospital, South Side Unit
 Presentation of Two Patients with Heart Disease
 Dr. Sprague

Clinic—St. Elizabeth's Hospital
 Presentation of Two Cases of Rheumatic Fever
 or Sequelae in Children
 Dr. Jones

3:00 P. M. (1 Hour)

Informal Question and Answer Conference with Internes
 and Residents of Both Hospitals
 Youngstown Hospital — Dr. Jones
 St. Elizabeth's Hospital — Dr. Sprague
 (Any Physician Interested May Attend)

5:30 P. M. (10 Min.)

Radio Round Table Discussion — Station WFMJ
 Dr. Jones — Dr. Sprague

8:30 P. M. (½ Hour)

Ballroom, Pick-Ohio Hotel
 "Modern Methods in Prevention and Treatment
 of Rheumatic Fever"
 Dr. Jones

9:00 P. M. (½ Hour)

"A Few Problems in Cardiac Diagnosis"
 Dr. Sprague

Many out-of-town physicians have expressed a desire to attend this meeting. Luncheon (free for out-of-town physicians) will be served at each hospital. There will be a subscription dinner at the Youngstown Club at 6:00 P. M. sharp. Call your RESERVATION to the Heart Office — 4-0021 — before noon February 19. District graduate nurses are invited to attend meeting at Pick-Ohio Hotel

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

**VOLUME 22****FEBRUARY, 1952****NUMBER 2**

Published Monthly at Youngstown, Ohio

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

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3718 Market Street

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INAUGURAL ADDRESS*C. A. Gustafson, M.D.*

It is an honor and privilege to serve as your president for the coming year, as it was for each of the distinguished gentlemen present who served during various periods of our eighty year history.

To compliment adequately their respective contributions to the development of our Society would be difficult. Rather we should try to make this anniversary a banner year and follow past achievement by meeting squarely the problems confronting American medicine today.

Only a short time ago we were faced with an ominous threat to medical freedom, one that aroused all of us to active rebellion. As a result the threat was thrust down in a fashion typical of the true spirit of the American people, who recognized the danger to their democratic way of life. Thus socialism was effectively repulsed by a thinking Americanism.

The embers of this recent conflagration have hardly died down, yet new threats are already evident. Truman's appointment of the new Commission on the Health Needs of the Nation is a shocking attempt to justify expenditure for a so-called health emergency, when the health of the American people has never been better and monumental progress is being made in providing pre-paid medical care for all who need or desire it.

With that in mind, gentlemen, we should face the challenge to American medicine, individually and as a group, here at the most important level of medical organization, the County or grass root level. Many are the tasks ahead in adding to the solidarity of our structure. The leading one, it is clearly evident, is a public relations program that will reach every individual in our community; a physician-patient relationship that will bring mutual understanding and renewed public support for our rebellion against the threat to personal, community, and national freedom.

As your president, I am challenged to provide a leadership in attacking our immediate problems—to preserve our past accomplishment and reputation, and to provide sound medical leadership. I call your attention to the many tasks which demand unselfish participation by all of us, if we are to accomplish our objectives and maintain the dignity and stature of American

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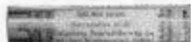
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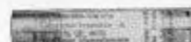
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medicine while providing the finest medical care on this earth.

Much is being said today about "the public relations" of the medical profession, and many high sounding platitudes uttered. But my question to you is—just what are you—each of you—doing about it?

The public is made up of many individuals. The attitude of the public is the sum total of the opinions of those individuals. If enough of those persons like us, and approve of what we do, the public, who are those persons, will think well of us, and "public relations" will cease to be a problem for us.

What does this mean to you and to me?

First—to me as President, it means that I will try to plan ways and means of bringing the Society before the public in a favorable light. These plans I will set out in the *Bulletin* from time to time.

Second—to you and to me as physicians this means careful attention to our personal relations with our patients and with the public with whom we come in contact.

The things that make people dislike us, or criticize us, are not too hard to discover, nor to avoid.

First and foremost is the matter of our fees. We cannot criticize the man too much who feels that our fee should fit the case; that we should charge what the service is worth to our patient.

But, you say, many patients are unfair, or they do not understand why we are entitled to charge what we do. I agree most completely with this statement, and from my own personal experience. But this does not excuse us from taking certain very simple precautions.

For example, we should keep accurate records so we can show each patient how much time we have given to his case. We should give some attention to the ability of each patient to pay. Not just charge what the traffic will bear, but go a little easy on the poorer man, and perhaps a little more heavily on the prosperous patient.

We should be willing to explain our services where necessary; to "sell ourselves" to our patients; show a sympathetic understanding of the problem of each one. A kindly approach helps much more than an adding machine or a loud speaker.

Do not forget that the patient comes to the physician wanting help and understanding. He offers fertile soil in which we can plant not merely curative medicine but a helpful response both to our diagnosis of his illness and a belief in our sincere interest in his recovery and our desire to help him. His guard is down and it is up to us to keep it down; to make an impression favorable to ourselves that will grow and become fixed in his mind.

We can all take advantage of one undisputable fact as of today. However badly the public as a whole may think of our profession, each individual patient still thinks well of his family doctor in almost every case. We must not lose this advantage. We must seize every opportunity to use it to our own proper benefit. Make him feel that he is "number one" in our thoughts for the moment. And that we have no other thought while he is with us. Avoid a cold impersonal attitude. Take a lesson from Dale Carnegie who tells you how to "make friends and influence people."

But enough of this for now.

I hope, before my year is out, to make all of you think about this problem and to do something about it. I know we are facing a crisis in our professional lives, and I am determined to do my bit to meet that crisis.

Join me then, gentlemen, in the assignment which is ours. Attend your

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without HANGOVER 3 3/4 gr.

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Pulse and respiration are slowed in the same manner as in normal sleep.

Reflexes are not abolished, and the patient can be easily and completely aroused . . . awakens refreshed.^{2,3,4}

DOSAGE: One to two 7 1/2 gr., or two to four 3 3/4 gr. capsules at bedtime.

EXCRETION—Rapid and complete, therefore no depressant after-effects.^{3,4}

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52 Christopher St., New York 14, N. Y.

1. Hyman, H. T.: An Integrated Practice of Medicine (1950)
2. Barbas, M. R. et al: A Course in Practical Therapeutics (1948)
3. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics (1943), 22nd printing, 1951.
4. Soliman, I.: A Manual of Pharmacology, 7th ed. (1948), and Useful Drugs, 14th ed. (1947)

committee meetings, set your courses of action, attend your Society meetings, and attend Council meetings. Help make our community cognizant of the high type of medical care we are giving and our continuing effort to provide the health conditions to which they are entitled.

Rheumatic Fever: Youngstown Area Heart Association:

To: Every Member of the Mahoning County Medical Society.

The purpose of this letter is to bring you up to date on the Youngstown Area Heart Association's program for the prevention of Rheumatic Fever among school children for the coming year. Each month every member of the Society will be sent a card similar to the one mailed last year, requesting information as to the number of patients treated for strep throat, type of treatment, etc. Your cooperation in filling out the cards and returning them has been excellent and we hope it will continue.

In addition to having reports from the teachers and school health services this year, we are trying to go one step further and have planned a program to make an early diagnosis of strep throat. We are starting at a school in Struthers and take throat or possibly nose cultures on all children sent home from that school with a sore throat. If the cultures are positive for B. Hemolytic Streptococci, the patient's doctor will be notified. In addition, about 100 children in the school will also be seen by our nurse when they are absent from school and are known to have fever or a sore throat. The nurse will visit the home, take the culture and report it to the child's doctor the next day. We are starting on a small scale and hope to enlarge the program to include more children. We hope to find out statistically if a program like this can be carried out on a large scale and if it is worth while.

The technique advised for the prevention of Rheumatic Fever in children who have a streptococcal sore throat, and who have never had Rheumatic Fever in short is, the child should have penicillin for at least six days. Dr. Rammelkamp suggested the easiest and least expensive way to do this with children would be to give 600,000 units of procaine penicillin in aluminum monostearate on the first and fourth days of the illness. This would insure an adequate penicillin level for approximately six to seven days, and would necessitate only two injections and two visits from the doctor. If procaine penicillin alone were used, 300,000 units should be given daily for five days.

For those children who have had Rheumatic Fever in the past and who should receive prophylaxis to prevent a strep throat, penicillin in daily doses of 200,000 units orally three times a day throughout the year, or sulfadiazine 0.5 gram morning and evening, should be given, watching particularly for the first month to see that there is no evidence of intolerance to the drug. This group should be treated especially vigorously if they do develop a strep throat, as they have a much greater chance of developing Rheumatic Fever than does the average child.

The American Heart Association statistician is quite anxious that we complete this study so that sensible advice as to procedure may be given to other communities. If there are any questions, call the Youngstown Area Heart Association office — phone 4-0021.

Hugh N. Bennett, M.D.,

Chairman for Study of Effectiveness of a
Streptococcal Control Program in Schools.

Our President Speaks

The problem of attendance at meetings of County Medical Societies is a national one. As I read our exchange bulletins from various parts of the country I find that they are all concerned about poor attendance at these meetings. So our own problem is not a unique one.

There are, as I see it, three reasons for non-attendance. First, there are many other meetings at which attendance is compulsory. Hospitals through their staff meetings, sectional meetings, conferences, etc., make great demands on the physician's time. Meetings in the specialties, also, have come to make demands on the physician's time. So when the night for county meeting comes around and the doctor isn't compelled to go, he is so tired of meetings that he prefers to sit by his own fireside and read the journal of his own choice, or maybe just sit and relax.

A second reason for non-attendance is the increasing difficulty of getting speakers who have a subject that will interest all the doctors. The last 20 years have seen many changes in "medicine", one of the most significant ones being the increase in the number of specialists. There is, therefore, a disunity of interest insofar as the discussion of medicine is concerned. There is, however, one phase of our common cause which is or should be of momentous interest to all of us. Regardless of our specialties, the fact remains that we are still doctors and the public judges us as doctors and not as specialists. I refer to the appraisal of the medical profession by the layman.



C. A. Gustafson, M.D.

The third reason, as I see it, is a general lack of enthusiasm for medical organizations, a feeling that nothing can happen to organized medicine, or "I won't be missed at the meeting."

Your council and committees have taken definite steps to increase attendance at our monthly meetings. The Housing Committee has secured the ballroom at the Pick-Ohio as our meeting place. Here there are "no steps to climb"; there will be large easy chairs for your comfort. It is centrally located and there is ample parking space close by. The room is large enough that we can invite guests from the Allied Professions or the general public.

The Program Committee is making a special effort to invite speakers on subjects of interest to the entire membership. This Committee, you will note, has representatives from the medical and surgical group of the membership at large, and in addition has the program Chairmen of the general practitioners, American Heart Association, and of the three hospital staffs. With these men working together as a unit, we should continue to secure speakers with a message for all. In my opinion, our speakers, in the past, have all been excellent.

A special committee under the direction of Dr. Mahar, is working on a plan to reduce the number of meetings. Already, much progress has been made on this problem.

The Publicity Committee and the Attendance Committee have definite plans which will increase attendance. They plan to have dinners in honor of the speakers before each meeting. These dinners are open to the general membership. It is planned that each member will attend at least one such meeting during the year. Members of Council will plan to attend every meeting.

We believe that at every monthly meeting there should be a period of discussion and reports on the activities of council, and of activities of the various committees, and the society as a whole. The general membership is entitled to know what is going on in their organization.

We believe that all these activities will create enough enthusiasm to stimulate attendance. We are expecting at least one hundred fifty at our February meeting. An excellent program is in store. Don't disappoint us by your absence. The room will appear empty if you are not there. We are expecting you!

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

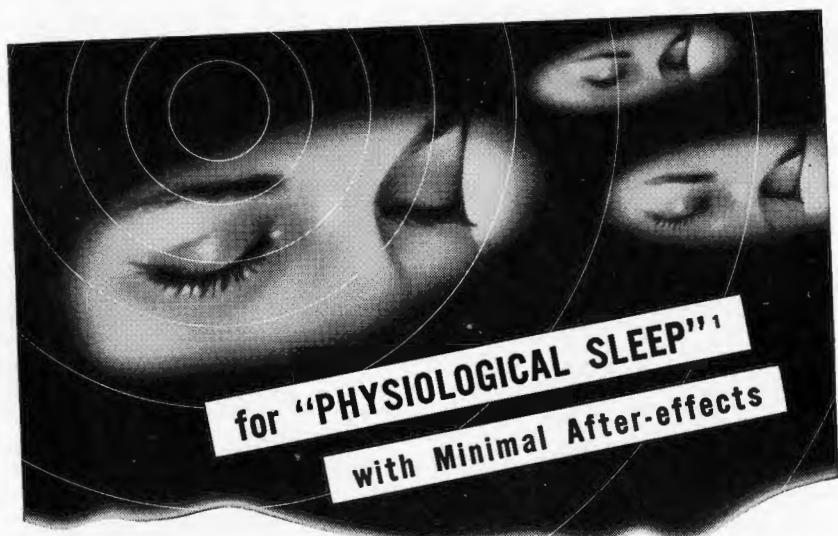
The regular meeting of the Mahoning County Academy of General Practice was held at the South Side Hospital on January 22, 1952. Dr. L. L. Bernstein gave a very interesting lecture and movies were shown on Bilateral Prefrontal Lobotomy in certain Psychoses under local anesthesia.

The next meeting of the Academy will be held at the Pick-Ohio Hotel February 19, 1952, in conjunction with the Mahoning County Medical Society and the Youngstown Area Heart Association.

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¹N.N.R., 1947, p.398.

²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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A NEWSPAPERMAN'S VIEWPOINT

*Irving L. Mansell**

Whatever criticism a newspaperman may have had of the medical profession melts away under the warmth of Dr. Gustafson's kind invitation to print lay viewpoints of the profession in the current issue of the Society's journal. Newspapers welcome a discussion of how best the press and the profession can cooperate for their mutual benefit and the people's best interest.

Historically, relations between reporters and physicians have often been anything but smooth. Each has been fully occupied by his own viewpoint and has made little effort to see the other side. Physicians and surgeons naturally are sensitive to publicity and seek to protect the privacy which must surround relations between doctor and patient. Sometimes the insistence on privacy extends far beyond the desirable relationship mentioned above and the profession suddenly finds itself shrouded from a public which is actively discussing matters of vital concern to doctors. Doctors often become fed up with the inaccuracies, mistakes and heedlessness which has characterized some newspaper reporting. Being the nation's busiest people, the medical men have little time or patience to set the press right, preferring to shut off all information at the source. Now, the press is seeking to persuade doctors that the papers themselves earnestly desire responsible, accurate, moderate, non-sensational reporting of medical matters. When this has been appreciated on both sides, there has followed a brand of reporting which has not only enhanced public confidence in the medical profession but has increased the reputation of the paper involved.

Appreciating the happy results of co-operation with the press, the American Medical Association and other medical groups have formed publicity organizations which have been very helpful both in bringing the medical man's viewpoint to the newspapers and in convincing medical men that their opinions should be fairly presented to the public. The Mahoning Society has a public information project under way and it undoubtedly will be of great value to our own community. In Cleveland, doctors and the press have worked out and printed a code which governs both with regard to the release of information in the hospitals. All this is progress, but the individual doctor sometimes wonders "what goes" regarding him as an individual. He sees sloppy reporting sometimes and determines he will clam up if the press ever approaches him. It is this determination which must be overcome for the good of all concerned.

Fair-minded editors will admit to some carelessness and incompetency in their staffs. But they will say, without exception, that the reason so much misinformation gets into the daily press is because **the man who had the facts wouldn't talk**. The doctor, in such a case, may argue that the paper has no business printing the facts the physician does not want to give. But, in this day, the doctor should know that newspapers are going to get the information from somewhere in matters of keen interest to the general public. If he maintains silence and permits misinformation to take place of the facts he could have supplied, he contributes to whatever injury is done the profession or the public. Does that mean he should surrender his own opinion or conviction? Not necessarily. If he feels keenly, why not phone the editor and tell him why certain information should not be printed? After thinking it over, many doctors will see no reason why facts, known already to a few people, should not be given to all.

Specifically, a doctor who intends making a talk on a health subject of

*Managing Editor, The Youngstown Vindicator

The Lincoln Avenue Alcoholic Clinic

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general interest will find it is a protection to himself and the cause of health to supply an abstract of his speech or a text to his newspaper in time for it to be given thoughtful consideration. Certainly such a course, though more time-consuming, is better than letting the paper get its information through hearsay or even through another physician. Ethics committees generally should approve and promote such moves toward providing better factual medical information to the public.

Probably the greatest handicap facing a desire for co-operation is the fact that we all are busy. We can't take time in our newspaper business to go out and see a doctor rather than to talk on the phone to him. Sometimes the doctor can't take time even to talk awhile on the phone. Yet great medical advantages to the public have come through newspaper publicity. Thousands of people have had their lives saved because they read in newspapers how they could be examined and how certain ailments could be discovered early and treated. It is to the best interest of the over-worked doctor to use the press to best advantage in fighting disease. If he co-operates with the press when it wants facts, he can be sure the press will co-operate with him when he has information vital for the people. Please feel sure the press will listen sympathetically to any and all ideas for human betterment.

IN MEMORIAM
CARL H. CAMPBELL, M. D.
1883 - 1951

Dr. Carl H. Campbell was born in Canfield, Ohio April 20, 1883. He was the son of Dr. Daniel and Lucy Edwards Campbell. He attended Canfield schools, graduating from the N. E. O. N. C. in 1900. He graduated from the College of Wooster in 1902, and Western Reserve University Medical School in 1909. Following his internship in Cleveland City Hospital he became associated with his father in the general practice of medicine in Canfield. Later he made a special study of children's diseases in New York City, after which he maintained an office in Youngstown for a time and then returned to practice in Canfield.

In 1916 he married Isabelle Armstrong of Cleveland. She and two sons, Donald of Cleveland, and James of Los Angeles, survive him.

Dr. Campbell saw many changes in the practice of medicine in over forty years. Many a time he would be gone from home on a confinement case for two days or more because the roads were too bad and the distance too great to permit him to return home once he was out on a call. He was the typical family doctor for countless people over a large area of the county.

In addition to his devotion to the practice of medicine, he took great interest in church and civic affairs. As a member of the Canfield Presbyterian Church he was a member of the choir over fifty years, an elder forty years, and clerk of the session twenty-six years. He was president of the Mahoning County Board of Health, and the Canfield Board of Education. For ten years he was president of the county board of education, retiring in 1950. He was active in scouting, the Canfield Community Club, Christ Mission and Optimists Camps. He was a director and vice president of the Farmers National Bank and president of the Farmers Savings and Loan Co. His death marks the passing of an era in his community and time will long be marked by his passing. Truly, the world has been better for his having been here.—Clyde K. Walter, M.D.

KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

..... When Congress met in January, 1952, the staff of the Senate Health Committee prepared for hearings on S.2337, introduced by Senator Lehman (D., N.Y.). The bill has two objectives:

- A. Setting up a program for emergency maternity and infant care.
- B. Establishing a system to provide hospital care for all dependents of service men in both cases, only enlisted men's families. Again comes that old setup of the last war wherein there was so much red tape and dissatisfaction. But with study, as proposed, a better plan can be setup.

..... Dr. W. Randolph II, and Dr. Charles W. Mayo report on medical care in military medical installations over the world:

1. That there is considerable improvement since World War II noticed, particularly in Korea. Where severe cases required 25 pints of blood before, now with treatment, they require only 15 pints. Helicopters are doing a magnificent work in transporting the wounded. There were only 11 deaths in 176,000 evacuations.
2. At Hiroshima the Atomic Bomb Casualty Commission is doing exceptional follow-up work on the victims of the atomic blast and also continuing investigation of genetics following the exposure.
3. General Ridgeway is very much interested in medical problems and is determined to carry out recommendations.
4. U. S. Public Health has made great changes in health conditions in Korea.
5. At Weisbaden they met with Budget officials on army and air force hospitals. The visiting doctors decided where they were to go.

..... United Mine Workers report land has been secured in Harlan and Wheelwright, Ky., and in Buckley and Williamson, W. Va., to build hospitals out of U.M.W. funds. All ten hospitals will be built so they can be enlarged later.

..... The handling of narcotics on prescription has not been changed in Public Law 215.

..... The Civil Defense Administration advises selective blood grouping rather than mass typing. A group of volunteer "O" type should be made near a possible target area for use if bombed. It would be impossible to secure them otherwise within 72 hours following an attack which would overtax first aid stations and emergency hospitals.

..... The following is an excerpt from the Congressional Record and is from remarks by Sen. James E. Murray during debate on S.337, Senate Aid to Medical Education, in Senate Oct. 3-4, 1951: "I am glad the A.M.A. is urging members every week to individually contribute a hundred dollars a year to the support of our medical schools. But I am sorry to note that during the first 24 weeks of that campaign less than 3 one-hundredths of 1 per cent of the country's physicians was in sufficient agreement with the A.M.A.'s position to make such an individual contribution. No, gentlemen, that figure is not an error. For over six months the A.M.A. appealed to its members to help solve the critical needs of our medical schools the A.M.A. way. It asked them to do so each week during the period. On August 4, 1951, the Journal of the A.M.A. listed the names of doctors who had complied. They amounted to not 50% of our doctors, gentlemen; not to 5%, not to 3%, not even 1% of the physicians in this country complied. When you add up the list of those who did, you will find that it represents approximately point 003; three one-hundredths of 1% of the doctors of America agree with the A.M.A.'s leader-

ship as to how that which the A.M.A. itself calls 'A Challenge to the Medical Profession' should be met."

..... Doctors and Politics. The medical profession, nationally, is going to take more and more interest in politics. Doctors in the last year or so, have shown their strength in Ohio, Florida, Illinois, Wisconsin, California and several other states . . . not as partisan politicians, but as good doctors demanding the right to remain good doctors in accordance with the Hippocratic oath.

..... We believe you should be advised that Governor Earl Warren of California, who is now a declared candidate for the Republican nomination for President, has renewed his advocacy of compulsory health insurance in two recent speeches. He, in common with President Truman and Federal Security Administrator Oscar Ewing, repudiates the term "socialized medicine", while warmly embracing the substance. That has become accepted practice among those who seek a politically-dominated medical system, however, and no one should be misled by it.

Governor Warren, in his most recent statements, as in the past, has completely ignored the tremendous strides made by voluntary health insurance in providing prepaid medical care for the American people.

..... Meeting at A.M.A. headquarters recently, the Board of Trustees decided there would be no Fellowship dues for 1952. The dues, the Board felt, are no longer required since A.M.A. members are now paying membership dues and, furthermore, the Fellowship dues requirements were too confusing to members as a whole. Fellowship dues of \$5.00 for 1951 are still payable.

..... The Board of Trustees recommended a \$10,000 appropriation for the 1952 student nurses recruitment program of the Committee on Careers in Nursing.

..... Objectors to socialized medicine multiply. The Christian Science Monitor said recently that opposition to compulsory health insurance is growing more widespread. "Public opinion, in fact, is getting better posted as to what such state medicine means. When President Roosevelt first took up government health insurance (later to drop it) little was known of this European system in the United States. But its recent costly experience in Great Britain and parts of Canada have figured so notably in the day's news that American public sentiment is at last becoming informed. Danger of enactment seems no longer so imminent as it appeared for a brief time during the New Deal. The diminishing enthusiasm in Congress for health insurance may be credited in part to the number and standing of the national organizations which have recorded their disapproval. Yet sustained opposition is clearly necessary lest the proposal again attain a showing of popularity."

MEMBERS OF THE NEW CONGRESS THAT WILL HANDLE HEALTH BILLS

Members of the Committee on Interstate and Foreign Commerce of the House: Robert Crosser (D., Cleveland, Ohio), has been chairman for many years. Graduated from Kenyon, 1897. Attended Law School, Columbia and Cincinnati. Professor Law, Baldwin-Wallace. Was member Ohio House. Served 18 terms in Congress, not consecutively. Author of RR retirement. Votes with administration.

Lindley Beckworth (D., Texas), studied law at Baylor and University of Texas. Rep. State of Texas in Congress 7 times. No health bills.

J. Percy Priest (D., Tenn.), majority whip. Education in Tennessee, thru college. School teacher, newspaper. Congress since 1941. Very active on all major health bills.

..... There are seven other members on the Committee for the Democratic party. These are not important. None have been very active in health matters.

Charles A. Wolverton (N. J.), ranking Rep. Graduated law, University of Pennsylvania. Practiced law, Camden, N. J. Speaker of House. Served 13 terms in House. Bill on separate agency for the physically handicapped.

Carl Henshaw (Cal.), second ranking Rep. Graduated Civil Engineering, Princeton. Business Administration, Mich. Served 7 terms in House.

Leonard W. Hall (N. Y.), third ranking Rep. Practiced law. N. Y. Legislature. Sheriff Nassau Co. 3 times. Served 7 terms in House.

There are ten other Rep. members of this Committee. None have been very active including the three ranking members, in health legislation.

..... *Some of the members of the Senate Labor and Public Welfare:*

James E. Murray (Dem., Mont), Chairman. Serving third term in Senate. Born in Canada. Practiced law 25 years. Served as County Attorney, Silver Bow. Advisory Board, W.P.A., Montana, also advisory to committee of U. N. Advisor and delegate, U. N.'s International Labor. Has been very active in Labor and all types of medical acts such as heart, dental, cancer. Sponsor of National Compulsory Health Act. Also active in Missouri Valley Authority. Introduced Federal Aid to Medical Education, construction of more Veterans' hospitals, aid to general education. *ALL TEND TO BE SOCIALISTIC.*

Lester Hill (Dem., Ala.), son of a physician. House of Representatives from 1923 to 1938, then in Senate. Lawyer. Sponsor Hill-Burton Bill for hospital construction in rural areas or where needed. Has sponsored a number of health bills, including a voluntary health insurance bill.

Matthew M. Neely (Dem., W. Va.), son of country doctor. Lawyer. W. Va. House. Elected 1913 to House until 1918. 1922 elected to Senate to 1936. 1940 Governor of W. Va. Reelected to House 1944, then Senate in 1948. 20 years ago introduced first bill to finance cancer research which led to establishment of National Cancer Institute. Credited with improvement in W. Va. hospitals, schools, penal institutions.

There are four other Democrats on the Committee. All are powerful, all have had their ideas and influences regarding all types of socialism.

The ranking minority leader is Robert A. Taft (Rep., Ohio). Was practicing attorney in Cincinnati. Assistant U. S. Food Administrator under Herbert Hoover. 1921 in Ohio House, 1931 Ohio Senate, 1944 to U. S. Senate. Many other important assignments have been his which will not be enumerated here.

There are five other Republicans on this Committee, such as Aikens (Vt.); Smith (N. J.); Ives (N. Y.); Nixon (Calif.). They are all good men seeing the light, mostly opposed to socialism.

..... *New Doctor Draft Interpretations:*

1. When delay in active duty is requested for a Naval Reserve medical officer, the request must be signed by the state chairman and must clearly state that the officer is essential in his present capacity.

2. World War II deferment of medical students, resulting in their being placed in Doctor-Draft Priorities I and II, must have taken place in part at least within the period December 7, 1941 to March 31, 1947.

3. The Doctor-Draft act applies only to World War II deferments granted by the Selective Service System, and not to active duty deferments granted to reserve officers by the military services. Therefore, a registrant who received deferment under the latter conditions is not by reason of this to be placed in Priorities I and II.

Federal Budget Bureau sees only limited expansion of Federal Health Programs: The agency feels the time has come to limit expansion of basic requests except those contributing to national defense and that grants should have a complete and systematic review with a view toward economy and efficiency and elimination of interference in all State programs.

..... The Wage Stabilization Board has recognized voluntary prepayment medical and hospital care plans so that inflationary control can be handled in the provisions for health benefits granted employees by their employers. Fees must follow Veteran Administration schedule as found in respective communities. Cash indemnity type ceiling of \$200.00 for a surgical procedure, medical, home and offices fee will be followed. For hospital, medical-surgical coverage employer will pay 100% of worker premium, 60% of family protection, employer paid enrollment in any hospital insurance plan will be allowed, hospital can broaden their scope of coverage.

IN MEMORIAM

H. E. McCLENAHAN, M. D.

To write an obituary of a man that I have loved the past 38 years is to me not an easy task. I have felt well acquainted with Dr. McClenahan throughout all these years. He dearly loved his profession and took a very active interest in his work. No filth ever came out of his mouth. He was an Elder in his church and truly practiced his belief in God day by day. I am sure that people of many creeds and color can vouch for their experience with him that he was "true blue". My love in medicine has been obstetric work and in that way I became better acquainted with him.

I visited him nearly every day while he was in the hospital, except his last two days on earth. Whether he knew he was nearing the end of his earthly life I do not know. But I will say he took it on the chin and never said a word about death but always felt he would get better. He was 67 years old when he died. He was born in Youngstown, the son of Mr. and Mrs. Henry L. McClenahan.

In 1915 he received his medical degree at the University of Michigan. He interned two years at West Penn. Hospital in Pittsburgh. He entered the Army in World War I and served as a Major. In 1923 he took a post-graduate course in gynecology at the Chicago Lying-In Hospital, and in 1925 specialized in that field until his retirement. He became Youngstown's first Diplomate of the American Board of Obstetrics and Gynecology and in 1933 became a member of the College of Surgeons. He was a member of the Youngstown Hospital Association Staff. He was a director of Christ Mission, a member of Western Star Lodge of Masons, a member of the Kiwanis Club and served as its president.

He was married Dec. 26, 1913 to Miss Mildred Lee whom he leaves, also a daughter, Isabelle Sontag, and two grandchildren, Richard and Margie. His memory will be with us as long as life shall last. He did wonderful work before his retirement, never too busy but that he could take time out when his counsel was needed. A wonderful man, a more than wonderful medical man, a grand husband, a loving father and I, for one, can say a wonderful friend.
—W. W. Ryall, M.D.

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IN MEMORIAM

ALBERTUS HOLMES ALDEN, M. D.

Dr. Albertus H. Alden was born December 22, 1867, at Middlefield, Ohio. He was the son of Edward and Hercey Dunham Alden and was the ninth generation direct descendant of John and Priscilla Alden. After a boyhood spent on the farm in Geauga County and a brief career as a teacher he was graduated from Hiram College in 1899 and Western Reserve Medical School in 1903. He then located in North Lima where he practiced actively until his death.

Dr. Alden's span of practice bridged the era between the older school of empirical medicine and the modern scientific school. When he began his practice his immediate colleagues either disregarded or disbelieved the germ theory of the cause of infection and his efforts at antiseptic obstetrical and surgical procedures won him a deserved reputation in treating local infections and conducting deliveries. His practice embraced a wide area in Southern Mahoning County and during the first decade of practice he was strictly a "horse and buggy doctor". With the advent of the automobile in his community, Dr. Alden soon turned to this form of transportation, being the second person in his community to purchase a car. With the easier mode of transportation, he soon became one of the busiest and most highly respected physicians in Mahoning County. For the past seventeen years ill health forced him to give up much of his active practice but he continued to serve the people of the community to the best of his ability until a short time preceding his death.

Dr. Alden was always a family doctor in the complete meaning of the term. He was always completely frank and forthright both in his professional and community affairs. He served on the North Lima Board of Education during the period when the North Lima School was the first centralized school in Mahoning County and when the North Lima Board of Education constructed the first modern school building in the county.

Dr. Alden retained a genuine interest in agriculture and especially floriculture. He personally cared for one of the largest and finest flower gardens in this part of the county and was an authority on flowers and their care.

Dr. Alden passed away November 9, 1951. At the time of his death he was the last of that honored and fabulous generation of doctors whose names included Justus of Poland, Floor of Petersburg, Blackwelder of New Springfield, and Hulin of Greenford. His passing completes the epoch and leaves only a memory of a good and useful life.—*H. P. McGregor, M.D.*

ANNUAL BANQUET A SUCCESS

The annual banquet of the Mahoning County Medical Society for 1952 was held at the Youngstown Country Club and celebrated the 80th Anniversary of the founding of the Society. Following an excellent roast beef dinner, Dr. Gordon Nelson, substituting for Dr. Elmer Wenaas, installed Dr. C. A. Gustafson as the new president of the Society and presented him with a gavel made by Dr. A. E. Brant. Dr. Gustafson then delivered his installation address which is presented in full in another part of the *Bulletin*.

Dr. W. M. Skipp nominated Doctors S. G. Patton and W. D. Coy for honorary membership to the Society, praising their devotion to the practice of medicine back in the horse and buggy days. The vote was carried unanimously.

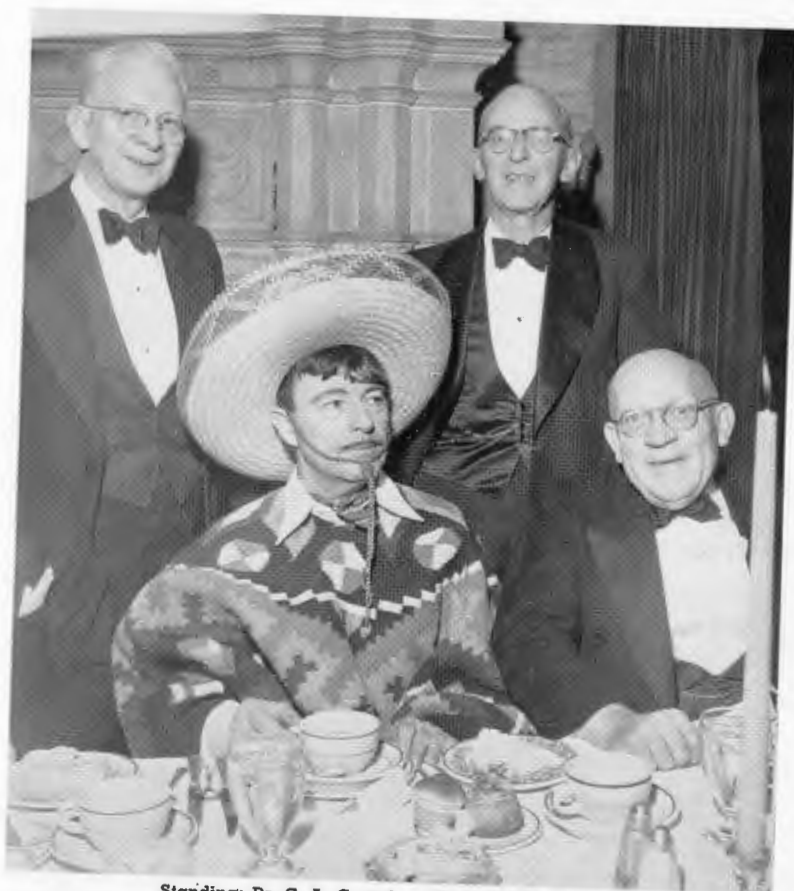
The living past presidents of the Society, who were guests of honor and grouped around the speakers' table, were then introduced. Dr. H. E. Blott was the oldest past president (aged 87) and had the most years of membership in the Society (60) was given a special introduction and warmly applauded with a standing ovation. Then Dr. C. R. Clark was asked to recall some of the earlier days of the Society. Dr. Clark described the first meeting of the Society he attended in 1899, at which time the Society was small enough to meet comfortably in the different members' offices and waiting rooms. He pointed out that the problems in medicine then were quite different from those encountered now. Typhoid fever was the single most important medical problem in contrast to the present high percentage of patients with diseases associated with aging.

The meeting was further enlivened and brought to a close by "Pancho the Entertainer".

In The Spotlight



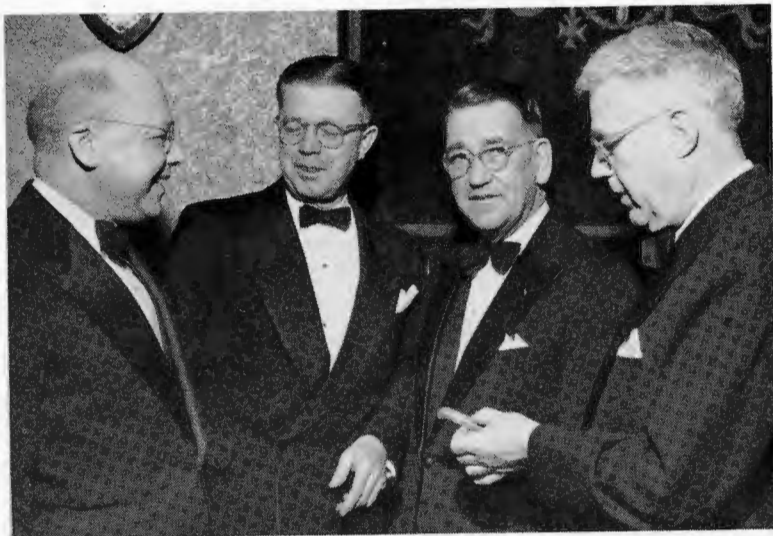
Standing: Dr. W. D. Coy, Dr. W. W. Ryall.
Seated: Dr. C. D. Hauser, Dr. M. E. Hayes, Dr. H. E. Blott, Dr. C. H. Beight.



Standing: Dr. C. A. Gustafson, Dr. F. W. McNamara
Seated: Pancho from the Rancho, Dr. W. K. Allsop



Dr. E. J. Reilly, Dr. R. B. Poling, Dr. J. M. Ranz, Dr. L. G. Coe, Dr. E. H. Nagel



Dr. J. L. Fisher, Dr. G. G. Nelson, Dr. W. M. Skipp, Dr. W. H. Bunn.



Dr. A. E. Brant, Dr. John Noll, Dr. Paul J. Fuzy



Front Row: Dr. W. H. Evans, Dr. J. P. Harvey, Dr. W. K. Allsop, Dr. H. E. Patrick.
Back Row: Dr. R. W. Fenton, Dr. G. M. McKelvey, Dr. W. H. Bennett

AID FOR AGED MEDICAL PROGRAM CLARIFIED

(Editor's Note: The following explanation of the Aid for the Aged Medical Program has been submitted by Mr. Ernest H. Credico of the local division of Aid for the Aged. Mr. Credico explains that this is but a short review of the comprehensive program in force. He has also expressed a willingness to appear before the membership at one of its meetings to discuss the program at greater length and answer any questions in connection with its operation.)

There are three methods of payment for health care for Aid for Aged recipients when no other resources such as insurance or relatives able to assume costs or private resources are available. These are:

1. Allowance may be included in regular award, if recipient is not already receiving the maximum of \$60.00 to meet needs exclusive of health care, if health condition is chronic and can be established by—

- (a) health condition at the time of investigation; and
- (b) amount of care patient is actually receiving and has been receiving during the past six months; and
- (c) statement of the attending physician as to amount of care required and whether or not health condition is chronic.

2. If recipient's regular monthly grant is less than \$50.00 per month and health care requirement is not chronic, at the termination of service, an allowance of a stated amount for a specified number of months can be added to the regular award to meet the expense. This method is the one which we must use whenever possible.

3. Whenever recipient's monthly grant is \$50.00 or more and he has no other resources to meet health care requirements, there is available to each recipient during a calendar year, an allowance of \$200.00.

Any payment made by either the first or second method, is paid to the recipient who stands in the same position as any other patient insofar as collection of costs to creditor is concerned. The Division of Aid for Aged may grant an allowance to meet expenses but is prohibited by law from directing the recipient as to his use of such funds. Creditors may be notified of the allowance granted only upon written authorization from the recipient to release this information.

Payment made by the third method is made direct by the Auditor of the State of Ohio to the creditor.

When recipients of Aid are admitted to Youngstown Hospitals and have no resources to meet this expense, they are entered as house patients. The Mahoning County Welfare Department then assumes expenses and becomes the only Creditor because of the existing contract between the Mahoning County Welfare Department and the hospitals.

All payments for health care made from Aid for Aged funds are made in accordance with fee schedules of the Division which have been established with the advice and co-operation of the Ohio State Medical Association, the Ohio State Dental Society, the Ohio Osteopathic Association, the Ohio State Optometric Association, and the Ohio State Hospital Association. These schedules are available at the local Aid for Aged office, 1001 Realty Building, Youngstown 3, Ohio.

The Division of Aid for Aged respects and wants to protect the private relationship between client and his physician, dentist, or other practitioner. Bills for health care should be presented to the client for payment within 30 days. This enables the recipient to make his own plans for payment. If he needs help in doing this he may bring the bills to our office where we will help plan with him as to method of payment. Plans for payment are greatly facilitated if bills are presented in triplicate.

The Division of Aid for Aged is neither authorized nor able to meet the

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entire health care cost of every client. The amount of Aid is limited by law. The Division of Aid for Aged enters into the relationship between the patient and the professional practitioner only to the minimum extent necessary to establish need as is required in a tax-supported assistance program.

VENEREAL DISEASE CLINIC — REPORT FOR 1951

TOTAL NUMBER OF PERSONS SEEN DURING THE YEAR	1011
New people not previously seen before	705
of these:	
Admitted for Syphilis	159
Admitted for Gonorrhoea	259
Admitted for Chancroids	6
Non-infected and not admitted	265
Still under investigation	16
	<hr/> 705
SYPHILIS	
NUMBER OF CASES TREATED THIS YEAR	430
Carried over from 1950	185
Patients previously delinquents or previously classified as "arrested" who came back for check-up or treatment	86
Admitted this year	159
Primary and Secondary	19
Early Latent	54
Late Latent	55
Central Nervous System	14
Congenital	10
Cardio Vascular	7
	<hr/> 159
Males admitted	88
Females admitted	71
	<hr/> 159
Discharged as cured or arrested	88
Transferred	28
Delinquent	77
Died	6
Remaining	231
Number of blood tests taken	1763
Positive	971
Negative	792
	<hr/> 1763
Number of spinal punctures	81
Positive	14
Negative	67
	<hr/> 81
Number of intravenous injections administered	142
Number of intramuscular injections administered	1888

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Para-Aminobenzoic Acid (as the sodium salt)	2 1/2 gr.	(0.15 Gm.)
Thiamine Hydrochloride (Vitamin B ₁ , 333 I.U.)	1 mg.	(1/60 gr.)
Riboflavin (Vitamin B ₂ , 340 Sherman Units)	1 mg.	(1/60 gr.)

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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Number of chest and eye examinations	97
Number of patients sent to Rapid Treatment Center	94
NUMBER OF CLINIC VISITS	3332

GONORRHEA

NUMBER OF CASES TREATED THIS YEAR	294
--	------------

Carried over from 1950	35
Admitted this year	259

Males	294
Acute	180
Chronic	3
.....	183

Females	76
Acute	14
Chronic	62
.....	76

Discharged as cured	106
Transferred	15
*Delinquent	141
Remaining	32

Number of penicillin injections given (not less than 300,000 Units of procaine penicillin G with 2% aluminum monostearate per injection)	294
Number of cultures for Gonorrhea in females	341
Positive	91
Negative	127

NUMBER OF CLINIC VISITS	218
NUMBER OF CLINIC VISITS	824

*NOTE: Most of these delinquent patients can be considered as cured since they all received penicillin.

CHANCROIDS

Admitted this year	6
Discharged as cured	2
Delinquent	2
Remaining	2
.....	6

NUMBER OF CLINIC VISITS	17
Number of clinic visits by PERSONS NOT INFECTED AND NOT ADMITTED OR TRANSFERRED TO OTHER AGENCIES FOR OTHER CAUSES THAN V. D.	785
GRAND TOTAL OF CLINIC VISITS	4958

As in former years we again wish to express our deep appreciation to the Visiting Nurses' Association for their splendid cooperation.

Respectfully submitted,

Henri Schmid, M.D.; M. E. Hayes, M.D.; and Ruth Mehl, R.N.

Doctor

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MARCH MEETING
MAHONING COUNTY MEDICAL SOCIETY
AND
MAHONING ACADEMY OF GENERAL PRACTICE

Guest Speaker



LEO E. BROWN

Executive Assistant in Department of Public Relations
American Medical Association

- Subject:* PUBLIC RELATIONS
Guests: Medical Auxiliary and
Allied Professions Groups
Bait: FREE BUFFET LUNCHEON
When: Tuesday, March 11, 1952
8:30 P. M.
Where: Ballroom, Pick-Ohio Hotel

The Mahoning County Board of Health requests that physicians report all cases of communicable diseases in the Mahoning County district to the Mahoning County Board of Health office, Court House, Youngstown, Ohio. Telephone reports will be accepted.

If our vital statistics are to mean anything this reporting must improve.

Charles Scofield, M.D.,
Mahoning County Health Commissioner

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PROCEEDINGS OF COUNCIL

MEETING: The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, January 14, 1952, at the office of the Society, 203 Schween-Wagner Bldg., Youngstown, Ohio.

PRESENT: The following doctors were present: C. A. Gustafson, President, presiding; S. W. Ondash, W. M. Skipp, E. R. McNeal, G. G. Nelson, A. K. Phillips, and J. D. Brown, comprising members of Council, and Dr. S. R. Zoss was a guest.

Dr. Zoss, chairman of the Lay Education and Speakers, outlined his plans for the year 1952.

A motion was made, seconded, and duly passed expressing appreciation for his efforts and that the plans as outlined be placed into action.

The speaker for the March meeting being Dr. Leo E. Brown, Director of Public Relations of the A.M.A., Council approved a buffet lunch following the meeting and to invite the Auxiliary and members of the Allied Professions Committee.

COMMUNICATIONS: A letter from Dr. Earl E. Brant, who is at Memorial Center Hospital, N. Y., for a year of post-graduate work, asks if during this time he may have the privilege of paying state dues only.

A motion was made, seconded, and duly passed to grant Dr. Brant's request and that he be so notified.

ARTHRITIS FOUNDATION: A letter from Ohio State Medical Association states that the Arthritis and Rheumatism Foundation, 535 Fifth Ave., N. Y., is considered by the A.M.A. as a reliable organization.

A motion was made, seconded, and duly passed to appoint a committee, Dr. Szucs, chairman, and to notify Dr. Szucs that the Society approves its functioning.

The following applications were read and approved:

ACTIVE MEMBERSHIP

Dr. Edward Henry Jones, Jr., 3718 Market St., Youngstown, O.
 Dr. Sam Amil Lerro, 305 Home Savings & Loan Bldg., Youngstown, O.
 Dr. Hugh Norman Bennett, 634 Market St., Youngstown, O.

JUNIOR ACTIVE MEMBERSHIP

Dr. Donn Farrar Covert, 312 Home Savings & Loan Bldg., Youngstown
 Dr. Paul Easton Ruth, 510-17 Dollar Bank Bldg., Youngstown, O.

INTERNE MEMBERSHIP

William Watts Parmenter, Yo. Hospital Association, Youngstown, O.
 Charles N. Giering, Yo. Hospital Association, Youngstown, O.
 Paul A. Dodson, Youngstown Hospital Association, Youngstown, O.

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

BILLS: Statements for bills incurred by the Society were presented.

A motion was made, seconded, and duly passed to pay each one.—G. E. DeCicco, M.D., Secretary.

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SOME EXPERIENCES WITH OPERATIVE CHOLANGIOGRAPHY

Ben S. Brown, M.D.

Operative cholangiography is a means of visualizing the extrahepatic biliary system by contrast roentgenography during the surgical exploration of these structures.

This procedure provides much essential information about the anatomic, physiologic, and pathologic conditions of the extrahepatic biliary systems. Operative cholangiograms demonstrate (1) congenital anomalies and anatomic displacements of the biliary systems, (2) determine patency of the ductal system, (3) note number and position of offending calculi, (4) designate the functional status of the sphincter of Oddi, (5) outline fistulous tracts, (6) visualize bile reflux into the pancreatic ducts, (7) detect intrusions of neoplasm which impinge on larger bile ducts or originate in the ampulla of Vater, and (8) visualize dilatation and saccululation of bile ducts themselves. Operative cholangiograms are being used only as a special procedure when the common duct is explored in some institutions. In other institutions, the procedure is almost routine for all gall bladder surgery.

Routine use of operative cholangiograms would aid the surgeon in internal visualization of the duct systems in addition to the palpation and external visualization. It is another diagnostic procedure the surgeon may use to confirm his surgical opinions, while the patient is still on the operating table. It is a permanent visual record of the status of the biliary duct system at the time of surgery.

To be of value routine operative cholangiograms should fulfill the following criteria:

- a. Procedure should not be harmful to the patient.
- b. It should not delay or unduly prolong surgery.
- c. Radiographic films should be of diagnostic quality routinely.

The following types of operative cholangiograms may be performed according to Hicken:

1. *Scout Cholangiograms*—Dye is injected into the gall bladder directly. The bile is aspirated and replaced with contrast solution. This gives a composite picture of the entire ductal system. This is useful in cases of obstructive jaundice to tell the point and possible cause of obstruction.
2. *Choledochograms*—Dye is injected directly into the common duct by means of a needle. The anterior wall of the duct is pulled away from the posterior wall by gentle traction. This may be done before or after removal of the gall bladder. This is especially useful when exploring the biliary systems of patients who have had previous cholecystectomies and are still complaining of symptoms indicative of ductal obstruction.
3. *Cannalization of Cystic Duct Stump*—Dye is injected into the stump of the cystic duct before it is ligated.
4. *Retrograde Choledochograms (Ampullary Injection)*—Dye is injected into the Ampulla of Vater after the duodenum is opened. This procedure is used when the common duct can't be located because of inflammatory reaction or other reasons.
5. *Completion Cholangiograms*—Dye is injected through the drainage tube and T tube. Thus the status of the biliary system can be determined just before completing surgery. Occasionally, dislodged or overlooked stones can be noted.

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This paper is the result of a series of twenty cases done to see whether or not such a procedure could be worked out satisfactorily. It required the cooperation of the surgical, radiological and anesthesia departments.

The surgical department has set up the following procedures:

- a. Do not use skin clips for towels and remove all metal clamps prior to exposure of film.
- b. Be sure all air is out of the system before injection of dye. This prevents air bubbles from giving false shadows in the duct systems.

The anesthesia department plays a vital role in the suspension of respirations for one to four seconds. This enables our present mobile radiographic equipment to secure diagnostic films without motion.

The radiology department uses a mobile radiographic machine of 15 M. A. and 80 K. V. A stationary grid is utilized. A wooden cassette tunnel is placed beneath the patient. An exposure time of $\frac{1}{2}$ sec. to 3 sec. is used, depending on the thickness of the patient. Neiopax, 35% solution is used in 10 cc. quantity.

PROCEDURE

1. Surgical nurse calls X-ray technician to position cassette tunnel beneath patient on surgical table.
2. Mobile radiographic unit is placed in operating room.
3. X-ray technician places 14 x 17 in. cassette with a stationary grid into cassette tunnel. Then returns to radiology department, and continues routine work.
4. Surgery calls radiology department for a technician about 5 min. prior to taking film. Usually $\frac{1}{2}$ -1 hour after Step 3.
5. Surgeon has needle properly placed by one of previous methods.
6. Surgeon steadily injects 10 cc., 35% neiopax.
7. When 5 cc. injected, the anesthetist suspends respiration.
8. When 8 cc. injected, the X-ray technician makes the exposure.
9. While further surgery is being done, the films are processed immediately.
10. Usually the wet films can be viewed in surgery with 10 minutes.

A breakdown of cases coming under our study is as follows:

Total cases	-----	20
Satisfactory (Diagnostic)		
Normal Cholangiograms	-----	15
Stone in Common duct	-----	3
Unsatisfactory (Not Diagnostic)		
Dye in soft tissues around common duct	-----	2

CONCLUSIONS:

1. Routine operative cholangiograms are technically feasible from surgical, anesthetic, and radiological standpoints.
2. Surgery is not unduly prolonged, nor is the patient harmed by procedure.
3. Valuable permanent record is obtained of the status of biliary and hepatic ducts at the time of surgery.
4. Occasionally common duct stones visualized by operative cholangiography where they were not definitely palpated by surgeon.
5. I believe this procedure should become an essential part of routine gall bladder surgery, the same as pre-operative gall bladder series are now performed.

I wish to thank all the participants of both the surgical and anesthetic departments for their cooperation in making this study possible.

AUXILIARY NEWS

Mrs. Carl A. Gustafson, president of the Woman's Auxiliary to the Mahoning County Medical Society, presided at the January meeting held at St. Elizabeth Hospital Tuesday, January 15th.

Mrs. L. G. Coe and Mrs. L. W. Weller reported on the progress of the nurses in training under the Nurses Scholarship Fund, and that two more young women have been suggested for scholarships, one at St. Elizabeth Hospital and one at Youngstown Hospital.

Questionnaires in the interest of Civil Defense were filled in, and pertained to a four-point program which has been outlined for auxiliary members and includes the following: 1. Home Warden Service; 2. A Home Survey of Medical Supplies; 3. Red Cross First Aid Courses; 4. Nurse Recruitment Program.

Mrs. K. E. Camp, chairman of Public Relations Committee, reported that members distributed posters and supplies to doctors' offices for Diabetic Week, and that eight volunteers are requested for each of three consecutive days, January 23rd, 24th and 25th, to collect contributions for the Polio Drive.

As has been the custom for several years, a motion was passed to again give subscriptions of "Today's Health" to the twenty-six county high schools.

All auxiliary members and members of the Allied Professions are invited and urged to attend the meeting being sponsored by the Mahoning County Medical Society to be held March 11th, when Mr. Leo E. Brown, director of Public Relations of the American Medical Association, will speak.

The Style Show which is featured for Tuesday, February 19th, at Strouss Hall, Rodef Sholom Temple, is for members and guests and admission will be fifty cents per person.

Members planning to attend the 1952 Annual Meeting of the Ohio State Medical Association in Cleveland May 20th to May 22nd, are urged to make their reservations.

An interesting and educational talk illustrated with slides was given by Dr. Emily Weltman on "Mother and Child in Fine Art", and a delightful tea at which Mrs. Gustafson and Mrs. Coe poured concluded the afternoon program.

The committees in charge for the day included Mrs. Sam Tamarkin, program chairman, assisted by Mrs. W. L. Mermis and Mrs. John McCann. Mrs. Francis Gambrel, social chairman, assisted by Mrs. M. C. Raupple, Mrs. Ben Brown, Mrs. S. L. Davidow, Mrs. W. D. McElroy, Mrs. E. E. Pichette, Mrs. Ivan C. Smith and Mrs. Clyde Walter.—Mrs. Dean Nesbit, Publicity Chairman.

AMERICANS SPENT \$8.5 BILLION ON MEDICAL CARE IN 1950 . . . This is revealed in study made by A.M.A. Bureau of Medical Economic Research, based on U. S. Commerce Department data . . . The \$8.5 billion was 4.4% of total spent for all goods and services in the consumer's budget . . . In 1930, medical care expenditures totaled \$2.9 billion . . . Of the \$8.5 billion spent on medical care in 1950, \$2.4 billion was spent for physicians' services, \$2.0 billion for hospitalization, \$1.4 billion for drugs and sundry, \$1.0 billion for dental services, and \$1.7 billion for "other medical care" . . . Between 1930 and 1950, the physicians' average share of the medical care dollar fell 12%, the share of hospitals increased 66%, dentists' share declined 26%, portion spent on drugs dropped 12%, and share for "other medical care" went up 5%.—O. S. News Letter.

HOSPITAL STAFF MEETINGS

St. Elizabeth Hospital

The regular monthly staff meeting of St. Elizabeth Hospital was held January 8, 1952. Mr. Raymond Garbey, architect from Chicago, Illinois, presented the basic plans for the new hospital wings. He discussed the numerous problems which arose in selecting a site for the main entrance and various facilities for the new addition.

Dr. M. Szucs presented the second portion of the program and showed a movie film on the problems of Rheumatoid Arthritis, sponsored by the Arthritis and Rheumatic Foundation.

The usual business meeting followed the scientific program.—P. B. Cestone.

YOUNGSTOWN HOSPITAL ASSOCIATION

The January meeting of the Youngstown Hospital staff was called to order January 8, 1952 by the President, Dr. G. G. Nelson, at 8:30 P. M. The minutes of the previous meeting were read and approved. The vital statistics for December were read and approved. The various committee chairmen gave their annual committee reports. Dr. Fisher read a resolution about Dr. McClenahan's decease.

It was moved, seconded, and passed to purchase a television set for the North Side Nurses' Home. The meeting was adjourned.—E. C. Baker, M.D., Secretary.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR DECEMBER, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	232	141	91	172	105	67
Births Recorded	653	326	327	816	424	392
CONTAGIOUS DISEASES						
	1951 Cases		Deaths	1950 Cases		Deaths
Chicken Pox	77		0	38		0
Measles	37		0	2		0
Mumps	0		0	1		0
Poliomyelitis	1		0	0		0
Scarlet Fever	4		0	5		0
Tuberculosis	3		4	2		4
Whooping Cough	17		0	1		0
Gonorrhoea	16		0	18		0
Syphilis	20		0	20		0
VENEREAL DISEASES						
New Cases	Male		Female			
Syphilis	4		2			
Gonorrhoea	8		4			
Total Patients			18			
Total Visits to Clinic (Patients)			170			

W. J. TIMS, M.D.

Commissioner of Health

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FRANK'S BOYS WIN DEBATE. Frank G. Dickinson, director of the A.M.A. Bureau of Medical Economic Research, coached two "boys" on a debating team who took the negative side of the subject: "Resolved, That this House recognize the need for a free National Health Service."

The affirmative side was taken by two young students from Britain, members of the Oxford University debating team.

A great deal of literature and statistics was sent by both Dr. Dickinson and the A.M.A. Council on Medical Service to Murdo, the Robber, and Bill, the Bad Check Passer. They were members of the debating team of the Norfolk State Prison Colony at Norfolk, Mass.

The two teams debated the subject before an audience of 600. The judges were former Governor William S. Flynn of Rhode Island, Justice Harold Williams of the Massachusetts Supreme Court, and Dean Erwin N. Griswold of the Harvard Law School.

The judges' unanimous decision was a victory for the Norfolk prison team.

In a "letter of appreciation" to Dr. Dickinson later, Bill, the Bad Check Passer, said that this was the first time the British team had been defeated in 52 debates in which it had participated throughout the eastern part of the United States. In most of the debates, the free national health service subject was discussed. After the prison debate the audience voted, too. The vote was 4 to 1 against.

Bill, the Bad Check Passer, said he thought he clinched the decision of the judges with:

"Guests of Norfolk, voluntary and involuntary, a free national health service will not make medical service better, but worse. The neurotics and malingerers will swamp our doctors and make it impossible for them to tend the really sick. I have been an unwilling native in a socialist Utopia for some time, and I know it will not work . . . This talk of free service is just political camouflage."

His argument apparently did the trick.

UNCLE DUDLEY

We are quite willing to agree with the observation that the plant possesses something definite and distinct which is not to be found in the crystal; but it is also true that there is something in the lifeless material that precedes the crystal which determines form and strives to keep it true. We separate these forces for convenience in thinking, yet not without some risk to truth.

★ ★ ★

It would be well, in our youth, if we could know that sophistication is not an unmixed blessing. What we pay for it comes out of our happiness fund.

★ ★ ★

What a French actress, who now is in Hollywood, says to American women contains wisdom far-reaching in its application. She thinks our men should remain masculine and our women should return to being feminine. This sounds like a voice in the wilderness crying for a return to the way of the Lord. Attention to this would be the salvation of many homes. Woman to be lovable, and man to be worthy of her devotion—What an ideal!

HERE AND THERE

Dr. J. K. Herald addressed the Lawrence County Medical Society in New Castle, Pa., on January 3, 1952. He discussed practical methods of diagnosis of lower colon cancer and its treatment.

Dr. A. J. Fisher was elected vice president of the Ohio Society of Anesthesiologists at the fall meeting of the Society held in Cincinnati.

Dr. William L. Mermis was elected chairman of a committee to form a permanent Youngstown Club of St. Louis University, at a recent alumni luncheon held at the Elks' Club. Dr. Robert S. Donley is also a member of the committee.

Dr. U. A. Melaragno spoke before members of the Lions Club recently in connection with a movie film "Guard Your Heart", sponsored by the Youngstown Heart Association.

Dr. Henry L. Shorr announces the opening of his office for the general practice of medicine at 1042 Wick Avenue.

Dr. W. J. Flynn returns to the practice of surgery at 64 Ridge Avenue following two years post-graduate training at Memorial Hospital in New York.

Dr. James Calvin reported for active duty in the U. S. Army Medical Corps January 3, 1952, at Camp Lee, Virginia.

A. J. Telego, M.D., announces the new location of his office for the general practice of medicine, 3714 Market Street.

M. J. Kocialek, M.D., attended the American College of Physicians meeting in Panama.

C. K. Walter, M.D., addressed the Mahoning Valley Dietetic Association on the subject of "Allergies" at last month's meeting.

FEATURING, MARCH 11, 1952 . . . *Leo E. Brown*, executive assistant to the general manager in charge of public relations for the American Medical Association, will speak before the Mahoning County Medical Society, Medical Auxiliary, and Allied Professions groups. His subject will be "Public Relations."

Mr. Brown, who has had wide experience in the health education field, joined the American Medical Association's headquarters staff in Chicago early in 1951 after serving several years as executive assistant to the Medical Society of the State of Pennsylvania. In that capacity, he directed the American Medical Association's national education campaign in the state.

From 1945 to 1947 he served as health education secretary for the Erie County Health and Tuberculosis Association at Erie, Pa. In that post he directed the first county-wide mass x-ray survey which covered 120,000 persons in a six-weeks period. His duties took him on lecture tours in every part of the state.

Mr. Brown, whose chief duty within the American Medical Association is to help create a better understanding between the public and the medical profession, praises the advancements made by medical science in the last decade.

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Editorial.....

..... The time has come to take my feet from the editorial desk, place a piece of scrap paper thereupon and share some of the wisdom an editor is supposed to have concealed in his cranium with the members of the Society. As your new editor, and after several tablets of yellow scrap paper, I have come to the conclusion that literary brilliance is not gained by persistence of effort but by birth. Therefore, let us bask in the brilliance of our past editor for a few issues until we discover whether a rebirth is possible or not.

It is going to be exceedingly difficult to take over the Editorship from Steve Ondash. The fact that every reader is aware of the grand job performed by Steve during the year 1951 constitutes high tribute to his ability. Without fanfare or controversial editorials, but with dignity and ethical diligence he obtained a *Bulletin* that spoke for itself not only locally, but generally. I have the feeling of being asked to substitute for an all-American quarterback. Many thanks should go to Steve Ondash from all members of our Society, as they are indeed being given from me, for his help in initiating me to the task of the coming year.

I feel that the *Bulletin* is your publication and that a keen interest should be shown in it. It can be made just as good as your contributions make it. We of the editorial staff invite comments, articles, criticisms, and especially loving praise, so let's have an active Society and consequently an active and interesting *Bulletin*. To start with I'm asking for letters to the editor. Please don't expect an answer such as Gordon Cobbledick, Sports Editor of the Cleveland Plain Dealer, might write. Don't make me ask for a stooge in order to get the first "letter to the editor" but I'll do it if that is what is needed.

So let's, all of us, make 1952 a banner year for the Mahoning County Medical Society and its official voice box, the *Bulletin*.—E. R. M.

Golf increases the blood pressure, ruins the disposition, spoils the digestion, induces neurasthenia, hurts the eyes, callouses the hands, ties kinks in the nervous system, debauches the morals, drives men to drugs, drinks and homicide; breaks up the family, turns the ductless glands into internal warts, corrodes the pneumogastric nerve, breaks the edges off the vertebrae, induces spinal meningitis and progressive mendacity, starts angina pectoris, and breeds wind on the stomach. But golf keeps the doctors out in the open air, and gives the people in hospitals and sick-rooms a chance to get well. Public health is better because of golf, generally speaking.—*Sioux City Punch*, quoted in *Jackson Co. Med. Bulletin*.

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- 7—Two stores to serve you.
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FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO — FEBRUARY 1932

From the Secretary's report: Dr. Brant started off the year with a meeting of all the Committee Chairmen. The work of each Committee was outlined and plans made for the year. The chairmen were urged to see that records of the Committee proceedings were kept and reported to the Secretary. A Committee on Membership was appointed to make new members feel at home, to interview eligible prospects and help get the men out to meetings. Applications of W. S. Curtis and E. C. Mylott were received.

The *Bulletin* started a new series of articles on "Standardization Technique" of preventive measures. The first article was on Scarlet Fever and Diphtheria Immunization.

The program of the monthly scientific meeting was printed on two pink pages inserted in the center of the *Bulletin* where it could easily be found.

Dr. E. R. Thomas was the business manager and reported considerable difficulty selling enough advertising to keep the *Bulletin* going.

Eleven rooms on One West at the North Side Unit were opened at six dollars a day.

TEN YEARS AGO — FEBRUARY 1942

All the talk was of war: Procurement and Assignment, Red Cross and Civilian Defense, First Aid and Medical Preparedness. Every able bodied physician was expected to volunteer his services. Those under forty years of age were told to expect military duty.

The Medical-Dental Bureau held a Symposium on Civilian Defense at the Tod Hotel. Speakers at the meeting were Lt. Colonel Donald Lynn, O. J. Walker and W. J. McCarthy.

New names added to the roster of those in military service were: Raymond Cafaro, Sidney Davidow, Samuel Epstein, J. S. Goldcamp, Herman Ipp, Stanley Myers, Thomas Patton, Asher Randell and John Renner.

The Ohio Dept. of Health has discontinued the distribution of drugs for treatment of venereal diseases as of January 1, 1952. This action was taken in accordance with recommendations of the Ohio Health Commissioners Conference held September, 1951. Following this recommendation the supply of drugs was allowed to become depleted and is now entirely exhausted. The drugs referred to are the heavy metals, arsenicals and bismuth. Penicillin being the treatment choice for syphilis and gonorrhea is not being distributed by the department.—W. J. Tims, M.D.

Specialization.... In 1500 B.C., the citizens of Thebes were complaining that there were no longer any good old family physicians. Everyone was a specialist. Herodotus, the Greek historian, wrote, "The practice of medicine is so divided among them that each physician is a healer of one disease and no more. All the country is full of physicians, some of the eye, some of the teeth, some of what pertains to the belly."—*Illinois Health Messenger*, July 15, 1951.

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TRI-VI-SOL each 0.6 cc. supplies	5000 units	1000 units	50 mg.			
CE-VI-SOL each 0.5 cc. supplies			50 mg.			

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