

# BULLETIN

of the MAHONING COUNTY **MEDICAL SOCIETY** 

1952 Vol. XXII No. 4 Youngstown Ohio

April

# Fellows vitamin b complex

liquid and capsules

The superiority of Vitamin B Complex derived from natural sources has been well established. Jolliffe<sup>1</sup> has attached special importance to this subject and Lewey and Shay<sup>2</sup> have stressed the necessity for natural substances.



### formula:

Each Teaspoonful (4 cc.) contains:

Thiamine Hydrochloride	2.5	mg.
Riboflavin	3.5	mg.
Niacinamide	25.0	mg.
Pyridoxine (B6)	0.056	mg.
Calcium Pantothenate	2.5	mg.
plus Choline, and other factors of t	he B-C	Com-
plex present in the natural base.	The R	libo-
flavin content is derived entirely	from	nat-

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

# Natural Base

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### formula:

Each Capsule Contains:

Thiamine Hydrochloride 10	mg.
Riboflavin 15	mg.
Niacinamide 100	mg.
Pyridoxine 1	mg.
Calcium Pantothenate 10	mg.
Choline Dihydrogen Citrate 20	mg.
Inositol 20	
Folic Acid0.25	
Liver Extract (secondary) 100	mg.
Brewers' Yeast Extract 100	
plus other factors of the B-Complex present in Whole Liver.	
and the same of th	

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

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



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### ADVERTISERS' LIST

# Our President Speaks

Support of the American Medical Association is of supreme importance in this time of national crisis. The next few months may well determine not only domestic and international policies, but may also decide if our professional status is to be maintained. The Association cannot function without our individual interest and our financial support.

It is to be expected that most members of County Societies will not be aware of the details of the Association's efforts in their behalf. Most of us will look upon that as necessary delegated work, and will support it accordingly. The purpose of it, however, should be known to each of us, that we may support it intelligently. This may occasion some controversy and some dissidents may not continue their support.

A temporary decline in membership in the Association is to be expected in the light of mounting costs and retirements. To exempt the old, who have labored long and to depend upon the vigorous new, isn't mere humanitarianism. It is an active intelligent process which insures both growth and self-respect. To allow a decline to occur through failure on our part to present issues fairly and intelligibly is not defensible.

These are times in which our civic and our professional duties are coordinate, times in which disinterest can find no moral support. Self-reliance and cooperation are still virtues, regardless of the tide of collectivism of whose destructiveness we are becoming daily aware. The myth of security without personal effort, or of happiness that would be born of mass movement, is ours to destroy. We should appreciate living at a time when such vast issues are at stake.

C. A. Gustafson, M.D.

# BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

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**APRIL**, 1952

**NUMBER 4** 

Published Monthly at Youngstown, Ohio

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

E. R. McNEAL, Editor 3718 Market Street

### ASSOCIATE EDITORS

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### YOUR PUBLIC RELATIONS IS SHOWING

Leo E. Brown

MARCH, 1952 M. C. M. S. MEETING

After reading Dr. Gustafson's inaugural address as published in the January Bulletin, I am wondering why I have been invited to discuss Public Relations. If I were to comment on what your President has said about medical public relations, I would do it with one word — "Amen."

There used to be a double-chinned self-trained dentist in my home town who spent a major portion of his time standing on the street corner watching the women stroll by. Whenever he noticed one whose slip was showing he would walk up, tap her on the shoulder and say, "Pardon me, lady, but your slip is showing." He was rewarded on occasions for his keen eye and alertness with a "thank you," a slap in the face or the retort, "It's none of your damn business!" I'm going to risk your wrath this evening by saying to you, "Pardon me, but your Public Relations is Showing." These might be con-



LEO E. BROWN

sidered the words of a politician because they may be interpreted as being complimentary or insulting depending upon the local situation. Every individual or organization has Public Relations, regardless of whether they want it or not or recognize it as such. Our major concern is whether they are good or bad relations with the public and whether or not they are showing.

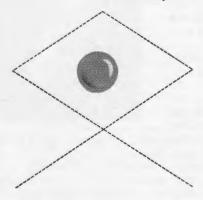
Public Relations is not new. Christ himself experienced both good and bad Public Relations, not because He did anything wrong or unethical, but because what was misinterpreted. From the time He turned the water into wine at the wedding feast until His triumphal entry into Jerusalem, His

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Pantothenate)	10	mg.
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Folic Acid	0.1	mg.
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Ascorbate)	100	mg.
Alphatocopherols	5	mg.
Vitamin A 1	0,000 L	J.S.P.
or Intern	ational	units
Vitamin D	1,000 I	J.S.P.
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ELI LILLY AND COMPANY · INDIANAPOLIS 6, INDIANA, U.S.A.

Public Relations was on the rise. But after driving the money changers from the temple, His Public Relations star began to wane.

A Public Relations program does not become necessary simply because we are doing things wrong, but many times because what we are doing right is either unknown or misinterpreted.

The very moment we refuse to recognize the value of a Public Relations program, the more important it becomes.

Good medical Public Relations is like making love — we've got to be willing to participate or we won't get much satisfaction out of it. One Pennsylvania doctor recommends this simple prescription to cure his public relations ills:

"Prompt, Courteous, Efficient Service, contained in an understanding heart, labeled with an unselfish desire to serve others. To be taken 24 hours a day and 365 days each year."

In considering a Public Relations program at either the state or county society level, there are a few questions that need to be answered truthfully:

- 1. Do we need a P. R. program?
- 2. Is the policy-making body sold on the need and importance of such a program?
- Who is going to direct the program? No public relations program
  can be implemented in its entirety by an Executive Secretary or a
  Public Relations Executive. A great share of the work must of
  necessity still be done by the committees involved.
- 4. Is the membership sold on the need and importance of a P. R. program? Good county society P. R. is, after all, the reaction of the public to the individual physician both in his professional and personal life.
- 5. Are we willing to adequately finance our P. R. program?

Every organization that is interested in a Public Relations Program must ask themselves why do we need a P. R. program.

To answer this question we must determine what the public thinks of us. It makes no difference what organization you represent — the first job is one of soul searching. We may not like what we find but this job must be done if we are to be successful.

There isn't a profession or organization in the United States that has done more soul searching in the past few years than the medical profession.

I am going to speak frankly about what the public thinks of the medical profession. If you are a nurse or a dentist, I think you will agree that many of the criticisms voiced against the medical profession also apply to your profession.

One patient really was in trouble and confided in the Westchester, New York County medical society. . . . .

"I will try to explain why I can't pay Dr. X. I was going with a girl who had a good job. We decided that we could get married and live cheaper than one and then I could get a job too. I haven't got a job yet. We wanted to live in a Housing Project because we couldn't find a place to live but we had to have a baby to get in so I got my wife pregnant. After that my wife got sick and lost her job so we didn't have even the money for the project and we can't pay the doctor either."

The Los Angeles County Medical Society decided that before outlining

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When symptomatology suggests the male elimacteric, but objective proof is lacking, a therapeutic test with ORETON aids in establishing the diagnosis.

Twenty-five milligrams of ORETON are administered daily, intramuscularly, for five days each week for a two-week period. Alleviation of complaints and the development of a sense of well-being will occur if the disorder is due to male sex hormone deficiency.

Also available for parenteral therapy—Micropellets B Oreton-F® (Testosterone U.S.P. in aqueous suspension), Oreton-F Pellets (Testosterone U.S.P.), For oral therapy, Oreton Buccal Tablets (Testosterone Propionate U.S.P. in Polyhydrous base), Oreton-M® Buccal Tablets (Methyltestosterone U.S.P. in Polyhydrous base) and Oreton-M (Methyltestosterone U.S.P.).

Schering Corporation Bloomfield, NEW JERSEY



 $\alpha$  P. R. program they should survey public opinion to determine what public relations projects were necessary.

Complaints:

1. Doctors lack of personal interest in patients.

2. The cost of medical care has zoomed upward to the point where only the wealthy can afford it.

3. Physicians crowd appointment books.

 Physicians lock themselves up in their ivory towers and never descend to help out in worthy community projects.

Whether these criticisms are real or imaginary makes little difference. If real they must be corrected — if imaginary they must be clarified.

A number of public opinion surveys have been conducted throughout the United States in recent months. All have substantiated our claim that the cost of medical care was medicine's public relations problem No. 1.

The individual physician must solve the public relations problem. Fees should be no mystery. At one dollar each the American Medical Association has made available to the medical profession a plaque, suitable for hanging in the office, asking the patient to discuss freely with the physician on the matter of fees. It is wise to remember that time is money

to your patients too.

The A. M. A. has a long range positive program in selling the A. M. A. both to the public and doctors. The A. M. A. cooperates with science writers in checking stories for accuracy. The A. M. A. recently met with a Motion Picture committee and offered their help. The A. M. A. seeks out the facts when some story with a medical angle receives wide publicity. On "Strike It Rich" radio program occasionally a participant will make a plea based on an exorbitant amount of money for medical treatment.

The A. M. A. Attempts to ferret out the facts in these cases.

How Can You Help?

Feel the pulse of your own community.

2. Promote a program to correct criticism.

Support your own organization—county and state society.

We've got a job to do and it's worthwhile doing well.

The meeting was well attended by members of allied professions and wives. An excellent buffet luncheon was enjoyed by approximately three hundred and another successful Mahoning County Medical Society meeting was concluded.—F. Schlect, M.D.

### The American Medical Education Joundation...

This Foundation gives all of us an opportunity to aid our Alumni (as each of us is an Alumnus of some medical school) in seeing that his or her school can carry out its job of educating young men and women so they can turn out well-trained graduates in medicine to carry the required load in our advancing profession.

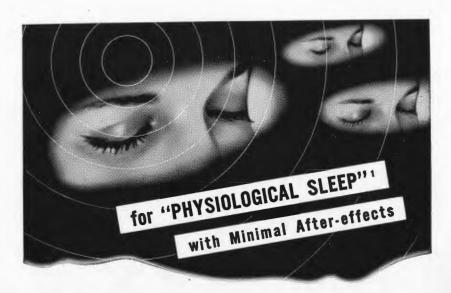
Each of us, regardless of where we attended classes, owes our school for his education. If you paid \$1,000.00 per year, some one, or some group

paid \$4,000.00 in addition.

You can give to the Foundation, earmarking it for your school; or you can give your school direct asking that it be reported to the Foundation. None of us is so badly off that we cannot give something.

Your State and County organizations are behind this Foundation.—

William M. Skipp, State Chairman for the Foundation.

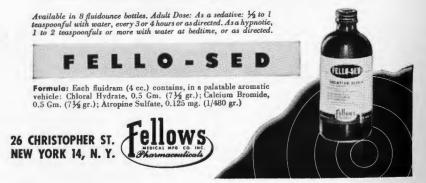


Chloral hydrate, used in medicine since 1869, is, even today, "the standard hypnotic of its class."

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

In FELLO-SED, supplementation with calcium bromide and atropine sulfate largely overcomes unwanted side-actions, enhances the sedative effect and provides valuable antispasmodic activity. It is presented in palatable liquid form.

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



# APRIL 15, 1952 MEETING MAHONING COUNTY MEDICAL SOCIETY



R. G. TURNBULL, M.D.

Director Section Proctologic and Colon Surgery Cleveland Clinic

# "TRENDS IN SURGICAL TREATMENT OF ULCERATIVE COLITIS"

8:30 P. M.

BALL ROOM, PICK-OHIO HOTEL

### YOUNGSTOWN SYMPHONY

Quite a number of Doctors and their wives attended the Symphony presented by the Youngstown Philharmonic Orchestra March 5th under the direction of John Krueger. Judging by the applause the entire program was enthusiastically received. The youthful Mr. Krueger has accomplished almost a miracle in a relatively short time. If the symphony society should fail to accomplish its purpose, namely to make available the best in musical entertainment to the people of Youngstown, it certainly will not be due to any failure on the part of Mr. Krueger. He has only started on what I'm sure will be a brilliant career in the field of classical music and we as Youngstowners should be anxious to accompany him. This is only possible if the growing support the society is receiving will continue to grow.

C. W. Stertzbach, M.D.

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### Guest Editorial ....

### HELP! DOCTORS!

†Mrs. R. E. Shotts

We are being poisoned. We wait until we are in trouble, then we turn to you doctors for help. Some people turn to God for help, but man is poisoning the soil that God gave us, so man must remedy this. Soil may need fertilizers, but why not use natural fertilizers in place of poisons?

Authorities now claim that millions of Americans are victims of insidious

arsenic, lead, and DDT poisoning.

DDT is a powerful nerve poison. The after-effects of DDT poisoning

may not become manifest until many years later.

DDT is even sprayed over cows, so that it must find its way into milk, butter, cream, and even meat. Is everything we eat poisoned by the commercial grower?

To further this poisoning, many people still use aluminum pans in

which to cook these poisonous foods.

According to Keens, (an English soil chemist who first made a study of the relationship of chemical fertilizers to cancer), this disease of cancer may be caused by aluminum poisoning. Chemical fertilizers, in his opinion, make otherwise insoluble aluminum compounds in the soil abnormally soluble. The plants fertilized in this way acquire a high concentration of toxic aluminum.

It is aluminum in foods, resulting from chemical fertilization and the use of aluminum cooking ware that, in Keens' opinioin, may be one cause of cancer.

Disregarding our mysterious disease of cancer, of which I do not pretend to discuss, I only mention it as a viewpoint from a soil chemist.

We Americans want to be healthy. We want to live long. We want to eat the right natural foods for better health. How many times do we patiently sit and chew a large bowl of salad when we are so tired we would rather not take the time. We know we need these raw vegetables for better health. But, do we know we are eating poisons? Is it even safe to eat a beautiful red apple?

We must get to the roots of health first. These roots must lie in the soil, but not poisoned soil. Unless we first grow foods in a healthful man-

ner, how can we impart health?

We are now forced to say that the selection of food is really less important than the manner in which the foods have been grown. If plants are fed poisons, we feed ourselves poisons. Then why do we concern ourselves with balanced diets?

Yes, we live in a free country, but we Americans are made to do or not to do certain things. Our country is paying millions for agencies set up to punish the people who do wrong. Law requires labels, stamps, contents on food items. Law requires us to feed our families, to keep up sanitary standards and even to be kind to animals. Then why is the farmer allowed to poison us?

Doctors, we need your help, your scientific knowledge, your leadership, your influence, to fight our unnecessary food poisoning. Will you investigate, study, print, and lecture to us Americans, why the Government allows

<sup>†</sup>Co-owner and Dietician—Shotts' Restaurant.

# DAKS-from ENGLAND

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DRUG
STORES



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- Have you visited our new store—
   3128 Market Street (opp. Al Wagner's)
   Plenty of parking Drive right up to the door.

Youngstown Owned and Operated with

12 registered pharmacists to assure you of Dependable Prescription Service

# WHITE'S DRUG STORES

the farmers to help cause disease, nervousness, and shorter lives? You must lead us to enact a law forbidding the farmers to force such poisons on us. Even our generations to come will thank you doctors.

### WOMAN'S AUXILIARY NEWS

The rain-drops fell, and a cold wind blew, Tuesday morning, March the 11th, but warm hospitality showered throughout Joan of Arc Nurses Home of St. Elizabeth Hospital that afternoon when over 200 girls from local high schools accepted the invitation of the Woman's Auxiliary to the Mahoning County Medical Society to a nurse recruitment tea.

The urgent need for nurses was emphasized, and so that these young women might get a glimpse of hospital activities they were taken in small groups on a tour through the various departments. It is hoped that many will see the need for good work to be done and a spark of enthusiasm for a nursing career will be kindled within them. It is in the care of the doctor and the nurse that we leave those dear to us in times of illness, and life itself may be at stake, and —

"It's the folks we love we think about
And wish they were not sick,
It's the folks we love we pray about
So they will get well quick.
It's the folks we love we dream about
And wish them free from pain,
It's the folks we love we're glad about
When they are well again."

Presiding at the attractive tea table centered with an arrangement of golden daffodils were Sister Margaret Louise, Directress of Nursing at St. Elizabeth Hospital; and both Miss Muriel Dunlap, Directress of Nursing, and Mrs. Margaret Foley, Administrative Supervisor of Nursing, of Youngstown Hospital.

Mrs. Andrew Detesco, social chairman, had for her aides, Mrs. Charles Stertzbach, Mrs. L. George Coe, Mrs. Stephen Goldcamp, Mrs. H. E. Hathhorn, Mrs. E. E. Kirkwood, Mrs. O. M. Lawton, Mrs. Stanley Myers, Mrs. R. W. Rummell, Mrs. Charles Wagner, Mrs. Lawrence W. Weller.

Mrs. John J. McDonough, program chairman, was assisted by Mrs. J. J. Wasilko and Mrs. Harold Reese.

On Monday, March 17th, Mrs. Carl A. Gustafson, president of the Woman's Auxiliary to the Mahoning County Medical Society, entertained the executive board at the Youngstown Club. Following luncheon, the auxiliary's program and projects were discussed and committee reports read.

A civic meeting is to be held Tuesday, April 15th, at the Woman's City Club. The report of the nominating committee will be read and there will be election of officers. Luncheon will be served at 12:30 o'clock.

The Annual Dinner meeting which was scheduled for Tuesday, May 20th, is being postponed to Tuesday, May 27th, due to conflicting dates with the annual meeting of the Ohio State Medical Association being held in Cleveland May 20th, 21st and 22nd.—Mrs. Dean Nesbit, Publicity Chairman

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### DRAMAMINE IN NAUSEA AND VOMITING

... A Preliminary Report ... Anthony J. Bayuk, M.D.†

In the past ten years numerous drugs have been investigated in the effort to overcome troublesome nausea and vomiting often occurring after surgery and during pregnancy. Accordingly, a study has been conducted on Dramamine and its effectiveness evaluated. While the drug is not a panacaea in the management of nausea and emesis, it appears to have great value in many cases. Our preliminary report indicates that the drug shows high promise and will prove a valuable adjunct in troublesome sequelae often complicating surgery and pregnancy.

The exact mechanism responsible for nausea and vomiting is not known, but it is probably due to some central nervous system stimulation. This is borne out by the fact that persons undergoing shock therapy are more prone to develop nausea and vomiting after the second shock. The afferent impulses probably originate in the vestibule and are mediated by the auditory nerve<sub>1</sub> or in the gastro-intestinal tract and then mediated by the vagus<sub>2</sub>. Large doses of opiates pre-operatively are responsible in many

instances for nausea and vomiting.

In the series of cases, patients with known anxiety states and history of nausea and vomiting were given Dramamine prophylactically. The remainder of the patients were administered the drug post-operatively at the onset of nausea and vomiting.

In the majority of cases, the drug was given intravenously in order to accurately study dosage and action. The patients were give 50 mgm. of Dramamine (1 cc.). This was repeated every four hours until the patient was comfortable or symptoms ceased. A few of the patients remained slightly nauseated despite the administration of Dramamine but their vomiting ceased.

Irregardless of the type of anesthesia employed, Dramamine was effective in relieving the nausea and vomiting. Patients operated on under Spinal and Pentothal anesthesia had a high incidence of these distressing symptoms. The significant fact, however, is that these cases were extensive intra-abdominal procedures which lasted for two to three hours.

Hyperemesis Gravidarum was definitely benefited. The drug was administered daily to out-patients and it was possible to revert to oral therapy when symptoms subsided. The patients not benefited were those who re-

ceived the drug diluted in an intravenous drip.

An interesting group in the study were patients receiving radium therapy. One patient was vomiting profusely prior to radium insertion. Dramamine was given at the termination of anesthesia, and the patient did not have emesis. Other patients receiving radium were given Dramamine at the onset of nausea and vomiting. These undesirable sequelae disappeared after the second intravenous administration of the drug.

There were no serious undesirable reactions to the drug. In a few cases, the rapid injection of the drug produced transient flush which disappeared in a matter of seconds. About ten per cent of the cases had generalized sedation which lasted several minutes and disappeared. Caution must be exercised in the intravenous use of the drug in those patients receiving either heavy opiate or barbituate medication. In these cases it is best to give 25 mgms. intravenously for the first dose and carefully observe the †Director of the Department of Anesthesia, St. Elizabeth Hospital, Youngstown, Ohio.

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patient. If this is not done, the patients may show undue general sedation.

In the first fifty patients studied, the control comprised 20 per gent of

In the first fifty patients studied, the control comprised 20 per-cent of the cases. This group definitely suffered more discomfort during the postoperative period.

At present, Dramamine is being administered every four hours. The first two doses are being given intravenously and next two intramuscularly. When given intravenously, 1 cc. of the Dramamine solution can be administered through a running infusion tubing. If the drug is administered by a syringe, each cc. of the solution should be diluted to a volume of not less than 5 in order to avoid too rapid injection and the possibility of local irritation at the point of injection.

A brief table is included to illustrate representative results in this preliminary study.

PATIENT	SURGICAL OPERATION	MEDICAL	ANESTHESIA	DRAMAMINE	RESULT
Female 62	Radium insertion	79.0	Pentothal	l cc. I.V. q4h x 2 Prophylactic	No N and V despite previous hyperemesis
Female 58	Hysterec- tomy	Diabetes; previous V	Spinal pentothal	l cc. q4h I.V. x 2 l cc. q4h T.M. x 2	No V. Slight N persisted
Female 30	Appendec- tomy	Pregnancy	Spinal, pentothal	l cc. q4h I.V. x 2	No N and V
Female 25	Breast tumor		Pentothal, nitrous oxide	1 cc. I.M.	V and N relieved
Male 70	•	Acute coronary N and V		l cc. I.V.; No relief after oral but after I.V.	N and V ceased
Female 60	Release of adhesions		Spinal, pentothal	1 cc. q6h x 3 I.V.	N and V relieved
Female (5 cases out pt.)		Hyperemesis Gravidarum		1 cc. I.V. daily for 4 days	Relief of nausea
Female 32		Hyperemesis Gravidarum		1 cc. I.V. w4h x 6	Relieved N and V after 6th dose
Male 64		Hypertension vertigo		1 cc. I.V. x 2	Vertigo ceased
Female 40	Open reduction of shoulder	Allergic to drugs; vomiting from any		1 cc. w4h x 3	Ceased after 1st dose
Male 36	Open reduction of hip			Prophylactic 1 cc. q4h x 2 I.V. 1 cc. q4h x 2 I.M.	No N and V
Male 58	Gastric resection		Endotracheal G. O. E.	Prophylactic 1 cc. q4h x 4	No N and V

N.B.: N and V-Nausea and Vomiting.

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### Conclusions:

- l. Dramamine is a valuable aid in the management of post-operative nausea and vomiting.
- Cautions must be used in its intravenous administration in heavily sedated patients.
- Hyperemesis Gravidarum and radium cases are definitely benefited by the use of the drug.

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- Beecher, H. K.: Cohen, Ellis: Narcotics in Preanesthetic Medication, J. A. M. A.: 147-1668, (December) 1951.
- N. B. The Dramamine was supplied through the courtesy of G. D. Searle & Co., Chicago, Illinois.

FOR SALE—243 West Madison Avenue—11 rooms, 2 baths, large lot, double garage, side entrance. This house ideal for Doctor's Offices on first floor and living suites above. Phone 7-9906.

### ANNUAL DANCE

MAY 10, 1952

MAHONING COUNTY MEDICAL SOCIETY

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Please reserve May 10, 1952 for a good time. Remember the excellent time had by all last year

### MAYO GROUP TO GIVE 6th COUNCILOR DISTRICT PROGRAM

Members of the Mayo Clinic, Rochester, Minn., will give the scientific program during the 6th Councilor District Post-Graduate Day to be held in Youngstown, Wednesday, October 30, 1952, according to an announcement by Dr. A. Detesco, chairman of the Post-Graduate Committee.

Three years ago the Mahoning County Medical Society discontinued its annual Postgraduate Day assemblies. Periodically, however, our Society is responsible for the conduct of the 6th Counselor District Post-Graduate Day. In a move to make the Youngstown affair a crowning success, the Mayo Clinic Group was secured to conduct the program. An outstanding program is in the offing and the Post-Graduate Day committee has already launched extensive plans with far reaching publicity in order to attract a record attendance.



A. DETESCO, M.D.

The 6th Councilor District Post-Graduate

Day will be held in the Pick-Ohio Hotel with medical and surgical clinics billed at the local hospitals in the morning. The scientific sessions will be held at the ballroom of the Pick-Ohio Hotel in the afternoon. A dinner will be held at 6:30 p. m.

The Clinical sessions will be held at St. Elizabeth's and The South Side Unit of the Youngstown Hospital Association. From present indications, the surgical clinic will be held at St. Elizabeth Hospital and the medical clinic will be held at the Youngstown Hospital, South Side Unit. Registration for the scientific sessions at the Pick-Ohio Hotel commences at 12:30 p. m. and the program will start promptly at 1:30 p. m.

"Recent Advances in Diagnosis and Treatment" will provide the general theme of the scientific program. Every effort is being made to provide talks that will give broad information and be attractive to the general practitioner and specialist alike.

Arrangements are being made to have technical-teaching demonstrations at three or four of the booths in the exhibit section. Demonstrations will be conducted during the clinical sessions so that those who prefer not to hear a particular discussion in the clinical program can be kept entertained until the next presentation.

The committee on arrangements headed by Dr. A. A. Detesco consists of the following: G. Cook, M. Steinberg, D. Metcalf, D. Levy, A. Goudsmit, B. Hutt, J. McCann, K. Camp, W. Hardin, and S. W. Ondash.—S. Ondash, M.D.

# Bridge Benefit for Damon Runyan Cancer Fund

... will be held at the Elks Club,  $220\frac{1}{2}$  W. Boardman Street, at 8 p. m., April 17, 1952, Mr. Goff of Cleveland will direct the play of Duplicate Bridge. Admission fee will be \$1.00 and prizes will be given for high score. All proceeds will be turned over to the Damon Runyan Cancer Fund. Drs. D. Tombs and E. H. Young are co-chairmen in charge of the benefit.

### KEEPING UP WITH A.M.A.

W. M. Skipp, M.D.

. . . . . Jan. 3, 1952. The Association's official position on some recent legislation:

(1) S 1848 (Frear) War Disaster Act of 1951. This act is opposed (1) because of lack of unanimity of agreement between federal agencies as to the purpose and mechanism of this measure; (2) lack of urgency; (3) huge cost of the program and it would set up one or more new agencies.

(2) S 1875 (Humphrey) Federal aid to cooperative and non-profit health insurance plans. Opposed because this type of financing does not fit into the philosophies of rendering, distributing, and financing of medical care

as it is understood by the A. M. A.

(3) S 2246 (Lehman) Federal assistance to chronic disease detection and referral. Opposed because (1) can be carried on by existing agencies; (2) No provision as to whether the patient can pay or not.

(4) S 2301 (Ives, et al) Federal aid to nurses education. Opposed for same reason, government aid is not needed or desirable in medical education. Federal government should stay out of all types of education.

(5) S 2325 (Humphrey) Industrial safety. Opposed because it can be

handled at State level more easily.

- (6) S 2337 (Lehman) Emergency maternal-infant care. Opposed because cannot show need.
- (7) HR 5853 (Priest) Federal assistance to school health and safety programs. Opposed because (1) this is a state and local obligation; (2) unnecessary expenditure of federal funds; (3) errors in drafting the bill.

(8) HR 4212 (Priest) Permitting deductions from gross income for medical

expenses. Approved.

The second session of the 82nd Congress gets under way with a number of health and welfare bills before it, but as the membership has not changed there will not be much action.

(1) \$337 Aid to Medical Education—referred back to Committee and then

back to the floor without action.

- (2) S445 Aid to local health units Senate has passed this bill but House has not taken action.
- (3) Legislation for financing medical care for dependents of enlisted men has not been sent out of committees to date.
- . . . . . The Lawman Commission on health needs of the nation has started its work under the direction of Chairman Dr. Paul Magnuson but has a year to make a report.
- ..... Jan. 8, 1952, HR 5871 (Mrs. Bosone, Utah). The bill provides for the national defense by enabling the State to provide for maternity and infant care; for wives and infants and hospital care for dependents of enlisted members of the Armed Forces. This is set up on a 50/50 basis.

The program, after one year's operation on the U.S. program for aid to totally and permanently disabled persons between the ages of 18 to 65 cost \$27.5 million. With medical checkup individuals found, for the first time, that there is available treatment to give these cripples aid and rehabilitation.

..... A 10% pay increase for all personnel in the Armed Forces costing \$832 million voted by the House. The civilian government workers were voted the same in the last session.

and where, if any, shortages of physicians could be found did not pan out, so Mr. Murray could use it to a good advantage, so it will be dropped.

. . . . . The Defense Dept., UMT Commission, support A.M.A. in medical student deferment. That premedical and medical students, after six months of training, should be deferred until after completion of their interneships.

The A.M.A. requested, in some cases, deferment of residents because if the resident has completed his full training he is a better physician for the Armed Services.

- .... Senator McClellan (D. Ark.) Chairman of the Senate Committee on Expenditures in the Executive reported that there is a misconception on the amount of money saved on the Hoover recommendations. That there would be better than five billion dollars saved annually, which never can come to pass as there is only a savings of thirty-eight million with the program as enacted to date.
- . . . . . . Red Cross has turned over, as of Feb. 1, 1952, 1,225,000 pints of blood to the military and the Red Cross at the same time collected and processed 1,861,000 pints for civilian use. The A.M.A. thru its secretary has renewed the pledged to do any thing possible to make the program a success.
- R. Roland Harriman, Red Cross President said all the following: AMA, AHA, APHA, and AA of blood banks have given unremitting aid and goodwill to the program, the A.M.A. and many individual physicians especially.
- . . . . . Congress has appropriated the all high sum of \$2,562,000,000 for public health and welfare for 1952, but the budget listed \$200,000,000 more that will be required Jan. 25.
- ..... In the middle of January, the 12th Industrial Health Congress was held in Pittsburgh, and one of the major problems was the relationship of the housewife to the worker. Speakers stressed the place woman has in protecting the worker beyond the work day, and that home conditions played an important role in workers' health. Also that large numbers of women will of necessity have to be employed in industry.

The Congress was sponsored by A.M.A. Medical Society of Penna. and Allegheny County Medical Society.

- Dr. Cline stressed the need for removal of all barriers between the industrial and family physicians.
- Dr. Gradie R. Rountree, Chairman of the Congress hopes to weld an active link between the A.M.A. Council of Industrial Health and County Medical Societies.
- . . . . . Clarify point regarding membership dues: A member dropped for nonpayment of membership dues and who wishes to have his membership reinstated, would owe membership dues for the year in which he became delinquent and the year in which his membership was reinstated, but he does not have to pay membership dues for the intervening years.

Here is an example: Dr. Blank was dropped in 1951 for non-payment of 1950 membership dues. He applies for reinstatement of his A.M.A. membership in 1952. To bring about this reinstatement he would be required to pay his 1950 membership dues and membership dues for 1952. Membership dues for 1951 would NOT be required.

..... Jan. 23, 1952. HR 6185 Elliott (D. Ala.) To amend Public Health grants to include scholarships in nursing. This is the same as the Bolton

Bill, HR 910 and the A.M.A. is opposed on the same grounds that Federal government should stay out of all types of education.

..... Teachers, like Doctors, find FSA troublesome: The nation's educators, like the doctors are finding Mr. Ewing's Federal Security Agency a pain in the neck.

An Indianapolis teacher, Frank Hamilton, who spent a year in Britain as an exchange teacher under the Fulbright Act has been "warned" because he came home to tell Americans that socialism in England is merely "Doctored up communism." Hamilton expressed his views in lectures and newspaper interviews.

"Ewing," said the Chicago Tribune, "had one of his fat boys, J. Harold Goldthorpe, of the FSA office of education, write Hamilton threatening that a continuation of the teacher's expressions would result in cutting off opportunities for Indianapolis teachers to receive Fulbright junkets to Europe."

"When this (FSA) outfit," said the editorial, "arrogates to itself the authority to circumscribe the exercise of free speech, it may well be wondered what liberty of expression it would permit teachers to retain if it ever succeeded in its ambition of obtaining control over the public school system of the United States."

to authorize the appointment of women as physicians and specialists in the medical services of the armed forces. This would commission females as officers, to perform medical, dental services in the armed forces. This is similar to HR 4384 of last Congress which passed Senate and House. There had to be a compromise. It was not thru Committee at adjournment so the Bill died.

logical. Speaking at Univ. of N. C., FSA Administrator Oscar Ewing said: We could add this benefit (Hospitalization at 65) to social security by next year, and do it without any increase in the present wage deductions (and) . . . the plain truth is they (voluntary health plans) do not go far enough—and they very probably can never go far enough." National compulsory health insurance, Mr. Ewing said, was arrived at as a solution "with inexorable logic," but "if anyone can come forward with a better way . . . we will . . . be happy to welcome him and his ideas.

..... National Advisory Committee to Selective Service advises hospitals to attempt to select their residents for 1952-53 in the reverse order of their priority under the Doctor-Draft law, with none chosen from Priority I "except under very exceptional circumstances, and probably in no instance except where there is a question of serving an isolated community hospital."

A.M.A. has requested the Senate Armed Services Committee to consider amending universal military training legislations so that pre-medical and medical students would be deferred from serving  $7\frac{1}{2}$  years in the reserve, once their basic 6-months training was over, until they have completed their professional training.

..... The U. S. Bureau of Mines scientists, reporting on a  $2\frac{1}{2}$ -year study of static electricity in hospital operating suites, states that in order to reduce the hazard of anesthetic explosion to the minimum, "major changes are needed in most hospitals."

"There is probably no combination of equipment and personnel activity anywhere more liable to produce, casual, dangerous charges of static elec-



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tricity than that found at present in the anesthesia department of most hospitals."

Among their recommendations are:

- Conductive rubber mattresses, pads and pillows should be substituted for the ordinary variety as soon as they are available.
- 2. Conductive shoes should be worn by all personnel.
- Suitable conductive breathing tubes, masks, and bags should be installed on anesthesia machines.
- Stools with smooth, rounded feet and bare-metal tops are the most satisfactory.
- Outer garments of wool, silk, or synthetics such as nylon, rayon or orlon should be prohibited in anesthetizing locations.
- A suitable measuring instrument should be installed in convenient and safe place for testing conductivity of shoes of all personnel entering anesthetizing area.

### REGARDING TRUTH SERUM OR SODIUM AMYTAL

To clarify the article in the February 11th issue of the Youngstown Vindicator about truth serum, defended by a doctor here, we repeat the quotation because it may cause some doubts in regard to similar treatments used at the Youngstown Receiving Hospital. The quotation is as follows: "The Youngstown Police Department has been taking police cases to the Youngstown Receiving Hospital for psychological tests and examinations 'under drugs' for several years." The emphasis is mainly on these two words, "under drugs."

It is true that we examine a number of so-called police cases, some indigents, vagrants, sick, alcoholic and epileptics, residents and non-residents, alike. Some of these patients brought here suffer from amnesia, not knowing their whereabouts, addresses or even their names. The police find them wandering on the streets and when questioned if they are unable to answer, they are brought here. We have had about five or six such cases, two of them recently. These cases are considered emergency cases, and in order to attempt to identify them we give them between four and seven grains of sodium amytal intravenously, injected slowly, and before the patient falls asleep, he is questioned. They are asked their name, location of residence, family's names, etc. The patient will usually answer these questions in a whispering, low voice, telling their names, addresses and telephone numbers. Slowly, other effects are recalled by the patient, at times even the mental conflict causing the amnesia. When they give a telephone number, it is immediately taken by a nurse, and a call is made. There is a pleasant surprise to hear the anxious mother say, "Yes, she is our girl. She disappeared last Sunday, and we will be there for her as soon as we can." Meanwhile, the patient regains consciousness and if left alone soon falls asleep. When the patient awakens, usually the parents are on their way or are here for the patient. This is a simple procedure and does not cause any damage to the patient.

We have had a few law involvement or criminal cases whereby such procedures would be adviseable, but we could not obtain a permit to use it. In such cases, a permit is necessary from the court or from the attorney, but I do not recall any such case where we received such a permit, therefore, did not use it for such purposes. —Eugene E. Elder, M.D., Superintendant The Verneut of Park III.

dent, The Youngstown Receiving Hospital.

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### APPEAL FOR NURSES

No one knows better than the doctors of this community, the need for more nurses. Early in March The New York Times, realizing the critical shortages of nurses across the nation, ran a 4-day series on the nursing situation in the country. The Youngstown Vindicator also made a survey of the need here and of the demand for more student nurses so that future needs may be met. The City's nursing schools need your help in interesting young men and women in the nursing profession.

Often a young person calls upon you for advice. If you believe they might find nursing a worthy career, tell them to contact the schools here for literature. You will be doing not only a service to them, but to yourself and the community. Tell them about the benefits of nursing — a worthy

career, good pay and a chance to serve in many fields.

Miss Muriel Dunlap, Director of Youngstown Hospital School of Nursing, hopes to have a class of 80 freshmen in September. St. Elizabeth's would like to enroll a class of 60. They cannot do the job alone. Your help is needed. Think now, don't you know a young person who might be interested in nursing? Let's help both Schools to meet their goals. Encourage a qualified young person to become a student nurse and join a worthy profession. —Muriel L. Dunlap, Director of Nursing Education, Youngstown Hospital Association.

# YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

The March meeting of the Youngstown Hospital Staff was called to order March 4, 1952 by the Vice-President, Dr. John Noll at 8:30 P. M. The minutes of the previous meeting were read and approved. The vital

statistics for February were read and approved.

Attorney Franklin Powers talked to the staff about the Youngstown Foundation. There has not been as much return of funds as expected. Mr. Feuer has imposed regulations that have to be met. Each indigent's chart must be signed by the attending man each day. Mr. Feuer is entitled to ask for properly filled out forms about the patient within 20 days after discharge.

Letter from the Graduate Nurses of Tod Nurses Home was read thanking the staff for a television set.

Resolution was read by Dr. J. L. Fisher on the death of Dr. Campbell. The Scientific Program was given by Dr. Richard Goldcamp on Treatment of Lymphoid Tissue with irradiation. A lively discussion period followed. —E. C. Baker, M.D., Secretary.

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A child who has not had Chickenpox may go to school the first week after exposure. —Charles Scofield, M.D., Health Commissioner





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Every bed in the private and semi-private rooms are equipped with specially built inner-spring, box spring mattresses.

An eye-catching color scheme gayly decorates the second floor, making the surroundings extremely pleasant.

Located on the first floor are three large wards, equipped to accommodate fifty-five beds. The finest and best built hospital beds, with **specially built** innerspring mattresses are furnished by the home to care for any type bed patient.

A most capable staff keeps the building spotlessly clean, the meals expertly prepared, and the tray service very efficient.

At the present time there are choice vacancies available.

We extend a cordial invitation for you to visit our home any time.

### HERE AND THERE

Dr. Martin E. Conti will leave for Florida on March 16, 1952. He plans on attending several medical meetings while traveling.

Born: To Dr. and Mrs. W. E. Sovik, a boy, James, on February 29, 1952,

at St. Elizabeth Hospital.

Dr. Robert E. Odom announces the opening of his office for the practice of Ophthalmology in the Medical Arts Building, 247 Charlotte Street, Asheville, North Carolina. Dr. Odom is happily remembered by colleagues here in the Mahoning County.

John Rogers was in full stride the other night when he rolled a 3-game total of 626 in the husband, wife bowling league. John says he likes to roll strikes as it saves wear and tear if he doesn't have to throw a second

ball. He admits it helps his score also.

Dr. M. P. Mahrer, who has moved to Key Largo, Florida to become associated with a clinic there was back in Youngstown recently and is extremely happy in his new location.

On February 14, 1952, Dr. Bryan Hutt and Dr. Frank Gelbman gave

a panel discussion on "Stubborness" Radio Station WBBW.

Dr. Walter Tims spoke to the PTA Public Health Board Chairman of Education March 4, 1952. His subject was "Public Health Problems."

### COMING MEDICAL MEETINGS

April 21 to 25, 1952—American College of Physicians, Cleveland, Ohio. April 17 to 20, 1952—American Heart Association, Hotel Statler, Cleveland, Ohio.

April 21 to 24, 1952—American Association of Industrial Physicians and

Surgeons in Cincinnati, Ohio.

May 20 to 22, 1952—Ohio State Medical Association, Annual Meeting, Cleveland, Ohio.

### Health Department Bulletin CITY OF YOUNGSTOWN REPORT FOR FEBRUARY, 1952 1951 Female Male Female Male 1952 Deaths Recorded .... 177 Births Recorded .... 500 99 78 169 103 66 279 221 475 233 242 CONTAGIOUS DISEASES 1952 Cases Deaths 1951 Cases Deaths 0 Chicken Pox ..... 0 7 Measles ..... 0 0 3 0 Mumps ..... 7 6 0 Scarlet Fever ..... 13 4 1 Tuberculosis ..... 7 0 R Whooping Cough ..... Gonorrhea ..... 18 0 30 0 25 Salmonella ..... VENEREAL DISEASES New Cases Male Female Syphilis ..... Total Patients ..... 32 Total Visits to Clinic (Patients) ..... 295 W. J. TIMS, M.D. Commissioner of Health

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Columbus, Ohio

### Medical Expansion...

A survey conducted by the New York Times a few days ago showed the greatest expansion program in the history of medical education, to cost \$250,000,000, is now underway in this country.

The Times surveyed 80 medical colleges and 48 state commissioners of education through questionnaires.

According to the survey, medical colleges will spend, within the next few years, \$50,000,000 for laboratories, \$30,000,000 for classrooms and \$20,000,000 for dormitories. Another \$100,000,000 is earmarked for research and special projects. In addition, the immediate cost for establishing new medical institutions will run above \$50,000,000, making an over-all expansion program of a quarter of a billion dollars.

"To meet the increasing demands for more physicians and medicallytrained men," the Times said, "at least 10 states have taken steps to build new medical schools or expand their two-year basic science schools into four-year institutions.

"In the current academic year—1951-52—the medical colleges admitted the largest freshman classes in recent history, a total of 7,381 . . . Despite the expansions now taking place, large numbers of qualified applicants are unable to gain admittance to any medical college in this country. Many of them seek places in foreign institutions. The records indicate that 20,000 individuals applied for admission to American medical schools for the current college year. As many of them applied to more than one institution, the total number of applications was more than 70,000, or an average of 3.5 a student." —Secretary's Letter No. 211, March 10, 1952.

### PLEASE GIVE BECAUSE . . .

No one knows better than our doctors how essential the early diagnosis of cancer is. You can help the American Cancer Society expand its educational program so that more lives of cancer victims can be saved.

Mahoning Chapter of the American Cancer Society is opening its Cancer Crusade for \$29,000. Your gift is necessary so that the goal can be met. Sixteen million dollars is being sought across the nation. You know the work the Cancer Society has done in this community. You know its value.

Help to fight cancer. Remember cancer strikes one in five. Strike back. Give to conquer cancer today.

# VA Reports It has 475 Vacancies for Physicians

The Veterans Administration has informed Congress that 475 medical posts, for which funds have been appropriated, remain unfilled because of inability to procure physicians. Dr. C. F. Bayer, chairman of a special board, listed these VA vacancies in testimony before Senate Committee on Expenditures in the Executive Departments as: Neuro-psychiatrists, 140; general medicine, 113; surgery and sub-specialities, 106; tuberculosis, 54; radiologists, 18; pathologists, 24; administration, 11; and physical medicine, 9. Dr. Bayer said there was a shortage of 300 nurses for general medicine; 192 for tuberculosis and 186 for NP hospitals. He described the situation as "abnormal."—(Capitol Clinic, Vol. 3, No. 9—March 4, 1952)

### AMBLYOPIA EX ANOPSIA

Hardly a day passes in the eye physician's office that he doesn't see a a patient who has 20/20 vision in one eye, with or without glasses where as the fellow eye, even fully corrected, will only 20/100 or less. Statistics compiled from the selective service records show 60% of such cases resulted, not from injury or disease but from the condition know as amblyopia ex anopsia. This is the so called "lazy eye" in every day terms but really means blindness from suppression or undeveloped vision wherein examination reveals no organic disease of the eye per se, to account for the limited vision.

This condition almost always originates in early childhood and quite frequently its existence is not discovered until the child is of school age. A newborn's visual mechanism, eyeball, optic nerve and pathways and visual cortex is anatomically present but the visual and association pathways are physiologically undeveloped as is the cortex. The function is a physiological development similar to an infants learning to walk, talk etc. and by the age of six the ultimate has been acquired and further progress is difficult. Thus it is of utmost importance to be able to recognize this abnormal condition in early childhood, at a time when this learning process can still be stimulated. A high percentage of these amblyopic selectees could have had equal or nearly equal vision in the two eyes if their condition had been diagnosed in childhood and proper treatment instigated.

Because the end point of visual development is approximately six years it is most important that we do not depend upon the schools to discover a discrepancy between the two eyes but rather that all physicians attending children in the preschool age group make an effort to evaluate the vision of their patients. This is not really as difficult and time consuming as it may first appear. Most three year olds will readily cooperate on a kindergarden symbol chart at a distance of eight to ten feet. Any discrepancy in the vision of the two eyes singularly should arouse ones suspicions. In the  $1\frac{1}{2}$  to 3 years age group the evaluation of their vision is less exacting but this age group will fix a light and allow you to cover first one eye and then the other in alternate fashion. If, however, the vision is undeveloped or suppressed in one eye the child will show immediate objection to your screening the eye with the normally developing vision, thus making this child dependent on the eye with the impaired vision. On the other hand, usually no opposition is met with when you occlude the line of vision of the abnormal eye as the child is so little benefited by the vision of this eye.

The two most common causes for this condition are, first a moderate difference in the refractive error of the two eyes wherein even as an infant a choice is made to develop the vision in the eye with the least abnormality and secondly, a crossed eye. In certain types of the latter they will develop the vision equally in both eyes but more often than not one eye becomes dominant to such a degree that the crossed eye is almost always deficient in vision. It should also be kept in mind that the degree of crossing is no measure as to the existing condition or visual development. Some of the cases with the least amount and almost undetectable crossing will show the greatest amblyopia. This may stem from the fact that those with the least deviation are last to be investigated where as those with an

unsightly crossed eye seek treatment at an earlier time and when something can still be accomplished in the line of developing the vision in both eyes. On certain occasions the parents of children wherein the crossing is only slight are given the advice to wait until the child is older, maybe he or she will outgrow this abnormality. This advice, though well intended, is extremely dangerous in as much as the majority of such instances are almost certain to result in a child of school age with normal vision in one eye and amblyopia ex anopsia in the other. By this time the vision factor has stablized in most cases and the most that can be hoped for is cosmetic improvement by surgical methods. The amblyopic eye will continue to be amblyopic and this patient has been deprived of ever having binocular vision and by circumstances will have to endure the handicaps and limitations of monocular vision and hope that no mishap or disease will ever attack the good eye. —C. W. Stertzbach, M.D.

### MICHAEL REESE HOSPITAL POST-GRADUATE SCHOOL

### Presents

- A one-week course in "Surgery—Indications, Pre- and Post-Operative Care," from April 14th to April 18th, 1952. Clinical and didactic material in this full-time course will be presented by members of the Department of Surgery and cooperating departments. The course is designed for the practicing physician who wishes to keep abreast of current trends in surgery.
- 2. A one-week course in "Clinical Dermatology—Refresher Course in Diseases of the Skin for General Practitioners." This full-time, intensive course will meet from April 21st to April 25th, 1952. Clinics and lectures will be conducted by the members of the Department of Dermatology and Syphilology.
- 3. A two-week course in "Diseases of the Endocrines—Physiology and Diagnostic Methods." This full-time, intensive course will meet from April 28th to May 9th, 1952 and will be under the direction of Dr. Rachmiel Levine, Director, Dept. of Metabolic and Endocrine Research. Basic principles will be presented with a review of recent advances in the field. The course is designed for clinical application.
- 4. A two-week course in "Recent Advances in Internal Medicine," from May 12th to May 24th, 1952. This full-time, intensive course encompasses a systematic review of recent advances in the various branches of internal medicine. The clinical and didactic material will be presented by members of the Dept. of Internal Medicine, other Clinical Departments and of the Division of Laboratories and Research.
- 5. A one-week course in "Recent Advances in Pediatrics—Diagnostic and Therapeutic Measures," from May 26th to May 31st, 1952. Recent advances in Pediatrics, including the presentation of clinical as well as didactic material. For the pediatrician and other physicians who limit their practice largely to children. The course will be presented by the Dept. of Pediatrics and cooperating departments.

For further information, address: Dr. Samuel Soskin, Dean, 29th St. and Ellis Ave., Chicago 16, Illinois.

### COMPLETE RADIO PROGRAM SCHEDULE

### "YOU AND YOUR DOCTOR"

Sponsored by the Mahoning County Medical Society

- Opening explanation of the future programs—February 3, 1952.
   Dr. Samuel R. Zoss—Chairman, Lay Education Committee.
- University Education of the Physician—February 10, 1952.
   Dr. William L. Mormie—Lay Education Committee Member.
- Hospital Training of the Physician—February 17, 1952.
   Dr. Stephen Ondash—Member of Council.
- Post Graduate Education of the Physician—February 24, 1952.
   Dr. Chester Lowendorf—Lay Education Committee Member.
- Hospital Staffs—March 2, 1952.
   Dr. R. W. Rummell—Medical Director of Youngstown Hospital Asso.
- Mahoning County Medical Society—March 9, 1952.
   Dr. C. A. Gustafson—President, Mahoning County Medical Society.
- Ohio State and American Medical Association—March 16, 1952.
   Dr. William Skipp—Member of Council.
- Specialists, boards and relation to general practitioner—Mar. 23, '52.
   Dr. Lewis Shena—Lay Education Committee Member.
- Professional ethics—March 30, 1952.
   Dr. William T. Breesman—Lay Education Committee Member.
- Medical fees—April 6, 1952.
   Dr. Joseph Sofranec—Lay Education Committee Member.
- Medical-Dental Bureau—April 13, 1952.
   Mrs. Mary Herald—Manager, Medical-Dental Bureau.
- Hospital administration—April 20, 1952.
   Mr. Dave Endres—Supt., Youngstown Hospital Association.
- Nurses Training—April 27, 1952.
   Mrs. Clarence Shochan—Clinical Coordinator St. Elizabeth School of Nursing.
- Dentistry in its relation to the Physician—May 4, 1952.
   Dr. N. J. Sopkovich—President, Corydon-Palmer Dental Society.
- Blue Cross Hospitalization and Blue Shield Plan—May 11, 1952.
   Mr. John B. Morgan, Jr.—Exec. Vice Pres. Assoc. Hospital Service.
- Medical Service Foundation—May 18, 1952.
   Mr. Franklin B. Powers—Attorney.
- Medico-legal Facts, Physician and Attorney—May 25, 1952.
   Mr. Lee Waldman—Prominent Attorney.
- Blood Banks, Hospital and Red Cross—June 1, 1952.
   Mrs. Pauline Twidell—Head Blood Bank Youngstown Hospital.
- 19. Group Hospitalization and sickness benefits in Steel Mills—June 8, '52.
- Visiting Nurses—June 15, 1952.
   Miss Emma S. Modeland—Visiting Nurses Association.
- The Doctor in Civilian Defense—June 22, 1952.
   Dr. Craig Wales—Chairman Medical Society Committee on Civilian Defense.

- Municipal Health Department—June 29, 1952.
   Dr. Walter Tims—City Health Commission.
- Tuberculosis Sanatorium—July 8, 1952.
   Dr. Harold Teitelbaum—Director, Tuberculosis Sanatorium.
- Youngstown Receiving Hospital—July 13, 1952.
   Dr. Eugene Elder—Director Youngstown Receiving Hospital.
- What Does the Title Doctor Mean?—July 20, 1952.
   Dr. Clair Worley—Professor Youngstown College.
- Druggist in His Relation to Physicians—July 27, 1952.
   Mr. Walter Zimmerman—President Eastern Ohio Druggists Assoc.
- 52nd Question and Answer—August 3, 1952-January 25, 1953.
   Speakers to be announced.

-S. R. Zoss, M.D.

# Mahoning County Tuberculosis Staff and Mahoning County Medical Society Meet

MAY 13, 1952

Speaker: EARLE B. KAY, M.D.

Chief Consultant Thoracic Surgery Crile Veterans' Hospital Cleveland, Ohio

Subject: "Surgical Treatment of Congenital Abnormalities of the Chest"

7ime: DINNER 6:30 P. M. — Reservations

Place: TUBERCULOSIS SANATORIUM
Kirk Road

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### PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, March 10, 1952, at the office of the Society, 125 W. Commerce St., Youngstown, Ohio. PRESENT: C. A. Gustofson, President, presiding, J. N. McCann, W. M. Skipp, M. W. Neidus, E. J. Wenaas, G. E. DeCicco, A. Randall S. W. Ondash, and E. R. McNeal.

The Secretary read a letter from Dr. W. C. Hartland, requesting a leave of absence from the Mahoning County Medical Society until further notice.

There being no provision in our Constitution and By-Laws for leaves of absence, the Secretary was instructed to write to Dr. Hartland and explain that he could keep a non-resident membership if he so desired.

Dr. Gustafson stated that Mr. Credico of the Aid for the Aged had asked for permission to speak on Old Age Benefits for ten minutes at the April 15 meeting of the Society. Council approved the request and instructed the Secretary to so notify Mr. Credico.

Dr. Gustafson stated that Mr. P. W. Goss of the Safety Council of Youngstown had requested permission to address the membership for ten minutes at the April 15 meeting. Council approved the request and in-

structed the Secretary to so notify Mr. Goss.

The Secretary read a letter from Attorney Franklin B. Powers in which he stated the purposes for which the Medical Service Foundation can use its

funds.

A letter was read from Dr. D. E. Stillson with reference to examining the library of the Mahoning County Medical Society which is housed in the basement of the Youngstown Public Library. The library is composed of books and periodicals dating from about 1884 to about 1922. The book titles include all fields of medicine. There are several cyclopedic systems of medicine, surgery, etc., and text books of all descriptions, published within the above dates. There is about 280 feet of volumes.

The Secretary was instructed to notify Dr. Noll, Chairman of Housing and Library Committee to inquire into the cost of having the library take an inventory, also inquire from the Chicago Medical Book Co., as to the value thereof. Dr. Skipp discussed activity of the Allied Professions Group.

He also discussed Public Health Day.

The following application was read:

### FOR ACTIVE MEMBERSHIP

Dr. Raymond N. Catoline, 3370 Wilson Ave., Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days, the above applicant becomes a member of the Society. —G. E. DeCicco, M.D. Secretary.

# Outcome of '52 Elections

May depend on size of stay-at-home vote, says Poll-Taker Gallup . . . Doctor who stays home this year is a slacker . . . Get ready to vote in May primaries . . . get ready to go to bat for qualified candidates as you did in 1950. —OSMA Gram, Feb. 20, 1952.

### Editorial Page

### GUEST EDITORIAL

We have been running a series of guest editorials in an attempt to gather what other groups think of the medical profession and related subjects. It is refreshing and sometimes revealing to open the way for critical review by persons outside one's own group.

Many of the things that are written may not be believed or accepted by the great percentage of doctors in the area but at least they know what other people think of them and they have the right to answer back in these very same pages.

In this issue there appears a guest editorial, "Help! Doctors!," which is a subject that is scarcely given a passing thought by the average physician. Of course, the role of aluminum and production of cancer has been bounced around for many years by many cancer research groups. The consensus of opinion is that it has no relationship, whatsoever, but it's investigation has led to other important research projects relating to cancer so the time has not been wasted.

However, what do we as physicians know about the effects of arsenic, lead, DDT, and other artificial insecticides and fertilizers on the body? Very little is written about this problem and Mrs. Shott has brought up a timely question. The March 15, 1952, issue of the Journal of the American Medical Association on page 23 entitled "Chemicals in Foods and Water," shows that this problem is being studied. There will be a four volume report of 18 months investigation by the House Select Committee investigating the use of chemicals in foods which should help clear Mrs. Shott's question.

### SPRING HOP

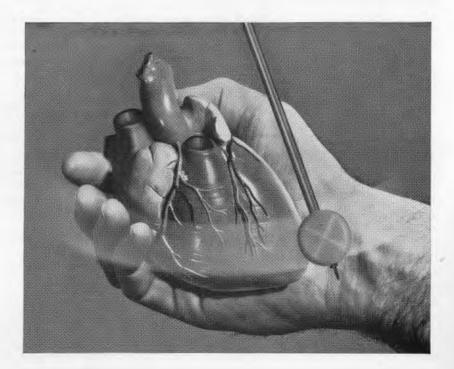
"All work and no play makes Jack a dull boy," a quotation we are all familiar with, could be applied to physicians as well as Jack. The announcement has been made in another part of the Bulletin that our annual dinner dance will be held on May 10, 1952. All of us who attended last year's dance at the Youngstown Country Club will remember the grand dinner and the excellent dance arranged by Dr. Ray Hall and his committee. Everyone praised the evening to the skies for days.

It might be a nice gesture for the hospital staffs to see that the internes and the residents come as guests.

Remember May 10, 1952 for an outstanding social evening!

### APOLOGY

It is with regret that we must admit a gross error in the *Bulletin* of March 1952 on page 109. It is not flattering to have one's initials printed incorrectly as we did with Dr. S. R. Zoss, when we used an "E" instead of an "S". We apologize.—E. R. M.



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### ODM PANEL WILL PROMOTE MORE EFFICIENT USE OF NURSES IN HOSPITALS

A special panel on hospitals and nursing, which will be set up shortly by the Office of Defense Mobilization, will concentrate on perfecting techniques for the more efficient use of nurses and on convincing hospitals that the new techniques should be adopted. An ODM spokesman, outlining objectives of the new subcommittee, said it also will do all it can to promote recruitment of various categories of nurses now in short supply.

The program being worked out for the subcommittee calls for a study of various methods devised by individual hospitals to spread the available supply of qualified nurses while at the same time maintaining a high standard of patient care. Most promising of the ideas will be tried out in other hospitals and the results carefully observed. Then the subcommittee will attempt to induce hospitals facing nurse shortages to adopt techniques which have been found to promote efficiency without sacrificing patient care.

The group, full membership of which will be announced in a few weeks, will function under Dr. Howard Rusk's Health Resources Advisory Committee of ODM. —Capital Clinic Vol. 3, No. 10 — March 11, 1952.

### BESIDE THE TRAIL

There is much truth in Carlyle's idea that "the soul of the world's history was the realization and embodiment of the thoughts of great men". We must, however, admit into this concept a loose interpretation of what constitutes greatness. Positiveness, aggressiveness, enthusiasm enter into both the thoughts and their material expression, whether they should be justly considered beneficial or detrimental.

History seems to be a record of the struggle for balance between these opposing factors, and greatness cannot be ascribed exclusively to leaders of either side. Greatness is ephemeral, the product of the circumstance which does not recur.

It is likely that this middle part of the twentieth century is a critical period in the history of civilization. England has recently shown evidence of recovery. Yet at present, no nation in the world is ruled by a great man or by a group of great men—except Russia, in which eminence is to be measured by disregard of human rights, and by ability to extend control over weaker individuals and countries.

Greatness is a mirage, seen only from afar; and even from there, should be recognized as a composite. It is absurd to consider it as individual, each man's contribution sometimes being so trivial that its importance is lost.

Much as we dislike to consider malefactors great, they help to shape the course of mankind—a course which also we dislike to consider accidental. But it is a fact which we must accept in the same way that we acknowledge the uses of ugliness. Regardless of our opinions and protestations, the names of our human scourges will continue to be added to those who have been considered great.



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### FROM THE BULLETIN

J. L. Fisher, M.D.

### TWENTY YEARS AGO-APRIL 1932

The scientific program that month consisted of a full day of papers and clinics given by Drs. Henry A. Christian, Samuel A. Levine, William C. Quinby and Merrill Sosman, all from Harvard University. It was the fifth annual Post-Graduate Day.

Morning and afternoon meetings were held at the Ohio Hotel. The dinner and evening meeting was at the Youngstown Club. More than four hundred doctors were registered. They came from sixtyone towns in five different states. Dr. Paul Fuzy was chairman and G. G. Nelson vice-chairman of the Committee.

In the President's Column, Earl Brant proposed that we should have a President-Elect instead of a Vice President, that the Delegates and the Editor should be made members of the Council. He appointed C. R. Clark, C. D. Hauser and W. D. Coy to form a Speaker's Bureau.

Drs. E. C. Mylott, James B. Birch and W. Stanley Curtis were elected members of the Society.

The Public Health Committee passed on the caloric value of the food being served in the soup kitchens.

In 1931 there were 45 cases of Diphtheria in the City with five deaths, in the County there were 46 cases and 1 death. In March 1932 there were reported 17 cases of diphtheria, 11 cases of small-pox and 50 cases of influenza.

### TEN YEARS AGO-APRIL 1942

Post-Graduate Day that year brought a group from Northwestern University: Dr. J. Roscoe Miller, Dean and Professor of Medicine; Dr. J. R. Buchbinder, Associate Professor of Surgery; Dr. Harry Culver, Associate Professor of Urology; Dr. Paul S. Rhoads, Assistant Professor of Medicine and Dr. George H. Gardner, Assistant Professor of Obstetrics and Gynecology. The day was bright and sunny and brought a huge crowd of guests from out of town. The Committee that year: Craig Wales, De Cicco, Sam Weaver, Reilly, Marinelli, Fuzy, Allgood, Kaufman, Rummell, Wasilko, A. J. Brandt, Atldoerffer and Tims.

More doctors entered military service: Richard V. Clifford, Martin Conti, Stephen W. Ondash, George Armbrecht. Edw. F. Hardman and Frederick Tingwald.

Invitations were out for the Annual Dinner Dance at the Youngstown Country Club on April 18th.

Dr. Bertram Firestone became an active member and Dr. Genevieve Delfs an interne member.

Dr. E. H. Young became a member of the Board of Education.

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