



Life is that which holds matter
together. —Porphyry.

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

May • 1952
Vol. XXII • No. 5
Youngstown • Ohio

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SUPPLIED: in 50's and 1000's.

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

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TABLE OF CONTENTS

Vol. XXII—No. 5

May, 1952

Our President Speaks - - - - -		192
Surgical Treatment of Ulcerative Colitis	R. G. Turnbull	193
Proceedings of Council - - - - -		195
State Medical Meeting - - - - -		197
Keeping up with AMA	W. M. Skipp, M.D.	203
Editorial (A Lost Art) - - - - -		212
New Active Members (Pictures)		213
Newer Concepts of Thyroid Cancer	W. J. Flynn	217
Internes - - - - -		221
Woman's Auxiliary	Mrs. Dean Nesbit	223
Annual Medical Aux. Report	Mrs. Carl A. Gustafson	231
From the Bulletin	J. L. Fisher, M.D.	235

ADVERTISERS' LIST

Beil-Rempes Drug	220	Overlook Sanitorium	218
Blair Dry Cleaning Co.	224	Parke, Davis & Co.	200
Borcherdt Malt Extract Co.	224-226	Professional Pharmacy	206
Cross Drugs	220	Renner's	226
Delp Nursing Home	211	Schering Corp.	196-234
Endo Products, Inc.	226	Scott Co.	210
Fellows	190-198-204	Stillson & Donahay	214
James & Weaver	220	Strouss-Hirshberg Co.	208
Kleiner Rest Home	226	Thornton Dry Cleaning Co.	220
Laeri's Pharmacy	224	Varick	202
Lester's Pharmacy	234	Vitaminerals	216
Lilly, Eli & Co.	194	White Drug Stores	210
Lyons Physician Supply Co.	208-218	Yo. Com. for Education on Alcoholics ..	216
Mead Johnson & Company	Cover	Zemmer Company	224
O'Linn's Drugs	214		

Our President Speaks

The recent exposure of connection between nationwide organized criminality and both local and federal officers, has not been complimentary to us as enlightened self-governed people; for we have been surprised only by its extent. Nor has the simultaneous revelation that the RFC was being conducted on the principle of political influence as the basis of credit, lessened the sting of our proven gullibility.

The wasteful duplication of effort and in purchase of material in the army and navy, together with the private fortunes that have been quickly amassed through resale of surpluses, has not been creditable to us as economic advisors to nations in distress.

As these and other administrative activities are uncovered, there is revealed an intent to keep within the letter of the law, but outside of its purpose, — to maintain activity in that shady ill-defined zone where morality ends and venality begins. This area of legal and ethical uncertainty is an excellent one for the victors who would not only gather the spoils, but develop and cultivate them with little risk. For unless they inadvertently commit perjury in their transactions or in the subsequent investigations, these perpetrators need only be careful in making income tax reports.

The reaction of the public does not indicate that we are confused as to the quality of these transactions, or as to the character of the officials who have been involved. Our uncertainty is concerning our own responsibility for self-indulgence and gullibility, for neglect to keep ourselves impartially informed, and for failure to prepare for intelligent opinion. We are confronted with the fact that we have been unwilling to pay in effort the cost of maintaining democracy at its best, and are now being forced to witness it and to pay for it at its worst.

C. A. Gustafson, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

**VOLUME 22****MAY, 1952****NUMBER 5**

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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APRIL 15, 1952 MEETING**MAHONING COUNTY MEDICAL SOCIETY**

Dr. R. G. Turnbull, director of Proctologic and Colon Surgery, Cleveland Clinic, gave a very interesting talk on "Trends in Surgical Treatment of Ulcerative Colitis" at the Mahoning County Medical Society. Following is a brief resume of his talk:

The condition of Ulcerative Colitis has been very predominantly found in young women. It still remains chiefly a medical problem as 85% of these cases are treated and respond to medical treatment. 15% must rely on surgical intervention. Ileostomy actually was worse than colostomy. Colectomy having been done in two stages was quite an ordeal and not too popular with patients. Since 1950, Ileostomy and Colectomy have been performed as a one-stage procedure, with better results and naturally better response from the patient.



R. G. TURNBULL, M.D.

Indications for Surgery:

One must remember that surgery is the last resort for the 15% of the cases that must rely on surgery.

1. Acute toxic cases
2. Chronic forms
 - A. Wedded to bed pan
 - B. Persistent chronic anemia
3. Possibility of Cancer

The cases of cancer which are present in ulcerative colitis result in few five year survivals.

4. Local Complications

Examples are the rectal and anal strictures draining sinuses.

5. Systemic Complications

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6. Severe repeated hemorrhages

7. Perforation

As previously stated the operation is a single stage operation of ileostomy with colectomy. Emotional factors are a great problem.

The ulcerative colitis condition seems to start in the rectum in 90% of the cases. A new Swedish drug known as "Azopyrene", which has been used with fair success in Sweden and some of the countries on the continent, has not proven to be of any success in our experience.

A series of slides were shown of patients, as well as follow-up after operation. The x-rays of most of these cases show chronic contracted colons with loss of haustrations. It has been found that on the average cancer arises in about 17 years. In the acute toxic cases the violent onset in this category, ileostomy per se does not help. Colectomy must be done with ileostomy.

A film was shown to show ileostomy with colectomy, and patients upon whom this operation was performed. With the new type of Torbot bag, which is cemented on to the body, it makes it much more convenient for the patient and permits him to lead a normal life. Within a year, usually at the discretion of the patient, the Miles abdominal-Perineal resection is performed.

One of the newest and most progressive procedures that has been done within the last two years is skin grafting of the ileostomy stump. Results are much better. The skin irritations and sinus formation around the stump of the ileum that were so prevalent previously seem to have been solved by skin grafting of the stump.

The meeting was well attended and a lively question and answer period followed.

W. J. Tims, M.D.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, April 14, 1952, at the office of the Society, 125 W. Commerce St., Youngstown, Ohio.

PRESENT: Doctors C. A. Gustafson, President, presiding, G. G. Nelson, S. W. Ondash, J. D. Brown, J. N. McCann, V. L. Goodwin, A. K. Phillips and E. R. McNeal, comprising the Council and we had as guests doctors E. J. Reilly, W. J. Flynn, A. Goudsmit, E. H. Nagel and F. W. Powers, Council for the Society.

The financial standing of the Society was discussed. A motion was made seconded and duly passed instructing the Secretary and Treasurer to purchase \$5,000.00 worth of G. Bonds, money to be paid out of the checking account in the Union Bank.

The Secretary read a letter from Dr. Steckchulte, in which he recommended that Dr. L. Segal be sponsored at our regular membership meeting for honorary membership inasmuch as he had retired from active practice.

The communication will be read at the next regular meeting to be held on April 15, 1952.

Dr. Flynn discussed the September meeting which will be held in conjunction with the Cancer Society. The meeting will be held on Thursday, September 18 instead of Tuesday, September 16 as previously planned.

Also, the November meeting will be held on Tuesday, November 18 instead of Tuesday the 11th as previously planned.

The Secretary was instructed to so notify Dr. Noll.

—G. E. DeCICCO, M.D., Secretary


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*T.M.

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Ohio State Medical Association Meeting

One of the outstanding events of the forthcoming annual business and scientific meeting of the Ohio State Medical Association, May 20-22 in Cleveland, will be an address by Doctor John W. Cline, San Francisco, dynamic and resourceful leader of the American Medical Association.

Doctor Cline will appear before the general session at 3:30 on the afternoon of the first day of the Annual Meeting along with Mr. Leo E. Brown, A. M. A. director of public relations, to discuss "You and Your A. M. A."

Scientific sessions, registration, and exhibits will be located in the Cleveland Public Auditorium, while the House of Delegates will meet in the Hotel Cleveland.

A total of twelve instructional courses will be offered this year, four each day of the meeting. As in the past, these courses will include practical lectures on everyday subjects of interest to all physicians, with discussion by recognized clinicians and opportunity for questions.

There will be no admission charge for the courses, but tickets must be obtained in advance from the headquarters office in Columbus or at the registration desk, since the attendance at each is limited. The tickets are allotted on a "first come, first served" basis, so it is advisable to obtain them early if the desired tickets are to be assured.

"Medical Topics of the Day", dealing with some of the outstanding medical questions of the day encountered, will be presented on Tuesday and Wednesday afternoons at 1:30. Three will be presented on each afternoon and will be open to all in attendance.

Section meetings are reappearing on the program after an absence of two years. The section on Otolaryngology, Rhinology and Laryngology is meeting at 11 a. m. on the first day of the session, and at 1:30 that afternoon the sections on Ophthalmology and Urology will convene.

The Pediatrics section will meet at 10 a. m. Wednesday, Anesthesiology at 1:30 p. m. and General Practice at 3:30 p. m. on the same day.

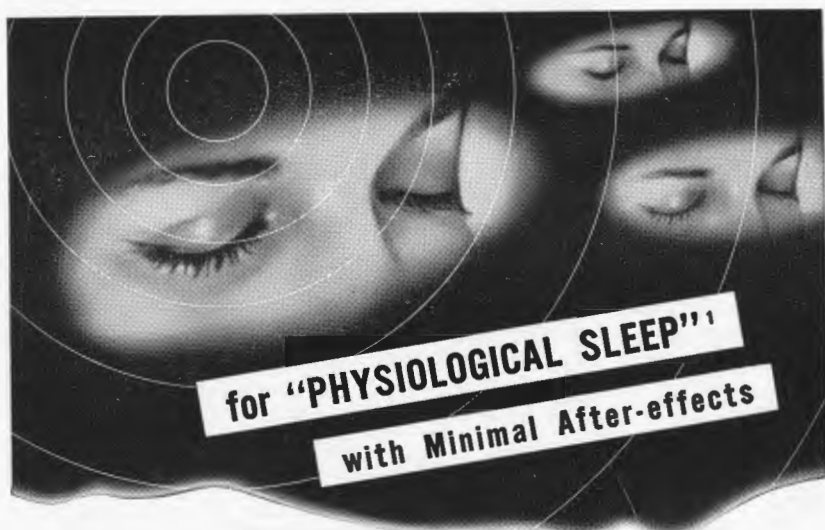
On Thursday at 10 a. m. meetings of the sections on Obstetrics and Gynecology and on Radiology have been scheduled.

The Annual Banquet will be held at 7:30 p. m. on Wednesday, May 21, in the Main Ballroom of the Hotel Cleveland. Tickets are obtainable in advance from the State Headquarters office at \$5.50 per person. No speeches are scheduled, but a variety show and dancing will follow the dinner.

Approximately 100 technical exhibits by various drug, instrument, equipment, and supply houses will occupy the Main Arena of the Public Auditorium in addition to about forty scientific exhibits.

Instructional courses scheduled for 10 a. m. the first day are as follows: "Fractures of the Extremities", with Doctor Ralph G. Carothers, Cincinnati, as moderator; "Management of Massive Upper Gastrointestinal Hemorrhage", Doctor Stanley O. Hoerr, Cleveland, moderator; "Use of Drugs in Heart Disease and Hypertension", Doctor A. Carlton Ernestine, Cleveland, moderator; and "Personality Problems in the Adolescent", Doctor Guy H. Williams, Jr., Cleveland, moderator.

On Wednesday, at 10 a. m., the following courses will be presented: "Medical and Health Services for the Small Industrial Plant", Doctor D. A. Kelly, Cleveland, moderator; "Chronic Lung Diseases", Doctor D. W. Heusinkveld, Cincinnati, moderator; "Acute and Chronic Recurrent Pancreatitis", Doctor Vinton E. Siler, Cincinnati, moderator; and "Bursitis", Doctor



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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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Judson D. Wilson, Columbus, moderator.

At 10 a. m. Thursday, the following instructional courses are scheduled: "Hormonal Therapy and Chemotherapy of Cancer", Doctor Arthur G. James, Columbus, moderator; "Intestinal Obstruction", Doctor William D. Holden, Cleveland, moderator; "Blood Transfusion and Plasma Substitutes", Doctor Edwin H. Ellison, Columbus, moderator; and "Fever of Obscure Origin", Doctor B. K. Wiseman, Columbus, moderator.

"Medical Topics of the Day" scheduled for 1:30 p. m. Tuesday, include: "Uses and Abuses of ACTH and Cortisone", Doctor George J. Hamwi, Columbus, moderator; "Rheumatic Fever and Rheumatic Heart Disease", Doctor John W. Martin, Jr., Cleveland, moderator; and "Treatment of the Automobile Accident Patient", Doctor Donald M. Glover, Cleveland, moderator.

At 1:30 p m. Wednesday, the following "Medical Topics of the Day" are scheduled: "Poliomyelitis", Doctor James G. Kramer, Akron, moderator; "Practical Uses of Radioactive Isotopes", Doctor H. L. Friedell, Cleveland, moderator; and "Diabetes Mellitus and its Complications", Doctor Thomas P. Sharkey, Dayton, moderator.

All Annual Meeting events, including the Banquet will be conducted on Daylight Savings Time. Daylight Savings Time is one hour earlier than Eastern Standard Time and is applicable in Cleveland due to a city ordinance.

LOCAL MEN ON O. S. M. A. PROGRAM

Several members of the Mahoning County Medical Society will participate in the clinical sessions of the 1952 Annual Meeting of the Ohio State Medical Association to be held at Cleveland, Ohio, May 20, 21 and 22, 1952.

On Tuesday afternoon, May 20, 1952, **Dr. W. H. Bunn** will be a Panel Discussant on "Rheumatic Fever and Rheumatic Heart Disease," to be held in Room A, South Wing, Second Floor, Cleveland Public Auditorium.

On Wednesday, May 21, 1952 at 2:30 p. m., **Dr. A. J. Fisher** will present a paper on "Autonomic Ganglion Blocking Agents for Controlled Surgical Hypotension," in Clubroom B, North Wing, Third Floor, Cleveland Public Auditorium.

On Thursday, May 22, 1952, at 10:40 a. m. **Dr. Edgar C. Baker** will present a paper on "Venography" in Clubroom A, North Wing, Third Floor, Cleveland Public Auditorium.

COMING MEDICAL MEETINGS

May 20-22, '52—Ohio State Medical Association, Cleveland, Mr. Charles S. Nelson, 79 E. State Street, Columbus 15, Ohio, Executive Secretary.

May 22-24, '52—American Academy of Pediatrics, Areal Meeting, Hotel Statler, Washington, D. C.

June 5-7, '52—American Geriatrics Society, Hotel LaSalle, Chicago, Ill.

June 5-7, '52—American Ophthalmological Society, Hot Springs, Virginia.

June 4-7, '52—American Proctologic Society, Milwaukee, Wisconsin.

June 6-7, '52—American Rheumatism Assn., Conrad Hilton Hotel, Chicago.

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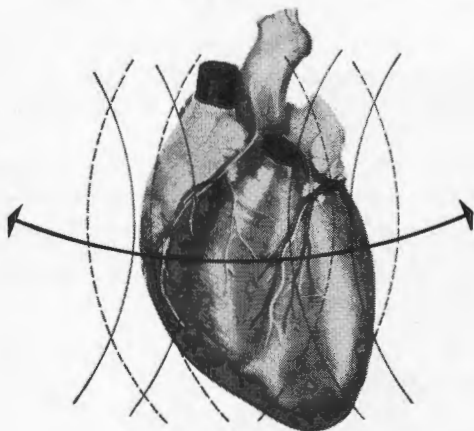
Highlights — Dr. Kay

Dr. Kay, born in 1911, a graduate of the Medical College of the University of Michigan in 1936, and received the degree of Master of Surgery from the University of Michigan in 1940. He was in the Department of Thoracic Surgery at the University of Michigan until 1942. Following this he was a Lieut. Colonel in the Army of the United States until 1946. He was stationed at Kennedy General Hospital in Memphis in the Section of Thoracic Surgery.

Dr. Kay is a member of the Founders Group of the Board of Thoracic Surgery, a Diplomate of The American Board of Surgery, a Fellow of the American College of Surgeons, a member of the American Broncho-Esophagological Association, a Fellow of the American College of Chest Physicians, the National Tuberculosis Association and Trudeau Society, the Central Surgical Association, and the Frederick A. Collier Surgical Society.

Besides his Cleveland hospital affiliations he is the Senior Thoracic Consultant for Crile V. A. Hospital and Brecksville B. A. Hospital. He is also Thoracic Consultant to Molly Stark Sanatorium, Canton, Ohio.

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KEEPING UP WITH A.M.A.

W. M. Skipp, M.D.

(1) **The 48th Annual Congress of Medical Education and Licensure** held in Chicago, Feb. 11, 1952, there being much discussion on a new plan announced by AMA President John W. Cline, which promises to be a substantial source of private funds for medical education.

This being that the AMA as a corporation would accept patents for medical discoveries made by physicians; all royalties to be turned over to the Association which would then turn them over to the American Medical Education Foundation to be distributed to medical schools. The medical schools were warned not to become "perpetually dependent on Washington handouts."

There has been an increase of medical student enrollments, notably from small towns, which should return more practitioners of all types to rural areas.

Eleven states in the South have contributed \$1,091,500 for medical education in that area. A similar program is under consideration and planning for eleven states and two territories of the Rocky Mountain States and the Far West.

(2) **Every day** it is becoming the concern of increasing numbers of groups in realizing that the forces of socialism are spreading and are running rampant in this country, and are affecting our every day lives; many groups realize we have a common objective; that we should definitely cooperate.

Farm and industrial groups are aroused by socialistic trends and are confronted by legislative schemes to socialize all. The high federal budget is causing widespread alarm, many organizations are seeking a way to arouse the public to these dangers.

(3) **The Chronic Illness Commission** under the direction of a large committee headed by Dr. Leonard W. Mayo of New York has charted an extensive research program. The program will try to answer two problems regarding facilities and services in rural and urban areas. The studies will provide first time answers to these much discussed questions of each of the populations areas.

(4) **The British Medical plan is sliding downhill.** Mr. Churchill has asked a cut in socialized medical cost of 21 million pounds; patient would have to pay \$2.80 for dental treatment; and 14 cents will be charged for all drugs supplied by hospital out-patient departments. The Labor Party, which gave birth to this socialized medicine scheme, were charging one half the cost of false teeth and spectacles. If this bill goes through, which no doubt it will, it will pay one half the cost of wigs, hearing aids, surgical boots and elastic stockings.

(5) **The Department of Defense** is considering drafting Priority I Physicians and dentists under Public Law 779. There are 1,000 Priority I physicians that are physically fit, that have not indicated they will volunteer; another 1,500 have been deferred because of the essential nature of their practice or status; and 2,000 have been found physically unfit; also 335 dentists who have not volunteered will be drafted.

(6) **The Food and Drug Administration** reports the conviction of Dr. R. F. Mills of Jacksonville, Fla. for signing prescriptions which were used for penicillin and sulphadiazine drugs for persons he had never seen; he was paid \$4.00 per prescription.

(7) Public hearings are being held on S1245 (Humphrey) and S2337

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3 3/4 gr. (0.25 Gm.) BLUE and WHITE CAPSULES CHLORAL HYDRATE - *Fellows*

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DOSAGE: One 3 3/4 gr. capsule three times a day after meals.

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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.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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1. Hyman, H. Y.: An Integrated Practice of Medicine (1950)
2. Bonitus, M. B. et al.: A Course in Practical Therapeutics (1948)
3. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics (1941). 22nd printing, 1951.
4. Soliman, I.: A Manual of Pharmacology, 7th ed. (1948). and Useful Drugs, 14th ed. (1947)

(Lehman) S1245 Provides for care of dependent wives and children of service men as was set up in World War II under responsibility of the Children Bureau; while S2337 would cover complete hospital care for all dependents of enlisted service men; under both programs the states could use the services of voluntary health insurance plans to finance payment of benefits.

. S2705 (Lehman, N. Y.), (Murray, Mont.), (Magnuson, Wash.), (Humphrey, Minn.): Bill would (a) extend social security benefits to an additional eleven million persons; (b) increase benefits approximately 35%; (c) raise the taxable base from \$3600 to \$6000 on which is predicated the contributions of employees and employers; (d) increase both the employee's and employer's contribution to 4% (each) by the year 1961--the self-employed would contribute 5½% by 1961 (e) add a compulsory program of permanent and total disability benefits and a cash sickness benefit program (temporary disability); and (f) finance a broad rehabilitation program for disabled persons covered by social security.

Approximately 75% of the population (workers and their dependents), are now covered by social security. Under terms of this bill, adding 11 million persons to the rolls, approximately 83% of the population would be covered. The main additions are farm owners and workers, additional household domestics. Self-employed physicians, lawyers, and certain other professional persons are not included.

The suggested new program for permanent and total disability provides benefit payments to those unable "to engage in any substantially gainful activities by reason of any medically determinable physical or mental impairment or blindings.

Disabled persons, before becoming eligible for benefits under the permanent and total disability program would be required to submit themselves for medical examination. Medical examinations could be performed at existing federal facilities or by private physicians, clinics, hospitals or other medical facilities as determined by the Administrator of the FSA. Examination costs would be paid from the Social Security trust fund. FSA would require periodic re-examination for disability. Refusal of the claimant to appear and cooperate would cause a forfeiture of benefits.

(8) **Again comes Commissioner Altmeyer**, of the FSA SS administration saying that voluntary health insurance only covered 10% of the costs of sickness for 1950, thus showing that this paid agent of ours is still trying to force socialized medicine on the people. The percentages he uses are for the total cost of sickness rather than the fraction which can and should be met by insurance.

. The American Federation, an AF of L publication, has an article by Pres. William Green, "A National Health Program for a Stronger America", in which he says "most of the attacks you hear on national health insurance more than likely have been instigated by the AMA. To get accurate facts in countering these attacks, organized labor is supporting the work of the Committee for the Nation's health". (Note: This Committee has Red leanings). "We must be our own spokesman, we must answer the facts, the propaganda spread by these trying to stop progress. The AMA lobby has spent millions of dollars to misinform us, instead of trying to find ways of making America healthier. The AMA is wasting these funds on political schemes to elect reactionaries to office."

. Rep. Thomas E. Martin (R. Iowa) sent out a questionnaire to the residents of his district. The question asked "Do you favor socialized medicine?"

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91% of the answers returned were NO, all types of persons made the returns; business, professional, labor, and farmers. Two other issues were outstanding (1) Government spending was singled out as the most important issue while (2) was the threat of socialism in this country.

(9) **The Surgeon-General of PH. L. A. Scheel**, cautions physicians and the public to be on the lookout for an outbreak of parrot fever, (psittacosis) as a physician and his wife contracted the disease from a parakeet brought to Minnesota from Florida. It is a viral disease with symptoms similar to pneumonia and influenza.

(10) March 4, 1952: the House refuses to pass Universal Training and sends it back to Committee which will kill that bill for this session of Congress. Feb. 26, 1952: S2731 (Russell, D. Ga.) would transfer all VA Hospitals to the Dept. of Defense without reimbursement.

. March 6, 1952: S1140 To establish and consolidate hospital, medical and public health functions of the government in a Dept. of Health.

The AMA favors the Dept. of Health, with Secretary of Cabinet rank; also believes in savings of taxpayers' money, but this bill will not carry out these purposes; therefore is opposed to enactment of S1140.

. The Medical Service Committee which is interested in Federal Medical Services will look into (1) medical and hospital benefits for veterans with non-service-connected disabilities; (2) medical and hospital benefits for dependents of service personnel; (3) the transfer of seriously disabled service personnel from service hospitals to VA installations. The Committee plans to compile pertinent information reflecting costs, trends, and future plans in these areas.

(11) Mar. 1, 1952: The Seventh National Congress on Rural Health held in Denver, Colo., brought together 400 leaders of medicine, agriculture, and education to make plans and improve rural health.

Every state was represented and one of the encouraging points stressed was that agricultural areas were not accepting handouts from the government, and were setting up their own health programs through the combined cooperation of all leading professional, civic and farm organizations.

(12) Every physician's office should have at least one, and could use two of the plaques which invites our patients to discuss with us matters relating to fees and service. These plaques were displayed and discussed by Mr. Leo Brown at our March Public Relations meeting with the Allied Professions held in the Ohio Hotel, Youngstown, Ohio.

(13) **The YWCA** has set up a program on the National level which was reviewed by Mr. Leo Brown at the March meeting on Public Relations involving all of the allied professions. The plan, as pointed out to the groups assembled was that the national assembly of the YWCA, in May, in Chicago, would be to support national health insurance (socialized medicine to us). The plan called for a program of "education"—and to procure action on Federal and State legislature for a health program. This has been clarified now by the National YWCA to Mr. Brown, saying that there was a misprint, or a miss-setup of the resolution which when set correctly did not mean the YWCA was advocating Socialized or state medicine.

(14) March 10, 1951: The Senate subcommittee on Health began hearing on the EMIC BILL S-2337 (Lehman, N. Y.). This is the emergency maternity and infant care. This measure will be administered at the State level with the federal government reimbursing for all expended money. The bill will take care of all service man's dependents for medical, surgical and hospitali-

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zation, with no terminal date attached. The amount cannot be estimated.

Dr. Martha M. Eliot of the Children's Bureau appeared with a long testimony for the bill.

Dr. Edwin S. Hamilton, AMA trustee, appeared in opposition to Bill S1245 and S2337 because no evidence has been found which would indicate that the wives and children of enlisted men are not now being cared for by existing facilities and agencies. The Selective Service is not drafting fathers. The cost at this time would be unjustified and an unnecessary expenditure of federal funds.

Although the two bills are dissimilar in many details, I believe that rather than discuss these variations, it will be sufficient for the purpose of my statement to note that both measures propose the re-establishment of an Emergency Maternity and Infant Care program for the wives and children of enlisted personnel of the Armed Forces. In addition, S2337 would provide a program of hospital care for all dependents of enlisted personnel.

Most witnesses supported one or both bills and Children's Bureau estimated that 200,000 babies will be born yearly to wives of enlisted men. Defense Department and Bureau witnesses agreed that between 75,000 and 80,000 of these cases could be handled in military hospitals. Accepting the figure of 200,000 the question is how many of the remaining 120,000-125,000 cases cannot be handled by existing facilities, public and private.

Leona Baumgartner, M. D., Asst. Comm. of Health, N. Y. stated the EMIC program of the last war worked well and relieved the dependents of service personnel of a lot of suffering; the patients received high quality medical care; hospital pay was good; she felt it would not be difficult to use hospital insurance plans under S2337. Speaking for the Amer. Public Health Assoc. stated "We have concluded that any proposal which involves the direct cash payment to the family for the purchase of medical care is unsound."

Edwin L. Crosby, M. D., President-elect, American Hospital Assoc. stated the Association "has no evidence or information upon which to establish a need for another EMIC program at this time."

L. E. Burney, M. D. in behalf of Assoc. of State and Territorial Health officers stated "at the present time there is insufficient evidence to justify support of a new EMIC program.

Col. Clement F. St. John, Morale and Welfare Dept. of Defense: "That the same principles which moved Congress before are now in force."

Philip S. Barba, M. D., Vice President, American Academy of Pediatrics, states while opposed to legislation now, there should be a proposed plan for the future. "There should be a revised EMIC plan, if possible, using the voluntary insurance and service plans now in operation.

Many more witnesses appeared opposed to the new EMIC program but did favor using voluntary insurance if possible.

Many witnesses appeared for the bill from the Legion, AF of L, College health services, W.C.T.U., Maternity Centre Association, Amer. Veterans Committee, CIO, Amer. Assoc. Social Workers, Settlement workers, church women, YWCA, Jewish Women, National Educational Congress, Colored Parents, Co-operative Health Federation, Amer. Parents Committee.

The American Osteopathic Association asked to be put on the list to receive payment for these patients if the bills were passed, did not know whether there was a need.

(15) A pamphlet sent to physicians on why physicians should be under Social Security, by Dr. E. P. Boas of the Physicians Forum, NYC. The AMA

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has been working on this for over a year. The AMA is not leaning on the government or Oscar Ewing for help. The House of Delegates at Atlantic City disapproved inclusion of physicians under Social Security.

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(16) **The House Ways and Means subcommittee**, Rep. Hale Boggs (D., La.), Chairman, are looking into the question of a federal law for the control of barbiturates. On one day's hearings all witnesses appearing were opposed to federal regulations.

..... Robt. P. Fischelis speaking for the American Pharmaceutical Assoc. is opposing the bill because all states but two have laws which, with local control, will better regulate than anything the federal government can do. "These State laws are enforceable in a way to control the evil". He advised Congress to "wait and see" what will happen.

..... Dr. Robt. T. Stormont, Secy. to AMA Council on Pharmacy and Chemistry, disapproved any proposed legislation that would require "special registration of all physicians".

SPEAKERS:

Will you please turn in your names, topic, and group to whom you spoke to Dr. S. R. Zozz, Chairman Lay Education Committee, so that proper credit can be given you and the Mahoning County Medical Society.

E. R. M.

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Editorial Page

A LOST ART—OR IS IT?

Physical diagnosis, is it a lost art or is it not? I for one hope it is not but it is being tragically neglected in routine every day practice of medicine and, from contact with internes, in medical school teaching as well. This should not be, for there is only one thing more important in arriving at a diagnosis and that is the history.

Can you as doctors remember anything more inspiring than the bedside clinician who took a blood pressure by palpating the radial artery with one hand and the brachial artery with the other and being within 10 points of the sphygmomanometer time after time, or diagnosing a central pneumonia by picking up a small area of bronchial breathing the size of a quarter, or diagnosing a secondary anemia within 500,000 of the red blood count by inspecting conjunctiva, mucous membranes of mouth and finger nail beds? Yet how many of us bother to do this today because it is easier to use the blood pressure cuff, the x-ray machine, and the laboratory technician?

If one reviews the statistical reports of the local hospitals for the years 1950 and 1951, it will be found that although patients admitted increased only slightly or remained stationary, the number of laboratory examinations and x-rays taken increased markedly. This is not absolute proof that laboratory medicine is replacing clinical acumen but I'm afraid it is one indication of the trend.

Time is an important element in anyone's way of living and the question can be asked, "With our offices so busy now how can more time be spent on time consuming physical diagnostic methods?" I don't have the solution except to ask, "Where are we going?" I hope not to a laboratory because there isn't time for physical diagnosis!

Medical school curriculum has changed considerably in the last few years but even in the years 1937-1941 physical diagnosis was a small part of the medical students' training and from reports it plays even a smaller part now.

Is Physical Diagnosis A Lost Art? Yes, on the whole I believe it is. I for one hate to see this wonderful art disappear. So in our hospital rounds can't we spend a little time with our residents and internes reviewing some old physical diagnostic techniques?

E. R. M.

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HOSPITAL MEETINGS

THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

April 1, 1952

The April meeting of the Youngstown Hospital Staff was called to order on Tuesday, April 1, 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 March were read and approved.

The program was presented by Dr. Coombs, Dr. McElroy and Dr. Baker. A case of multiple myeloma was presented. Dr. McElroy and Dr. Baker presented material in regard to the treatment.

E. C. Baker, M.D., Secretary

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly medical staff meeting of St. Elizabeth Hospital was held on April 1, 1952. Case presentations of Coronary Occlusion and Carcinoma of the Ileum were discussed and a short business meeting followed.

P. B. Cestone, M.D.

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The regular meeting of the Mahoning County Academy of General Practice was held on Tuesday, April 8, 1952, at the South Side Nurses Home. Dr. H. E. Van Ordstrand, Chief, Division of Chest Diseases of the Cleveland Clinic, lectured on "Solitary Lesions Of The Chest."

The next meeting will be held on May 27, 1952, at which time a symposium on Arthritis will be given by Drs. Coombs, Szucs, and Goudsmit. The annual intern meeting will also be held June 10, 1952.

David H. Levy, M.D.

Health Department Bulletin

CITY OF YOUNGSTOWN

MARCH, 1952

	1952	Male	Female	1951	Male	Female
Deaths Recorded	205	121	84	203	128	75
Births Recorded	483	256	227	613	307	306

CONTAGIOUS DISEASES	1952 Cases		Deaths	1951 Cases		Deaths
Chickenpox	72		0	76		0
Measles	192		0	15		0
German Measles	6		0	0		0
Scarlet Fever	7		0	7		0
Whooping Cough	5		0	4		0
Mumps	8		0	1		0
Epidermic Cerebro-Spinal Meningitis	1		0	0		0
Syphilis	21		0	25		0
Gonorrhoea	34		0	7		0
Chancre	1		0	0		0
Tuberculosis	0		4	5		2

VENEREAL DISEASES	Male	Female
New Cases		
Syphilis	3	3
Gonorrhoea	20	7
Number Patients		33
Number Visits to Clinic (Patients)		249

W. J. TIMS, M.D.
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NEWER CONCEPTS OF THYROID CANCER

W. J. Flynn, M.D.

There is a wide difference in the clinical course of different histologic types of thyroid cancer. Less well known, however, is the fact that there exists a wide variation in the clinical course of those of the same histologic picture. Frazell and Foote of Memorial Hospital, New York City, have devised the following simplified histologic grouping which aids in showing this variation:

1. Papillary adenocarcinoma
2. Follicular and alveolar adenocarcinoma
3. Solid adenocarcinoma
4. Giant cell carcinoma
5. Hurthle cell carcinoma

Lymphosarcoma and squamous carcinoma, although uncommon, could be added to make a more complete classification.

The papillary adenocarcinomas are the most frequent and the least malignant of all thyroid cancers. They are slow growing in character but this should not lull one into treating them in a non-aggressive manner. A number of these tumors do not follow the set pattern but spread to cervical lymph nodes and, more often than is generally supposed, show rather rapid invasion of surrounding structures. Many of these patients, in a comparatively short time, die of metastatic lesions of the lungs, brain or bones. The histologic picture shows no difference between the tumor with a long clinical course (25 to 30 years) and that with a short clinical course (3 to 4 years). Recent end-result statistics show the frequent failure of both limited surgery and irradiation. Subtotal thyroidectomy has failed as a definitive treatment in papillary adenocarcinoma of the thyroid.

The follicular and alveolar carcinomas are a rarer type of thyroid cancer. Although the follicular type of structure is frequently seen in nearly all thyroid cancers, it rarely occurs as a pure type. A number of these tumors have a very orderly histologic pattern and form the so-called "benign metastasizing strumas". Often this encapsulated tumor is not diagnosed until after metastasis, usually to bone, has occurred. As in papillary adenocarcinoma of the thyroid, a certain number of these patients have a short survival. There appears to be no significant histologic difference between the usual long-term survival and the short-term survival type. Surgery has been successful in controlling the primary lesion, but metastasis is often seen. The effect of radiation has been variable, but for the most part unsuccessful.

The solid adenocarcinomas, the second most common form of thyroid cancer, is a bulky, non-encapsulated tumor. It is highly malignant and tends to invade the surrounding structures and blood stream. The prognosis of course is poor. Many of these tumors rapidly recur following subtotal thyroidectomy. They are less radiosensitive than papillary adenocarcinomas.

Hurthle cell carcinomas are encapsulated thyroid cancers which have been considered rather benign. The Hurthle cell is a large, opaque and acidophilic. Recent observations tend to show that these tumors are much more malignant than has been formerly believed. They are invasive, often involving the pharynx, larynx or trachea. A large percentage of patients with Hurthle cell carcinoma die within five years of the time of diagnosis. Again subtotal thyroidectomy has not proven to be adequate treatment. Post-operative recurrence is high following this procedure. Post-operative radiation gives palliation from pain, but is rather discouraging in controlling the disease.



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Elizabeth McLaughry, M. D.

Elizabeth Veach, M. D.

The giant cell carcinoma is a rather bulky, infiltrating, lethal cancer of the thyroid. The clinical course is one of rapid digression, extension into surrounding structures, cervical lymph node involvement and distant metastasis. The treatment of this highly malignant type of thyroid cancer is uniformly discouraging.

The question of metastasis in thyroid cancer is both peculiar and interesting. The metastatic tumor often shows a remarkable degree of differentiation, closely resembling normal thyroid gland. This gives rise to the often discussed question of aberrant thyroid. Does it exist as a separate entity or are these lateral masses metastatic cancer from small primary lesions within the thyroid gland? From a practical standpoint, this is unimportant. When a mass is proven to be malignant thyroid tissue, a radical neck dissection combined with the removal of the entire lobe of the thyroid on the affected side should be done.

Metastatic thyroid cancer could be almost completely controlled if we followed the concept of routinely removing all thyroid adenomas. For the most part, thyroid cancer arises in previously existing adenomas. In contradistinction to this, cancer is seldom found in the diffuse toxic goitre. The solitary adenoma is the dangerous lesion and often contains the primary lesion. Some authorities claim this occurrence to be as high as 25 to 30 percent.

Subtotal thyroidectomy is not the surgical answer to cancer of the thyroid. A hemithyroidectomy is indicated whenever the diagnosis of adenoma of the thyroid is made. A frozen section of the lesion should be done at the time of removal of the lobe. If the lesion is cancerous, a radical neck dissection of the affected side should follow. The remaining lobe should be examined beneath the strap muscles at the time of surgery. If nodules exist, all or nearly all of the remaining lobe should be removed.

The treatment of choice in thyroid cancer is a hemithyroidectomy or total thyroidectomy combined with a radical neck dissection.

EXPECT 30,000 IN CHICAGO FOR A. M. A. SESSION

More than 30,000 persons—15,000 physicians and 15,000 persons allied with the medical profession — are expected for the annual A. M. A. meeting in Chicago, June 9-13. Most of the activity will center at Navy Pier, not far from Chicago's Loop. The A. M. A. Technical and Scientific exhibits will be located in this huge structure, which extends more than half a mile into Lake Michigan. Part of the Pier is now used to take care of the overflow enrollment at the University of Illinois. The Pier was completed in 1914 at a cost of nearly five million dollars.

The Scientific Assembly will open with the General Scientific Meetings, Monday, June 9, at 9 a. m. These meetings will be held at Navy Pier, where the registration bureau also will be located. Registration will begin Sunday, June 8, at 10 A. M. At the Palmer House, the House of Delegates will meet for several days, as will various committees and councils.

In the Scientific Exhibit will be found special exhibits and question and answer conferences covering a wide variety of subjects.

A. M. A. members are cordially invited to visit the A. M. A. headquarters during the Chicago meeting. Visitors will be welcome any time from 8:30 A. M. to 4:00 P. M. Guides will be available for tours through the building.

Secretary's Letter No. 214

April 14, 1952

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Following is a list of the interns from each hospital, their medical school, and hometown.

INTERNES AT ST. ELIZABETH HOSPITAL

INTERNE	MEDICAL SCHOOL	HOME TOWN
Joseph V. Newsome	Ohio State Medical School	Youngstown, Ohio
Alexander Calder	New York Medical College	Utica, New York
Robert P. Yeager	Loyola Medical School	Berea, Ohio
George L. Korey	University of Toronto	Ontario, Canada
Walter I. Droba	University of St. Louis	
Aniceto DiDominico	University of Bologna	

INTERNES AT YOUNGSTOWN HOSPITAL ASSOCIATION

INTERNE	MEDICAL SCHOOL	HOME TOWN
William A. Eddy	New York Medical College	Cleveland, Ohio
Lester E. McGary	University of Wisconsin	Madison, Wisconsin
Lew Wallace Potts, Jr.	Western Reserve University	Cleveland, Ohio
Kathryn Nancy Duta Potts	Western Reserve University	Cleveland, Ohio
Carol Ida Eifler	University of Wisconsin	Cedarburg, Wisconsin
Richard E. Rust	State University of Iowa	Iowa City, Iowa
Robert A. Jenkins	Western Reserve University	Niles, Ohio
John R. Isaac	New York State University Medical School	New Britain, Connecticut
Fred H. Landeen	Creighton University School of Medicine	Rock Springs, Wyoming
James W. Merritt	State University of Iowa	Iowa City, Iowa
Richard W. Juvancic	University of Pennsylvania	Girard, Ohio
Holmer Wendell King, Jr.	Western Reserve University	Cleveland, Ohio
James L. Craig	University of Wisconsin	Stoughton, Wisconsin
James C. Oberholtz	Hahnemann Medical College	Barberton, Ohio
Nicholas T. Martin	Ohio State University	Youngstown, Ohio
Peter Robert Cibula	Western Reserve University	Salem, Ohio
Lois H. Lohrentz	Kansas University	McPherson, Kansas
Hazel M. Thompson	University of Western Ontario	London, Ontario
Philip E. Smith	University of Western Ontario	London, Ontario

Drugs Available

The local unit of the American Cancer Society wishes to make known to all physicians and surgeons in the Mahoning County Medical Society the availability of Testosterone Propionate.

This may be obtained free at the **Pharmacy** at St. Elizabeth Hospital or the **Dispensary** at South Side Hospital.

Any other experimental drug used in the treatment of indigent cancer patients such as Stillbesterol may be obtained by calling 62970 or writing Mahoning County Unit of the American Cancer Society, 407 Youngstown Terminal Building.

Frances C. Moore, Executive Sec'y.

A LETTER OF IMPORTANCE

Dear Dr. Getty:

We would like to write to you respecting our recent discussion and conference with Dr. Friedrich on the matter of services which are being rendered by the hospital clinics.

It is our understanding that the policy in use has always been for relief people to be referred to their own individual doctors and which doctors are to be paid from relief funds. Each recipient was to have free choice of physicians and preferably his own family physician or the medical man who has always been handling his case. This method of handling relief people has been in force ever since the establishment of our organization and, you, during your many years as Chairman, as well as other Chairman of the Medical Economics Committee, have always been stressing the policy of "relief recipients to be referred to their own physician and physician to receive payment."

As explained to Dr. Friedrich, lately a lot of relief recipients are making use of the hospital clinics, either through their own choice or by being referred there through a physician. Result of such service usually has been the writing of prescriptions, which in most cases are high priced, and which prescriptions were brought in to us to be paid for.

We have had no administrative setup to handle a procedure such as this and, therefore, if the prescriptions were accepted by us they had to be sent to the druggist who usually kept the document for his files, leaving no basic authority in our record for the filling of prescription and payment of same. It means that the only record that we would have would be our own notation in the individual recipient's case record and no medical authorization of any sort in the record to back it up. State Examiners are not in favor and will not approve expenditures on such a basis only. There must be a regular medical form in the record showing service rendered to the recipient and on the basis of this medical certification we can approve the expenditures of money for medication.

We would have no objection to a clinical setup because actually it would save our organization money, which money ordinarily would be paid to individual physicians. However, if such a setup is to be instituted and if it meets with the favor of the medical people, then we should arrange for the administrative mechanics so as to be able to justify the expenditure into our record so that Examiners could approve the payment of bills without questioning the procedure.

If a meeting could be arranged by you with the doctors who have jurisdiction over these matters, we will be pleased to attend so that we can arrive at a uniform procedure and on the basis of such an agreement establish a method for handling the problem properly and systematically.

Yours very truly,

*I. L. Feuer, Director
Mahoning County Welfare Department*

Editor's Note—The privilege of treating these patients was fought for during the last depression so why give it away now by sending relief patients to the clinics.

THE WOMAN'S AUXILIARY TO THE MAHONING COUNTY MEDICAL SOCIETY

The regular monthly meeting of the Woman's Auxiliary to the Mahoning County Medical Society was held Tuesday, April 15th, at the Woman's City Club. The calendar said it was Spring! Spring—when the blue-birds' chortle can be heard again in the orchard, the red-wing blackbird calls from the swamps; and the crows lazily flap their broad wings over head. The spring peepers' melodious chorus casts an enchanting spell on the listener, and the chipmunk scampers to and fro. But what a contrast! Looking from the window robins looking bewildered could be seen standing "ankle deep" in the cold slushy snow.

After luncheon which was served at a large U-shaped table bedecked with daffodils, sweet-peas and heather, Mrs. Carl A. Gustafson, president opened the meeting. Members having recently completed the first-aid course were awarded certificates by Mr. L. H. Reed, Director of Safety Services of Mahoning Chapter of the Red Cross. Those having completed the course which is part of our civil defense program are as follows:

Mrs. B. B. Burrows, Mrs. Fred S. Coombs, Mrs. W. H. Evans, Mrs. Frank Gelbman, Mrs. Herman Ipp, Mrs. E. R. McNeal, Mrs. W. O. Mermis, Mrs. Lawrence Weller, Mrs. W. E. Maine, Mrs. John Noll, Mrs. W. R. Smith, Mrs. C. C. Wales, Mrs. Robert Warnock, Mrs. Samuel Zoss, Mrs. A. J. Fisher, Mrs. B. S. Brown, Mrs. Walter Tims, Mrs. Frank Shaw .

Attorney Bruce Henderson of Warren, national chairman of the National Security Commission of the American Legion, was guest speaker, his subject being National Security. Mr. Henderson said, "our success and leadership depend upon our productive capacity; that Russia has no immediate designs upon this country, and that we must look out for our political and economic integrity." Mr. Henderson also said "that while due to religious convictions the Japanese have an antipathy to receiving blood transfusions, they gave of their blood to be used for our wounded."

A business meeting followed with reports of the secretary and various committees showing that members had participated in the cancer, heart and polio drives, and in the Red Cross blood producing program.

The Report of the Nominating Committee was read and the following officers elected for the 1952-1953 year:

President-elect, Mrs. Morris Rosenblum; Vice-president, Mrs. James D. Brown; Recording Secretary, Mrs. M. M. Szucs; Corresponding Secretary, Mrs. L. W. Weller; Treasurer, Mrs. J. M. Benko. Mrs. W. O. Mermis, the president-elect, takes office as president in May with the newly elected officers.

Two delegates and two alternates were elected to attend the annual state meeting to be held in Cleveland May 20-22. Mrs. Carl A. Gustafson and Mrs. W. O. Mermis are the delegates and Mrs. W. E. Maine and Mrs. Dean Nesbit the alternates.

Mrs. W. D. Coy expressed the Auxiliary's appreciation to the president, Mrs. Gustafson and her associate officers for their energy, leadership and accomplishments.

Mrs. Dean Nesbit



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Colchicine	1/200 gr.	(0.3 mg.)
Sodium Salicylate	2 1/2 gr.	(0.15 Gm.)
Para-Aminobenzoic Acid	2 1/2 gr.	(0.15 Gm.)
(as the sodium salt)		
Thiamine Hydrochloride	1 mg.	(1/60 gr.)
(Vitamin B ₁ , 333 I.U.)		
Riboflavin	1 mg.	(1/60 gr.)
(Vitamin B ₂ , 340 Sherman Units)		

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

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EXECUTIVE SECRETARY'S LAMENT

If a Secretary writes a letter, it's too long.
 If he sends a postal, it's too short.
 If he doesn't send a notice, he is lazy.
 If he attends a committee meeting, he is butting in.
 If he stays away, he is a shirker.
 If he duns the members for dues, he is insulting.
 If he fails to collect the dues, he is slipping.
 If he asks for advice, he is incompetent.
 If he does not, he is bull-headed.
 If he writes his reports complete, they are too long.
 If he condenses them, they are incomplete.
 If he talks on a subject, he is trying to run things.
 If he remains quiet, he has lost interest in the meetings.

—(From *Montgomery County Bulletin*)

Doctor's Tax Deduction . . .

The American Medical Association has taken another step in its long fight to get the Internal Revenue Bureau to permit physicians to deduct expenses incurred in the pursuit of postgraduate study from federal income taxes.

The A. M. A. has been interested in this question for a long time. Thirty years ago the internal revenue commissioner ruled that a doctor's postgraduate expenses were personal in nature and, therefore, not deductible for income tax purposes. On numerous occasions the A. M. A. House of Delegates expressed the viewpoint that this ruling was in error and urged its reversal, but, to date, all efforts have been futile.

Recently, the A. M. A.'s legal department learned that a case was pending before the U. S. Tax Court in Washington involving the right of a lawyer to deduct expenses incurred by him in taking a special course on federal taxes. Since the lawyer's problem and that of the physician are identical, the A. M. A. filed a brief as a "friend of the court."

The A. M. A. set out numerous arguments in support of its stand.

The brief said that "in order to maintain and preserve their professional practice, lawyers, doctors, architects, engineers and accountants necessarily engage in a continuous process of education throughout their professional lives. For professionals cannot adequately serve their clients or patients unless their precious fund of knowledge is always kept fresh and intact. . . . The expenses of maintaining professional competence easily qualify as deductible business outlays. Obviously, the sums paid are directly connected with a trade or business. They are intimately related not only to the various professions, but to the production of income from those professions."

The brief also pointed out the inconsistency in the Internal Revenue Bureau's stand. The bureau allows a physician income tax deductions for subscriptions to medical journals, expenses of attending professional conventions, dues paid to professional societies, and the costs of professional texts and services. Yet it does not allow deductions in connection with other postgraduate study involving attendance at formal courses.

The Tax Court is expected to hand down a decision in the case shortly.

—Secretary's Letter No. 215
 April 21, 1952



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All ages, especially children, enjoy Borplex by spoon or in milk. Borplex supplies—in a rich nutritional base—vitamins A and D, the B Complex, iron, and Manganese, PLUS important unidentified factors natural to barley malt extract and brewer's yeast. Send for samples.

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Vitamin A from Vifort is better absorbed and utilized than vitamin A from fish liver oil. Clinical superiority has been evidenced in normal children and in patients with impaired absorption.

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HERE AND THERE

Dr. John Keyes attended the annual meeting of the Ophthalmic Pathology Club at Washington, D. C. and the meeting sponsored by the Former Residents of The Wilmer Ophthalmic Institute at Johns Hopkins Hospital, Baltimore, Md., during the week of April 1.

Attending the clinical sessions of the American College of Allergy meeting held at the William Penn Hotel, Pittsburgh, Penna., April 4-9, were Drs. W. H. Evans, W. L. Mermis, R. B. Poling, C. K. Walter and S. R. Zoss.

The American Heart Association annual meeting held at the Statler Hotel, Cleveland, Ohio, April 18-19, was attended by Drs. W. Bunn, J. Rogers, L. Reed, H. Banninga, M. Rosenblum, E. McNeal, H. Ipp, R. Poling, G. Frye and A. Goudsmit. Residents attending from Youngstown Hospital Association were C. Hefner, B. Brown, F. Friedman, R. Jenkins and C. McParland.

SPEAKERS' CALENDAR

April 2nd	"Enigma of Cancer" Grotto	Dr. A. E. Rappaport
April 2nd	"Just a Little Cancer" WFMJ	Dr. H. L. Shorr
April 5th	"Cancer" WFMJ	Dr. W. J. Flynn
April 11th	"Why Hasn't a Simple Cure for Cancer Been Found?" WBBW	Dr. R. L. Tornello
April 19th	"X-Ray and Radium in Cancer" WKBN	Dr. E. C. Baker
April 25th	"Fight Cancer with Knowledge" WBBW	Dr. E. A. Shorten
April 27th	"Can We Save More Lives from Cancer?" WKBN	Dr. David Brody
April 1952	"Eye Diseases in Children" St. Elizabeth P.T.A.	Dr. Wm. A. Sovik

Your Next Society Meeting

TUESDAY, JUNE 17, 1952 — 8:30 P. M.

Ball Room Pick-Ohio Hotel

ERNEST EDWARD IRONS, M.D.

Past President A.M.A.

**Subject: "The Responsibilities of the Medical
Profession in the Preservation of Our
American Democracy"**

PRESIDENTIAL CANDIDATES AND SOCIALIZED MEDICINE

Senator Robert A. Taft, (R), Ohio—One of medicine's staunchest friends in the United States Senate. He is campaigning vigorously against Socialized Medicine and all forms of State Socialism. He voted *against* Reorganization Plan No. 1 which, if not defeated, would have created a Cabinet position for Federal Security Administrator Oscar Ewing.

General Dwight D. Eisenhower, (R)—He has made no public statement as yet on the issue of Compulsory Health Insurance or Socialized Medicine. He has spoken out against some socialistic proposals, but his leading backers in the Presidential race include several so-called "Fair Deal Republicans" whose position on the medical issue is at least questionable. General Eisenhower's position may be clarified within the next few weeks. In this regard, Senator Dirksen (R), Illinois, cabled Senator Lodge (R), Massachusetts, who is at Eisenhower's headquarters, asking that he get Eisenhower to make a public statement on eight key National issues. On our issue, Senator Dirksen specifically asked: "Is he (Eisenhower) for or against Socialized Medicine?"

General Douglas A. MacArthur, (R)—Outspoken opponent of Socialized Medicine, Government controls and all socialistic proposals.

Harold E. Stassen, (R)—Mr. Stassen took a strong position against Socialized Medicine in a series of articles written for *The Reader's Digest* in January and February of 1950, following a trip to England and a study of the British system.

Governor Earl Warren of California, (R)—A constant and determined advocate of Compulsory Health Insurance, even though he denies that this is Socialized Medicine. Governor Warren caused Compulsory Health Insurance legislation to be introduced at the 1945, 1947 and 1949 sessions of the California State legislature and fought vigorously, but unsuccessfully for its enactment. He has become a bitter critic of the medical profession and, if elected President, undoubtedly would sponsor National Compulsory Health Insurance legislation similar to that advocated by the Truman Administration. He has also said in recent addresses that he favors virtually all of the New Deal legislation enacted during the past 20 years, but feels he could administer the program better than the Democrats.

Senator Estes Kefauver, (D), Tennessee—In a letter to Dr. R. B. Robins of Camden, Arkansas, a member of the AMA Coordinating Committee, dated January 30, 1952, Senator Kefauver said: "As you know I have heretofore taken my position against the medical bill that is now in Congress. I don't want anything to happen that may bring about Socialized Medicine." Senator Kefauver, however, voted for Reorganization Plan No. 1, which would have made Mr. Ewing a Cabinet member, and has supported some other aspects of the New Deal program.

Governor Adlai E. Stevenson, (D), Illinois—The current issue of *Newsweek* (April 14, 1952) carries an interview with Governor Stevenson, dealing with major National issues. He was asked the question: "Do you favor compulsory national health insurance?" His answer, according to *Newsweek*, was: "Basically, the problem is how to lift people over the costs of major illness. I don't know whether voluntary plans can do the job. I think the new commission on medical needs may well add some light and remove some heat, enabling us to find a satisfactory solution to this perplexing problem."

Senator Robert S. Kerr, (D), Oklahoma—He voted for Reorganization Plan No. 1, which would have given Oscar Ewing Cabinet status, and has generally

avored New Deal socialistic legislation.

Senator Richard B. Russell, (D), Georgia—An outspoken opponent of most socialistic legislation; he voted against Reorganization Plan No. 1.

Senator Harry F. Byrd, (D), Virginia—A vigorous opponent of Socialized Medicine and all forms of Socialism. He addressed the Los Angeles Mid-Winter meeting of the AMA on this issue, December 5, 1951.

Vice President Alben Barkley, (D)—He has supported most of the Fair Deal program. To the best of our knowledge, he has not taken a public position on Socialized Medicine.

We trust this will give you the information you need.

Clem Whitaker and Leone Baxter.

TIME TO SAY THANK YOU TO DOCTORS OF AMERICA

Among the many blessings we take too much for granted in this blessed country of ours are the services of our doctors—the most numerous, highly trained, and completely devoted body of physicians and surgeons in the world.

Like our health which they so zealously guard, doctors are seldom in our thoughts when we are well. But let us have an ache or a pain and we demand the doctor's quick presence, with the welcome relief it usually brings.

We joke about quacks, and we actually encounter a quack once in a while. We protest about the high cost of medical treatment, forgetting that most elements of that cost are beyond the doctor's control.

But when we stop to think about it, we must realize in our heart of hearts that no profession save perhaps the ministry is more completely and unselfishly dedicated to our welfare. We should be, and most of us are, grateful.

Next Sunday, March 30, is set aside as a day on which we are to be reminded of all this. It will be Doctors' Day.

The occasion originated in Georgia and is spreading over the country from this state.

The date chosen is significant. It is the anniversary of that day in 1842 when Dr. Crawford W. Long of Jefferson, Ga., performed the first surgical operation under anesthesia. By honoring Dr. Long's work, we honor all physicians and surgeons.

Dr. Frank K. Boland of Atlanta, lifelong student of Dr. Long's career, tells in the current issue of *The Georgia Review* what the discovery of anesthesia meant.

"Before the advent of anesthesia," Dr. Boland writes, "the amount of surgery practiced throughout the world was unbelievably small. During the five years immediately preceding the discovery (1836-1841), only 184 operations, about three a month, were performed at the Massachusetts General Hospital, one of the largest in the country. Without successful means to prevent pain, clinical surgery had made no real progress in 400 years."

We know what the progress has been in 110 years since Crawford W. Long. In surgery as in all the fields of medicine, it has alleviated untold suffering and greatly extended our life expectancy.

Let us thank doctors as a professional group. Let each of us also thank the individual doctor or doctors to whom we turn for treatment and guidance.

Editorial: Atlanta Journal

ANNUAL MEDICAL AUXILIARY REPORT—MAHONING COUNTY

The Woman's Auxiliary to the Mahoning County Medical Society has a membership of two hundred thirty-two, an increase of forty-five over last year. Average attendance at meetings has been about sixty. Eight meetings will be held this year, six in the afternoon and two in the evening.

On June 22, the Executive Board met at the home of the president at which time program, projects, and year book were discussed.

Programs—All programs are based on approved material. Legislative material of current interest to the Auxiliary, usually excerpts from the American Medical Association's weekly Bulletins, is read at each meeting.

The first fall meeting was a guest day dessert bridge. Circulars "Are you registered to vote" from Better Government League of Mahoning County were distributed. On October 26, the Sixth District was entertained at luncheon. Mrs. Robert M. Lemon, Sixth District Director, presided. Each county was represented. Following a review by Mrs. Marian Resch of "The King and I," Mrs. Farrell T. Gallagher, our state President, gave a splendid talk interpreting the functions and place of the national and state auxiliaries and stressing the obligations of county auxiliaries to these organizations, as presented at the National Convention of American Medical Association at Atlantic City last June. Mrs. Lemon conducted a forum when auxiliary problems were discussed.

In November, our Football Frolic, our only fund raising project of the year for two nurses scholarships, netted us \$885.00 to date. It was very successful.

In January, the meeting was devoted to business. Excerpts from President Truman's "State of the Union" pertinent to the medical profession were read. A lecture "Mother and Child in Fine Art" was followed by a tea.

In February, the program committee assisted by the social committee were in charge of our style show followed by a tea for members and guests. The attendance was two hundred twenty and \$40.77 was added to the scholarship fund. The purpose of a meeting of this kind is twofold: to get better acquainted with auxiliary members and to create friendly public relations.

The March meeting at St. Elizabeth's Hospital was a tea for prospective nurses. This annual event is held to stimulate interest in the nursing profession, recruit nurses, and entertain our six scholarship nurses. Over two hundred students from twenty six county high schools, deans, directors and supervisors of our nurses training school, and scholarship nurses were guests. A talk and a film on the nursing profession, a tour through the hospital and nurses' home, followed by a tea made up the program. Deans from schools commented that the Auxiliary Nurse recruitment program was one of the most successful phases of Career Week and urged that it be continued.

Following our annual business meeting in April, the Civil Defense Committee will present Attorney Bruce Henderson, former National Civilian Defense Chairman for the American Legion, of Warren, Ohio, in a talk on the problems of community civil defense.

Our annual dinner meeting will bring our activities for the year to a close. Officers will be installed and Clara Ruth Hunter, of Cleveland, will talk on "Views of You."

Members of our Public Relations and Legislative Committees, aided by auxiliary members when needed, participated throughout the year in the following drives, campaigns, and activities when called upon:

Prior to election in November, sixteen members assisted in checking registration at headquarters.

On election day, twenty members called two hundred voters urging them to cast their ballots and offered baby sitters and transportation if needed.

Twenty-six members distributed material for the Diabetes Campaign, November 7—11.

In January thirty-six members assisted at theaters in "March of Dimes" Drive.

Sixty-six members placed and collected three hundred hearts for Youngstown Area Heart Association drive in March.

Also in March, the members distributed programs for the Lay Education Committee, of the Mahoning County Medical Society.

The Auxiliary has promised to participate in the Cancer Drive.

The Civil Defense Committee assisted by the Telephone Committee has completed a survey of Auxiliary members' training, etc., as pertains to Civil Defense and has filed the information. This committee organized two Red Cross first aid classes of auxiliary members that started in February with enrollment of fifteen and seven.

Many Auxiliary members are working as individuals in the Red Cross blood recruitment program.

The Auxiliary presented twenty-six high schools in our county with a one-year subscription to "Today's Health." Today's Health Committee secured eighty six subscriptions to the magazine — seventy-seven from doctors and nine for gifts — and ten subscriptions to the "Bulletin" of the Woman's Auxiliary to the American Medical Association.

In February we assisted in the radio publicity of "March of Dimes" by providing one five-minute talk.

Our publicity chairman has established and maintained an unusually fine relationship with the press. Auxiliary activities have been sent regularly to our local Bulletin and the Auxiliary State Publicity Chairman.

On March 11, the Mahoning County Medical Society held a joint meeting with the Auxiliary. Mr. Leo Brown, Public Relations Director of American Medical Association, talked on public relations. The members of the Allied Professions and their wives were invited. A buffet lunch followed the talk.

On March 17, members of the Executive Board will be guests of their president at a luncheon at the Youngstown Club. Chairmen will submit reports to date and the Nurses Scholarship Fund Committee chairmen will report on grades of our six scholarship nurses.

The Auxiliary will participate in the Coordination Council All-Day Institute on March 25.

Our Auxiliary has been Public Relations conscious as shown by the many hours spent by many members in various activities of the community. The public is awakening to the fact that the Auxiliary is making a real contribution to the community.

The relationship between the Auxiliary and our Mahoning County Medical Society is constantly improving.

A big improvement in our program was the replacing of the three fund raising projects by one for the scholarship fund. The majority of members have expressed their approval of this change.

*Mrs. Carl A. Gustafson, President, Woman's Auxiliary to the
Mahoning County Medical Society*

Discontinuation of the Central Ohio Rapid Treatment Center

Inasmuch as the Central Ohio Rapid Treatment Center has been financed principally by federal funds allotted to Ohio for the operation of in-patient treatment facilities and since no funds have been authorized for this type of activity for the next fiscal year, it is necessary to announce that the Center will be closed on April 30, 1952 and no patients will be accepted for treatment on or after that date.

It should be pointed out, however, that the need of an in-patient treatment facility is not as great as it was during the first years of operation. This is due almost entirely to control measures that have been effected through the use of penicillin. The patient load at the Central Ohio Rapid Treatment Center, which in the past averaged in the neighborhood of 150 patients per day, has now decreased to about 30. This reduction is very commendable since the primary objective in establishing the presently operated treatment facility was to decrease the amount of venereal disease within the state through the isolation and treatment of infected individuals. All health commissioners as well as those private physicians who referred patients to the Center, are to be complimented on the fact that our original objective has been reached. Even if funds were available, the Center would not have been operated the next fiscal year because of the decrease in need and the mounting cost of per diem expenditures.

As an alternative to the in-patient treatment program established clinics throughout the state will be furnished slow-absorption type penicillin for the treatment of syphilis. In the past, it had been the policy of the Department to furnish penicillin for the treatment of gonorrhoea. Bismuth and arsenicals, however, had been the only drugs furnished by the Department for the treatment of syphilis, and these were recently discontinued.

Those health departments that do not have clinic facilities and where arrangements have been made for indigent patients to be treated by private physicians, will be furnished penicillin upon request, accompanied by the regularly required case report. In the mean time, a state-wide project is now being developed whereby the continued furnishing of penicillin on a free basis can be assured and additional clinics can be established in those areas where there is a venereal disease control problem and where inadequate facilities exist. This project will also include the assignment upon the request of the local health commissioner, of lay venereal disease interviewer-investigatgators in those areas where there are no present provisions for this important phase of venereal disease control.

We regret the necessity for closing the Central Ohio Rapid Treatment Center, but hope that continued effort can be made by all health departments in further reducing the number of venereal¹ disease cases occurring annually. Requests for penicillin should be forwarded in the usual manner and amounts needed should be based on the approximate number of cases to be treated. Recommended treatment schedules utilizing the slow-absorption type penicillin will be forwarded in the immediate future.

John D. Porterfield, M.D.
Director of Health

Dear Doctor:

An editorial appearing in the April 12 issue of The Journal urges physicians to take a more active interest in the Reed-Keogh bill a voluntary pension plan now pending in Congress.

Under terms of the bill, the Federal Internal Revenue Code would be amended to enable self-employed professional persons and some employed persons to exclude from current taxable income amounts sufficient to finance a reasonable retirement annuity. They would, of course, have to declare the annuity as it is received during their retired years as taxable income.

The editorial said that each self-employed professional man should urge his Congressman to follow closely this bill, on which the House Ways and Means Committee has decided to hold hearings.

The American Medical Association, the American Bar Association, the American Dental Association and other groups have banded together to support this voluntary plan, rather than have the Social Security Act extended to cover them. Members of the leftist Physicians Forum in New York have gone all out in a campaign to have doctors included under social security.

—Secretary's Letter No. 213
April 7, 1952

UNCLE DUDLEY

Prompt, courteous, efficient treatment at a reasonable price is what people have a right to expect from any physician who makes himself available to those who may be in need of advice. The doctor who tries to meet those requirements doesn't need to concern himself about public relations. He has taken care of his part of it.

* * *

Civilization is in essence merely intelligent human behavior; the remainder is accessory.

* * *

Those observers who long ago noticed that nothing was so inimical to success as the attainment of it, had a biological basis in the fact that in lower animals progress ceased with complete adaptation. There being no further incentive for change, the organism remained a creature of its environment, stationary unless the circumstances altered. So in the psychic as well as in the physical field, man is at his best in his becoming.

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**ARMY SURGICAL CONSULTANT FINDS MORALE GOOD
AMONG MEDICAL PERSONNEL IN KOREA**

Lt. Col. Kenneth Judy, assistant chief, surgical consultant's division of Army Surgeon General Office, reports on return from 7-week inspection of Korea, Japan and Okinawa that morale among medical personnel is "uniformly good." He found the highest morale at the prisoner of war hospital at Pusan. Commenting on work of the staff at this hospital, Dr. Judy stated:

"We are trying to live up to the Geneva Convention in every way possible, and we are doing it. No one can criticize us from the medical standpoint on the treatment we are offering. Prisoners are getting surgery there that they never heard of before."

Col. Judy has high praise for the work of Mobile Army Surgical Hospital units in Korea where major surgery is performed on battle casualties. He said he found in some cases that the average time between an injury and admission to a hospital was 90 minutes. Because of improved medical techniques and more rapid evacuation, the mortality rate of men receiving medical attention is 2.3 per cent compared with 4.5 per cent in World War II and 8 per cent in World War I, Dr. Judy reported.

Dr. Judy, a reserve officer, in civilian life is staff surgeon at the New Jersey Medical center. He recalled that in World War II the armed forces counted heavily on professors and assistant professors of surgery to staff their facilities. "This time we don't have these men and must train our own," he observed. Dr. Judy then cited the Army's residency training program which he said has developed over 300 certified medical officers.—*Capitol Clinic* Vol. 3, No. 14, April 8, '52.

FROM THE BULLETIN

By J. L. Fisher, M.D.

TWENTY YEARS AGO — MAY 1932

Dr. Temple Fay of Temple University, Philadelphia, addressed the Society that month on "Intracranial Pressure Problems Encountered In General Medicine."

Dr. Morris Deitchman, writing on Diabetes, advocated a normal diet for the diabetic, who is a normal individual from a dietary standpoint except for one deficiency which can be compensated by insulin.

At the Post Graduate Day in April over 400 were registered. At the Ohio State meeting in Dayton there were 750 registered.

From the Old Minutes of the first Constitution (1873): Art. 8. It shall be the duty of each member of the Society to report at the end of every three months the names of all no paying patients, that names of such may be entered upon a *Black List*, which shall be kept by each member of this Society for "reference."

Art. 9. Members of this Society shall not give medical advice or treatment to any person on the *Black List* until he or she gives satisfactory proof that they have paid for previous treatment. Meritorious cases always excepted.

TEN YEARS AGO — MAY 1942

The speaker that month was Dr. Joseph A. Kasper of the Detroit Department of Health, who spoke on diagnosis and treatment of the acute infectious diseases.

Much bragging about the success of the Post-Graduate Day last month. Craig Wales was Post-Graduate chairman and W. H. Evans the program chairman.

From the minutes of 1877: Medical Society met in the office of Dr. Wilson, eleven members present. The names of George S. Peck, H. R. Moore and I. W. Bard were presented for membership. The censors reported favorably and they were elected to membership the same evening. Dr. McCurdy read an essay in reply to Dr. Matthews' essay on alcohol.

New names added to the roll in Military Service: A. R. Cukerbaum, S. J. Klatman, J. A. Rogers, Sam Schwebel, W. J. Tims.

The dinner dance in April was reported a huge success. Elmer Wenaas and Barclay Brandmiller were co-chairmen.

Dr. Edward J. McCormick of Toledo, president of the Ohio State Medical Association, addressed a luncheon meeting of the Medical-Dental Bureau on "The American Way."

The Scott Company advertised white shirts at \$2.25 and warned that they would be scarce later. They were.

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