Presumption is our natural and original infirmity.

—*Montaigne*

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

November • 1952
Vol. XXII • No. 11
Youngstown • Ohio

Fellows

vitamin b complex

liquid and capsules

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

Natural Base

formula:

Each Teaspoonful (4 cc.) contains:

Thiamine Hydrochloride	2.5 mg.
Riboflavin	3.5 mg.
Niacinamide	25.0 mg.
Pyridoxine (B_6)	0.056 mg.
Calcium Pantothenate	2.5 mg.

plus Choline, and other factors of the B-Complex present in the natural base. The Riboflavin content is derived entirely from natural sources.

BASE: Rice Bran, Corn, Liver Concentrate.

SUPPLIED: in 4-oz. Rx size.

NOW CONTAINS VITAMIN B^{12}- I_{mcg}

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 mg.
Folic Acid	0.25 mg.
Liver Extract (secondary)	100 mg.
Brewers' Yeast Extract	100 mg.

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

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

Samples on Request

Fellows MEDICAL MFG. CO. INC. Pharmaceuticals

26 CHRISTOPHER STREET NEW YORK 14, N. Y.

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Representative to the Associated Hospital Service
H. E. PATRICK

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Vol. XXII—No. 11 **November 1952**

ADVERTISERS' LIST

Our President Speaks

There are no simple and unquestioned standards by which to judge either the quality of our culture or its progress. But the behavior and the utterances of our public men during campaigns are certainly an index to our intellectual and moral status.

Could there come a time when we would select good men to represent us and then they not become vilified in order to magnify the opposition candidates; could there also come a time when mediocre men would not achieve greatness through the simple process of vote-appeal; could government begin to represent and stand for the best that is within us, our best efforts for those who are to succeed us in our great experiment in popular government; then, we could feel assured that the evidence of decadence, of which so much is seen, does not pertain to the whole, but is merely a residue to be found within progressive refinement.

Our faith in the judgment of an enlightened public persists despite the fact that the important issues can never be simplified into a positive and negative appeal. We make our selections on details that are of personal interest or value, and not on the principles that are involved. The results may ultimately be satisfactory, but they are fortuitous.

This scarcely prepares us to lead the world in thought, or to maintain an advanced position among the shapers of human destiny. Let us not think that steel or uranium determines the course of mankind.

C. A. Gustafson, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio Annual Subscription, $2.00

VOLUME 22 NOVEMBER, 1952 NUMBER 11

Published Monthly at Youngstown, Ohio Annual Subscription, $2.00

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

E. R. McNEAL, *Editor*

3718 Market Street

DON'T FORGET!

DIABETES

NOVEMBER MEETING

TUESDAY, NOVEMBER 11, 1952

PICK-OHIO HOTEL

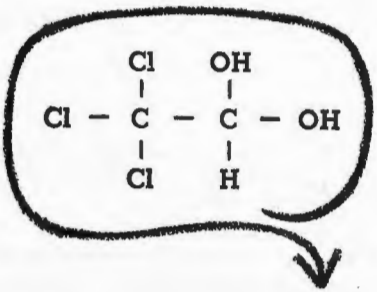
8:30 P. M.

DR. HENRY T. RICKETTS

Professor of Medicine

University of Chicago

"Recent Developments in Diabetes and Their Bearing on Its Management"



CAPSULES CHLORAL HYDRATE – *Fellows*

ODORLESS • NON-BARBITURATE • TASTELESS

AVAILABLE:

CAPSULES CHLORAL HYDRATE – Fellows

3¾ gr. (0.25 Gm.) BLUE and WHITE CAPSULES
bottles of 24's
100's

7½ gr. (0.5 Gm.) BLUE CAPSULES
bottles of 50's

3¾ gr. (0.25 Gm.) *BLUE and WHITE* CAPSULES CHLORAL HYDRATE – *Fellows*

Small doses of Chloral Hydrate (3¾ gr. Capsules Fellows) completely fill the great need for a daytime sedative. The patient becomes tranquil and relaxed yet is able to maintain normal activity.

DOSAGE: One 3¾ gr. capsule three times a day after meals.

7½ gr. (0.5 Gm.) *BLUE* CAPSULES CHLORAL HYDRATE – *Fellows*

Restful sleep lasting from five to eight hours. "Chloral Hydrate produces a normal type of sleep, and is rarely followed by hangover."[1] Pulse and respiration are slowed in the same manner as in normal sleep. Reflexes are not abolished, and the patient can be easily and completely aroused . . . awakens refreshed.[2-3-4]

DOSAGE: One to two 7½ gr., or two to four 3¾ gr. capsules at bedtime.

EXCRETION—Rapid and complete, therefore no depressant after-effects.[3-4]

Professional samples and literature on request

pharmaceuticals since 1866
52 Christopher St., New York 14, N. Y.

1. Hyman, H. T.: An Integrated Practice of Medicine (1950)
2. Rehfuss, M. R. 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, T.: A Manual of Pharmacology, 7th ed. (1948), and Useful Drugs, 14th ed. (1947)

ANNUAL REPORT — YOUNGSTOWN RECEIVING HOSPITAL

1. FUNCTIONS

The primary function of this hospital remains to give intensive treatment to incipient mental cases, and with such treatment prevent long term commitments. As a secondary function, this hospital also screens patients who are destined to other institutions, such as chronic patients for Massillon State Hospital, Veterans Hospitals, General Hospitals, County Homes or Nursing Homes.

2. STAFF

E. E. ELDER, M.D.

The staff consists of two full-time psychiatrists, and two part-time physicians who do physical examinations and minor surgery. At present, this staff has proved satisfactory; however, when the new addition is opened we will need more doctors. We are advertising for a resident physician, and can now offer him living quarters in the new addition. It will be difficult for us to obtain additional doctors until such time as we can offer them living quarters and maintenance. We hope this difficulty will be overcome when the physicians quarters are constructed here. We have 25 registered nurses and 24 attendants, an increase over last year, in anticipation of the opening of the new addition. We were advised to hire nurses without reservation. There has been a rather heavy turnover of this personnel in the past year; 8 nurses and 18 attendants, but fortunately we were able to secure replacements. We have three social workers, one of whom is Director; one chief psychologist, one psychologist, and one psychologist assistant. We have affiliate Student Nurses from two local hospitals; St. Elizabeth's Hospital and the Youngstown Hospital Association, with a three month affiliate program. The total number in this group was 44 for this past year.

3. YEARS WORK

As of June 30, 1952, the total number of patients admitted to this hospital since November, 1945, was 5597. During the year ending June 30, 1952, we had 842 admissions, which is 52 patients less than the previous fiscal year. The average resident population was 77.3 patients.

A sumary of the 842 admissions is as follows:

Voluntary Admissions _____403 or 47.9% against 50.3% in 1951
Court Placement Admissions: _____146 or 17.4% against 15.9% in 1951
Emergency Admissions: _____ 41 or 4.9% against 6.6% in 1951

Readmissions from the Youngstown Receiving Hospital were: Voluntary 119 or 14.1%, Court Placement 75 or 8.9%, Emergency 11 or 1.3%, a total of: 205 or 24.3% against 22.8% in 1951.

Readmissions from the Massillon State Hospital were: Voluntary 22 or 2.6%, Court Placement 20 or 2.4%, Emergency 2 or .2%, a total of 44 or 5.2% against 4.1% in 1951. Readmission from Gallipolis, 1 Voluntary or .1%, and 2 Transfers, one from B. I. S. and one from G. I. S. or .2%.

The following are the counties which the hospital serviced during the year, and the number of patients admitted from each:

Ashtabula _____ 22 or 2.6%
Carroll _____ 2 or .2%

Chloral hydrate, used in medicine since 1869, is, even today, "the standard hypnotic of its class."[1]

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."[2]

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.

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

Available in 8 fluidounce bottles. Adult Dose: As a sedative: ½ to 1 teaspoonful with water, every 3 or 4 hours or as directed. As a hypnotic, 1 to 2 teaspoonfuls or more with water at bedtime, or as directed.

FELLO-SED

Formula: Each fluidram (4 cc.) contains, in a palatable aromatic vehicle: Chloral Hydrate, 0.5 Gm. (7½ gr.); Calcium Bromide, 0.5 Gm. (7½ gr.); Atropine Sulfate, 0.125 mg. (1/480 gr.)

26 CHRISTOPHER ST.
NEW YORK 14, N. Y.

Fellows MEDICAL MFG CO. INC. *Pharmaceuticals*

Columbiana	80	or 9.5%
Harrison	0	
Jefferson	14	or 1.7%
Mahoning	506	or 60.1%
Portage	47	or 5.6%
Trumbull	141	or 16.7%
Non-residents	30	or 3.6%

The total number of patients discharged from this hospital during this period was 823. Discharged as Improved were 589 or 71.7% against 69.0% in 1951. Discharged to Massillon State Hospital were 128 or 15.6% against 16.3% in 1951. Discharged to Veterans Hospitals, General Hospitals, Against Advice, Jail, Court, County Homes, Private Rest Homes and other state hospitals were 90 or 10.8% against 13.7% in 1951. There were 16 deaths or 1.9% against 1.0% in 1951. One autopsy was performed.

Treatments given during this period: 449 patients received electric shock treatment for a total of 3501 treatments. 209 patients received insulin treatment for a total of 4701 treatments. 160 patients received alcoholic conditioned reflex treatments for a total of 786 treatments. 8 patients received malaria fever therapy, and 28 paretics received penicillin, usually 12,000,000 units in 20 days. 9 patients received narcosynthesis. 34 patients received spinals. 3 patients received Antabuse treatment for alcoholism.

Treatments received during this period by out-patients were: 242 patients received electric shock treatments for a total of 857 treatments. 20 out-patients received alcoholic conditioned reflex treatments for a total of 92 treatments. 5 out-patients received insulin treatment for a total of 57 treatments. A number of out-patients also received narcosynthesis. 8 out-patients received spinals.

Every in-patient received a chest X-ray, blood test, blood count and urinalysis. Of the 842 admissions, tuberculosis cases found were as follows: 4 active, 5 inactive, 4 questionable.

The total patient days for the year was 28,203, which makes an average daily census of 77.3 patients, and the average length of stay in the hospital 33.5 days.

4. COST OF OPERATIONS

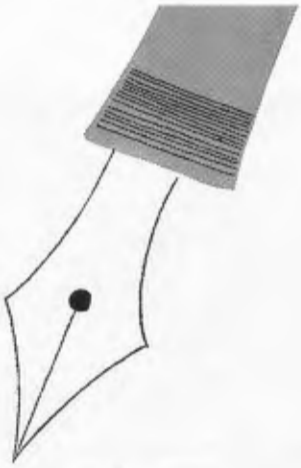
Total cost per day per capita was $12.6454; $3.3995 more than the cost in 1951. Meals per patient $.2979; per day $.8937. Total patient days 28.203. The professional cost per patient was $10.2258, all others $2.4196.

5. NEEDS

We have been allocated the sum of $260,000.00 for the year, beginning July 1, 1952. This does not include Rotary-E salaries, which is $70,000.00. It is impossible to foresee the amount of admissions following the opening of the new addition October 1, 1952; however, I feel the amount allocated at this time will be insufficient. The additions required under the various A-1 classifications will amount to $27,045.00 in addition to the $260,000.00 allocated. This, I feel would be sufficient funds to carry on the work until such time as we have the new building one-half filled.

6. FUTURE PLANS

Inasmuch as we have had an increased number of alcoholics, we plan to have an alcoholic ward for men on one of the first floor wards, with a capacity of 15 beds. We continue to give alcoholic treatments, which are supplemented with visits weekly by members of the Alcoholics Anonymous. In the new addition there are four large rooms; one of them will be used as an auditorium for meetings, movies and entertainment in general. The other large downstairs room is an electric shock treatment room with two



cough control

as you'd write it

BENYLIN® EXPECTORANT

CONTAINS IN EACH FLUIDOUNCE:

Benadryl hydrochloride	80 mg.
Ammonium chloride	12 gr.
Sodium citrate	5 gr.
Chloroform	2 gr.
Menthol	1/10 gr.

BENYLIN EXPECTORANT provides rapid relief of cough because it combines BENADRYL® Hydrochloride – highly effective decongestant and antispasmodic – with established non-narcotic remedial agents.

BENYLIN EXPECTORANT

- **LIQUEFIES** mucous secretions
- **RELAXES** bronchial musculature
- **SOOTHES** irritated mucosae
- **RELIEVES** nasal stuffiness, sneezing, and lacrimation
- **PLEASES** adults and children alike with its mildly tart, raspberry flavor

DOSAGE: One or two teaspoonfuls every two to three hours. Children, one-half to one teaspoonful every three hours. Supplied in 16-ounce and 1-gallon bottles.

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DETROIT, MICHIGAN

entrances; one for in-patients and one for out-patients. Upstairs, one of the large rooms will be used as a recreation room for games, etc. We expect to have two shuffleboards, table-tennis and card tables. The other large room upstairs is an insulin room with a capacity of 25 beds.

We expect the new addition to fill slowly, about 30 patients each quarter so that we will have about 60 new patients by the end of March, 1953. We will be able to handle this number of patients, in addition to our present capacity, at which time we will still be near the A. P. A. requirements, so far as nurses and attendants are concerned. However, after that we may have some difficulty.

We wish to thank the consultants of the Mahoning County Medical Society for their kind cooperation during this past year.

We also extend our thanks to the Navy Mothers' Club, Gold Star Mothers' Club, American Junior Red Cross, Veterans of Foreign Wars, American Legion Posts, Marine Corp. League Auxiliary and the Jerry Vogel Foundation, Inc., for their many remembrances.

Our sincere thanks also to the Probate Courts of the eight counties in our district, especially Judge Clifford Woodside and Mr. Wallace T. Metcalfe of the Mahoning County Probate Court, the Youngstown Police Department, and the Sheriff of Mahoning County for their valuable assistance.

Eugene E. Elder, M.D.
Superintendent

SOCIALIZED MEDICINE DISCUSSED AT TWO-DAY MEETING OF MAGNUSON COMMISSION

Problems of financing medical care, with emphasis on the issue of national compulsory health insurance, were argued last week before the President's Commission on the Health Needs of the Nation. Panel participants in the two-day sessions (Oct. 7-8 included several spokesmen long associated with the Truman-Ewing plan. Opposing their views were representatives of American Medical Association, non-profit and commericial health insurance organizations, hospitals, industry and the U. S. Chamber of Commerce.

There was agreement among participants on a number of points particularly (a) that the country has an unprecedented health record for the last half century, (b) that the various types of voluntary health insurance have experienced a phenomenal growth in public acceptance, and (c) that better medical care should be extended to the undetermined number of people who are not now being cared for adequately.

But the discussion ended with continued disagreement on (a) exact or even relative number of Americans not adequately protected, by prepaid insurance or otherwise, (b) ability of the voluntary plans to expand rapidly enough, qualitatively and quantitatively, to meet the need, and (c) whether national compulsory health insurance is the answer.

Spokesmen for the non-profit plans insisted throughout that they would be able to supply any coverage the public needs. They said federal and state governments should cooperate by permitting Blue Cross and Blue Shield payroll deductions for their employees and by extending unemployment compensation to include payment of insurance premiums. It was also proposed that federal or state governments subsidize premiums for low income groups, possibly through a system similar to the Hill-Burton program.

Capitol Clinic, Vol. 3, No. 41

AUTO INSURANCE RATES IN YOUNGSTOWN

You are paying the third highest automotive insurance rates in the United States. These rates can be reduced by your cooperation. How?

1. Your financial assistance to the Safety Council of Greater Youngstown, by becoming a sustaining member.
2. By public approval from your organization of the educational safety programs conducted by your Safety Council.
3. You, as medical professional men, have long since learned the high cost of education; therefore, you may well agree that a comprehensive educational safety program for traffic, schools and the home can be one of the most valuable assets to any metropolitan area.
4. For many years, Youngstown and Mahoning County, according to the records, have needed this phase of education and until several months ago it was sadly neglected.
5. The above facts are one of the reasons why the persons in this area are paying such terrific automobile insurance rates. For example, please note the following chart of cities selected at random, all larger than Youngstown, for your consideration and research.

   Comparable Rates of Automobile Insurance of Several Cities in the State of Ohio

YOUNGSTOWN, OHIO	
Pleasure Car	$ 61.00
Under Age 25	101.00
P. Car Business	88.00
DAYTON, OHIO	
Pleasure Car	31.00
Under Age 25	49.00
P. Car Business	42.00
TOLEDO, OHIO	
Pleasure Car	36.00
Under Age 25	62.00
P. Car Business	53.00
AKRON, OHIO	
Pleasure Car	51.00
Under Age 25	85.00
P. Car Business	73.00
CLEVELAND, OHIO	
Pleasure Car	44.00
Under Age 25	73.00
P. Car Business	63.00

6. The most vital and important reasons though for the development of an active safety program of education is the fact that we know when any community has good law enforcement, a good traffic engineering program and last but not least, a very comprehensive traffic safety educational program, the latter being developed by your Safety Council. There can and should be a considerable reduction in the unnecessary loss of life and personal injuries of the persons in this area. Also, a greater reduction in property damage cases caused by the automobile by motorists who are careless, thoughtless and in need of greater courtesy to the pedestrians and other motorists. These character traits can be developed over a period of months by the type of Educational Traffic Safety Programs your Safety Council is conducting currently. We need your interest and financial support.

Safety Council of Greater Youngstown

TRICHINOSIS

Discussion of, Review of Literature and Case History

*Samuel Tamarkin, M.D. and A. Calder, M.D.**

Trichinosis as a disease entity has been recognized for many centuries. The Hebrews recognized it many years ago and attempted to control the disease by banning the consumption of pork. There was no "remedy" for the disease in their day any more than there is now!

The etiological agent is T. Spiralis, first discovered by Owen in 1835, as a white round worm. In adult form it is just visible to the naked eye-approximately two to six mms in length. They require two hosts for their life cycle—man is the intermediate host, with rats and hogs being the reservoir hosts. The human contracts the infection by ingestion of infected meats containing the viable encysted larvae. These larvae mature rapidly in the upper gastro-intestinal tract and, when adult males and females, they copulate beneath the duodenal epithelium. In about five to seven days the fertilized females penetrate the intestinal mucosa and produce their larvae —from one to five thousand each during a three to six week period. These then circulate in the peripheral and visceral circulation throughout the body and become lodged in the capillary beds. In striated muscle, they curl between the fibers and the infiltration of chronic inflammatory round cells. These cysts become calcified in approximately six months though some remain viable as long as twenty to thirty years. The larvae in the visceral circulation are believed to befiltered out and destroyed.

The clinical phase of trichinella spiralis infestation is easily correlated with the above. After ingestion of the infected meats there is an intestinal phase of the disease which is due to the maturation of the larva and manifested by nausea, vomiting, slight fever, mild abdominal pain and mild to severe diarrhea.

The second stage or the systemic phase begins on the tenth to twenty-second day and is characterized by periorbital edema, fever up to and sometimes over 103°, a maculopapular rash, dyspnea, eosinophilia, myalgia and headache. Any combination of these signs and symptoms may appear in varying degrees of severity. The eosinophilia is considered to be a characteristic finding ranging from twenty to forty percent[2] and sometimes as high as seventy percent[1] — it appears usually at about fourteen to sixteen days and reaches its height in the third to fourth week — usually disappears in the sixth week. Prognosis is considered poor when there is a sharp fall in eosinophiles before the twenty-eight to forty-second day of the disease. Myalgia may range from a mild ache in the shoulders and legs to a severe excruciating pain in all muscles and tendones. Dyspnea may be slight or very pronounced to a point where only shallow abdominal breathing accomplishes gaseous exchange.

The third stage or stage of encystation occurs at about the third month and is characterized by mild muscular aches and pains, also dyspnea, lowering of the intermittent fever and *gradual* regression of the eosinophilia. This is correlated with the calcification of the cysts and fibrosis of the necrotic fibers. Signs and symptoms are due to an overwhelming or mild dissemination of the organisms via the vascular system to the striated musculature of the body. A few interesting things are to be noted here — the presence of early and severe diarrhea is of good prognostic value as many of the adult worms will be flushed out before the invasion of the intestinal mucosa. Another prognostic sign of poor note is the development of headache, visual or auditory disturbances, pneumonitis, myocarditis, nephritis or

*Interne, St. Elizabeth Hospital.

or jaundice — any one or more of which indicate overwhelming dissemination of the parasite. Not infrequently the organism may be found in a centrifuged blood sample taken on the fifth to seventh day.

Recovery of the patient occurs in ninety-five percent of the clinical cases and rarely, sequelae may become obvious such as neurologic disorders, myocardial damage, nephritis or peuropulmonary disease. In the fatal cases death occurs during the acute stage of systemic invasion ninety-seven percent of the time and three percent as a result of the sequelae.

Diagnosis can be made readily when one has a high index of suspicion, an adequate history as to ingestion of pork or pork products as well as chronological development of signs and symptoms, adequate physical examination of the patient, and the persistent employment of laboratory tests at the doctor's disposal. The absence of eosinophilia up to four weeks may be the case, but blood smears should be repeated faithfully. A skin test sixty percent positive with intradermal injection of 1:10000 trichinella antigen maybe employed or a precipitin test which is 81 percent positive can be used.[3] The technique of tweezing a few muscle fibers from the deltoid or biceps then crushing the specimen between slides, staining and examining under low power, may be utilized.

The treatment of this disease varies but there *is no specific treatment*— only supportive treatment. Antipyretics, antibiotics for combating secondary infections, analgesics and narcotics for pain, sedation for restlessness and insomnia, intravenous fluids for electrolyte balance and nutrition and oxygen for dyspnea with resultant air hunger are the important measures. If the disease is found to occur in epidemic form then purgatives may be given with the development of suggestive symptoms in absence of *other* concrete pathology. The best "treatment" is prevention by thorough cooking of pork and its products or freezing to — 18° C (—0.4°F) for twenty-four hours. The United States government consistently ignores the high incidence of infection in the United States rated overall as 18 to 35 percent[3] from random samplings at autopsy, and does not inspect pork or place restrictions on what hogs may be fed.

The use of ACTH and Cortisone has been studied by a New England Group[4]. They theorized that the eosinophilia and toxic reaction of the disease suggested an allergic basis and, as ACTH and cortisone are noted to produce an effect sometimes dramatic in diseases where antigen antibody reaction occur they were employed. Thus, in three cases, 10 mgm doses of ACTH every four hours was given, with dramatic improvement. Animal studies were carried out with favorable results indicating that ACTH does alter the disease favorably though it is not a cure—all. No anatomic change was noted in the host and no demonstrable change in the organism or pathology of the disease could be found.

In November 1946, an epidemic occurred at an Army Hospital and extensive group studies were made at that time[5]. There were 114 cases and abnormal electrocardiograms were found in 24 patients (21 percent). The conclusion of the series was that definite changes are found which are due to an anatomical change in heart muscle and not because of any toxin elaborated. The changes in summary were: 1. Flattening of the T wave with or without any other findings (66%) especially in lead II, occuring in the second or third week of the disease. 2. Low amplitude of the QRS complex and intraventricular block. Prolongation of P. R. interval may also occur (25%) but is usually accompanied by flattened T wave.

An interesting article was reviewed where it was found trichinosis was

a factor and is to be considered in the etiology of major arterial thrombosis[6]. Two patients — husband and wife were admitted to the hospital together. The wife expired several days before the husband and both were examined by autopsy. The husband developed pain and tenderness four weeks after admission in the left leg, this was followed closely by a postive Homan's sign and further signs all progressed towards the development which was not averted despite the use of whole blood, vasodilators, antibiotics and dicumarolization. Amputation was considered but the patient's condition was too severe, the leg was packed in ice to alleviate pain — but to no avail and the patient expired three weeks after admission. The pathology in the husband was found to be a thrombosis of the left femoral artery with no evidence of arteriosclerotic or Buerger's disease. A mural thrombus was found in the aorta *and* occlusion of the superior and inferior messenteric arteries. Diaphragmatic and skeletal muscle sections showed T. spiralis. None were found in the thrombi proper although it was noted the vessel walls contained a marked leucocytic infiltration up to and into the thrombus. Serial sections revealed a periadventitial leucocytic cellular infiltration with necrosis. A perivascular cellular infiltration was noted in the areas of thrombosis and where the vascular closure occurred the infiltration was the heaviest. The findings in the wife were the same though not as severe. The mechanism is assumed to be a toxemia with resultant inflammatory cell response in the vessel walls and thrombotic occlusion superimposed upon the heaviest areas of infiltration through embarrassment of the intimal lining of the vessel.

In one city in the U. S. A. there has been a careful study of Trichina infestations and conclusions drawn as to the reason for decrease of the infection[7]. These factors succeeded in lowering the incidence from twenty-four to eight percent over a fifteen year period. There was stringent enforcement of rules governing the processing and packing of pork products. The number of garbage fed hogs allowed to be used for consumption in the city was held to a minimum. The third factor was a campaign to educate the public as to the dangers of eating raw or improperly cooked pork or low-grade pork. This sixty-six percent reduction in infestation in two separate series, fifteen years apart, but both run adequately and intelligently, must prove that it can be done and the disease can be decreased with a minimum of effort. The City of Youngstown and State of Ohio could well follow the example set by the City of San Francisco.

Case History:

The patient is a 13 year old female, who become acutely ill with abdominal cramps, nausea, vomiting and diarrhea. After about 24 hours she developed back pain, chills and fever. The patient became anorexic. Home remedies were administered by the family and since she did not respond to treatment she was taken to the office of her physician on the fourth day of her illness.

Routine physical examination revealed an acutely ill child, who seemed very listless. Temperature was 101.6. Periorbital edema was very noticeable but there was also generalized swelling of the face. There was no evidence of any pulmonary or cardiac pathology. The abdomen showed generalized tenderness without rigidity and there were no palpable masses. Reflexes were normal. No pathology was noted in the ears, nose or throat.

A diagnosis of a non-specific enteritis was made and patient was sent home to bed. Treatment consisted of restricted diet, penicillin, aureomycin, absorbable and non-absorbable sulfa drugs.

The patient's symptoms continued unabated. Joint and muscle pain became very marked. The anorexia persisted and there was marked nocturnal rise in temperature, accompanied by severe chilling. On the third day after being seen by the physician she was sent to the hospital.

At hospital admission, the patient appeared to be a well developed, well nourished, white female, who appeared flushed and acutely ill, lying quietly in bed. The lungs were negative, auscultation of the heart revealed a grade I systolic-murmur; normal heart size, no thrills; no lymphadenopathy was found. The abdomen was diffusely tender to deep palpation, no rebound tenderness was elicited. There were no palpable viscera or masses. Neurological examination revealed positive Kernig and Brudzinski signs, a positive Homan's bilaterally and the outstanding finding of a severe *myalgia*. Elicitation of reflexes produced pain when the patellar, achilles and biceps tendons were struck with the percussion hammer.

In view of the above findings, a differential diagnosis was made of (1) trichinosis (2) acute anterior polio (3) enteritis, cause to be determined. The patient was placed on a course of ACTH 15 mgms every six hours, penicillin 400,000 units O-D., chloromycetin 250 mgms QID., intravenous fluids and supportive measures for high temperature. Preliminary lab work was ordered; chest film; CO2 combining power, CBC and urinalysis.

A second history was obtained at this point from various members of the family. It was established that meat for the patient's dog had been ordered from a local meat market. The patient who was in the habit of eating raw meat against warnings of her family, took two large mouthfuls of the meat. Approximately five days later the patient had the first onset of symptoms. Her denial of having eaten raw meat was based on the fact that she was afraid her family and physician would be "angry at me" (her). It is interesting to note that about the same time, the puppy for whom the meat was intended became ill, had symptoms paralleling those of the patient and he spent some time being treated by the veterinarian.

The reports of the lab tests were returned, urine was an uncatheterized specimen and of no value as the patient was menstruating at the time. The CBC showed RBC 4.46 M, Hgb 12.2 gms, WBC 12.200 with Segs 37, Stabs 29, lymphs 14. A spinal tap two days after admission with pressure 150/120 m.ms. of water. The fluid was crystal clear and chemistries reported as follows: sugar 40-50 mgms %, protein 12 mgm %, chlorides 710 mgms % and no cells. Agglutinations were done for typhoid H&O antigens, para A and B, Brucella and proteins OX 19 for Rickettsial infections, all negative.

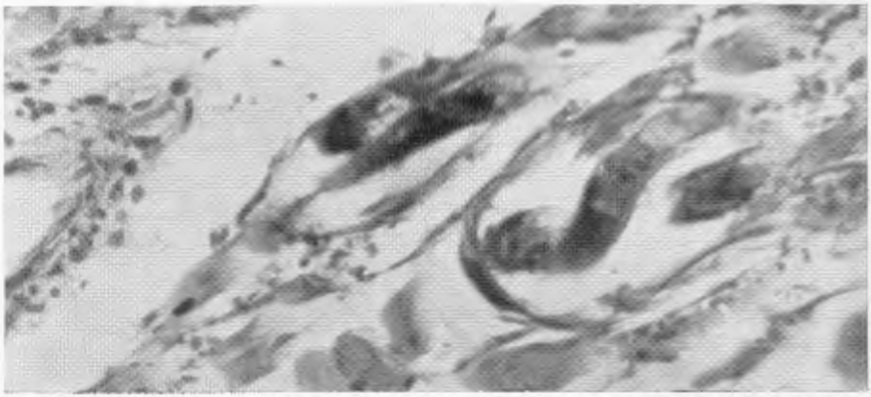
The clinical course of the patient continued on with high spiking fever ranging from 102 degrees to 105 degrees. She continued to complain of pain over her entire body and on the slightest passive movement she would cry out. Most severe tenderness was elicted in biceps tendons, the extensors of thigh and flexors of the leg. The aortic systolic murmur noted on admission become more marked and patient had a tachycardia of 120.

Further lab workup was directed towards establishing the clinical diagnosis of trichina infestation. On the fourth day after admission a WBC of 9,450 with differential of Segs 57, Stabs 26, EOS 7, lymphs 19 and monos 1 was noted and eosinophile count following showed 650/cc. On the fifth day after admission the eosinophilia had increased to 27%. On the thirteenth day after admission a count of 6,400 with differential of Segs 47, Stabs 36, lymphs 15 was noted, with comment of pathologist, "Marked toxic granulation, slight polychromasia and moderate anisocytosis."

About four days after admission the patient seemed improved. The

muscle pain was less, reflexes were normal and respirations quiet. From the fifth day after admission the patient began a progressive downhill course. Spiking fever, myalgia, anorexia, vomiting, severe diarrhea and marked insomnia were outstanding symptoms. Objectively, the patient became pale and pasty complexioned, had sunken cheeks, was unable to submit to passive extension of legs or arms without severe pain, a murmur in the aortic area became marked and there was acute inflammation of the perineum and anal area. She complained of dyspnea, could not sleep even with heavy sedation and narcotics, for more than fifteen minutes at a time. Severe diarrhea set in on the twelfth day after admission. The patient developed harsh respirations and on the fifteenth day in early a. m. an oxygen tent was ordered. Rectal temperature was 108 degrees. The patient was given caffeine sodium benzoate 7.5 grains I. M., alcohal sponge, ASA grs 10, ACTH mgms, but to no avail; she expired on fifteenth day of admission.

Permission for post-mortem examination was refused but was granted for a PM muscle biopsy of biceps and deltoid. Biopsy specimens of the biceps and triceps muscles were accordingly taken. Microscopy revealed "sections contain numerous encysted larvae throughout striated skeletal muscle. With these there is considerable round cell infiltration and marked edema through out the muscle. The infestation is quite heavy, as many as eight larvae being found in a single high power field." DIAGNOSIS: OVERWHELMING TRICHINOSIS.



Microscopic View

SUMMARY: The etiology, epidemiology, clinical course, and diagnosis of trichinosis were presented along with some interesting facts from the literature and a case history.

No conclusion is drawn other than the fact that no specific treatment is known, the disease can be fatal or crippling and can be prevented by exercising control of source of the infection.

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Now Hear This ! ! !

CORYDON-PALMER DINNER DANCE

Date: **Saturday, Dec. 13, 1952**

Place: **Youngstown Elks Club**

Time: **Cocktails 6:30**
Dinner 7:00
Dancing 9:00 - ?

Mark this date down today. This is the first Corydon Palmer Dinner Dance. The Mahoning County Medical Society are invited guests.

FORM YOUR PARTY NOW

Price $12.00 A Couple

FIRST MEETING OF THE YEAR

Diabetic Detection Week

November 16-22, 1952

HELP FIND THE
DIABETIC IN OUR COMMUNITY

(1) EXHIBIT AT LABORATORY of North Side Unit of Youngstown Hospital—each evening, Monday through Friday, November 17th to November 21st, 1952, 7:30 to 9:00 P. M., FOR THE PUBLIC.

(1) Exhibits

(2) Movies

(3) Panel Discussions

(2) Free urine tests at all physicians' offices and at the Youngstown Hospitals, St. Elizabeth Hospital, Mahoning TB Sanatorium, and Receiving Hospital.

(3) Keep records of positive urines and confirm positive findings by blood sugar determinations.

• PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN •

ACADEMY OF GENERAL PRACTICE

The regular meeting of the Mahoning County Chapter of the Academy of General Practice was held October 16, 1952, at the South Side Nurses' Home. The annual Internes' Night was held. Dr. R. P. Yeagar of the St. Elizabeth Hospital staff, won the first prize. His paper was titled, "A Foetal Electro-Cardioscope and Some Clinical Applications". Honorable mention was given to Dr. David Brown, Youngstown Hospital Association staff, who presented "A Case of Chronic Adrenal Cortical Insufficiency Not Responding to D.O.C.A." Another honorable mention was given to Dr. Alexander Calder of the St. Elizabeth Hospital staff, who presented a paper on "Trichinosis."

Dr. J. L. Fisher, delegate to the state convention, gave an interesting report of the convention held in Columbus in September.

The next regular meeting will be held in conjunction with the Mahoning County Medical Society and the Diabetic Association on November 11, 1952.

David H. Levy, M.D.

SPECIAL AUTO LICENSE PLATES AVAILABLE

Special auto license plates available for 1953 bearing the word "Physician" to eligible persons upon application. Cost will be $1.00 extra and the deadline for issuance will be February 15, 1953.

Write Bureau of Motor Vehicles, Columbus 16, Ohio after October 15, 1952.

—*OSMJ, Oct. 1952*

A NEW COMMITTEE

PRE-SCHOOL HEALTH COMMITTEE

Dr. H. B. Hutt, Chairman

Dr. C. W. Stertzbach
Dr. C. S. Lowendorf
Dr. S. A. Myers
Dr. M. C. Raupple

NEWS

Doctors E. Pichette, L. Zeller, M. Kocialek and P. McConnell attended the uroligical meeting in Bermuda in September.

Doctors A. K. Phillips, S. Ondash, J. Renner, J. Wasilko, J. J. McDonough, G. McKelvey, C. Stertzbach attended the American College of Surgeons meeting in New York.

Walter J. Tims, M.D., announces the removal of his office to 3720 Market Street, Youngstown, Ohio, for the practice of proctology.

Lewis A. Di Lallo, D.D.S., 307 Keith-Albee Bldg., Youngstown 3, Ohio, announces the opening of his office for the practice of dentistry.

Dr. John Keyes completed 12 years as an examiner for the American Board of Ophthalmology at the board examinations in Chicago, Ill., the week of October 5th, 1952.

PHYSICIANS ECONOMIC WEATHER VANE

Seventh Medical Economics Survey

The following facts stem from the replies of about 5,000 practicing physicians to a questionaire sent them by this magazine in April, 1952. These doctors constitute a representative cross-section of the profession; the information they supplied covers many phases of the economics of private medical practice in the U. S. In our first installment of survey data this month, we discuss the "average" physician, doctors' political affiliations, and fees.

The average active, independent physician in the U. S. has good reason to feel that the economic winds have been blowing his way of late. For 1951, he reports, both his gross and net incomes stood at all-time highs.

Moreover, his net income is increasing at a faster rate than that of the country's working people as a whole. From 1947 through 1951, it rose about 35 per cent, while the average for all U. S. workers went up 25 per cent. The current tendency for physicians' incomes to rise more rapidly than incomes in general is especially surprising when you consider that in previous years they rose less rapidly. From 1943 through 1947, for example, the net income of physicians went up only 14 per cent, against a 32-per-cent rise for all workers.

There are few clouds to mar the doctor's view of clear weather. The only one that's really dark is taxes: A fair chunk of his rise in income must go toward meeting tax boosts enacted since 1947.

Now let's take a closer look at this average independent practitioner:

His gross income from practice falls just below the $25,000 mark—$24,770, to be exact. About two-fifths of his gross, or $9,508, goes into professional expenses, leaving him a net of $15,262 before taxes.

As an independent physician, he naturally gets the great bulk of his income directly from private patients. But about 10 per cent of the gross comes from Blue Shield and other health insurance plans.

Although he has probably never stopped to figure it out, the average doctor takes in $8.54 for every hour he works. After expenses, he's left with an hourly net income of $5.25.

He now works 10 per cent fewer hours than he worked during World War II, but he still puts in a long work-week of fifty-eight hours, on the average.

Chances are, he'd find himself toiling even harder if he didn't have help. But the odds are three to one that he employs at least one full-time office aide, to whom he pays a salary of about $54 a week.

What about the heart of his practice — his patients? The average U. S. physician in private practice now has as many patients as he can comfortably handle. He sees an average of twenty-eight a day, or about 8,400 a year. Three-quarters of them come to his office; he sees most of the rest on hospital rounds or house calls.

Today's doctor tends to do an increasing amount of work without pay. He gives seven hours a week — one-eighth of his working time — to charity patients; that's an increase of 15 per cent since 1947. And during the same period his collection ratio has slumped slightly, from 88 to 85 per cent.

He writes in the neighborhood of 2,500 prescriptions a year, or about one for every three patients. He spends an average of twenty-three minutes per patient. He does little or no dispensing — though as recently as 1943 most doctors did dispense some of the drugs they told patients to take.

On the personal side, the average doctor probably isn't too different from a good many other men of comparable income. He's rather strongly

Republican. He carries $44,000 worth of life insurance (half again as much as the average doctor carried in 1943). He has $47,000 invested in stocks, bonds, and real estate. And he allots about $600 a year to charitable donations.

It goes without saying that he wants no part of any Government medical scheme. But he's rather undecided about whether, as a private physician, he'd like to be covered by the Federal Social Security program. About 55 per cent of the profession doesn't want such coverage, while 45 per cent want it.

That, in brief, is how the average U. S. doctor shapes up these days. That's how he shapes up in print, at any rate; you'll never meet him in the flesh.

The average physician (like the average patient, the average community, or the average anything else) has no visible shape. He's not a living creature making house calls, or removing an appendix, or wondering how to explain the mysteries of life to a dying man. He's nothing more, really, than an assortment of numerals, decimal points, and dollar signs — the product of a set of punch cards.

Yet this average doctor does serve as a useful rule-of-thumb — a kind of common denominator against which flesh-and-blood doctors can measure themselves and their practices. When seen in that light, he's a handy fellow to have around.

Medical Economics, Nov., 1952

AUXILIARY NEWS

The activities for the current year of the Women's Auxiliary to the Mahoning County Medical Society were opened with a garden party Sept. 23, 1952 at the home of the president, Mrs. W. O. Mermis. A special welcome was extended to new members and this was followed by a short business meeting. The program was then turned over to the social committee consisting of Mrs. Andrew Detesco, chairman, Mrs. Edward A. Shorten, co-chairman and Mmes. F. A. Friedrich, Frank Gelbman, J. D. Miller, Walter Tims, Vernan L. Goodwin, P. J. McOwen, Robert Rodin and Clyde K. Walter, who assisted in a social afternoon and desert.

Mrs. W. O. Mermis, Mrs. Morris Rosenblum and Mrs. W. E. Maine attended the fall conference of the Women's Auxiliary to the Ohio State Medical Association September 28-29 at the Fort Hayes Hotel in Columbus. This meeting was conducted by Mrs. Paul M. Woodword, State president. Classes were held for the instruction of presidents and presidents-elect and considerably valuable information was obtained.

Mrs. Clyde Shively and Mrs. Paul Daugherty discussed the pros and cons for changes in the Ohio State Constitution. All members are advised to consider carefully this important issue and express their opinion by voting thereon in the forth coming Election, November 4th.

Mrs. W. H. Evans, state program chairman and Mrs. Craig Wales, State civil defense chairman attended state board meetings as well as the fall conference.

There are 4000 members in the auxiliary representing 58 Ohio counties.

Mrs. Asher Randell
Publicity Co-chairman

KEEPING UP WITH AMA

W. M. Skipp, M.D.

. . . . . The Food and Drug Administration has finally issued a modified series of regulations which will bring the Federal prescription requirements into conformity with the new Durham-Humphrey Act (PL 215 82nd. Congress). The new regulations:

1. Provided a labeling guide to manufacturers on directions for use of drugs;
2. Continue labeling exemptions for physicians;
3. Tighten up on rules to make certain that prescription drugs are dispensed only by, or on the prescription of a physician or other licensed practitioner;
4. Exempt certain habit-forming drugs from prescription-only restrictions when used in non-hazardous combinations.

The new regulations, as amended, were proposed and published in February, 1952. Disputed points have not been ruled on since the February publication. The new regulations do not mention prohibition of prescription drugs by mail, say nothing about toxicity, nor the method of use. The regulations listed all injection drugs, except Insulin, as prescription-only.

. . . . . The Food and Drug Administration obtained an injunction against the Hoxsey Clinic in its attempt to stop the sale of this Clinic's cancer cures. This Court ruling upsets the Dallas trial court in which the FDA was denied an injunction to stop the sales of these cures. The New Orleans Court said that Trial Judge Atwood had errored in admitting testimony by laymen who claimed to be cured of maligancy by the Hoxsey's pink or brownish-black medicine, or both. Little or no weight should be attached to any such testimony on such a complex subject as cancer when given by a layman, since even experts cannot be sure after biopsy and complete pathological tests in many instances.

. . . . . The Public Health Service's latest announcement is that medical, dental, and osteopathic schools have been granted $562,351 for cancer research. This amount was issued for cancer grants, medical fellowships, and White Mountain Research Station.

. . . . . Federal Trade Commission issues complaint against Orthodontist Association: The Federal Trade Commission in a complaint filed August 7, charges the American Association of Orthodontists, its officers, directors, and members with having engaged "in acts and practices which have a dangerous tendency to hinder competition and to create a monopoly in the distribution and sale of dental and orthodontic equipment, supplies and devices." The complaint charges the respondents have acted to prevent competitors and sellers of dental supplies and equipment from having free access to advertising media serving the dental profession.

. . . . . The Congress has appropriated approximately One Billion Seven hundred Million Dollars for all functions of Federal Security Agency for the fiscal year ending June 30, 1953. When we think we are not in a Welfare State this is a lot of money; Twenty-two million, two hundred fifty thousand dollars for Vocational ReHabilitation, to furnish medical examination, surgical and therapeutic treatment, hospitalization, prosthetic appliances, occupational tools, and aids to vocational training and maintainence; $5,600,000 to the Food and Drug Administration to enforce laws which protect the public against adulteration and misbranding of food, drugs, and cosmetics; $28,600,000 for the Children's Bureau which operates under Social Security and

will make funds available to states having programs for crippled children, maternal and child health and welfare services. States are required by law to match these funds. This does not include administration; $1,000,000,000 for the Bureau of Public Assistance which operated under Social Security (Mr. Oscar Ewing's department) and makes these funds available to states with programs to assist the needy aged, the blind, the needy permanently and totally disabled and dependent children of these groups. States must support with 40%. Certain of these funds may be paid directly to physicians and hospitals furnishing this care; $8,240,000 Tuberculosis Control, grants to states with diagnostic and treatment clinics with mass case findings and follow-up services. States must match with one dollar for each two dollars of Federal funds. This also includes mass x-ray studies, demonstrations, drug evaluations and BCG vaccinations; $9,850,000 Veneral Disease Control — detection, treatment, and control; $16,150,000 assistance to states in general $6,000,000 Communicable Disease Control — with apportionment to states in support of State and Local Public Health; $3,700,000 Engineering, Sanitation and Public Hygiene; $1,107,500 Alaska — disease and sanitation investigations and control; $300,000 Buildings and Facilities, Cincinnati, Ohio — Equipment and supplies for new building for study of water pollution; $75,000,000 Hospital Construction Grant — Hill-Burton Act. $59,700,000 Hospital Construction-Obligational — hospitals not yet finished under construction.

$33,700,000 Hospital and Medical Care for medical and hospital care for American seamen, Coast Guard, Public Health Service personnel, Federal employees injured at work, leprosy patients and narcotic addicts.

$3,000,000 Foreign Quarantine Service.

$3,100,000 Office of Surgeon General, Public Health.

$59,100,000 National Institutes of Health — 1. National Cancer Institute; 2. Mental Health Institute; 3. National Heart Institute; 4. Dental Health Institute; 5. National Institutes of Health — General Funds.

. . . . . The letters I. L. O. are starting to stand out in our minds as physicians, as they should. And when we see these letters we should at once know it is an international organization that is taking power through United Nations for all it has been in existence long before United Nations' birth. This organization has been watched for years by the AMA which has known of its socialistic trends. It is this organization that is setting minimum standards of Social Security, which includes socialized medicine, for all it is quiescent as far as the American public and Congress is concerned. There is danger, through approving treaties of this organization, of it coming in through the back door. These are called International Treaties.

We must watch that ratification of such treaties are not approved by a 2/3 vote of the Senate and thus not be known or understood by the people, we would thus have socialized medicine. Senator Bricker has proposed an amendment to our Constitution which would stop such a danger. He has been joined by 58 other senators the medical care section, if ratified, stipulates a compulsory health insurance plan. If the I. L. O. cannot get full control of our health insurance it proposed two alternatives:

1. Private voluntary health insurance administered by public authorities under established regulation,
2. Private, voluntary health insurance administered by insurance companies under government supervision.

I. L. O. and its health objectives is "must" reading for every physician, such as in the Organization Section of the Journal May 31, 1952; the excellent statement of AMA President Louis H. Bauer on page 869 of the June 28 issue of the Journal.

"Socialized Medicine — the ILO Way" — Journal AMA August 23:

Although the battle against the proponents of political medicine has been won, at least temporarily; in our state legislatures and in Congress, we are in danger of losing the war through an international approach.

The same forces which unsuccessfully attempted to socialize the medical profession through legislation are finding it much easier to work through the United Nations and the International Labor Organization. In our enthusiasm to espouse such principles as "fundamental human rights," "social progress," and "international peace and security," we have aided and abetted the activities of these forces. Through the wholesale approval of treaties, conventions, and executive agreements our international representatives have placed not only American medicine but our national soverignty and our Constitution in jeopardy.

Socialism by treaty is now a greater threat than socialism by domestic legislation, principally because the possibility of political and economic regimentation from an external source is not widely recognized. The public is unaware of the dangers inherent in the treaty-making power, because during the first 150 years of our Republic, treaties concerned only the relationship between the United States and other soverign states. Their attempted use to define the relationship between American citizens and their own government is a recent development — a development, however, which can result in the subtle realization of the socialist's dream of cradle-to-the-grave security.

A recent covenant, entitled "Minimum Standards of Social Security — approved by the International Labor Organization in Geneva, in June, 1952, envisions government benefits in nine fields of social security — medical care, sickness benefits, family allowances, maternity benefits, invalidity benefits, and survivors' benefits. While the medical benefits in the covenant are carefully distributed through the document, considered, together they constitute "socialized medicine."

It is time, therefore, that as a nation, and as a profession, we stop and analyze the results and potentials of our international actions. It is the duty of every physician to acquaint himself with the history, the purpose, and the plans of the United Nations and the International Labor Organization.

The AMA and its component socities must wage the same vigorous campaign against socialism by treaty that it is now conducting against socialism made-in-America.

. . . . . "How Sick is Socialized Medicine?" by the noted economist, Melchior Palyi: Three years after the program became law in Britain 553,577 people were on the waiting list for hospital beds; many of the mentally deficient and the helpless aged are left without institutional care to shift for themselves; the costs of governmentalized medicine have almost trebled in four years to more than 10% of the over-inflated national budget; the something-for-nothing Utopia advertised world-wide, is not in a slow retreat; the people actually pay for what they get free—; socialism or no socialism — "first class" treatment is open primarily to those who can afford to pay; fewer than 20,000 general practitioners carry the main burden of medical care for more than 45,000,000 people, and there is no progress at all in industrial medicine.

. . . . . Dr. Louis H. Bauer, President, AMA, addressing the American Legion in New York, said; "It was heartening in this critical year of 1952 to see that both of our major political parties — one of them directly and the other by implication — have recognized that great upsurge of public opinion on

the issue of socialized medicine.

The Republican Party platform: "We are opposed to Federal Compulsory Health Insurance with its crushing cost, wasteful inefficiency, bureaucratic dead weight, debased standards of medical care."

The Democratic Party platform: contains no endorsement of Compulsory Health Insurance, but simply urges a resolute attack against the financial problems involved in seroius illness.

The two party platforms also give reason for hope that never again will the people's health be used as a football in the political arena.

. . . . . Dr. Bauer covered a wide range of subjects in his Legion talks, including constitutional rights, bureaucracy in government, corruption, confiscatory taxes, socialism, propaganda and the Federal Security Agency, states' rights, the tremendous growth of voluntary health insurance plans, and the International Labor Organization.

Dr. Bauer said that American physicians will be forever grateful to the Legion for its early, vigorous, and continued support against socialized medicine.

. . . . . President Truman addressed the American Hospital Association in Philadelphia telling the Hospital assembly that his plan, compulsory health insurance, was the best, and that they should support his insurance plan, which was not received with much enthusiasm. After his address, the National Education Committee of the AMA was dissolved by the Board of Trustees as having served its purpose of stopping socialized medicine and was not needed. A couple of days later at his news conference, our President Mr. Truman, bragged that he had frightened the AMA with his speech before the Hospital Association because the AMA was not going to fight against socialized medicine.

. . . . . The AMA published a new booklet called "Winning Ways with Patients" which suggests that "all too frequently after visits to the doctor patients complain that "the doctor keeps me waiting too long!" — that "medical bills are too high!" or that "the doctor is too cold and impersonal." Public relations — wise, the doctor's assistant is a powerful influence. By her skill — or lack of skill — in working with patients, she can alienate or win the admiration and appreciation of these patients for the doctor and his staff." This booklet suggests how to reduce waiting time, how to bill and collect medical fees, and how to work with patients.

. . . . . U. S. Bureau of Internal Revenue ruled that physicians may deduct from their taxable incomes payments made by them for professional assistants; these deductions are made as a necessary expense of carrying on a trade or business.

. . . . . The question of fee-splitting: the Bureau states that such payments as deductible business expenses must be determined "in the light of all circumstances in each case."

. . . . . Oscar Ewing has finally admitted publicly that any government-sponsored health insurance plan would have to carry the compulsory feature.

He made the admisison in an informal interview with three CBS radio Washington correspondents on the network show, "Capitol Cloakroom," from Washington on September 5.

Cochran: "Well, do you know how Governor Stevenson stands on the matter of compulsory health insurance?"

Ewing: "I think he has some questions in his mind about it. I have not discussed it with him. The only thing that I know about his views was

in one of the magazines recently where he said that he was not sure that this suggestion of our was best, that he rather — he looked with some favor on a plan that would take care — where the insurance would merely take care of catastrophic illnesses, that is probably that the patient would have to pay the first hundred, or 150 or three hundred dollars of the sickness and then the insurance would take care of the rest.

Bancroft: "Would it have a compulsory feature in it?"

Ewing: "Oh, you can't have it without the compulsory features to my way of thinking because that's the only way that you can get everybody in and get the insurance rates down to a low enough level so that it's a workable thing. Otherwise, all the people that are prone to sickness and the older people, they'll take the benefits of insurance and the young people and the healthy won't do it and it's very much better to have it just as you do Social Security, your old age and survivors insurance. It's compulsory and you're building up a fund during your working years that meets these expenses."

FEE-SPLITTING DOCTORS ARE A MENACE TO OUR PUBLIC HEALTH, CHARGES CORONET MAGAZINE

New York, August 22 — Fee-splitting among doctors "is a sinister and spreading medical racket that is a menace to our health," charges Dr. Arch J. Beatty, writing in the September issue of Coronet Magazine released Friday, August 22, in his article, "Fee-Splitting Doctors: Menace to Health."

"Many people today," Dr. Beatty claims, "are made poor by unnecessarily exhorbitant surgical charges and even by unnecessary surgical operations through the dangerous practices of fee-splitting." This "racket" is an under-the-counter deal in which the surgeon buys his patients in order to perform surgery upon them, and in which fees from these operations are split between the surgeon and the referring physician without the patient's knowledge.

"Ghost surgery" is another form of this "evil racket" that is a menace to our health, claims Dr. Beatty in Coronet. "Here, the patient is told by a general practitioner that an operation is necessary and is led to believe that the practitioner will perform it. Instead, without the patient's knowledge, a surgeon is hired to step in after the anesthesia is administered, perform the operation, then step out again.

"Today," continues Dr. Beatty, "surgery is a skill that goes beyond the use of a scalpel . . . But the ghost surgeon has nothing to do with any of this. The patient gets very little of what he is paying for. All too commonly, this means double the price for the patient.

"An informed and aroused public can aid in putting an end to fee-splitting." One way this can be done is to make this practice illegal in every state, advises Dr. Beatty.

Second, a community system should be worked out whereby all participating doctors will turn their books over to a certified public accountant at the end of each year. Included in this system should be the Collector of Internal Revenue, to see that fee-splitters do not deduct "kickbacks" from their income tax. Finally, concludes Dr. Beatty in Coronet, the patient should discuss fees frankly with his doctor. He should find out what he is paying for and whether the fees are equitable.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 203 Schween-Wagner Building, Youngstown, Ohio, on Monday, October 13, 1952.

The meeting was called to order at 9:00 P. M.

PRESENT: Dr. C. A. Gustafson, presiding, Dr. V. L. Goodwin, Dr. G. G. Nelson, Dr. A. Randell, Dr. W. M. Skipp, Dr. E. R. McNeal and Dr. A. K. Phillips comprising Council. Dr. J. A. Rogers, Dr. M. M. Szucs and Dr. D. P. Engstrom were guests.

Dr. J. A. Rogers, Chairman of the Blood Bank reported progress of his committee to date.

Council approved the work of the committee and suggested they proceed with their Pilot Plan as outlined.

Dr. M. M. Szucs gave a final report on the Canfield Fair.

Council approved continuing the Health Exhibit at the fair and instructed Dr. Szucs to make plans for next year.

Dr. D. P. Engstrom outlined in details the work of the Child Guidance Center of Youngstown.

Council approved the expenditure of $50.00 to the Auxiliary to be used for out of town guests at the Sixth Councilor District meeting October 29th.

Council suggested that their members close their offices on election day.

The following applications were read.

FOR JUNIOR ACTIVE MEMBERSHIP

Dr. Edmund A. Massullo, 19 Lincoln Ave., Youngstown, Ohio

Dr. James L. Smeltzer, 243 Lincoln Ave., Youngstown, Ohio

Dr. Milan Holmos, 620 Steel Street, Youngstown, Ohio

FOR INTERNE MEMBERSHIP

Dr. Richard E. Rust, Youngstown Hospital Association, Youngstown, Ohio

Dr. Robert L. Jenkins, Jr., Youngstown Hospital Association, Youngstown, Ohio.

Dr. Robert W. Parry, Youngstown Hospital Association, Youngstown, Ohio.

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

Bills were read and approved for payment.

G. E. DeCicco, M.D.

COMMENDATION

Committee to Consolidate Meetings

Dr. P. J. Mahar, Chairman

Dr. J. A. Rogers, Youngstown Hospital Association

Dr. A. K. Phillips, St. Elizabeth Hospital

Dr. E. J. Reilly, Mahoning Academy of General Practice

Dr. W. H. Bunn, Youngstown Area Heart Association

Dr. H. H. Teitelbaum, Mahoning Tuberculosis Hospital

Gentlemen:

This committee was appointed by the Council, one year ago. I want to congratulate you on the progress that has been made in reducing the number of meetings.

I think there are still too many medical meetings. I think also that the number can be reduced. Some good suggestions were made in the December issue of the "Bulletin." I am writing this letter to urge that the Committee make further study on this problem, and submit recommendations to Council at the November 10, meeting.

C. A. Gustafson, M.D.
President

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR SEPTEMBER, 1952

	1952	Male	Female	1951	Male	Female
Deaths Recorded	194	108	86	175	110	65
Births Recorded	587	332	246	634	341	293

CONTAGIOUS DISEASES	1952 Cases	Deaths	1951 Cases	Deaths
Chicken Pox	2	0	4	0
Measles	3	0	0	0
Poliomyelitis	11	0	27	0
Scarlet Fever	0	0	0	0
Tuberculosis	4	5	0	0
Whooping Cough	4	0	12	0
Gonorrhea	30	0	23	0
Syphilis	14	0	12	0

VENERAL DISEASES

New Cases	Male	Female
Syphilis	0	4
Gonorrhea	15	17

Total patients 36
Total Visits to Clinic (Patients) 321

ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly medical staff meeting of St. Elizabeth Hospital was held on October 7, 1952, Dr. W. Evans presiding.

Case presentations of eclampsia, spontaneous pneumothorax, and a undiagnosed hyperpyrexia were presented and discussed by Doctors Young, Stotler and Mahar.

A business meeting followed and refreshments were served by the hospital.

P. B. Cestone, M.D.

THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

The October meeting of the Youngstown Hosiptal Staff was called to order Ocotber 7th, 1952 at 8:30 P. M. The minutes of the previous meeting were read and approved. The vital statistics for September were read and approved.

Dr. Beynon gave an interesting paper on Pediatric Urology. The records of Youngstown Hospital were reviewed for past twenty years and the outstanding urological defects in children were reviewed. A period of discussion followed.

Dr. Noll reported for the Post Graduate and Interne Committee. Dr. Klatman and Dr. Wales have been appointed under Dr. Rappaport to help with the graduate training.

Dr. Lupse reported progress on television sets. An anonymous donor has given a 21" set for the North Side Internes.

Dr. Gustafson spoke about absentee ballots. The Women's Auxiliary are seeing all the patients in the hospitals about an absentee ballot with the Doctor's permission.

The rest homes are also being contacted as far as possible. The Doctors should co-operate.

E. C. Baker, M.D.

ANNOUNCEMENT — CANCER

The Medical Advisory Board of the American Cancer Society voted at their Annual meeting October 15, 1952 that the following drugs were no longer experimental —

Oreton—Testosterone or other male hormones

Tace—or other female hormones

We have on hand a supply of these drugs which may be used until the supply is exhausted. The Medical Committee wishes it known, however, that there is a fund set aside for experimental drugs such as the new mustard gases, etc.

The Medical Advisory Board also wishes to change the wording of palliative drugs to pain control drugs for indigent cancer patients. We will continue to furnish free dressings, hospital beds and wheel chairs, when available to terminal cancer patients.

—FRANCES C. MOORE
Executive Secretary

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO — NOVEMBER 1952

Dr. J. S. Ravdin, Professor of surgical research at the University of Pennsylvania addressed the Society that month on "Water Metabolism In Clinical Patients."

The members were urged by the Editor to take an active part in politics. Council was enlarged by the addition of the Editor and the Delegates. It was voted to reduce the dues for 1933 from fifteen to ten dollars.

From the old minutes: In 1873, four months after the Society was organized, the first woman was admitted to membership. Dr. Helen Betts was born in Vienna, then a thriving mining town boasting an "Academy" and fifty saloons. She was educated at the Academy and received her medical degree from the Women's Medical College in Philadelphia. Her office was on the corner of Walnut and Federal Streets with the famous Dr. Timothy Woodbridge. She took an active part in the discussions of the Society sometimes being irritating to the male members. Later she moved to Boston and specialized in opthalmology in which she was very successful. A small headstone in the Vienna cemetery still marks her last resting place.

The health department reported for September: 7 cases of Diphtheria, 11 of typhoid and 1 of small pox.

TEN YEARS AGO — NOVEMBER 1952

Dark days those for the Society. So many men gone and the rest overworked that there was not much time for the organization routine. The meeting that month was held at the nurses lecture room at the South Side Unit where a motion picture on gastric surgery was shown. After the program the members voted to go back to the Youngstown Club for future meetings at increased cost.

Capt. P. L. Boyle and Capt. L. K. Reed left for the Officers Training School at Miami Beach. A. K. Phillips and J. J. Sofranec were gone from St. Elizabeth's and Fred Schellhase and Don Miller from the Youngstown Hospital. The Bulletin was being sent to all the members in the armed forces and many of them were writing back nostalgic letters. Dave Belinky, Colla, Scarnecchia and Shensa were back home on leave parading around in their new uniforms. Harvey and Fenton went up to Cleveland and tried to force their way into the Navy. No luck.

From the rules on gasoline rationing. "The "C" book is part of a doctor's equipment, It should not be used for anything but the work of humanity."

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Niacinamide	8.0 mg.
Ascorbic acid	50 mg.

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