superior flavor
Pleasant-tasting. No disagreeable aftertaste. Readily accepted without coaxing.

on every count

superior miscibility
Dispenses readily in formula, fruit juice or water. Mix well with cereals, puddings or strained fruits.

superior convenience
Light, clear and non-sticky. Can be accurately measured and easily administered. No mixing necessary.

superior vitamin supplements for infants...

superior stability
Require no refrigeration. May safely be associated with the formula.

Poly-Vi-Sol
MEAD JOHNSON & COMPANY
Evansville 21, Ind., U.S.A.

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<td>POLY-VI-SOL</td>
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<td>TRI-VI-SOL</td>
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<td>CE-VI-SOL</td>
<td>50 mg.</td>
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All vitamins are in synthetic (hypoallergenic) form.
available today, "the standard hypnotic of its class.""

Goodman and Gilman observe that it "is unfortunately neglected today," and that the present widespread use of the barbiturates has "... caused the physician to lose sight of the fact that chloral hydrate is still one of the cheapest and most effective hypnotics."" In FELLO-SED, supplementation with calcium bromide and atropine sulfate largely overcomes unwanted side-actions, enhances the sedative effect and provides valuable antispasmodic activity. It is presented in palatable liquid form.

W.N.R. 1943, p. 296


FELLO-SED

Formulas: Each 100 ml. contains: Chloral hydrate, used in medicine since 1869, is, even today, "the standard hypnotic of its class."

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[Adventures of a Pharmaceutical Bottle. Adult Dose: 0.5 mg. (1/480 gr.) as directed. As a sedative: 0.72 to 2 teaspoonfuls per day, or as a hypnotic, 0.5 mg. (1/480 gr.) as directed.]

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In looking through past issues of our Bulletins and in the April 1946 issue, Dr. Ed Reilly had this to say on the President’s Page — "At our last meeting held March 19th, one of our members asked the question, ‘What, if anything, is the Society doing about the matter of a full time Health Commissioner for the city of Youngstown?’."

Many times, up to now, there are records of countless meetings which proved very encouraging. Dr. Skipp, and members of the Allied Professions Committee have spent months in getting petitions to those who can secure signatures, but we need many more names before the deadline, September? If each of us would take a few hours to get the necessary signature to fill these petitions, I am sure we could answer the question asked in 1946.

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Dr. Steven Ondash takes over as program chairman in September and has a fine program planned.

Your society has a well functioning Mediation Committee, the purpose of which is to maintain good Doctor-Patient relationships.

V. L. Goodwin, M.D.

Our President Speaks

V. L. Goodwin, M.D.

In this month of July we think of firecrackers, vacations, uncomfortable offices, and next Thursday’s golf. In the midst of all of this we are apt to forget that more than one hundred seventy-five years ago the Virginian, Thomas Jefferson, on a Fourth of July, produced the final draft of that statement of the basic rights of Man, which we call the Declaration of Independence. From that came the various Continental Congresses, the Bill of Rights, and the Constitution of our United States.

This latter document has become the most commonly understood explanation of that which we call Democracy, and which guarantees to us certain rights and privileges which we take for granted and which we sometimes fail to apply in our daily lives. Most of us forget that along with these positive benefits there are also certain obligations. If we do not fulfill the obligations, there ultimately will be no rights and privileges.

In this vein your Editor wishes to reprint at this time those immortal words of William Tyler Page entitled, "The American’s Creed:"

"I believe in the United States of America as a government of the people, by the people, for the people; whose just powers are derived from the consent of the governed; a democracy in a Republic; a sovereign Nation of many sovereign States; a perfect Union, one and inseparable, established upon those principles of freedom, equality, justice and humanity for which American patriots sacrificed their lives and fortunes.

I therefore believe it is my duty to my Country to love it; to support its Constitution; to obey its laws; to respect its flag; and to defend it against all enemies."
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rapid response
"The latent period between the initiation of therapy and the appearance of appreciable benefit was short."

new non-hormonal
synthetic
orally effective for relief of

BUTAZOLIDIN
(Brand of phenylbutazone)

for arthritis and allied disorders

• Rapide quick relief and often, functional improvement, to the majority of patients with rheumatoid arthritis, osteoarthristis, polyarthritis, post-articular periarthritis, bursitis and other painful musculoskeletal disorders.

• Broad Therapeutic Spectrum
• Prompt Action
• Low Ratio of Serious Side Effects
• Oral Effectiveness

is well within the means of the average patient.

In order to obtain similar results and to avoid untoward reactions it is highly desirable for the physician to become thoroughly acquainted with the characteristics of the drug and the problem under treatment. It is suggested that the package circular or, if possible, its contents be read before using the tablets. Should there be any doubt as to the proper use of the tablets, the patient be referred to his family physician or other properly qualified medical practitioner.

Availability: BUTAZOLIDIN® is issued in yellow-coated tablets of 200 mg. and in red-coated tablets of 100 mg.


GENTRY PHARMACEUTICALS, Division of Gentry Company, Inc.
320 Church Street, New York 14, N. Y.

JULY
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"The latent period between the initiation of therapy and the appearance of appreciable benefit was short."

new non-hormonal synthetic

BUTAZOLIDIN

orally effective for relief of

ARTHRITIS and allied disorders

BUTAZOLIDIN brings quick relief and, often, functional improvement, to the majority of patients with rheumatoid arthritis, osteoarthritis, gout, arthritis with psoriasis, periarthritis nodosa and other painful musculoskeletal disorders.**

BUTAZOLIDIN • Broad Therapeutic Spectrum • Prompt Action • Low Ratio of Serious Side Effects • Oral Effectiveness is well within the means of the average patient.

In order to obtain maximal results and to avoid untoward reaction it is highly desirable for the physician to become thoroughly acquainted with the characteristics of the drug. Therefore we urge the physician to read the package circular carefully or to write for the Butazolidin Brochure, which will gladly be sent on request.

Availability: Butazolidin® (brand of phenylbutazone) is issued in yellow-coated tablets of 200 mg. and red-coated tablets of 100 mg.


GEIGY PHARMACEUTICALS, Institute of Geigy Company, Inc. 370 Church Street, New York 14, N. Y.

JULY
New convenience and economy in broad-spectrum therapy for your younger patients...

**Terramycin**

*broad spectrum antibiotic*

**pediatric drops**

Each 10 cc. bottle contains 2.5 grams of pure, well-tolerated Terramycin, often sufficient as a total dose for the treatment of common infections of moderate severity in infants and small children. Each cc. supplies 100 mg. of Terramycin in raspberry-flavored, nonalcoholic vehicle. With specially calibrated dropper. May be diluted as required.

...with the same good taste distinguishing this favorite dosage form for older patients...

**Terramycin**

*broad spectrum antibiotic*

**oral suspension**

Bottles containing 1.5 grams of pure, well-tolerated Terramycin in raspberry-flavored, nonalcoholic vehicle. Each teaspoonful (5 cc.) supplies 250 mg. of Terramycin. May be diluted as required.

*Pfizer*

Dan. Pfizer & Co., Inc., Brooklyn, N.Y.

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**THE MAHONING COUNTY MEDICAL SOCIETY**

JULY

Safety and success. Advances in orthopedic surgery have brought safety and independence to many who were crippled and the light of hope is seen in the darkness of cerebral palsy. Patients walk about the wards of our great hospitals the day of major surgery and are discharged in a week. Surgery and radiology are producing an increasing number of cures in cancer cases.

More men and women will live and work long after 65 years of life in the immediate future. Today we find it necessary to review our estimates and definitions of old age and human usefulness.

The horizons of medicine are unlimited! Research workers are making significant progress in all fields. Spectacular devices such as the mechanical heart and lung and the mechanical kidney demonstrate man's ability to forestall the long hidden secrets of the human body. I can predict with confidence that the doctor of the future will do much of his work in the field of disease prevention.

Unfortunately there is one disease for which we can never hope to develop a vaccine, and that is preventable accidents. Last year alone, according to the National Safety Council, 96,000 Americans died as the result of accidents of all types. In the same period, one out of every 15 persons in the United States suffered a disabling injury, or a total of 5,700,000—roughly the combined population of metropolitan New York. A population approximately the size of Atlanta, Georgia—350,000 persons—was left permanently disabled by injuries.

Aside from the pain and mental anguish, the cost of these accidents amounted to $8,300,000,000 in medical expense, overhead costs of insurance, property damage, and lost wages. The accident problem must be solved, for accidents—preventable accidents—are a waste of money, time and medical talent which could be more effectively utilized in the prevention and elimination of disease.

Much of the progress of medical science in this country coincides with the growth of organized medicine. One hundred and six years ago, scattered medical societies throughout the nation joined hands to form the American Medical Association, thereby setting up a democratic procedure for elevating the standards of the medical profession on a uniform basis. Today the Association is composed of 160,000 doctors who express the medical needs of their respective communities through the representatives they elect to the A. M. A.'s House of Delegates. They spend $10,000,000 each year studying and working in the fields of rural health, industrial health, the availability of physicians, medical care for the armed forces, civil defense, medical education, hospitals, nursing, mental diseases, health education, exposing quacks and fakers and searching for ways to help the chronically ill and those who have trouble paying for medical care. These are only a few of the A. M. A. activities.

We have encouraged the development of voluntary prepaid health insurance plans to assist the individual and family in meeting the unexpected costs of sickness. Such plans are being constantly improved to include protection against long-term, disabling illness or injury and to provide coverage without regard to age. The growth of prepaid medical and hospital expense coverage is unparalleled by comparison with any of the spectacular advances made in the history of insurance. There are more than 30,000,000 Americans now carrying hospital, surgical and medical insurance. Add to this total the people covered by industrial insurance, veterans' benefits and local...
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now carrying hospital, surgical and medical insurance. Add to this total
the people covered by industrial insurance, veterans' benefits and local,
an improved approach to ideal hypotensive therapy

Low toxicity — no serious reactions.
Slow, smooth effect — blood pressure falls gradually — tolerance not reported.
Oral dosage: usually 4 to 8 tablets daily, given morning and evening. Critical adjustment unnecessary.
Slows the pulse rate, has a mild sedative effect. Symptomatic improvement is marked.
Especially suited to relatively mild, labile hypertension. Recommended in combined treatment of advanced cases.

50 mg. tablets, bottles of 100 and 1000.

Complete information from your Squibb Professional Service Representative, or by writing to E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, N. Y.

SQUIBB
an improved approach to
ideal hypotensive therapy

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745 Fifth Avenue, New York 22, N. Y.

SQUIBB
**Pyronil Compound, Ullyl dosage**

Mild symptoms: 1 pulse every twelve hours.

Moderate symptoms: 1 pulse every eight hours.

Severe symptoms: 2 pulses every eight hours.

Pyronil affords more profound, more prolonged relief with few side-effects than any other known antihistaminic.

---

**JULY**

**THE MAHONING COUNTY MEDICAL SOCIETY**

... conclusion that shortages are caused not by a nationwide lack of doctors, but primarily by faulty distribution due to professional factors related to their practice. They feel they cannot practice the kind of medicine they want to without modern equipment. Since they cannot finance such equipment in their early years of practice, they tend to settle in metropolitan areas where up-to-date facilities are readily available. To help resolve this serious problem, physician placement services have been put in operation by medical societies in most states. Strongly supported by the American Medical Association, these placement services are helping to assure an equitable distribution of doctors throughout the country, which will result in the availability of service, especially in rural areas. We have been and will continue to be concerned when patients tell us they have difficulty in reaching a doctor in an emergency or during night hours. In 1948 there were only 60 night and emergency telephone centers sponsored by county medical societies. Last year this total had grown to 650. And these centers are continuing to increase. Every medical society in the country should initiate and finance this type of service, preferably under this plan, many rural communities are building offices or small hospitals and equipping them with modern medical apparatus as inducements for young doctors. In Kansas, for example, this procedure attracted 67 new doctors to communities of 2,500 or less persons in a period of only two years. Many of these communities had not had a doctor for years.

We shall continue to support all programs for the good of the public health, as we have done over the years. With but one exception there has been no major federal health law enacted that was not sponsored or supported by the American Medical Association. And the one exception turned out to be such a failure that Congress refused to renew the act when it expired.

We shall fight with all our strength matters that are not in the public interest. The American Medical Association throughout its history has been a champion of sound progress in medicine. It has had to fight many battles against quackery, against political interference and against slipshod medical training and practice. An organization cannot be a strong, fearless leader without creating bitter enemies and staunch supporters. We have both today. If anyone can present a plan of medical care or a way of life that is an improvement on the American way, we shall listen with attentive ear. But we will not compromise America's freedom and ideals. Nor are we disposed to support any thing but the best in medicine. In our care is the health of the American people. Its improvement is our sole and constant goal. We shall be true to this trust.
IN ANY ALLERGY

Co-Pyronil* 
affords more profound, more prolonged relief with fewer side-effects than any other known antihistaminic.

*Co-Pyronil* Hydrochloride Compound, USP

Dosage
Mild symptoms: 1 capsule every twelve hours.
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Severe symptoms: 2 capsules every eight hours.

BULLETIN

JULY

THE MAHONING COUNTY MEDICAL SOCIETY

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Likewise, every family should select for itself a family physician in whom it has confidence and whose advice will be sought in emergencies and when seeking the services of specialists. In establishing this family-physician relationship, there should be no hesitancy in discussing fees. Every individual should feel perfectly justified in requesting a frank discussion of fees with his doctor. Mutual understanding of the economics of medical care is most important, and I would like to emphasize both patient and physician to develop such an understanding.

I have told you tonight of some of our activities in public service to the nation and of the great progress made in American medicine. Time will not permit a more detailed description of our activities, but these are a matter of record available for the perusal of all.

We shall continue to support all programs for the good of the public health, as we have done over the years. With but one exception there has been no federal health law enacted that was not sponsored or supported by the American Medical Association. And the one exception turned out to be such a failure that Congress refused to renew the act when it expired.

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1953
"aging" need not mean "aged"

By prescribing supplementary vitamins and minerals prophylactically, the physician can protect older patients against premature debility resulting from prolonged or interrupted dietary insufficiency. GERIPLEX simplifies this approach to preventive geriatrics by providing—in one capsule—valuable mineral nutrients, eight important vitamins, plus the starch-digestant Taka-Diastase® and rutin.

Prescribed before deficiencies and damage are manifest, GERIPLEX facilitates maintenance of health and of well-being in middle and in later life through improved nutrition.

GERIPLEX® KAPSEALS®

GERIPLEX® makes possible a vitamin-mineral combination that has been carefully designed to meet the needs of aging people.

GERIPLEX Kapseals-100 in a bottle

GERIPLEX Kapseals-500 in a bottle

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Prescribed before deficiencies and damage are manifest, GERIPLEX facilitates maintenance of health and of well-being in middle and in later life through improved nutrition.
"aging" need not mean "aged"

By prescribing supplementary vitamins and minerals psychosomatically, the physician can protect older patients against premature debility resulting from prolonged or intermittent dietary inadequacy. GERIPLEX simplifies this approach to preventive geriatrics by providing in one capsule—valuable mineral nutrients, eight important vitamins, plus the youth-stimulant Taka-Diastase® and niacin.

Prescribed before deficiencies and damage are manifest, GERIPLEX facilitates maintenance of health and of well-being in middle and in later life through improved nutrition.

GERIPLEX® KAPSEALS®
geriatric vitamin-mineral combination

Each capsule contains:

- Ascorbic Acid (vitamin C) 50 mg
- Pantothenic Acid (vitamin B5) 5 mg
- Niacin (niacinamide) 15 mg
- Thiamine Hydrochloride (vitamin B1) 2 mg
- Riboflavin (riboflavin) 4 mg
- Calcium Pantothenate 5 mg
- Pyridoxine Hydrochloride (vitamin B6) 2 mg
- Cyanocobalamin (vitamin B12) 5 mcg
- D-Biotin 50 mcg
- Zinc Sulphate 50 mg
- Copper Sulphate 10 mg
- Manganese Sulphate 2 mg
- Ferrous Sulphate 200 mg
- Rutin 2 mg

GERIPLEX Kaps are supplied in bottles of 25 mg.

GERIPLEX® is similarly helpful in maintenance of health and of well-being in middle and in later life through improved nutrition.
Post-Graduate Course in Pulmonary Diseases

PLANNED ESPECIALLY FOR GENERAL PRACTITIONERS of Ohio

OSU HEALTH CENTER, COLUMBUS

September 25 - 26, 1953

Sponsored by
College of Medicine, Ohio State University
Ohio State Medical Association
Ohio Tuberculosis and Health Association
Ohio Trudeau Society

Approved for Nine Hours Credit
By
Ohio Academy of General Practice

REGISTRATION:
Limited to 150 physicians. Fee (including banquet September 25) $15.00 and must accompany application. Extra banquet tickets $5.00 each. Wives and guests are very welcome.

HOTEL RESERVATIONS:
The Neil House, Columbus, has reserved a block of rooms for physicians attending this course. Write directly to the hotel for your reservation by September 10.

ANNUAL GOLF MEET
THURSDAY, AUGUST 13, 1953
Youngstown Country Club

MAHONING COUNTY MEDICAL SOCIETY
CORYDON PALMER DENTAL SOCIETY
MEDICAL-DENTAL BUREAU

GOLF 12:00 Noon
DINNER 7:00 P. M.

NO dinner tickets sold at Club
NO dinners served without reservations
YOUR CHECK IS YOUR RESERVATION
and must be in by August 7

Dinner Tickets $5.00

Caddie, Greens Fees and "PRIZE POOL" $6.00
(To be paid at Club)
Post-Graduate Course in Pulmonary Diseases

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The Neil House, Columbus, has reserved a block of rooms for physicians attending this course. Write directly to the hotel for your reservation by September 10.

ANNUAL GOLF MEET
THURSDAY, AUGUST 13, 1953
Youngstown Country Club

MAHONING COUNTY MEDICAL SOCIETY
CORYDON PALMER DENTAL SOCIETY
MEDICAL-DENTAL BUREAU

GOLF  12:00 Noon
DINNER  7:00 P. M.

NO dinner tickets sold at Club
NO dinners served without reservations
YOUR CHECK IS YOUR RESERVATION
and must be in by August 7

Dinner Tickets $5.00

Caddie, Greens Fees and "PRIZE POOL" $6.00
(To be paid at Club)
recall of Reserve officers who had active military service during World War II; or 2. the adoption of legislative provisions for the call-up of physicians who had been deferred during WW II or who under a Navy V-12 or an Army Specialized Training Program, had received assistance from the federal government to complete or continue their medical education.

Our tentative recommended changes in the priority system and urged that medical manpower thus involuntarily required, be used only on assignments essential to the war effort. Simplified as excluded from such category was the provision of medical care for veterans, civilian employees of the government and dependents of service personnel in other than overseas areas or where civilian facilities were unavailable or inadequate.

The prediction by representatives of the Dept. of Defense that compulsory draft legislation may be necessary for five more years, is giving the medical profession cause for serious concern. While prevailing circumstances may necessitate a temporary continuation of the "Doctor Draft Law" in order to insure the best medical care for our nation's fighting men, we are not content to remain permanently "saddled" with discriminatory legislation of this type — There should also be increased utilization of civilian contract physicians in performing the medical duties of the Armed Services.

The Association is also concerned with the continual increase of dependent medical care, as a matter of convenience, when adequate civilian health personnel and facilities are available.

The AMA has since the passage of Public Law 779, 81st Congress, worked closely with the three Surgeon Generals, the Selective Service System and its national and local medical advisory committees, and the Dept. of Defense in an attempt to 1. facilitate and increase the efficiency of the administration of the "Doctor Draft Law," 2. affect a timely and orderly system of recall and rotation of medical reservists, 3. prevent a repetition of the medical overstaffing which occurred in certain areas during World War II, and 4. curtail the utilization of medical personnel on non-professional assignments. These activities were responsible, in part, for the decrease in the ration of physicians to troop strength from 6.0 to 3.7 per 1,000, and the possible further decrease of the ratio to 3.0 per 1000 in the near future.

It is the belief of the AMA that not only is the payment of the additional pay of $100 per month currently payable to physicians and dentists in the Armed Forces. We are extremely anxious to terminate discriminatory legislation of this type and feel that a two year extension is unnecessary.

In conclusion, there is one extremely important matter — that is the additional pay of $100 per month currently payable to physicians and dentists in the Armed Forces. We are considerably disturbed by the report of the so-called "Stimson Committee," submitted last month which recommended, in part, that such pay be limited to those physicians who volunteer for military duty in excess of 24 months.

We have in the past, and will continue to advocate this additional pay. It is the belief of the AMA that not only is the payment of the additional $100 per month to physicians and dentists in service justified to equalize and adjust their compensation and alleviate, in a measure, the discriminatory features of this medical draft legislation.

"It is the belief of the Commission that this pay should be limited to those doctors or dentists willing to serve on a career basis or for periods of military service longer than those required of 'citizens.'" Apparently the Commission is either not aware of, or has chosen to ignore, the fact that physicians are subject to double draft liability and as such are liable for periods of military service "longer than those required of citizens generally."

The Doctor Draft Law, H. R. 4485, was recommended for passage by the House Armed Services Committee. It would continue the four priorities, it
recall of Reserve officers who had active military service during World War II; or 2. the adoption of legislative provisions for the call-up of physicians who had been deferred during WW II or who under a V-12 or an Army Specialized Training Program, had received assistance from the federal government to complete or continue their medical education.

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H. R. 4495 would reenact the language of the "Doctor Draft Law". It is the recommendation of the Association that physicians be limited to one year. It is obvious that available physicians in priorities 1, 2 and 3, will exceed the manpower requirements of the Armed Services for one, two, or even three years. There is no apparent reason for continuing to subject approximately 60,000 physicians in priority 4 to the discriminatory provisions of the law. — It was recommended by the Association that present priorities 2 and 3 be reversed. Our recommendations were not adopted.

The Association is recommending that the period of duty required of medical registrants or reservists who are recalled to military service be limited to 12 months if they had 12 or more months of service since Sept. 16, 1945. It is the recommendation that all accrued or terminal leave, as well as travel time allowed at the time of separation from service be included in computing total active duty or active service. — With respect to the call-up of priority 3 physicians, the Association is recommending that those men who have just completed their internship should be called first and that any deficit be met by calling men in equal percentage in age groups below 40 and above 40. — The Association is in agreement with the retention of the present maximum age of 51, and with the reenactment of the present provisions of law which permit the deferment of those individuals who are essential to the national health, safety and interest. — The National Advisory Committee to the Selective Service System, and its counterparts at the state and local level, now have the responsibility of enacting the Selective Service System on questions of essentiality.

The bill would:
A. Give credit for service between Sept. 16, 1940 and Sept. 2, 1945 in the Armed Services of any country allied with the U. S. during World War II. It is recommended that the call-up of priority 3 physicians with co-belligerent service during World War II be deferred. In as much as this regulation was not mandatory on local Selective Service draft boards, some physicians in this situation now in priority 3 will probably be called into service before July 1, 1953.
B. Exclude from liability for registration and for further service physicians with 12 or more months of service since June 25, 1950.
C. Authorised the appointment and commissioning of medical officers in grades "commensurate with professional education, experience or ability."
D. Terminate automatically upon completion of 24 months of service the reserve commissions of all physicians into the service by operation of the law.

We believe that if physicians are to be taken into the Armed Forces involuntarily they should, on completion of military service, be given the option of retaining or resigning their reserve commissions.

The AMA is recommending that any continuation of the law be limited to one year. We are extremely anxious to terminate discriminatory legislation of this type and feel that a two year extension is unnecessary.

In conclusion, there is one extremely important matter — that is the additional pay of $100 per month currently payable to physicians and dentists in the Armed Forces. We are considerably disturbed by the report of the so-called "Stimulus Committee," submitted last month which recommended, in part, that such pay be limited to those physicians who volunteer for four years duty in excess of 24 months.

We have in the past, and will continue to advocate this additional pay. It is the belief of the AMA that not only is the payment of the additional $100 per month to physicians and dentists in service justified to equalize and adjust their compensation and alleviate, to a measure, the discriminatory features of this medical draft legislation.

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The MAHONING COUNTY MEDICAL SOCIETY

other would set aside one special group that could not be called and another
that could be called for only 17 months. Length of Required Service — 24
months, except that, A, men with at least 21 months' service since Sept. 16,
1940, could not be recalled, and B, those with 12 months' service could be
recalled for only 17 months. Definition of Prior Service: Priority 2 men with
18 months of prior duty would move to Priority 4; Retroactivity: All men on
active duty who would not have been called had this bill been law, would
be released within 90 days from July 1, 1953.

Other provisions — Law extended two years — men not obligated under
the regular draft permitted to resign commissions on completion of Doctor
Draft obligation — credit given for cobelligerent service, special $100 pay to
be handled by separate legislation — commissions to be commensurate with
professional education, experience or ability.

The Civil Service Commission has removed policy-making positions from
civil service coverage.

Unless Congress rejects a reorganization plan now before it, the Defense
Dept. will create the position of Asst. Sec'y for Health and Medical matters,
to be filled by presidential nomination. AMA had urged such a post be set
up, "in an effort to insure a more equitable utilization of medical manpower
by the armed services." On April 30, President Eisenhower presented Re­
organization Plan No. 6 to Congress. It proposes appointment of six Assistant
Secretaries, but does not specify their duties. Subsequently, Secretary Wilson
said that one would be assigned to health and medical fields.

DEPENDENT MEDICAL CARE: The AMA will testify on how it feels on
dependent medical care to the Armed Forces and will object to such care
unless in isolated places and where civilian medical care is lacking, or in
emergency cases. This problem was introduced into the House of Delegates
from all sections of the country by 20 resolutions at the N. Y. House of Dele­
gates Meeting. The AMA does not support the military services in utilizing
an expanding program of "free" medical care for civilians in military facilities.

The American Legion says it is just a few selfish minded individuals
who are fighting against this expanded program and feels this program
should be carried on regardless of whether the individual has a service con­
ected disability or not. It is the duty of the government to care for all
veterans regardless of status. The House of Delegates heard the National
Commander of the Legion but the House still voted against this program
because it felt it was a step toward socialization.

H. R. 907 To appoint Osteopaths in the Medical Corps of the Army,
Navy, and Air Force. Would amend present law to permit appointment as
medical officers in the medical corps of the armed services of "doctors of
osteopathy" as well as "civilian doctors of medicine." A doctor of osteo­
pathy would have to be a "graduate of a college of osteopathy whose
graduates are eligible for licensure to practice medicine or surgery in a
majority of the States, and be licensed to practice medicine, surgery, or
osteopathy in one of the States or Territories of the U. S., or in the District
of Columbia.

Working WITH LABOR: Two medical associations have found, with
due explanation and regard for the other fellow, they have been able to
work and understand why and what labor is asking for more and better
medical service. Lycoming County, Penna. Medical Society and the Ten­
nessee State Medical Assn. have held meetings with AF of L and CIO
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H. R. 9077. To appoint Osteopaths in the Medical Corps of the Army, Navy, and Air Force. Would extend present law to permit appointment as medical officers in the medical corps of the armed services of "doctors of osteopathy" as well as "civilian doctors of medicine." A doctor of osteopathy would have to be a "graduate of a college of osteopathy whose graduates are eligible for licensure to practice medicine or surgery in a majority of the States, and be licensed to practice medicine, surgery, or osteopathy in one of the States or Territories of the U. S., or in the District of Columbia."

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STATE MEDICAL ASSN. State Medical Assn. have held meetings with AF of L and CIO
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PHYSICIAN AND COMMUNITY ACTIVITY: We all claim we are too busy to take part in any activity in our respective community but if we would just think we are citizens and our advice is needed in many ways.

Dr. Morris Nielsen of Blair, Neb., was not too awfully busy, he received the Kiwanis' Distinguished Service Medal for his work outside of his professional duties. He has taken a leading part in almost every civic project brought before the people of his town. He was largely responsible for Blair getting milk inspection, paving and a sewage disposal plant. He is a charter member and was first president of the Blair Rotary Club and is a former president of the Chamber of Commerce. He has a keen interest in education and for many years has been a member of the school board. It has been said in Blair that Dr. Nielsen's support of any worthy civic program assures its success.

DR. NIELSEN'S SUPPORT ASSURES SUCCESS.

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A charter member and past president of the Blair Rotary Club, Dr. Nielsen has been equally active in medical circles, locally and at the state and national levels.

We can all take an interest in all civic affairs, not just close the door and say we are too busy.

We understand that the more we do the more we are expected to do, but is it not worth it?

HOUSE PASSED THE DOCTOR DRAFT EXTENSION BILL BY UNANIMOUS VOTE.

Abstract of the A.M.A testimony on this bill is given in this report, also testimony by Senate Committee.

The military was accused of wasting manpower by House members but Rep. Paul J. Kilday, D. Tex., replied that the present ration is 4.7 doctors per 1000. It has been cut to 3.5 and there is an agreement with the Army it will be cut to 2 per 1000.

You have noticed in each article on "KEEPING UP WITH AMA" that there are many bills presented both to the House and Senate. Many of these bills have some phase of medical practice included, or the whole bill deals with the practice of medicine. In all cases the A.M.A approves or disapproves, the results that will be obtained either to the profession's benefit or will be a detriment to our practice. To keep the profession abreast of these actions the Association maintains a National Legislative Committee,
Vacation Togs

For that vacation trip you will find here at Scott’s an excellent assortment of the things you will need to wear — swim suits, walking shorts, slacks, jackets, sheer shirts — half sleeve or regular length, sports shirts, and robes.

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- Presetting Filament Scale Button
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- 3 Steps of KV Selection
- 0.25 MA Meter
- Filament Regulator
- Line Switch and Circuit Breaker

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JULY

THE MAHONING COUNTY MEDICAL SOCIETY

composed of physicians from all sections of the country. This committee
review all such legislation, either approves or disapproves, and if hearings
are held by Committees of Congress, some member or several members of
the Association will appear giving the views on set up by the Legislative
Committee.

S. 932 Hunt & Hendrickson. Similar Bills H. R. 2724 Kilday, H. R. 3160
Committee: would permit the commissioning of veterinarians on 1st rather
than 2nd Lieutenants, the practice followed from 1935-1949, and higher com-
misions for veterinarians are now justified. Active supported by AMA.

S. 370 Murray would authorize 10,000 additional beds to Veterans Hospi-
tals. AMA opposed because it assumed that there would be no

There are a great number of other bills the Association is watching and
is actively opposed to such as assuming after 3 years separation from serv-
ices, chronic or tropical diseases to establish regardless of time active TB,
psychosis, or multiple sclerosis, aggravated disability for malignant tumors
becoming manifested two years after service separation.

H. R. 54 Rogers, to appoint chiropractors to the Dept. of medicine and
surgery of the Veterans Administration. Active opposition.

FEDERAL AID TO EDUCATION: The Association has taken a definite
stand opposing all types of federal aid to education, medical, dental,
public health, and other types of higher education. The Association is still opposing
many bills that have been introduced regarding health insurance deduc-
tions, including our old friend compulsory health insurance. Also many
bills to establish an independent federal agency for the handicapped.

DOCTORS Praised For Heroic Work In Texas: Dr. R. B. Borne,
medical director of the midwestern area of the American National Red Cross
told this story concerning the physicians of Waco, Texas, during the recent
tornado disaster: "The offices of several physicians were completely de-
stroyed and at least one doctor was painfully injured. The injured doctor's
office was so badly damaged during the storm that it went into the rubble
and was bulldozed into the city dump along with other mountain-high debris.

The doctors worked throughout the first night, setting up first aid stations,
giving emergency treatment and plasma at the scene of the rescue efforts.

Many doctors worked in the operating rooms all night. No names of patients
were taken by the doctors and no thought was given to remuneration for
services rendered. — These days after the tornado hit, the local medical
society held a meeting in a staff room of one of the hospitals. A motion
was passed unanimously that no physician of the Waco Medical Society
would charge any tornado victim for medical treatment.

MRS. HOBBY Supports Private Medical Aid: In an interview with
the New York Times recently, Mrs. Green Culp Hobby, secretary of health
education and welfare, said it was her "personal philosophy" that adequate
medical care for all Americans could be achieved by "expanding and per-
flecting voluntary, non-profit, privately operated health insurance." — She
was opposed to socialized medicine, adding that her views were in "full
agreement with those of President Eisenhower."

CIO Still Fights For Socialized Medicine: The CIO News of
May 11 carried this headline: "Busted Lives Are the Price of AMA Score
The doctors worked throughout the first night, setting up first aid stations.

She was opposed to socialized medicine, adding that her views were in agreement with those of President Eisenhower. Federal aid to education, medical, dental, public health, and other types of higher education. The Association is still opposing many bills that have been introduced regarding health insurance deductions, including one old friend compulsory health insurance. Also many bills to establish an independent federal agency for the handicapped.

Doctors praised for heroic work. The doctors worked throughout the first night, setting up first aid stations, giving emergency treatment and plasma at the scene of the rescue efforts. The doctors worked throughout the first night, setting up first aid stations, giving emergency treatment and plasma at the scene of the rescue efforts.

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CIO STILL FIGHTS FOR SOCIALIZED MEDICINE: The CIO News of May 11 carried this headline: "Stunted Lives Are the Price of AMA Score..."
Another Strauss-Hirshberg Dependable Service to You

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Completely new and fresh drugs will be used at all times to assure you of the best in medicines. National brands will be our motto! Eli Lilly Co., E. R. Squibb Co., Parke-Davis Co., Lederle, Abbott and Upjohn.

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ST. ELIZABETH'S HOSPITAL EX-INTERNE ASSOCIATION
ANNUAL MEETING — JUNE 25, 1953

The meeting was opened at 10:30 A. M. by Dr. R. V. Clifford, President of the St. Elizabeth's Hospital Ex-Interne Association. Dr. Hugh Hussey, Associate Professor of Medicine, Georgetown University School of Medicine, addressed the Association on the subject, "Cardiac Pain." He discussed pain in the chest due to non-cardiac conditions as well as those caused by heart or circulatory abnormalities. Following his paper, Dr. Hussey answered many questions.

Following the formal presentation, a business session of the Ex-Interne Association was held. Dr. Clifford announced the election of the following officers for the year 1953-1954:

Dr. S. W. Ondash, President
Dr. C. E. Pichette, Vice-President
Dr. H. J. Reese, Sec'y-Treasurer.

After a luncheon tendered by Sister M. Adelaide, Superintendent of St. Elizabeth Hospital, the doctors continued the day's activities at the Tippecanoe Country Club with golf. Dr. William Breesman proved to be the best golfer. An excellent banquet concluded the day's activities.

H. J. REESE, Secretary

YOUNGSTOWN HOSPITAL ASSOCIATION
EX-INTERNES OUTING

The Ex-Interne Association of the Youngstown Hospital held its Annual Reunion on Thursday, June 25.

The program started with a conducted tour of the new addition to the South Unit with a noon luncheon in the new cafeteria. One hundred twenty-five guests enjoyed the luncheon, all courtesy of the Youngstown Hospital Association.

The afternoon activities were at Coalburg Lake and were climaxed by a steak dinner. Dr. F. G. Schlecht was chairman and J. A. Rogers, chairman of the Scientific Program. Dr. R. W. Rummell was liaison co-ordinator. There was a little confusion as to just what his duties were, under that title, but he seemed to "co-ordinate" beautifully. Dr. J. L. Fisher was chairman of entertainment. The music was "out of this world" especially the contributions by Dr. Fisher himself, which were crowned to organ solos. Dr. DeCicco was co-chairman of the Entertainment Committee and he held the music for Dr. Fisher. Dr. J. D. Brown had charge of the prizes. There were beautiful prizes awarded, but the sports committee, Dr. J. D. Miller, chairmans, surely did make us work for them.

We had the privilege of welcoming many out-of-town guests.

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Another Strouss-Hirshberg Dependable Service to You

Strouss-Hirshberg's Pharmacy

Under Supervision of a Registered Pharmacist

Completely new and fresh drugs will be used at all times to assure you of the best in medicines. National brands will be our motto! Eli Lilly Co., E. R. Squibb Co., Parke-Davis Co., Lederle, Abbott and Upjohn.

STROUSS-HIRSHBERG'S — MAIN FLOOR

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YOUNGSTOWN HOSPITAL ASSOCIATION
EX-INTERNES OUTING

The Ex-Interne Association of the Youngstown Hospital held its Annual Reunion on Thursday, June 25. The program started with a conducted tour of the new addition to the South Unit, with a noon luncheon in the new cafeteria. One hundred twenty-five guests enjoyed the luncheon, all courtesy of the Youngstown Hospital Association.

The afternoon activities were at Coolburb Lake and were climaxed by a steak dinner.

Dr. F. G. Schlecht was chairman and J. A. Rogers, chairman of the Scientific Program. Dr. R. W. Rummell was liaison co-ordinator. There was a little confusion as to just what his duties were, under that title, but he seemed to "co-ordinate" beautifully. Dr. L. J. Fisher was chairman of entertainment. The music was "out of this world" especially the contributions by Dr. Fisher himself, which were confined to organ solos. Dr. DeCicco was co-chairman of the Entertainment Committee and he held the music for Dr. Fisher. Dr. J. D. Brown had charge of the prizes. There were beautiful prizes awarded, but the sports committee, Dr. J. D. Miller, chairman, surely did make us work for them.

Dr. H. E. Patrick was the retiring president and Dr. John Noll president-elect.

We had the privilege of welcoming many out-of-town guests.
The Lincoln Avenue Alcoholic Clinic
138 LINCOLN AVENUE

Owned and Operated by
The Youngstown Committee for Education on Alcoholism
A Non-Profit Corporation
Riverside 3-2693

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New Dietary Management
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WHAT KIND OF HEALTH AND ACCIDENT INSURANCE
SHOULD PHYSICIAN OWN?

By Lloyd T. Stillson

In any health and accident policy the main consideration is the protection of one's earning power; with physicians this is the thought uppermost in their minds because most of them run a "one man business." As soon as one becomes disabled for any reason whatsoever, his income from his profession stops immediately. It is, therefore, of great importance to plan a health and accident program carefully.

When a physician is disabled for more than a week or so, two main problems immediately confront him:
1. His office overhead (rent, secretarial help, nurse, utilities, dues, etc.) continues, and must be met; otherwise he must close his office, and then when he is well begin all over again.
2. His family and personal expenses continue while he is disabled.

In either problem, expenses must be met from one of three sources:

a. Borrowed funds (which must be repaid).
b. Accumulated savings (earned the hard way after paying heavy income taxes).
c. Health and Accident insurance (tax free when received while disabled).

The first problem can best be solved today, by enrolling in your Society's locally approved group health and accident plan. This plan, held by approximately 85% of your local society membership, is what is known as "true group." That is to say, during any specific enrollment period, if 50% or more of the eligible physicians apply for coverage, the insurance company must issue each physician his coverage, free of restrictions, regardless of current or past physical condition. Today it is possible to obtain as much as $100.00 per week coverage, payable for 5 years for any one accident, and two years for any one non-confining illness, (plus three years if house confined) through your local plan.

Your local society plan is locally solicited and administered, a fact which materially contributes to the soundness of the plan. Through local control, the group is kept "up to strength" and is at all times "healthy." We mention this fact because in recent years some insurance companies have obtained endorsements of their plans from national or state officers of societies representing specialized branches of medicine and surgery. You are then approached on a mail order basis and advised that you can purchase this additional group coverage by mailing in your application.

Records prove that solicitation of these professional groups by mail rarely produces more than a fifteen to twenty percent response. Therefore, these do not usually become "true group coverages." This seems to the insurance company has a right to, and usually does, either limited coverage by way of imposing "riders" on the policies issued to impaired physicians.

In many cases an outright rejection is made. This leads to confusion, misunderstanding, and justifiable anger on the physician's part. Of course, the insurance company accepts and issues policies to the "good clean" risks. If restricted policies or rejections are given, the company's reason is that fifty percent of the eligible membership was not enrolled. The writer has evidence...
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OVERLOOK SANITARIUM

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A beautifully located sanitarium, just fifteen miles from Youngstown, specially equipped for the care of psychoneuroses. Mental cases and alcoholics not admitted.

RE-EDUCATION METHODS

REST CURE

PSYCHOTHERAPY

HYDROTHERAPY

Elizabeth McLaughry, M.D.
Elizabeth Veatch, M.D.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

that in one specialized group in medicine, enrolled on a national mail order basis, over 3000 physicians were rejected or given restricted policies. This is called "skimming the cream."

In "true group" coverage, such as has been in existence in your society since 1947, individual physicians cannot be cancelled except for the following reasons:

a. Non-payment of premium by insured,

b. Insured reaches age 70,

c. Insured is no longer a member of local Medical Society,

d. Insured retires from practice of medicine.

It is a fact that in group coverages, "true" or otherwise, the company can cancel a whole group on a renewal date. This has happened. However, we are happy to state that the insurance company which underwrites your society's group health and accident plan has been the insurer of over 1000 professional groups throughout the United States in the 25 years, (a large majority of all professional groups) and has never cancelled a professional group.

Group health and accident insurance is considerably cheaper than coverage for a similar amount of indemnity and period of time, issued in an individual non-cancelable policy. However, as stated previously, our opinion is that group coverage was originally and basically designed so that a physician in event of his disability could successfully solve problem I outlined at the beginning of this article. We do not believe group insurance adequately solves problem II, though it might in part because circumstances differ with individuals.

Today, with group coverage available for a maximum of $100.00 per week, payable for 2 years on any one non-confining illness (in your local group) we truly believe that the protection afforded will underwrite, to a great degree, your office overhead, for the usual period of time necessary in event of your disability. Your needs may be more or less. We offer the above as a guide for you, when you are planning your health and accident program.

In a later article, we will discuss a solution to Problem II.

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION

The 31st annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held on August 31, September 1, 2, 3 and 4, 1953 inclusive, at the Palmer House, Chicago, Ill.

Scientific and clinical sessions will be given on the days of August 31 and September 1, 2 and 3. All sessions will be open to members of the medical profession in good standing with the American Medical Association.

In addition to the scientific sessions, annual instruction seminars will be held. These lectures will be open to physicians as well as to therapists, who are registered with the American Registry of Physical Therapists or the American Occupational Therapy Association.

Full information may be obtained by writing to the executive offices, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

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A New Approach in the Treatment of Rheumatic Arthritis

Dr. Milton E. Hayes, aged 85, one of the city's oldest practicing physicians and Mahoning County coroner for 14 years from 1926 to 1935, died in South Side Hospital at 8:25 a.m., June 26.

Dr. Hayes had been in the hospital for about 10 days. His physician said death was due to complications that had been developing since Dr. Hayes underwent an operation two years ago.

Dr. Hayes had been in failing health for some time, although he continued a limited practice and played golf once or twice a week.

Through his long service as county coroner and his extensive practice here, Dr. Hayes was one of the best known of district physicians.

Despite his years, he maintained a youthful point of view, took an active interest in community affairs and dressed as nattily as a young huckster salesmen.

Dr. Hayes left the coroner's office Jan. 1, 1935, after one of the longest periods of service as coroner in the county's history. He sought the office again in 1940 and 1944, and although winning the Republican nomination, he was unsuccessful in the general elections. He was last defeated by Dr. David Belinsky, the present coroner, in 1944.

For a time after leaving the coroner's office in 1935, he served as city jail physician and in recent years he had been assistant chief of the city veterans' hospital.

During his 14 years as coroner, Dr. Hayes affiliated in investigations of many of the county's memorable murders, violent death cases and accidents.

Because of his geniality, warm personal manner, kindly spirit, active participation in community affairs, Dr. Hayes was highly regarded.

He was honored by the Mahoning County Medical Society in 1948 after completing 53 years as a practicing physician. He also was honored when he retired as president of the Lions Club in 1931.

"Be Good to Everyone"

Dr. Hayes exemplified his own philosophy that friendliness is one of the most important virtues.

"Be good to everyone, make all the friends you have here on this earth, for your personality carries on in the other world," he once said. "The three considerations you are of the other fellow, the happier you are. It's your pay, and the thing that makes it easy for you to close your eyes here and awaken in the sunlight of a new day and a new world over there." Dr. Hayes was born on a farm in Middlesex Township, Butler County, Pa., Sept. 3, 1867, the son of a carpenter. His middle name, Emerson, came from his mother's family.

When the young Dr. Hayes was aged nine, his family moved to Allegheny, Pa., and there he attended public school. Later he attended Smart Academy, a preparatory school, then worked for a time in the oil fields of Pennsylvania and West Virginia.

Graduated in 1905

He evidenced an early interest in a medical career, but at the age of 16 decided "medicine was too dry." Later, he changed his mind and attended Western University, now the University of Pittsburgh, from which he graduated with a medical degree in 1885.
A New Approach in the Treatment of Rheumatic Arthritis

Aminophylline Tablets

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Keratin Coated Light Blue

Calendula: 1/200 gr. [2.5 mg.]
Peru Balsam: 1/100 gr. [1.0 mg.]
Coneflower: 1/200 gr. [1.0 mg.]

AMINOPHYLLINE and E.C.T. (light green) 0.2 Gm

Tablets (Bowman) for inclusion in the acceptance of Aminophylline and other arthritic states submitting to salicylate therapy.

Colchicine . . . . .
Thiamine Hydrochloride . . . . . 1 mg.
Riboflavin .... .. .. ..... ..... . .......... . . . 1 mg.
Sodium Salicylate 2 1/2 gr.

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Next to Warner Theatre

July 1953

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Was County Coroner 14 Years

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Dr. Hayes's choice of medicine for a career was not in line with his family's wishes. His parents had hoped he would become a minister, and nine of Dr. Hayes's cousins followed the ministry. His father, with nine others, was founder of the First Spiritualist Church on Sixth Ave. in Pittsburgh and Dr. Hayes credited his strong religious background with forming the foundation of his philosophy of life.

Dr. Hayes practiced in Pittsburgh for five years after graduating from medical school, then came to Youngstown at the turn of the century to begin practice.

Dr. Hayes's activities took him into many of the fraternal organizations of the city, and he was considered one of the district's most prominent masons. Founded DeMolay

He was founder and "dint" of the Youngstown chapter of DeMolay, a Masonic youth organization.

Dr. Hayes was a 50-year member and past master of Western Star Lodge No. 21, F. & A. M.; a past high priest of Youngstown chapter No. 84, R. & A. M.; a member of Boucher Council No. 107, R. & B. M.; a member of St. John's Commandery, Knights Templar; a life member of Hiram Lodge of Perfection; a member of Youngstown council, Princes of Jerusalem; a member of Youngstown chapter of Knights of Rose Croix; a member of Lake Erie Consistory, Aae-Mori Grotto, and Al Kzram Shrine in Cleveland. He also was an El.

He was a former vice president and director of Tippecanoe Country Club and one of the oldest members of the Mahoning County Medical Society. His favorite sport was golf, and in his younger years he was considered a better-than-average golfer who usually shot in the low "80's."

Dr. Hayes was a widower and for many years had lived alone at 26 LaBelle Ave. He leaves two sisters, Mrs. Ida Bunyard of South Side and Mrs. Charlotte Alexander of Jackson Heights, N. Y.

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The last regular meeting of the Mahoning County Academy of General Practice was held in the South Side Nurses Home, Tuesday, June 8, 1953.

Dr. Louis Bloomberg spoke on "Eye Diseases in General Practice."

There will be no regular meetings of the chapter until September.

WORLD MEDICAL CONFERENCE

Physicians from virtually all of the 75 approved medical schools in the United States will be among the 600 doctors from all over the world who will attend the First World Conference on Medical Education to be held at the British Medical Association House in London, August 22-29.

After two years of planning by the World Medical Association, which includes a membership of national medical associations from 43 countries, the conference is destined to be one of the biggest and most important events in the history of medicine.

JULY
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The $100-month equalization pay is continued for all commissioned physicians and dentists (except interns) while on active duty and is extended to veteran-patients.

Physicians obligated only under the doctor draft are discharged from their commissions on completion of active duty performed in carrying out doctor draft obligations. «Inactive to cover all who have served a year or more since September 9, 1952» (enactment of original doctor draft law). Reservists who would be liable for doctor draft except for their membership in a reserve component may resign their commissions upon completion of the period of obligated service. However, «in-service» resignation is not extended to those who are obligated by law or contract to serve on active military duty or in training in a reserve component.

A registrant under doctor draft no longer is held ineligible for appointment as an officer on sole ground he is not a citizen of the U. S. or has not made a declaration of intent to become a citizen.

Full credit is given for service in the commissioned corps of U. S. Public Health Service. PHS, unlike the military, may not hold a man against his will. Consequently, under the old law, it would be possible for a doctor to serve in PHS for a few days, then resign and give up his commission, and move to priority 4. To forestall this, the new law requires that the Surgeon General of PHS approve termination of a commission if the time served is to be credited under the doctor draft law.

OTHER POINTS

Since the doctor draft law is part of the Selective Service Act, men covered by the law are subject to the Selective Service System up to the time they accept commissions... The law, as it affects doctors in service, is administered under regulations laid down by the three armed forces, within the limitations of the law... Selective Service has nothing to do with determining the commission or promotion to which a doctor is entitled; this is the province of the three services, which are required by law to grant commissions «commensurate with professional education, experience or ability»... Time spent in PHS internships and residency training programs, like military programs, is not credited as active duty.

A.M.A. Special Report, No. 7

Be sure to read these features in JULY issue of Spectrum, appearing in the first section of the Journal of the American Medical Association:

Kidney Physiology • Deceptive ECG's • Bone Joints Proteins • Celiac Disease • Nystagmus Gravis

plus news and views of recent medical meetings, reports, photo stories and other material of interest.

JULY
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Physicians obligated only under the doctor draft are discharged from their commissions on completion of active duty performed in carrying out doctor draft obligations, retroactive to cover all who have served a year or more since September 9, 1940 (enactment of original doctor draft law). Reservists who would be liable for doctor draft except for their membership in a reserve component may resign their commissions upon completion of the period of obligated service. However, permissive resignation is not extended to those who are obligated by law or contract to serve on active military duty or in training in a reserve component.

A registrant under doctor draft no longer is held ineligible for promotion to which a doctor is entitled; time spent in active duty performed in carrying out doctor draft law is part of the Selective Service System. PHS, unlike the military, may not hold a man against his will. Consequently, under the old law it would be possible for a doctor to serve in PHS for a few days, then resign and give up his commission, and move to priority 4. To forestall this, the new law requires that the Surgeon General of PHS approve termination of a commission if the time served is to be credited under the doctor draft law.

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A.M.A. Special Report, No. 7
Dr. E. J. Wenaas, Chairman; Dr. J. M. Ranz, Dr. J. L. Faiker, Dr. J. C. Vance, and Dr. G. M. McKelvey.

Dr. Altdoerffer discussed meeting at Youngstown College this fall.

It was moved, seconded and duly passed, to appoint a committee to investigate the possibilities of the College and report to Council in September.

Dr. Oudah and Dr. Detesco were appointed. We have a commitment at the Elks Club and it was suggested that we start with the February meeting.

Dr. Goodwin suggested that the Grievance Committee be changed to be known as the Mediation Board.

The following application was presented by the Censors:

FOR ACTIVE MEMBERSHIP

Dr. Robert Allen Brown, 2218 Market St., Youngstown, Ohio

Unless objection is filed in writing with the secretary within 15 days, the above applicant will become a member of the Society.

G. E. DeCicco, M.D.
Secretary

"Does it matter who fills the prescription?"

"Ah, Doctor, does it matter who writes the prescription?"

LAERI APOTHECARY

Home Savings & Loan Bldg.—2nd Floor  Riverside 7-9636

"A free exchange of ideas will be encouraged throughout the conference.

A new exchange of ideas will be encouraged throughout the conference.

An attempt will be made to reveal present trends in medical education and to formulate principles that will be valuable to those responsible for medical education in any country. No attempt will be made to adopt resolutions, but a summary of aims is anticipated when the conference ends.

"All phases of medicine have their foundation in medical education," he said. "A conference such as this never before has been sponsored on a global basis.

Dr. Bauer said he believed the conference would be most worthwhile for the sake of humanity because, in his opinion, "medical education is long overdue for a reassessment.

"This conference will give the practicing physician from nearly every country in the world an opportunity to state how medical education has met or failed his needs.

The conference will include plenary and section sessions. Plenary sections will be held on August 24 and August 28-29; section sessions will be held on August 25, 26 and 27.

Topics for the plenary sessions will include: The Challenge to Medical Education in the Second Half of the 20th Century: What is Education?; The History of Medical Education: Medicine — a Technology or a profession?; Has Medical Education Kept Pace with the Rapid Development of Medical Science?

Among the subjects to be discussed at the section sessions will be: requirements for entrance into medical schools and the selection of students, aims and content of the medical curriculum, techniques and methods of medical education, and preventive and social medicine.

More than 60 papers will be offered at the section sessions. Besides prepared papers, there will be discussions by selected participants and general discussion from the floor.

Future exchange of ideas will be encouraged throughout the conference.

An attempt will be made to reveal present trends in medical education and to formulate principles that will be valuable to those responsible for medical education in any country. No attempt will be made to adopt resolutions, but a summary of aims is anticipated when the conference ends.

—Secretary's Letter, AMA, Letter No. 300
Committee For Supervision of Publicity

Dr. E. J. Wisnars, Chairman; Dr. J. M. Stenz, Dr. J. L. Faller, Dr. J. C. Vance, and Dr. C. M. McKeelery.

Dr. Aitkenoff discussed meeting at Youngstown College this fall.

It was moved, seconded, and duly passed, to appoint a committee to investigate the possibilities of the College and report to Council in September.

Dr. Ondash and Dr. Detesco were appointed.

We have a commitment at the Elks Club and it was suggested that we start with the February meeting.

Dr. Goodwin suggested that the Grievance Committee be changed to be known as the Mediation Board.

The following application was presented by the Censors:

**FOR ACTIVE MEMBERSHIP**

Dr. Robert Allen Brown, 2218 Market St., Youngstown, Ohio

Unless objection is filed in writing with the secretary within 15 days, the above applicant will become a member of the Society.

G. E. DeCicco, M.D.

Secretary

"Does it matter who fills the prescription?"

"Ah Doctor, does it matter who writes the prescription?"

- LAERI APOTHECARY

Home Savings & Loan Bldg.—2nd Floor  Riverdale 7-9636

SUPEROOR VITAMIN A ABSORPTION

VIFFRT

Water-dispersible polyvitamin drops

Each 5.6 cc. (as marked on dropper) provides the following vitamins in a clear aqueous dispersion: A 10,000 U.S.P. units; D 1200 U.S.P. units; C 60 mg.; B1 18 mg.; B2 4 mg.; niacinamide 3 mg., B6 0.3 mg., adenosine mono-potassium 1.2 cc.

Supplied in 15 and 30 cc. dropper bottles.

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.

ENDO PRODUCTS INC.

Richmond Hill 18, New York

JULY

THE MARSHING COUNTY MEDICAL SOCIETY

The conference is being sponsored by the World Medical Association in cooperation with the World Health Organization, a government agency; the Council of International Organization of Medical Sciences, and the International Association of Universities. It will be under the patronage of the Secretary of State of Scotland, the minister of education and health for England and Wales, and the Chancellor of the University of London.

Many of the physicians from the United States who will attend the conference also are planning, while in Europe, to attend the Seventh General Assembly of the World Medical Association in The Hague, August 31 through September 7.

Dr. Louis H. Bauer, past president of the American Medical Association and secretary-general of the World Medical Association, termed the London conference on medical education "a major step in the international improvement of medical teaching."

"All phases of medicine have their foundation in medical education," he said. "A conference such as this, never before has been sponsored on a global basis."

Dr. Bauer said he believed the conference would be most worthwhile for the sake of humanity because, in his opinion, "medical education is long overdue for a reassessment."

"This conference will give the practicing physician from nearly every country in the world an opportunity to state how medical education has met or failed his needs."

The conference will include plenary and section sessions. Plenary sessions will be held on August 24 and August 28-29; section sessions will be held on August 25, 26 and 27.

Topics for the plenary sessions will include: The Challenge to Medical Education in the Second Half of the 20th Century: What is Education?; The History of Medical Education: Medicine—a Technology or a profession?; Has Medical Education Kept Pace with the Rapid Development of Medical Science?

Among the subjects to be discussed at the section sessions will be: requirements for entrance into medical schools and the selection of students; aims and content of the medical curriculum, techniques and methods of medical education, and preventive and social medicine.

More than 60 papers will be offered at the section sessions. Besides prepared papers, there will be discussions by selected participants and general discussion from the floor.

A free exchange of ideas will be encouraged throughout the conference. An attempt will be made to reveal present trends in medical education and to formulate principles that will be valuable to those responsible for medical education in any country. No attempt will be made to adopt resolutions, but a summary of aims is anticipated when the conference ends.

—Secretary's Letter, AMA, Letter No. 500.
A compilation by the Army Surgeon General's office shows that of the 12,527 physicians coming into the three military services since start of the Korean war, only six have been denied commissions on grounds of questionably loyalty. The ratio for dentists is about the same, three out of 5,409. Although 43 physicians and dentists have been inducted as privates during the period, 31 were subsequently commissioned or discharged for physical disability. Some of the 31, the Army said, simply waited too long to apply for a commission, and others were misinformed about the facts in their particular cases prior to induction. Several are known to have neglected to ask for a commission in the mistaken belief that they were not physically acceptable. Later, after induction, they qualified under the new lower standards for medical officers.

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Army</th>
<th>Navy</th>
<th>Air Force</th>
</tr>
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<tr>
<td>Total number drafted as enlisted men</td>
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<td>8</td>
</tr>
<tr>
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<td>2</td>
</tr>
<tr>
<td>Total number drafted as enlisted men</td>
<td>13</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Commissioned after induction</td>
<td>9</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Discharged for physical disability</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Not commissioned because of loyalty factor</td>
<td>2</td>
<td>1</td>
<td>0</td>
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The tabulation:

<table>
<thead>
<tr>
<th>Disease</th>
<th>1953 Deaths</th>
<th>1952 Deaths</th>
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</thead>
<tbody>
<tr>
<td>Mumps</td>
<td>38</td>
<td>36</td>
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<tr>
<td>Scarlet Fever</td>
<td>50</td>
<td>50</td>
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<tr>
<td>Whooping Cough</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Typhoid</td>
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<tr>
<td>Gonorrhea</td>
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<tr>
<td>Syphilis</td>
<td>24</td>
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<th>1952 Deaths</th>
</tr>
</thead>
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<td>Chicken Pox</td>
<td>6</td>
<td>6</td>
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<tr>
<td>Measles</td>
<td>6</td>
<td>6</td>
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<tr>
<td>Mumps</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>Ech. Meningitis</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Infectious Hepatitis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Typhus</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Typhoid</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Gonorrhea</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
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<td>24</td>
<td>23</td>
</tr>
</tbody>
</table>

The importance of a well-balanced diet can hardly be overstated. An adequate fluid intake is of paramount importance in patients with cyanosis, especially during the hot summer months. Dehydration in these patients with high hematocrit values may lead to dangerous hemoconcentration and cerebral thrombosis. Oral hypothermia is very important as is a carefully planned immunization program. For purposes of surgery general and local anesthesia is usually well tolerated if an adequate supply of oxygen is assured at all times.

The complications of patients with congenital heart disease should be aimed at insuring them a level of existence as nearly normal as possible. Untold psychological and physical damage is done by unnecessary restrictions placed on patients with real or imaginary heart disease. It is our experience — shared by most observers — that these patients usually will limit their own activities if necessary. The only exception to this rule is the need to curb children with cardiac enlargement from competitive sports, during the pursuit of which they may not heed the warning signals of fatigue.

The Medical Care of Patients with Congenital Heart Disease

The responsibility of the pediatrician and the internist for patients with congenital heart disease has become increasingly great within the past decade. Before the advent of cardiac surgery these patients were studied with interest by a few experts for the purpose of classifying them according to one or the other of the many elaborate pathological or embryological systems, but they were regarded by most practitioners as hopeless medical curiosities. Today physicians enthusiastically use every therapeutic and diagnostic means at their disposal to keep these patients alive and to determine the feasibility and optimal timing of surgical intervention.

The general management of patients with congenital heart disease should be aimed at insuring them a level of existence as nearly normal as possible. Untold psychological and physical damage is done by unnecessary restrictions placed on patients with real or imaginary heart disease. It is our experience — shared by most observers — that these patients usually will limit their own activities if necessary. The only exception to this rule is the need to curb children with cardiac enlargement from competitive sports, during the pursuit of which they may not heed the warning signals of fatigue.

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Encouraged by the rapid advances in cardiac surgery the physician, when dealing with a condition inspecific in the past, may assume an attitude of guarded optimism. It should be stressed that sudden death is quite rare beyond the first few months of life. The patient's parents usually find great comfort in this knowledge, and their attitude toward the child will consequently become more relaxed.

Infections represents a real hazard to patients with congenital heart disease. The great need of preventing the occurrence of subacute bacterial endocarditis by means of chemoprophylaxis and chemotherapy has been repeatedly stressed. It is generally believed that patients with congenital heart disease should receive chemotherapy for even minor febrile illnesses. We also recommend the routine use of 300,000 units of procaine penicillin intramuscularly whenever possible, for twenty-four hours before and at least forty-eight hours after even minor surgical procedures, including dental extractions.

We find that yearly round chemoprophylaxis with sulfa drugs or a broad-spectrum antibiotic can be used very successfully in the care of the many patients who are prone to develop severe pulmonary infections.

Brain abscesses is among the more common complications confronting
A compilation by the Army Surgeon General’s office shows that of the 12,527 physicians coming into the three military services since start of the Korean war, only six have been denied commissions on grounds of questionable loyalty. The ratio for dentists is about the same, three out of 300.

**Total number drafted as enlisted men**: 5,409

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<th>Discharged for physical disability</th>
<th>Not commissioned because of loyalty factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Deaths Recorded**

- 1953 Male: 606
- 1953 Female: 13
- 1952 Male: 276
- 1952 Female: 0

**Births Recorded**

- 1953 Male: 825
- 1953 Female: 331
- 1952 Male: 606
- 1952 Female: 335

**CONTAGIOUS DISEASES**

- Chicken Pox: 10
- Measles: 6
- Mumps: 1
- Ep. Meningitis: 1
- Scarlet Fever: 1
- Whooping Cough: 1
- Infectious Hepatitis: 1
- Typhoid: 1
- Gonorrhea: 1
- Syphilis: 1

**VENERAL DISEASES**

- New Cases Male: 3
- Syphilis Female: 9
- Gonorrhea: 13

**Total Patients**

- 30

**Total Visits (Patients) to Clinic**

- 239

**Total number commissioned**: 9

**Total number discharged for physical disability**: 2

**Total number not commissioned because of loyalty factor**: 2

**NOT COMMISSIONED BECAUSE OF LOYALTY FACTOR**: 1
patients with cyanotic congenital heart disease. Alertness to this possibility, if the patient presents signs and symptoms referable to the central nervous system, should prompt the physician to call for the advice of a competent surgeon. Within the past year or two early diagnosis has resulted in successful evacuation of the abscess in several patients.

Anoxia spells, consisting of deep cyanosis, dyspnea, loss of consciousness, and convulsions, represent real emergencies in the life of the patient with cyanotic heart disease. The physician may lessen their impact on the parents by warning them ahead of time of the possibility of their occurrence. When the attacks occur, their duration and intensity may be lessened by placing the child in the knee-chest position and by the administration of morphine (1 mg. per 5 kg. body weight) hypodermically or by suppositories. Oxygen is of limited use only.

Often an observant mother will discover the prodromal stage of an attack (increased irritability, continuous crying) and will be able to prevent its full-scale development by administration of a sedative and by placing the patient in the knee-chest position.

Cardiac failure in patients with congenital heart disease usually first manifests itself as systemic congestion. Distention of the neck veins, enlargement of the liver, and peripheral edema are found much more commonly than signs of pulmonary congestion. Although the treatment of congestive failure in these patients is only rarely completely successful, it may bring about considerable improvement for a long period of time, especially in the patients without cyanosis. Digitalis, diuretics, oxygen, and a low-salt diet, all have their place in the treatment of these individuals.

The hemato logical status of sy nptic children deserves very careful consideration. The correction with iron therapy of a "relative hypochromic anemia," characterized by polycythemia with normal or slightly lower than normal hemoglobin values, may strikingly improve the exercise tolerance and general condition of these patients. Equally striking are the benefits to be derived from vennsection in patients whose hematocrits are 80 per cent or higher.

The accurate diagnosis of operable congenital malformations of the heart is possible in the majority of instances by means of a careful history, physical examination, x-ray and fluoroscopy, and unipolar electrocardiography. Cardiac catheterization and angiocardiography — procedures with a slight but definite hazard — are necessary only to diagnose some of the more unusual malformations or to provide essential information about conditions already diagnosed clinically.

In the present era of surgical skill any patient five years old or older with known congenital heart disease is entitled to a careful clinical evaluation by a competent cardiologist. On the basis of this examination most of the commonly operable conditions (patent ductus arteriosus, coarctation of the aorta, tetralogy of Fallot, truncus arteriosus) are easily recognized. Surgery can be recommended at the appropriate time on the basis of this evaluation.

The accurate diagnosis of congenital heart disease in patients under five years of age is rather difficult and should not be attempted unless the parents particularly press for it or unless there is evidence that the presence of heart disease is causing the child serious difficulties such as congestive failure, severe cyanosis, poor exercise tolerance, or retarded growth. The presence of any of these conditions ought to prompt the physician to seek the establishment of accurate diagnosis at the earliest possible time. The optimal moment for surgical intervention may be lost by procrastination.

The surgically correctible lesions, the optimal time for elective surgery, and the morbidity rates of the individual procedures in skilled hands are summarized in the table below. It should be emphasized, however, that surgery in all these conditions is possible, if indicated, at ages other than the optimal ones.

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<td></td>
</tr>
<tr>
<td>Tetralogy of Fallot</td>
<td>Less than 4%</td>
<td></td>
</tr>
<tr>
<td>Isolated pulmonary stenosis</td>
<td>Approx. 10%</td>
<td></td>
</tr>
<tr>
<td>Atrial septal defect</td>
<td>When indicated</td>
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Alexander S. Nadas, M.D.
Boston, Mass.

REFERENCES


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Modern Concepts of Cardiovascular Disease
American Heart Association, Vol. XXII, No. 6

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Adequate clinical examination will also identify in most instances the congenital cardiac lesions for which no surgery is yet available (ventricular septal defect, Eisenmenger's complex, transposition of the great vessels, two- or three-chambered hearts, etc.)

Finally, this same screening process if performed carefully will identify those patients for whom physiological studies, i.e., catheterization and/or angiograms, are indicated. These patients, by and large, fall into one of two categories — those whose lesions cannot with certainty be clinically classified in regard to operability and those in whom the severity of the lesion cannot properly be assessed on clinical grounds alone (isolated pulmonic stenosis, atrial septal defect) although an operable form of congenital heart disease has been diagnosed.

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tie of Veterans. The House gave unanimous approval of recommendat-
ions of Reference Committee on insurance and medical service.

1. House adopted policy that such treatment should be discontinued in Veteran's Hospitals with the exception of those operating psychiatric, and neurological disorders.

2. The same action was taken in December at Denver and reaffirmed in June in New York.

3. All medical and hospitalization for non-service connected disabilities be discontinued and revert to the individual or community where it rightfully belongs.

4. All service connected disabilities be continued as at present.

5. The medical profession is not interested in the "chiseler" nor with the efficiency of the administration, but is interested, should the federal government continue to engage in the gigantic medical care program in competition with private medical institutions — which is increasing in cost, this burden being imposed on the taxpayers.

A. Eight resolutions dealing with non-service connected disabilities should be discontinued and revert to the individual or community where it rightfully belongs.

B. Publicity regarding unethical conduct of physicians.

1. Eleven resolutions dealing with this program were presented in regard to recent newspaper and magazine articles reporting statements attributed to official spokesmen of allied medical organizations. The Committee recommended, and it was adopted by the House, that no action be taken, but reaffirmed the supremacy of the AMA in all such matters.

2. The principles of medical ethics as formulated, interpreted, and applied must be the ethical policy of the entire profession; the views of any special group, without official sanction, cannot be accepted by the AMA. Great harm can be done to the public and the profession by current articles which lower the confidence of patients in their doctors and cannot be objectively evaluated. This confidence of the public in the profession is often placed in great jeopardy. The House of Delegates believes in the right of free speech. Statements on generalizations, all advised and poorly prepared, that often do not convey what is intended, are to be deplored. The AMA will continue to inform its members and the public on its stand on matters pertaining to abuses and evils in the practice of medicine.

C. The Committee for the study of relations between Osteopathy and Medicine.

The House debated this issue for two hours and the majority report of the reference Committee was adopted, postponing action until June, 1954.
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3. Should the relationship of doctors of medicine to doctors of osteopathy be a matter for determination by the several states and that the state associations should have opportunity to express their opinions.

Action on the report be deferred until the June, 1954. At that time the house be prepared to answer the following questions:

1. Should modern osteopathy be classified as "cultist"—healing?

2. Since the objectives of the AMA include improvement in undergraduate and postgraduate education, should doctors of medicine teach in osteopathic schools?

3. Should the relationship of doctors of medicine to doctors of osteopathy be a matter for determination by the several state associations?

The House reaffirmed its endorsement of the principles embodied in Senate Joint Resolution No. 1 concerning international treaties or agreements which interfere with domestic laws or rights. The House approved a resolution deploring a derogatory article about the AMA which appeared recently in the House Life Magazine. The latter resolution was referred to the Board of Trustees for implementation.

Dr. Bauer, referring to charges of unethical practices among some doctors, declared that all members of the medical profession "should not be tarred with the same stick."

Mrs. Hobby told the delegates that the present administration in Washington is looking with confidence to the nation's physicians for leadership in meeting the challenge of modern medical care problems. She is opposed to all types of socialism particularly that called socialized medicine.
COMMITTEES FOR 1953

AUXILIARY ADVISORY—C. A. Gutzeit, Chairman; J. S. Brook.


BLOOD BANE—A. E. Sappopart, Chairman; J. Rogers, J. Koppes, B. Brown.


CORRESPONDENCE—STATE AND A.M.A.—C. K. Wharton, Chairman.


HARD OF HEARING—Roy Hall, Chairman; F. Pfaury, J. Basson, S. Myers, W. Ervin.


INDUSTRY RELIEF—L. H. Getty, Chairman; F. Friedrich, W. Tims, H. Shont, W. Young, B. Burrowes.


LAW EDUCATION AND SPEAKERS—L. R. Halon, Chairman; A. Desouza, J. Smith, W. Beeseman.

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MEMBERSHIP AND ATTENDANCE—G. E. DeCrom, Chairman; J. Scovillecchi, I. Chevalt.

Mental Hygiene—J. S. Baer, Chairman; A. Brook, F. Larkel, S. Dullester, S. Tennon.


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PUBLICITY—C. W. Storhoffs, Chairman; F. Schalsheim, E. Wolkin, E. McNeil, M. Bappelle, A. Gmber.

RURAL HEALTH—F. A. Baker, Chairman; B. Schalsheim, R. Harver, C. Seidoff.

SCHOOL HEALTH—N. R. Thomas, Chairman; R. Ruskandson, E. Myers, M. Goldmark, G. Davmrod, H. Shont, F. Gaul.

SOCIAL—H. R. Goldmark, Chairman; S. Davidson, E. Thomson, J. Goldmark, E. Hall.

VETERANS—S. Frankos, Chairman; P. Gilber, M. Goldmark, H. Scott.

There are additional committees new under study that will be published later.

THE MAHONING COUNTY MEDICAL SOCIETY

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO—JULY, 1933

The course of lectures on Neurology being given by Dr. Emmoth of Cleveland was so well attended that they were moved to the auditorium of Youngstown College. The members were very enthusiastic about the course and another was planned to start in the fall.

The last general meeting in June was a dinner held jointly with the Mahoning County Bar Association with more than a hundred attorneys and physicians attending. Addresses were given by F. Rollin Hahn for the lawyers and by Dr. Edwin A. Hamilton of Ohio State University for the doctors.

The annual cutting was announced, to be held at the Square Creek Country Club July 20th. The entire cost including greens fees and chicken dinner to be one dollar.

Dr. H. E. Chollier became a member of the Society. Dr. N. E. Hothorns gave a report of results of diphtheria immunization in the public schools, using the Schick test and toxin-antitoxin for positive reactors. Eighty percent of the children had been given the test or the treatment or both.

In the advertisements, doctors were urged to see Apomorphin for constipation. Antipiloseptic potencies for congestion. Gambir Corrective Mixture for disturbed and B-symposium for calcium deficiencies. Many old time pharmaceutical preparations which are unheard of now did yeoman service in their day when antibiotics, antiinflammatory and antiinfluenzal agents were unheard of.

TEN YEARS AGO—JULY, 1943

Dr. George M. Curtis of Ohio State University addressed the Society in June on "The Nature of Blunt Injuries." A very comprehensive report appeared in the Bulletin written by Editor George Madtes of the Youngstown Vindicator. He mentioned the good attendance at the meeting at a time when the doctors were being worked to death.

The President's spa was written by Dr. W. H. Evans and sent in from somewhere in the Pacific. His promotion to Commander was announced in the Bulletin before he heard of it through official channels. Major John E. Keyes wrote from Bushnell General Hospital advising caution in the use of Penicillin. Capt. Harry Chollier was in Seattle on his way out of the country. Capt. Sidney Davidson was given a course in Tropical Medicine and then sent to a climate where he couldn't use it.

Dr. Wm. Skipp was re-elected President of the Medical-Dental Bureau. Joe Hall was Vice President, E. J. Bally, Secretary, and Leon Osborne Treasurer. Members of the Board were Frank Bissell, Claude Norris, H. E. Patrick and A. J. Brandt.

Dr. Joseph F. Noggle died June 12th, a casualty in service on the home front. He was loved and respected by all who knew him and was often warned that he was working beyond his endurance.
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