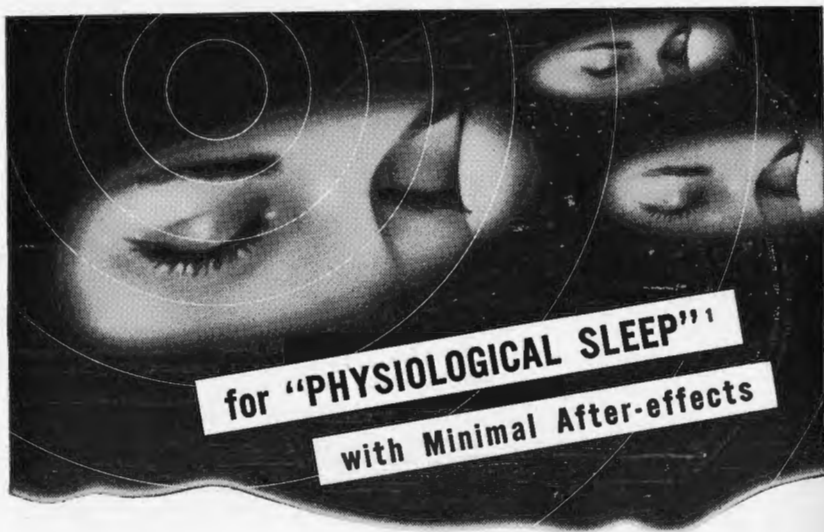




BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

ember • 1953
Vol. XXIII • No. 12
agstown • Ohio



for "PHYSIOLOGICAL SLEEP"¹
with Minimal After-effects

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

Goodman and Gilman observe that it "is unfortunately neglected today," and that the present widespread use of the barbiturates has "... caused the physician to lose sight of the fact that chloral hydrate is still one of the cheapest and most effective hypnotics."²

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¹N.N.R., 1947, p.398.

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

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

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Formula: Each fluidram (4 cc.) contains, in a palatable aromatic vehicle: Chloral Hydrate, 0.5 Gm. ($7\frac{1}{2}$ gr.); Calcium Bromide, 0.5 Gm. ($7\frac{1}{2}$ gr.); Atropine Sulfate, 0.125 mg. ($1/480$ gr.)

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Our President Speaks

The records of the Mahoning County Medical Society for the year 1953 are now engraved upon the tablets of time. I believe that these records call for a little comment.

The reports of the various committees appearing elsewhere in this bulletin reflect the progress of our Society throughout the year.

Council has met and dealt with the various problems as they were presented, and the welfare of the Society as a whole, rather than that of any particular person or group of persons, has always been considered in our decisions. A close study of all the factors involved will show that decisions have been necessary and well made.

I wish to express my sincere appreciation to the editor of the *Bulletin*, of which we are so justly proud, and to the committee chairmen with their committeemen for their splendid cooperation. It has been a privilege to serve such a fine organization as the Mahoning County Medical Society.

My congratulations to Dr. J. D. Brown, who will be your President for 1954.

V. L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

**VOLUME 23****DECEMBER, 1953****NUMBER 12**

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

H. J. Reese
3720 Market Street**ASSOCIATE EDITORS**P. B. Cestone
W. D. Coy
A. Detesco
J. L. FisherD. H. Levy
E. R. McNeal
F. W. MorrisonS. W. Ondash
C. E. Pichette
F. G. Schlect
M. H. Steinberg**EDITORIAL**

With this issue of the *Bulletin* another editorial year has been completed. During this time genuine efforts have been made to continue the very high literary level set by recent Editors. Whether or not this goal was achieved will be judged by others. It can safely be said that during the past few years the Mahoning County Medical Society *Bulletin* has stood above other similar medical society productions. Such results could not be achieved without the full cooperative effort of the associate editors of the *Bulletin*. They have always come through when asked, have volunteered on other occasions and have worked together to make an interesting, informative *Bulletin*. To other contributors, we also give our thanks and appreciation. Without them the pages of the *Bulletin* would be woefully inadequate. Our grateful thanks also go to the Council of our Medical Society, which has graciously watched over us. Many thanks go to Mary Herald, without whom the Editor could not have operated. May she be with us for a long time! Finally, to the new Editor we all wish a successful year full of news; a twelve months filled with many society members who wish to have articles published; and a staff of associate editors who always want more work to do.

H. J. Reese, M.D., Editor



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of tension
and associated
pain and spasm of
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*can bring about effective relief
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2. Local anesthesia
3. Spasmolysis

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Committee Reports for 1953

PROGRAM COMMITTEE

This program actually represents the work of two committee chairmen, since the program committee functions from July to July of each year. Dr. Paul J. Mahar's committee arranged the program through June.

- January:** The annual banquet was held at the Youngstown Country Club. The speaker of the evening was Dr. George Bailey who captivated us with his prodigious ability to remember faces and names. Dr. V. L. Goodwin was installed as incoming president.
- February:** This was a combined meeting of our Society, the Youngstown Area Heart Association and the Mahoning Academy of General Practice. The guest speaker was Dr. Charles C. Wolferth, Emeritus Professor of Medicine, School of Medicine, University of Pennsylvania. Dr. Wolferth spoke on "Some Problems in the Diagnosis and Treatment of the Hypertensive Patient". His wife, Dr. Mary Wolferth participated in conferences with internes and residents and conducted a clinic at St. Elizabeth Hospital.
- March:** Our speaker was K. E. Corrigan, Ph.D., Director of Radiological Research and Physicist, Harper Hospital, Detroit, Michigan. He spoke on "Diagnosis by Radioactive Substances Through Tracer Techniques."
- April:** The April meeting was a general meeting without a guest speaker. Spirited general discussion centered about the physician's responsibility to the community. It provided all of us an opportunity to discuss some very important problems.
- May:** The May meeting was a combined meeting of the Mahoning County Medical Society and Mahoning Tuberculosis Sanatorium Staff. Dr. Claud S. Beck, Professor of Cardiac Surgery, Western Reserve Medical School, was guest speaker. Dr. Beck spoke on "Operations for Coronary Heart Disease."
- September:** Dr. Melvin A. Casberg, Assistant Secretary of Defense in charge of Health and Medical Matters, was the guest speaker at a dinner meeting launching the Fall series of programs. It was a combined meeting of the Mahoning County Medical Society and Mahoning Academy of General Practice. Dr. Casberg spoke on "Korean Battle Casualties," It was one of the finest talks ever presented before our Society.
- October:** The October meeting was a combined meeting of the Mahoning County Medical Society and the Mahoning Academy of General Practice. Dr. Ned Shnayerson, Chief of the Peripheral-Vascular Section, Poly Clinic Hospital, New York City, N. Y., was guest speaker. Dr. Shnayerson spoke on "Recent Advances in Diagnosis and Therapy of Peripheral-Vascular Disease."

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Each gram contains 5 mg. neomycin sulfate (equivalent to 3.5 mg. neomycin base).

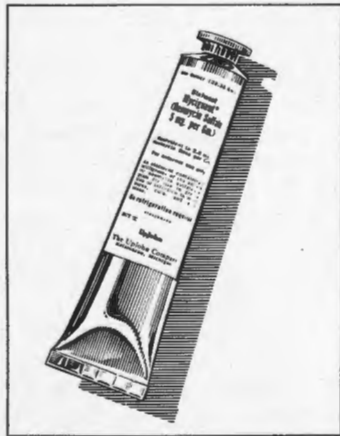
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The Upjohn Company, Kalamazoo, Michigan

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OINTMENT



- November:** The November meeting was a combined meeting of the Mahoning County Medical Society and the Mahoning Academy of General Practice. Dr. George J. Hamwi, Associate Professor of Medicine; Head of Section of Endocrinology and Metabolism, Department of Medicine, College of Medicine, Ohio State University, was guest speaker. Dr. Hamwi spoke on "General Clinical Endocrinology in Practice." His talk highlighted the observance of Diabetic Week with Dr. Morris S. Rosenblum as Chairman.
- December 3:** A Cancer Symposium conducted by the Mahoning Chapter of The American Cancer Society and the Mahoning County Medical Society. Eight cancer specialists provided the scientific program in an all day meeting.
- December 15:** Annual meeting of the Society and the annual meeting of the Medical Service Foundation. Election of officers.

Stephen W. Ondash, M.D.
Chairman

REPORT OF VETERAN'S COMMITTEE

Only one meeting was held, which was well attended. The following new policies of the Veterans Administration were presented and discussed as well as the A.M.A. information kit on V.A. Medical Care.

Dental Care

1. No dental examinations will be conducted before rating, except at the request of Veterans Administration Adjudication.
2. Except in the case of compensable disabilities, dental and periodontal treatment for service-connected conditions is limited to the acceptable work performed once after authorization. Repeat work already authorized may be completed, but such applications now on hand cannot be authorized.
3. Adjunct dental treatment may be authorized, if necessary to provide maximum benefits for treatment of a service-connected condition.
4. Spanish-American veterans are not entitled to outpatient treatment for noncompensable dental conditions. They are entitled to adjunct dental treatment.
5. Former prisoners of war will be authorized treatment on a necessary basis to the extent required in the treatment of disabilities adjudicated as incident to their imprisonment.

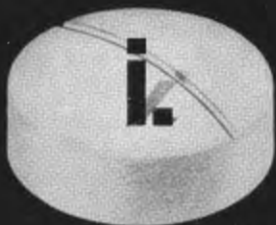
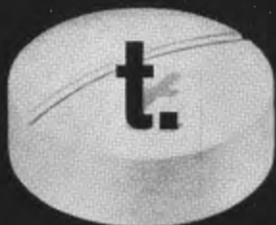
Hospitalization or Domiciliary Care Treatment

Addendum Form 10-P-10a to the Veterans Administration Application Form 10-P-10 is designed to protect applicants for hospitalization, and veterans generally, from charges of "chiseling" on the government by signing a false statement of inability to defray the necessary expenses of hospital or domiciliary care.

Use of this addendum should cause each applicant for non-service connected hospitalization to focus his attention on his financial status, and thereby give him a clearer understanding of the propriety of signing the oath of inability to pay. To assist him in determining his ability to pay, the applicant should, if and when practically possible, be given some indication of the probable length of required treatment.

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SQUIBB

The questions in this addendum are as follows:

No. 28E. What is the total current value of your property, both real and personal? (Personal property includes such items as motor vehicles, business fixtures and equipment, etc., but does not include personal items such as household furniture, clothing, jewelry, etc.)

No. 28F. What is the current amount of your ready assets, in the form of cash, bank deposits, savings bonds (cash value)?

No. 28G. If you own real property (e.g., a home, a lot, etc.) what is the approximate amount of the unpaid mortgage or other indebtedness owed thereon?

No. 28H. What are your average monthly expenditures, including your mortgage payments and all other personal expenses including your expenses for your dependents?

No. 28I. What was your average monthly net income for the last six months from all sources?

The non-service connected applicant then signs his name under the following statement:

The facts in the foregoing financial statement are made by me and are hereby certified to be correct to the best of my knowledge and belief. In view thereof, I have stated under oath on VA Form 10-P-10, and hereby swear (or affirm) that I am unable to defray the necessary expenses of the hospital treatment (domiciliary care) for which I have applied.

Of course, emergency applicants are excepted. They will furnish the information later, if and as required.

This addendum may be used in no way whatever by the Veterans Administration to deny hospitalization to a veteran as the law specifically provides that "the statement under oath of the applicant . . . shall be accepted as sufficient evidence of inability to defray necessary expenses."

The committee suggests that physicians keep this page of the Mahoning County Medical Society *Bulletin* or a copy thereof in their offices for ready reference, when non-service connected veterans request them to complete applications for Veterans Administration hospitalization or domiciliary care treatment.

Sidney Franklin, M.D.
Chairman

LAY EDUCATION AND SPEAKERS COMMITTEE

The Lay Education and Speakers Committee have been working all year in conjunction with the Public Relations Committee.

At a dinner meeting of the Youngstown Chamber of Commerce, I, personally participated with Frances Moore of the Cancer Society and a member of WKBN, in a round table discussion of "Importance in Early Diagnosis of Cancer."

Plans are being formulated with the Public Relations Committee for a panel program as a public service.

In the latter part of August, Dr. Birch appeared on WFMJ Television with Mr. Mellon, City Health Commissioner, and a member of the WFMJ staff in a round table discussion about Polio and gamma globulin.

L. S. Shensa, M.D.,
Chairman

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*Annals of Internal Medicine, 37:465, 1952.

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LEGISLATIVE COMMITTEE

Your Legislative Committee would like to report a very active year, the whole committee serving as members of your representatives on the Allied Professions Committee.

In the early part of the year meetings were held with all representatives of the Allied Professions Committee, when petitions were circulated asking the citizens of Youngstown to sign for a Board of Health and full time Health Commissioner. Sufficient signatures were obtained through the help of many of our Society members and members of the other professions. However, through a legal technicality the effort which this entailed was worthless, but we will try again.

Starting in September all candidates for Mayor, President of Council, and Council members were contacted by questionnaire, and many appeared before the committee personally; also candidates for the Board of Education, about whom we were interested, were contacted. The results of these contacts and meetings have been reported to each member by a lengthy summary of the attitude of the various candidates, their views and reactions, under the heading of the Allied Professions Committee.

Some difficulties did arise over some of the actions of the Allied Professions Committee but nothing that was not straightened out to the satisfaction of all.

The committee feels this was more than an active year, it was a strenuous one, and may I thank all the members of the Allied Professions for their untiring effort and support.

May I also personally thank all the members of the County Society Legislative Committee for their support and willingness to always give a helping hand, for without their encouragement many times things looked black and we were in the bottom of deep despair.

William M. Skipp, M.D.
Chairman

PRE-SCHOOL HEALTH COMMITTEE

A meeting was held within one month after the formation of the committee and lasted for two hours.

The following members were in attendance: C. S. Lowendorf; S. A. Myers; C. W. Stertzbach; H. B. Hutt.

Every topic of importance that we could think of pertaining to the health of the pre-school child was discussed. It was the opinion of the committee that defects in this age group should be detected by the family physician or specialty consultants before irreversible damage could develop. In those families who had no private physician, moderate strabismus possibly might not be observed at the optimum age for treatment.

With the exception of this condition, we felt that the other defects would be noticed by the parents and the proper care given by the family physician.

Since routine immunizations, etc. are taken care of by private doctors and well-baby clinics; and vaccination, tuberculin and sick tests, hearing studies and gross visual examinations are screened by the school health authorities, the committee, therefore, feels that not enough need is present to merit the continued existence of the Pre-School Health Committee.

H. Bryan Hutt, M.D.
Chairman



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mixed infections with
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1.0 Gram Formula containing 300,000 units penicillin G procaine crystalline and 100,000 units buffered penicillin G potassium crystalline plus 1.0 Gm. dihydrostreptomycin sulfate in each dose, and
0.5 Gram Formula same as 1.0 Gram Formula but containing only 0.5 Gm. dihydrostreptomycin sulfate in each dose; also

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Division, Chas. Pfizer & Co., Inc.

INDUSTRIAL HEALTH COMMITTEE

The industrial worker in Mahoning County now enjoys more health protection and supervision in addition to insurance benefits than at any other time in the past. This is due to present company-employee sponsored health insurance programs, and goes a long way as a measure to counteract the trend toward socialized medicine.

This committee finds industrial health and safety at an all time high due to the increasing medical facilities and vigilant activity of the Industrial Commission Inspection and Safety Engineer Corp. At the same time, both small and large businesses have opportunity for free consultation on, and application of, improved safety practices in their plants, in addition to unannounced rigid inspection by industrial safety engineers.

It has been found that almost all of the well established industries, both small and large, in the valley, now have pre-employment as well as routine inspection examinations whose purpose is to eliminate from industry those hazards which result from poor physical qualification of the employee. An effort is being made to employ those physically handicapped in jobs of greater safety. However, the need still exists for improvement, and this lies in the direction of small and newly organized industries. If it meets with the approval of the council of the Mahoning County Medical Society, we urge that these small industries who are lax on medical supervision be contacted possibly with the help of the Chamber of Commerce Committee on new businesses so that these companies will be urged to secure adequate medical care for their employees before the need arises.

The committee heartily endorses the activities of the Youngstown City and Mahoning County officials in their attempts to reduce air pollution. We have been fortunate in Youngstown and Mahoning County not to have had a repetition of the Donora, Pennsylvania disaster.

Charles F. Wagner, M.D.
Chairman

PUBLIC RELATIONS COMMITTEE REPORT

The Public Relations Committee for the year submits the following report of its activities in 1953. It was discovered early in the year that our projects for 1953 were similar to those of the Lay Education Committee and so we have worked very closely with them, had several joint meetings and several meetings with the Publicity Committee.

We decided, the outlet that would contact the greatest number of people, and through which we would have the most influence, was definitely the newspaper, The Youngstown Vindicator.

We also decided that probably the best approach that we could make as a group, to better Public Relations was through public service features, with the newspaper as the primary outlet.

Our first attempt was to establish a better rapport with the newspaper. We organized a weekly medical information column which would have appeared in print last summer except for the untimely (for us) purchase by the newspaper of a syndicated column by Dr. Alvarez. This idea was then modified to a question and answer column and at the time of your reading this, it should be in print, ably managed by Dr. David E. Brody.

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Serpasil^{T.M.}

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- Uniform potency.
- Predictable therapeutic results.
- No tolerance developed, or toxic effects reported; no contraindications; no serious side effects.

Virtually every hypertensive patient may be treated with **Serpasil** therapy. Prescribe this safer tranquilizer-antihypertensive now. Available at all prescription pharmacies.

Serpasil Tablets, 0.25 mg.—0.1 mg. Bottles of 100.

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DECEMBER

In order to further our relations with the newspaper, we recommended to the president of the Society and to the council that a committee be appointed to act in an advisory capacity to the press, radio and T.V. Dr. Goodwin appointed Drs. E. J. Wenaas, G. M. McKelvey, J. L. Fisher, J. C. Vance, and J. M. Ranz to this committee which was called the Medical Information Committee. This committee was designed to advise the press, radio and T.V. on medical matters.

The Medical Information Committee recommended that we adopt a Code of Cooperation with the press, radio and T.V. as has been done in Columbus, Dayton, Cincinnati and many other cities. A Code similar to the Columbus Code was approved by Council and will be presented to the Press for their comments and approval.

No formal acceptance or agreement has been reached as yet between the press and the medical society.

Dr. E. A. Shorten attended the P-R Conference sponsored by the A.M.A. in Chicago on September 3rd and 4th and much valuable material was obtained relative to other phases of P-R work.

Another public service feature has been planned for next spring in the form of a Medical Panel Program. This will probably be held at the Stambaugh Auditorium. We hope to secure the cooperation of the Vindicator to act as co-sponsors and we'll certainly need the cooperation of every member of the society to make this a success.

A full program of P-R activities is planned for the future but it is an accepted fact that the best Public Relations are secured through each doctor's personal relationship with the public through his patients.

Edward A. Shorten, M.D.
Chairman

SECRETARY'S REPORT

The Mahoning County Medical Society, at the end of 1953, has 241 Active Members, 16 Junior Active, 8 Associate, 26 Interne, 2 non-Resident, and 13 Honorary.

Council held the regular monthly meetings during the year.

This year we were fortunate in being able to get excellent speakers, thus keeping our Scientific Programs up to our usual standard.

We regret having lost during the year by death the following: Dr. W. D. Coy, Dr. M. E. Hayes and Dr. P. M. Kauffman.

G. E. DeCicco, M.D.
Secretary

TREASURER'S REPORT

There will be inserted in the January issue of the Bulletin a copy of the financial report as submitted by our auditor at the end of our fiscal year, November 30, 1953.

I believe no further explanation of the Society's finances will be necessary.

A. K. Phillips, M.D.
Treasurer

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Treasurer

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ANNUAL REPORT—WOODSIDE RECEIVING HOSPITAL

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

The Nursing Division has submitted the following report which shows the turnover we have experienced in the past year:

Registered Nurses		
Total No.	Resigned	Average Stay
38	18	1.57 yr.
Female Attendants		
Total No.	Resigned	Average Stay
34	12	1.19 yr.
Male Attendants		
Total No.	Resigned	Average Stay
36	29	.74 yr.

Attendants receive a period of training. They are oriented to their specific positions by the Supervisor in charge of the particular turn. Individual instruction and supervision are given regarding nursing procedures and hospital rules and regulation.

Annual Report of the Psychology Department

The Department continued during the year with the chief psychologist (Psychologist III), and a Psychologist I. A vacancy exists for Psychologist II, which we have not yet been able to fill. A psychological interne (a Ph.D. candidate in psychology) was employed July-August, 1952, and was employed again July-August, 1953, in the classification of Psychology Assistant.

For those patients desiring such therapy, Rev. Louis P. Suedemeyer and Rev. Father Matthew, hospital chaplains, contribute their services toward religious therapy sessions, two hours per week and once a month, respectively.

The psychological services to in-patients and out-patients have continued in diagnostic work and in individual and group therapy. With the large increase in the in-patient load since the new hospital wing opened in November, 1952, the need for psychological services has increased well beyond the capacity of the department to meet the service demand. We have asked for an increase in the table of organization for this reason.

Psychological research studies completed, in progress or planned, were reported to the Chief Psychologist, Dr. McCullough, as follows:

1. A Questionnaire Follow-up of the Adjustment of Hospitalized Patients: third report completed December, 1952.
2. Follow-up of 4000 Patients Hospitalized at Woodside Receiving Hospital: fourth report—in process.
3. An Investigation of Two Hypotheses Underlying Projection M.A. Thesis (Shushereba). Completed July 1953.
4. A Comparison of the Movement of a Psychoneurotic Patient in Individual and in Group Therapy with the Same Therapist. In process.
5. A Study of Schizophrenia, Described as Rorschach Patterns Determined by Q Sort and Factor Analysis. In process.

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6. An Investigation of the Usefulness of the Group Rorschach for Diagnosis and in Judging the Immediate Effects of Treatment. Planned.

Annual Report of the Social Service Department

During the past year, the Social Service Department continued with the same staff until April 1, 1953, when one of our workers resigned to be married. This left us but two social workers. There have been continual efforts throughout the year to increase the staff due to the need to expand our services, both on an in-patient and out-patient basis. We had one applicant interested in accepting employment last fall, but at that time we did not have the money to employ. Since we have had the money we have had no one who is interested in coming. We have been actively recruiting through the schools of social work, advertising in national social work publications, the Social Work Vocational Bureau as well as leads from other sources, for at least three additional workers. We believe that five professional workers are necessary to carry on the minimal needs of the department which is far below APA standards.

Opening the new addition on December 1, 1952, greatly increased the pressure of work. Needless to say, the quality of work suffered. We have attempted to cover all new admissions and re-admissions insofar as possible by personal interviews. When in-take becomes too heavy forms are sent to relatives of alcoholics and seniles. Follow-up with patients on convalescent status has been discontinued, except insofar as the patients and/or relatives can and do return to the hospital. Service to in-patients has had to be offered on referral basis or by request of the patient or relative. Basically, both in service and out-patient service has been limited to immediate problems rather than more intensive casework help.

We have attempted to participate in community activities. The director regularly attends the Casework Executives meetings, the meetings of the Delegate Assembly of the Coordinating Council, the Mental Health Association of Mahoning County meetings and such other extraordinary meetings as are pertinent to the work of the hospital. She has likewise served on two committees of the Delegate Assembly and has been elected secretary of the Casework Executives group for the coming year.

Annual Report of the Occupational Therapy:

Female patients treated	434
Male patients treated	336
Total	770
Number of treatments given	7,270

Year's Work

As of June 30, 1953, the total number of patients admitted to this hospital since November, 1945, was 6713. During the year ending June 30, 1953, we had 1116 admissions, which is 244 more patients than the previous fiscal year. This is due to increased bed facilities in the new addition which we have occupied since December, 1952. The average resident population was 105.7 patients.

A summary of the 1116 admissions is as follows:

Voluntary Admissions:	610 or 54.6%	against 47.9%	in 1951-52
Court Placement Admissions:	217 or 19.4%	against 17.4%	in 1951-52
Emergency Admissions:	22 or 2.0%	against 4.9%	in 1951-52

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Readmissions from the Woodside Receiving Hospital were: Voluntary 135 or 12.1%, Court Placement 89 or 8.0%, Emergency 2 or .2%, a total of 226 or 20.3% against 24.3% in 1951-52.

Readmissions from the Massillon State Hospital were: Voluntary 18 or 1.6%, Court Placement 18 or 1.6%, Emergency 1 or .1%, a total of 37 or 3.3% against 5.2% in 1951-52. Readmissions from Gallipolis and Columbus State School totalled 4 or 4%.

The following are the counties which the hospital serviced during the year, and the number of patients admitted from each: Ashtabula, 50 or 4.4%; Carroll, 2 or .2%; Columbiana, 107 or 9.6%; Mahoning 594 or 53.2%; Portage, 64 or 5.7%; Stark, 31 or 2.8%; Trumbull, 224, or 20.0%; Tuscarawas, 3 or .3%; Non-Residents, 41 or 3.6%.

The counties of Stark and Tuscarawas replaced the counties of Harrison and Jefferson on September 1, 1952.

The total number of patients discharged from this hospital during this period was 944. Discharged as improved were 681 or 72.1% against 71.7% in 1951-52. Discharged to Massillon State Hospital were 139 or 14.7% against 15.6% in 1951-52. Discharged to Veterans Hospital, General Hospital, Against Advice, Jail, Court, County Homes, Private Rest Homes and other state hospitals were 94 or 10.0% against 10.8% in 1951-52. There were 30 deaths or 3.2% against .9% in 1951-52. Three autopsies were performed. The increased death rate is due to the large number of seniles admitted and who remain here much longer than previously.

Treatments given during this period: 650 in-patients received electroshock treatment for a total of 4803 treatments. 220 in-patients received insulin treatment for a total of 5546 treatments. 215 in-patients received alcohol conditioned reflex treatments for a total of 1047 treatments. 10 patients received fever therapy. 3 patients received narcosynthesis. 44 patients received spinals. 37 patients received Antabuse treatment for alcoholism. 1 patient received a cystoscopy.

Treatments received during this period by out-patients were: 154 patients received electroshock treatments for a total of 750 treatments. 2 female out-patients received insulin treatment for a total of 103 treatments. 16 patients received alcohol conditioned reflex treatment for a total of 80 treatments. A number of out-patients also received narcosynthesis. 2 out-patients received spinals.

Every in-patient received a chest X-ray, blood test, blood count and urinalysis. Of the 1116 admissions tuberculosis cases found were as follow: 6 active; 20 inactive; 4 questionable.

The total patient days for the year was 38,587, which makes an average census of 105.7 patients, and the average length of stay in the hospital 34.6 days.

Cost of Operations

Total cost per day per capita was \$10.3677, \$2.2777 less than the cost in 1951-52. Meals per patient \$.2735; per day \$.8205. Total patient days, 38,587. The professional cost per patient was \$5.2894, all other \$5.0783.

Betterment

At present we are in the process of instituting a Nursing Home to be added to our present facilities which will accommodate about 45 students. The local hospitals will contribute about 15 students, and the neighboring community hospitals will contribute the other 30 students. At present we

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assume the cost of transportation for the local student nurses and it is a problem. It will be much more convenient for us and for the students if they live on the premises. This nursing home addition is a project which deserves the utmost consideration of the Welfare Department. Because of the direct connection with the new hospital wing, it can be built very reasonably, about \$150,000. It will be of great assistance to us and will service nursing students who need psychiatric affiliation for their future nursing requirements.

The benefit we have derived so far from the new addition, which we have occupied since December, 1952, is more bed space and better patient care. As a result we can keep the patients here a little longer than previously. From the statistical figures shown in this report it can be noted that we have reduced readmissions considerably, from 24.3% to 20.3%. Also, the re-admissions from Massillon State Hospital have been reduced from 5.2% to 3.3%. We expect the number of readmissions to be further reduced since the average stay is now 34.6 days instead of 30 days. We will also use the extended trial visit, having used it on only one occasion recently. All other patients were discharged following a three months trial visit. The loss of one social worker, who left three months ago and has not been replaced, has not helped the situation in that we do not now have a field social worker. There has also been an increase in the number of Voluntary admissions, from 47.9% to 54.6%. This should indicate a better appreciation of the public of our increased facilities.

Our Occupational Therapy facilities have increased tremendously now that we have a registered occupational therapist. The female patients are doing painting, weaving, sewing, etc., and the male patients are doing some mechanical work such as woodwork, metal work, etc. It is our opinion that with our present facilities patients' care has increased considerably, and will do better and better each month. We have a large playroom on the second floor which is used for inside recreation; dancing, group singing, shuffleboard, ping-pong, etc. Once or twice a week all the patients, male and female, join in group singing and dancing. There are some facilities for outside play during the spring and summer months, a screened-in area where the patients play soft ball, etc.

The new addition has been most satisfactory as to the planning and construction. We are especially pleased with the large dining room where the patients have all their meals, i.e., except those unable to walk or who are extremely disturbed and are served by tray. I feel that this is of great benefit to the patients, coming and going to the dining room and served cafeteria style.

Eugene E. Elder, M.D.
Superintendent

REPORT OF CANCER COMMITTEE

The committee is working at present on the Second Annual Cancer Symposium to be held on December 3rd, at the Pick-Ohio Hotel.

It is with regret that we announce the closing of the Cancer Detection Centers. The Tumor Registry at North Side Unit is functioning, and will be of ever increasing value as the information is recorded.

Albert Brandt, M.D.
Chairman

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AMERICAN MEDICAL EDUCATION FOUNDATION COMMITTEE

Your committee which is attempting to advance a worthwhile project, the raising of funds for medical education, I do not believe has made much progress this year. But we cannot hold the local committee entirely responsible as the state drive for funds was not launched until November 1, 1953. But we will still try to make a better showing in our county this year than was shown in the previous two years.

Last year in the state only 268 gave directly to the fund while 1,657 gave to their medical school. When we think there are 9,000 plus, of us in the state, that is a poor showing.

Everyone of us owe our medical school financial support so that they (the schools) can continue turning out well qualified physicians. Help put them in the black and stop federal aid to medical education, stop back door socialization.

Sign the card you have received over the signature of our state president. Do it today. Give the amount you feel you can. You can deduct it from your income tax.

Send it to: American Medical Education Foundation, 535 N. Dearborn Street, Chicago, Illinois, marking it for your school. Or just send it to the foundation and all schools will share in your donation.

The medical schools need your help.

May I thank the whole committee for their wholehearted support, and notify them they will have more work to do in the very near future.

William M. Skipp, M.D.
Chairman

HARD OF HEARING COMMITTEE

The work of the Hard of Hearing Committee was limited in amount. One of the most important jobs of this committee was to secure the services of the Audiometric hearing team from the Ohio State Public Health Service. This was arranged in cooperation with the Youngstown Hearing Society and the Mahoning County Public Officer in cooperation with the committees of the Mahoning County Medical Society. Over 900 complete audiograms were taken by this team and it was one of the drawing cards of the Canfield exhibit. The state examiners stated that there was more interest shown by the public at the Canfield Fair than they had experienced elsewhere in the state.

The committee also met with Miss Vetterle from the Youngstown Hearing Society, Miss Miller and Mr. Christopher from the Board of Education in order to set up procedures for referring the speech and deaf problems to the proper agency. Also, this information is to be publicized to the Mahoning County Medical Society.

Most of the members of the committees are serving in various capacities with the Youngstown Hearing Society. We are practically always represented at the directors and other business meetings. The Youngstown Hearing Society has again been most cooperative with the Otologists in the city. The Ohio Department of Public Health has again been requested to furnish the Audiometric team for next years Canfield Fair.

Ray Hall, M.D.
Chairman

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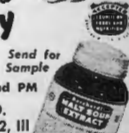
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MAHONING COUNTY MILITARY ADVISORY COMMITTEE

The Military Advisory Committee has held few meetings, but the necessary functioning of the committee has been conducted over the telephone. The members of the committee are all active and give their time freely.

The committee has reported from time to time to the membership through the *Bulletin*, usually under the heading of "Keeping up With A.M.A.", but at times separate rulings and directives have been published separately.

At present physicians are not being called to the service because the services have all the physicians necessary. This will probably continue until July, 1954.

The committee has passed on all requests of the state and national committees and aided the men being called with their draft boards and military authorities, wherever possible.

I would like to thank all the members of the committee for their whole-hearted support, they are never too busy to answer a call.

William M. Skipp, M.D.
Chairman

BULLETIN COMMITTEE

The 1953 *Bulletin* Committee has published twelve monthly issues of the *Bulletin*. These have reported activities of the Mahoning County Medical Society, of our local hospital staffs, and of our local medical organizations. It has kept itself available to all Society members in whatever way it could be most helpful to them.

H. J. Reese, M.D.
Chairman

HOSPITAL RELATIONS COMMITTEE

During the past year I have made a number of contacts with the Hospital Relations Committee and none of them ever had any problem they wished to have discussed.

It was our impression that the relationship between the hospitals is very cordial and satisfactory.

Joseph M. Ranz, M.D.
Chairman

PUBLICITY COMMITTEE

The activities of the Publicity Committee were carried out in much the same order as in the previous year. There is much room for improvement along this line, however, and although little, if any, progress was made this year, a great deal of thought has gone into this matter and it is hoped that the coming year will be more successful. At present an attempt is being made to more clearly delineate the responsibilities of this committee and to further expedite the channels of news clearance, especially as to subject matter, etc. I wish to take this opportunity to thank the members of this committee for their cooperation.

C. W. Stertzbach, M.D.
Chairman

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MEDICAL PUBLICITY ADVISORY COMMITTEE

As chairman of the Medical Advisory Committee I wish to report that after several meetings we worked out a code of procedure, so far as medical publicity is concerned, which has been adopted by council. This code of procedure will be published in full in the *Bulletin* at a later date.

E. J. Wenaas, M.D.
Chairman

MEDICAL LEGAL COMMITTEE

The Medical Legal Committee met on three occasions during the year and also held a combined meeting with a representative committee of the Mahoning County Bar Association.

The recommendations of this committee appear elsewhere in this issue of the *Bulletin*.

A joint meeting with the members of the Mahoning County Bar Association with a speaker to discuss medical legal problems is to be arranged during the coming year.

J. J. Sofranec, M.D.
Chairman

A report on the Diabetes Committee by Dr. M. S. Rosenblum, and the Blood Bank by Dr. A. E. Rappaport will appear in the January issue of the *Bulletin*.

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly staff meeting of the St. Elizabeth Hospital was called to order at 8:40 p.m. on Tuesday, November 3, 1953. Dr. W. H. Evans, Chief of Staff, presided.

The medical section consisted of the following clinical case presentations:

a. "Volvulus and small bowel fistula occurring in postpartum patient"—presented by Dr. Vernino; discussed by Dr. P. B. Cestone, Dr. J. M. Ranz, Dr. R. V. Clifford, Dr. S. W. Ondash, Dr. J. J. McDonough and Dr. A. Goudsmit.

b. "Uses and abuses of oxygen"—presented by Dr. A. J. Bayuk. He also discussed various types of equipment including the oxygen face tent.

The minutes of the previous meeting were read and approved.

Minutes of the Executive Committee meeting were read.

It was announced that Miss Gallagher, Medical Librarian, would like to have staff members turn in excess medical periodicals to her for resale with the proceeds to go into the hospital medical book fund.

The Treasurer's report was read.

A suggestion we made that some sort of shanty be provided for the men on duty at the hospital driveway.

In the absence of further business, meeting was adjourned at 9:30 p.m.

H. J. Reese, M.D.
Secretary

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COURSE NO. 5432-A. RECENT ADVANCES IN
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December 7, 8 and 9, 1953

9 a. m. to 5 p. m.

Under the direction of Dr. A. W. Freireich

Morning Sessions

- I. Introduction
- II. Classification of poisons
 1. Classification by systems involved and symptoms produced.
 2. Classification by morphological changes produced (pathology)
 3. Chemical and analytical classification
 4. Therapeutic classification (clinical toxicology)
- III. Treatment of poisoning
 - (a) General methods
 1. Increased elimination
 2. Decreased absorption
 3. Symptomatic, supportive treatment
 - (b) Physiological and pharmacological antagonists
 - (c) Direct chemical action to neutralize or inactivate.
- IV. Poisonings for which specific therapy is available
 - (a) Metallic poisons
 1. BAL therapy of arsenic, mercury, gold, thallium and other heavy metals.
 2. Lead poisoning - use of calcium ethylene - diamine - tetra - acetate (EDTA)
 - (b) Barbiturate poisoning
 - (c) Morphine and respiratory depressants
 - (d) Cyanide poisoning
 - (e) Methyl alcohol and drugs producing chemical acidosis
 - (f) Newer insecticides and rodenticides
- V. Common poisons for which no specific antagonistic therapy is available as yet.

Afternoon Sessions

Demonstration, in the Toxicology Laboratory, of the chemical methods used in detection of the poisons and, with museum specimens, the pathological changes produced by certain poisons.

This course comprises one-half lecture time and one-half practical demonstration of chemical methods that the physician will normally have available as well as the evaluation of more specific methods usually available at large centers.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of Dr. M. W. Neidus, 382 Fifth Avenue, Youngstown, Ohio, on Monday, November 9, 1953. The following doctors were present: Dr. V. L. Goodwin, President, presiding; W. M. Skipp; M. W. Neidus; S. W. Ondash; G. E. DeCicco; J. D. Brown; C. A. Gustafson; G. G. Nelson; R. J. Wenaas; H. J. Reese; A. Randell; A. A. Detesco; A. K. Phillips; comprising the Council, also Dr. E. A. Shorten.

Dr. Shorten reported on the activity of his committee. He stated that Mr. Mansell of the Youngstown Vindicator was very cooperative, however, he did state that the press will not be censored. Dr. Shorten's report is printed elsewhere in this Bulletin.

A motion was made, seconded, and duly passed:

1st: That we continue with the question and answer period as soon as possible;

2nd: That the committee arrange a panel discussion in the early spring;

3rd: That a fee survey be conducted when thought advisable, after first submitting an outline to Council.

In answer to Dr. Wenaas' request from the Academy of Medicine of Columbus to use their Code of Operations as a base, Mr. Stanley Mauck, Executive Secretary, advised we were at liberty to use the code providing we made the necessary changes, thereby not making it identical.

Dr. Goodwin reviewed a conversation with Mr. Perry Beatty, Dollar Savings & Trust Co., stating he was asked to serve as Chairman of the local Arthritis Foundation.

In view of the local experience where fund raising drives have been conducted, where the health and welfare of the people of our community are involved, the following motion was made, seconded, and duly passed:

"That a letter be written to the president of the Youngstown Chamber of Commerce, Mr. L. F. Donnell, suggesting that he appoint a committee on which two physicians would serve, as representatives of the medical profession, whose duties would be to investigate the standing of organizations where fund raising campaigns are conducted in the interest of public health and welfare."

Dr. Goodwin read a letter from one of our members in which he stated the following:

1st: "That his understanding concerning the Polio Team was that patients (as far as the Polio Foundation was concerned) have to foot the entire bill, unless the Polio Team takes over. Also, why is it that when a patient is sent in, even with a suspected case of polio, the team takes over?"

Dr. Goodwin appointed Dr. Reese to investigate the set-up and report to Council.

2nd: Why the laboratories in our hospitals accept patients for tests including pre-marital, without being referred by a physician? If they must accept them, why are the people told to bring the papers to a doctor's office "just to be signed"?

The executive secretary was instructed to obtain from the Probate Court a copy of the form required by law to be signed by a physician, which clearly states the law and write to the laboratories and call attention to the fact that all types of tests including pre-marital should not be accepted without the referral of a physician.

JANUARY MEETING**Annual Banquet****Tuesday, January 19, 1954****6:30 P.M.****Elks Club**

Installation of

Dr. J. D. Brown as President**Speaker to be announced later****ARE YOU A MEMBER OF THE A.M.A. ?**

As of November 1, 1953, we need 171 additional members so Ohio can get eight delegates to the A.M.A. We have seven delegates, but more representation is for your benefit.

If you have not paid your 1953 A.M.A. dues do so now by sending your check at once to Dr. Gabriel DeCicco, our Secretary.



Be sure to read these features in *Spectrum*, in the first section of December issues of the Journal of the American Medical Association

*Animal Vectors • The Ovaries • The Cystoscope
Hoarseness • Chronic Relapsing Pancreatitis •
Cerebral Palsy • Memory • Medical Art*

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

Mahoning County Medical Society ANNUAL BUSINESS MEETING

ELKS CLUB

TUESDAY EVENING, 8:30, DECEMBER 15, 1953

★ ★ ★

Election of Officers

President-Elect

Secretary

Treasurer

Three Alternate Delegates

Representative to the Associated Hospitals

★ ★ ★

A free buffet supper will be served following the Election

Also — at 8:00 P.M.

Annual Meeting — Medical Service Foundation

This meeting will be held in conjunction with the annual meeting of the Mahoning County Medical Society. **It will start at 8:00 P.M.**, just prior to the regular Society meeting. There will be election of Trustees, approval of the reports of the Treasurer and Secretary and the management of such other business as may properly come before the meeting.

Every member of the County Medical Society is a member of the Medical Service Foundation. ATTEND and participate in the conduct of its business.

Your POSTNATAL and POSTOPERATIVE PATIENTS . . .



They will receive prompt and sympathetic attention from our competent Camp-trained fitters whom you may depend upon to follow your instructions implicitly.

CAMP ANATOMICAL SUPPORTS also available for prenatal, pendulous abdomen, visceroptosis, nephroptosis, orthopedic conditions, hernia and mammary gland.

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The following resolution was adopted by the Summit County Medical Society to clarify misunderstandings on physician-hospital relations:

WHEREAS there appears no public good to be gained and no benefit to the community at large or to the good of the individual patient by the employment of physicians by hospitals on a salary only basis with a charge being made by such employer-hospital for the services of such employed physician, and

WHEREAS such employment of physicians would contravene the principles of the practice of a profession, and particularly of the medical profession, and

WHEREAS such employment of physicians would be contrary to the accepted customs of this community,

IT IS RESOLVED THAT The Council of The Summit County Medical Society regards the employment of physicians by hospitals on a salary only basis with a charge being made by such employer-hospitals for the services of such employed physicians as contrary to the standards of practice of the medical profession and does hereby censure any such agreement.

Dr. Goodwin read the following letter from the Red Cross:

THE AMERICAN RED CROSS
MAHONING CHAPTER

V. L. Goodwin, M.D.
President, Mahoning County Medical Society
Youngstown, Ohio

Dear Dr. Goodwin:

Mahoning Chapter of American Red Cross has been conducting classes in Mother and Baby Care for many years. The lesson content has been cleared nationally, statewide and locally by all organizations and groups involved in work of this kind. All Red Cross instructors must have a training course before being permitted to teach. Our course has been received favorably in this district and local doctors have cooperated by referring pre-natal cases to attend our series of six two-hour classes.

Lately, however, we have had requests from the pregnant women enrolled in our classes for exercises preparing them for childbirth. These requests are probably due to the number of magazine articles and publications relating to the subject of Natural Childbirth. In class the value of exercises is discussed if brought out by a class member but none of our instructors ever attempted to teach the actual exercises, although in some Mother and Baby Courses (Not Red Cross) this teaching has been included (For example, Cleveland). Because patients referred by several doctors are enrolled in the same class it was suggested that the matter be discussed individually with the private physician.

I also discussed the matter with Dr. A. J. Brandt, who has been very active in referring pre-natals to us. He was of the opinion that exercises should be a part of the course, and he contacted a number of OB and GYN doctors for their opinions. He informed me that he received no objections to the inclusion of these exercises; in fact, he had requests that teaching exercises in preparation for childbearing would be valuable as no other organization is doing this type of work. I contacted our Red Cross Area office at Alexandria and they are of the opinion exercises could be included if we have the approval of our local Medical Society. This is the first time that

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR OCTOBER, 1953

	1953	Male	Female	1952	Male	Female
Deaths Recorded	219	128	91	207	115	92
Births Recorded	708	332	376	589	302	287

CONTAGIOUS DISEASES	1953	Cases	Deaths	1952	Cases	Deaths
Chicken Pox	15		0	68		0
Measles	6		0	5		0
Mumps	26		0	2		0
Polio	13		1	4		0
Scarlet Fever	3		0	1		0
Tuberculosis	4		3	8		0
Whooping Cough	9		0	2		0
Gonorrhoea	40		0	29		0
Syphilis	29		0	18		0
Chancre	1		0	0		0

VENERAL DISEASES

New Cases	Male	Female
Syphilis	8	10
Gonorrhoea	27	10
Total Patients	55	
Total Visits (Patients) to Clinic	247	

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such a request has been made to Red Cross for this addition to our course and our Nursing Service directors are most anxious to watch this experiment if approved by your organization.

Temporary planning is based on giving the two hour lessons as outlined in the instructor's guide. At the end of each lesson there would be an additional thirty-minutes to allow for actual *demonstration* and *practice* of the exercises included in the reminder sheets for exercises in preparation for childbearing published by the Maternity Center. The value of this plan would lie in the fact that a student would not have to remain for the exercises if her doctor advised against them in her case. Dr. Brandt's office nurse, Mrs. Walsh, has consented to conduct these classes to be sure that our nurses would know the proper way to do them.

I am contacting you, Dr. Goodwin, as President of the Mahoning County Medical Society, so you would become familiar with this matter and could refer it to the proper committee for its consideration and approval. I am sending under separate cover, an outline of the content of our course. The Red Cross textbook on Home Nursing is used to some extent, but since it does not cover the subject adequately visual aids and supplementary materials are used. These include the Birth Atlas and Anatomical Teaching Charts from Maternity Center. Pamphlets and booklets are also used as "take home" material. To name a few; Pre-natal Care and Infant Care from Children's Bureau; How Does Your Baby Grow? The pamphlets on Pre-natal Care published by Carnation and Pet Milk Companies and Metropolitan Life Insurance Co. We are very careful to make available pamphlets from different sources and explain that no product is endorsed. In our college classes, the McGraw-Hill film on Human Reproduction is used as a review. Our chapter now has facilities for showing films, so I am hoping this film can now be included in our adult classes.

I would appreciate it very much if the proper committee from your organization would consider this matter of the teaching of exercises in our Mother and Baby course. If it meets with approval of the Mahoning County Medical Society, we will be most happy to do our part to meet the community need, since our instructors are well prepared to teach and no other group is active in this particular phase of teaching, to my knowledge.

If you or your committee have any questions about the lesson content, I will be most happy to answer them.

Mrs. Arthur N. Struble, R.N.
Director, Nursing Services

A motion was made, seconded, and duly passed, instructing the Executive Secretary to send a copy of the letter to the President of the General Practitioners, the directors of Obstetrics at the two hospitals, and request a reply by next meeting of Council.

The following applications were presented by the censors:

JUNIOR ACTIVE

Dr. Bernard Taylor, St. Elizabeth Hospital, Youngstown, Ohio

INTERN MEMBER

Dr. Kenneth W. Robinson, St. Elizabeth Hospital, Youngstown, Ohio

G. E. DeCICCO, M.D.
Secretary

COUNCILOR'S PAGE

It is good for the physicians of the Sixth Councilor District to get together at meetings. The purpose served by these meetings is not only to review some of the medicine we may have forgotten, to compare our own method of medical treatment with that of others and learn what is new in medicine, but also fellowship—to renew old acquaintances and make new ones—to informally discuss the many scientific, political, and economic problems that confront our profession.

Every physician should consider his County Medical Society his most important medical affiliation and give it his full support. There never was a time in our national history when there were so many problems awaiting solution. Last year many observed that one result of the election was the defeat of national health insurance, or socialized medicine. Moreover, various polls have reported public sentiment against governmental medicine—although with a feeling that new methods of financing medical care were needed. Now socialized medicine is coming in the back door and threatening to deprive its opponents of their election victory, by medical and hospital care of veterans extended by the government.

There are now some 20,000,000 veterans, or 40% of all male citizens. The number is increasing steadily, and there will be a time when virtually all able-bodied men will be veterans. With the draft increasing the number of veterans by hundreds of thousands yearly, this kind of socialized medicine will demand attention soon.

Another major problem is the financing of our 79 medical schools. They cannot continue to function at their full capacity under their present financial set-up. Their endowments are producing less and less. There are fewer and fewer wealthy people who can make large contributions. A student's tuition pays a very small part of what it costs to educate him. There remains but two solutions—either a large number of relatively small contributions from private citizens or government subsidies. Government subsidy means government control. Is our desire for free enterprise in medical schools strong enough to stimulate active support for A.M.E.F.?

*C. A. Gustafson, M.D.
Councilor, Sixth District*

CONGRATULATIONS

Dr. Sam Schwebel on his becoming a Diplomate of the American Board of Dermatology and Syphilology.

Dr. J. B. Kupec on being named a Fellow of The American College of Surgeons in the division of General Surgery.

Dr. W. E. Savik on being named a Fellow of The American College of Surgeons in the division of Ophthalmology.

Dr. Paul E. Ruth on being certified a Diplomate of the American Board of Ophthalmology on October 15, 1953.

Dr. W. H. Evans presented a paper, "Local Treatment of Allergic Rhinitis of Pollen Origin with a Suspension of Cortogen Acetate and Chlor-Trimeton Maleate", before the annual meeting of The American Society of Ophthalmologic and Otolaryngologic Allergy in Chicago, October 16, 1953.

KEEPING UP WITH AMA

The William H. Moloney Co., Room 711, 105 West Adams Street, Chicago, Illinois, is detailing a post-convention AMA trip to Hawaii for physicians and wives following the San Francisco Convention, June 21-25, 1954.

STATEMENTS OF THE AMA Re: Medical Research and Progress to the Committee on Interstate and Foreign Commerce, House of Representatives—by Edward J. McCormick, M.D., President AMA.

It is our understanding that this hearing has been initiated by your committee for the purpose of studying the causes, methods of control, and the extent of medical progress in connection with several specific diseases. It has been decided, with the approval of Mr. John H. Teeter, Special Consultant to your committee, not to present a separate statement with respect to each of the diseases to be covered.

The one exception to this plan will be when the subject of cancer is to be discussed. In view of the extensive work of the AMA in this field, I have asked Dr. Paul Wermer, the Secretary of our Committee on Research, to outline for you the activities of the Association concerning cancer diagnosis, treatment, and research.

AMA was found on May 5, 1847, when 250 delegates representing more than 40 medical societies and 28 colleges, embracing medical institutions in 22 states and in the District of Columbia, met in Philadelphia, Pennsylvania.

AMA is a physician's organization existing to serve the medical profession and the general public. Since its inception it has campaigned to elevate the standards of medical education, licensure and public health; to maintain its high ethical standards; to oppose charlatanism; to promote clinical and scientific investigation, and to make available a better quality of medical service.

In addition to such inter-association groups, AMA has for many years engaged in a variety of cooperative undertaking with allied health agencies as well as with the state and federal governments.

THE NATIONAL RESEARCH COUNCIL—Its purpose is to promote research in the natural sciences and in their application to medicine and other useful arts with the object of increasing knowledge, strengthening the national defense and contributing in other ways to public welfare. AMA maintains liaison with the National Research Council through representation on the Division of Medical Sciences and the Food and Nutrition Board.

THE COMMISSION ON CHRONIC ILLNESS—Founded in 1949 as a non-profit organization by the AMA, the American Hospital Association, The American Public Health Association, and the American Public Welfare Association. At the present time 12 national organizations contribute financially and professionally to the program of the Commission.

Briefly, it can be stated the goals of the Commission are to define the problems arising from chronic illness in all age groups; stimulate in every locality a well-rounded plan for the prevention and control of chronic disease and for the care and rehabilitation of the chronically ill; and modify society's attitude that chronic illness is hopeless.

COMMITTEE ON RELATIONS BETWEEN MEDICINE AND ALLIED HEALTH AGENCIES

In June 1952 the House of Delegates of the AMA authorized this Committee for the purpose of establishing better coordination and understanding between voluntary health agencies. It was also the intention of the House of Delegates to encourage the development of case finding methods, in the office

of physicians, which would be more effective than the mass surveys employed by most public and private agencies.

In conclusion, I should like to say that the AMA will continue to support all programs for the good of the health of the public, as we have done over the years. We shall fight, however, with all our strength, matters that are not in the public interest. Our Association has, throughout its history, been a champion of sound progress in medicine. It has had to fight many battles against quackery, improper governmental interference, and against slipshod medical training and practice. We have found that an organization cannot be strong and fearless in defending its principles without creating bitter enemies and staunch supporters. We have both today.

Dr. Paul Wermer, Secretary of the Committee on Research of the Council on Pharmacy and Chemistry testifying before the same committee above-mentioned gave a history of the amount of space and time that is devoted to the prevention, diagnosis, and treatment of cancer in the Journal, at sectional, state, and national meetings of the Association, of the state and county meetings, and space devoted in state and local publications, showing that a large percentage of the physicians' education, both as a student and training, do keep up on the subject after and during his lifetime as a physician; that a great amount of work is being done in research on steroids and hormones in the treatment of cancer.

Pharmaceutical industry has supplied valuable and rare materials to clinics and investigators without cost, the Association paying the overhead cost.

Many cancers of the breast have been treated by endocrine substances, the dosage, kind, and methods of administration are now being tabulated so that treatment can be carried on in the physician's office. At the same time many other types of cancer in other organs and in different parts of the body are being studied, such as thyroid, bone tumors, female and male sex organs.

The road to the solution of the cancer riddle is not an easy one since we know little about the actual cause or causes of this group of diseases. For over half a century the AMA has shown bold leadership in opposing these forces—we have maintained an agency for the collection and dissemination of information on nostrums and quackery. Through its Bureau of Investigation, AMA has cooperated closely with the various federal and state agencies charged with the enforcement of laws regulating the drug industry.

This is a constant battle in which we have chosen to remain in the forefront. Even now several nostrums are being promoted to the public either on representation that cures are obtainable or that the proponents are experimenting clinically with something new and valuable in the management of cancer patients.

In our efforts to educate and expose, we have been joined by the American Cancer Society, the National Cancer Institute, The Damon Runyon Foundation and the Food and Drug Administration in sponsoring the National Research Council's Committee on Cancer Diagnosis and Therapy.

JUSTICE DEPARTMENT TO HANDLE NON-SERVICE CONNECTED INVESTIGATIONS

Under a new plan about to be put into effect by Veterans Administration, the Department of Justice will be called in to handle cases of suspected fraud concerning the "inability to pay" declaration of veterans with non-service connected disabilities. VA itself is forbidden by law to look behind the veteran's statements that he can't afford private treatment.

This new arrangement provides that if a VA hospital manager has good grounds to suspect that the veteran's claim of indigency is fraudulent, he will confer with federal law-enforcement officials. An investigation will then be conducted by Justice Department, the regular law-enforcement arm of the federal government. If the facts justify prosecution, the case will be taken to federal court. There the government will have to prove that the veteran in question set out "premeditatedly, purposefully and intentionally" to defraud the government.

Two nationally prominent physicians join with Chairman C. A. Wolverton (R.-N.J.) of House Commerce Committee in acknowledging that serious attention must be given financial problems of the medical care consumer. Dr. U. R. Bryner, president of the American Academy of General Practice, told D. C. Medical Society that socialized medicine will certainly ensue if fees become exorbitant. Two days later AMA President Edward J. McCormick called for maximum participation in medical care insurance plans.

National Rehabilitation Commission of American Legion hurled bitter criticism at AMA for its campaign against medical benefits for non-service connected veterans' cases. Mentioning no names, its 10-page critique left no doubt that target was AMA, particularly President Edward J. McCormick, who has been making speeches against accommodation of n-s-c cases. It refers to AMA Journal as "the trade paper of the medical hierarchy."

"Today the medical politicians are piously saying the communities and the states should care for the medical and hospital needs of the nation's disabled. Why? Because they believe they can then force the local governmental agency to pay them a fee for the care of the disabled veteran, at the expense of the local taxpayer. Programs of this kind are not just anti-veteran, they are anti-public. It is probable the end would be a demand that the federal government provide the funds to pay for such veterans' medical and hospital care."

The documentary story of how voluntary health insurance is spreading in this country is amazing even to one who thinks he keeps up on such matters. The loopholes are gradually being closed up. Insurance companies and non-profit groups appear to be well on their way to solving one of the tough problems by offering more and more persons protection against catastrophic illness. See your Representatives and Senators during this off season. Point out to them the uninterrupted progress of voluntary health insurance.

DEFENSE DEPARTMENT TOPS SCIENTIFIC SPENDING

A survey by the National Science Foundation shows that more than $\frac{3}{4}$ of all federal money for scientific research and development is spent by the Department of Defense. Included in the total is the cost of medical research and development, but not the cost of such programs as medical care and hospital construction. The Department of Health, Education and Welfare which directs most U. S. medical research ranks fifth on the spending list.

The House Interstate and Foreign Commerce Committee, headed by Representative Charles Wolverton, N.J., halted the insurance hearings stating that they had given so much material the committee would have to digest the material (which was very voluminous) before continuing. The Blue Shield, Blue Cross, and labor were still to be heard. The major insurance companies stated that the growth of voluntary type was so rapid that it amazed all. At the turn of the century 47 companies were writing insurance, with 463,000

policies in force. Today about 800 insurers are providing accident, health, hospital, and medical expense insurance.

They testified that more than 91,000,000 men, women and children now have hospitalization protection. 73,000,000 have surgical expense coverage, and 36,000,000 are protected for medical expense. Last year about \$1 billion was paid by voluntary health plans for hospitalization, \$500 million for surgical and doctors' bills, and another \$500 million in benefit payments to replace family income lost through sickness or injury.

Edmund B. Whittaker, Vice-President of Prudential Insurance Co. estimated about a million persons are now covered for catastrophic illness and that experience demonstrates that "everybody wants this coverage." This type of insurance can only hope to succeed with the "intelligent cooperation of the medical societies and the doctors themselves . . . This insurance is not a bonanza to increase the cost of medical care. It is being provided to enable the public to voluntarily insure its health risks."

Typical was the testimony of James C. Cristy, insurance manager of the Upjohn Company: "It is fortunate that the voluntary health insurance market is flexible enough to permit us to buy what we want, and other employers to buy what they want. The important thing is to recognize that corporations have individualities and need freedom to work out the insurance programs that suit them best."

These figures on the number of individual policy holders as of last December 31, were supplied the committee: 22,254,000 with hospital coverage; 19,196,000 with surgical coverage, and 5,118,000 with general medical insurance.

Alphonse M. Wilson, of the Liberty Mutual of Boston, is writing a deductible policy which is \$300, the insured paying 75% of the bill in that figure, but the troublesome item is the small claim of visits to the doctor's office. Mr. Wilson feels that people have to realize that to insure against normal expenses of daily life only makes these expenses higher; that people must understand that there are certain yearly medical expenses that they must carry just the same as the grocery bill.

Individual policies covering the bread winner and the dependents—its rapid growth has been phenomenal—which is proof of keeping the family solvent while the breadwinner is incapacitated.

DUAL REGISTRANTS HAVE 30 DAYS TO ASK RESERVE COMMISSIONS

Selective Service has instructed local draft boards to give physicians registered both under the regular and doctor drafts 30 days in which to make application for a reserve commission, once they are called up. Applicants may indicate their first and second choice of service. The military department involved will notify the state director of Selective Service of any registrant who does not accept a commission within 30 days after it is tendered. Such registrants would then face early induction as privates. The new instructions follow the master directive implementing the revised doctor draft passed last June.

AMA RESOLUTIONS ON INTERNATIONAL LABOR ORGANIZATION

Dr. Harlan English, Illinois, introduced the following resolutions:

WHEREAS, The International Labor Organization, meeting in Geneva in June, 1952, approved a Convention (treaty) on minimum standards of social security in nine fields—medical care, sickness benefits, unemployment bene-

fits, old-age benefits, unemployment injury benefits, family benefits, maternity benefits, invalidity benefits, and survivor benefits; and

WHEREAS, Ratification of this Convention by the United States Senate would place this country under obligation to put at least four of the nine programs in operation; and

WHEREAS, Ratification of the Convention by the United States Senate would be a step toward plunging this nation further into nation-destroying socialism; and

WHEREAS, The United States Congress in 1935 voted this country a member state of the International Labor Organization without public hearings or debate; therefore be it

RESOLVED, That the members of the Illinois State Medical Society recommend and urge the Senate of the U. S. not to ratify this Convention and to withdraw this country from membership in the International Labor Organization; and be it further

RESOLVED, That a copy of this resolution be spread on the minutes of this meeting and that copies of it be sent to all members of the Senate and of the House of Delegates of the AMA.

REPORT OF REFERENCE COMMITTEE ON LEGISLATION AND PUBLIC RELATIONS

Dr. George S. Klump, Chairman, submitted the following report, which was adopted:

A resolution introduced by the Illinois State Medical Society dealing with the ratification of the Geneva, June, 1952, Convention of the ILO has been studied. Your committee approves this resolution which reaffirms an action previously taken by the House.

VOICE PROTESTS TO COLLIER ARTICLE: "Why Some Doctors Should be in Jail" (October 30 issue Collier's) George F. Lull, M.D., Secretary AMA sent a strongly-worded telegram of protest to Editor Roger Dakin in New York.

The illustration on the cover page and especially the title gave readers a misleading and distorted picture and their use, as I told Mr. Dakin, was in "extremely poor taste" on the part of the magazine.

First of all, we did not stimulate the writing of this article. Howard Whitman, the author, was assigned by Collier's to write such a story. In gathering his information he visited AMA headquarters in Chicago and requested a statement from AMA regarding its policy with respect to fee splitting. I gave him a brief statement of how the AMA feels about fee splitting, and it expressed the policy to which the AMA has subscribed for years.

The way in which the subject was presented left the false impression that the Secretary reviewed and approved the article, its title and cover illustration before publication. The fact is that I never saw the article before it was published nor did any of the other medical leaders who were quoted in the story.

IT'S A GOOD IDEA: Occasionally a ray of sunshine breaks through the dark clouds of discussion about fee splitting and ghost surgery . . . Surgeon Walter L. Porteus, Franklin, Indiana, discreetly invited colleagues to discuss and criticize a new printed pamphlet which he passes out to all his patients.

The same message that is carried on the AMA plaque, inviting patients to discuss services and fees, adorns the front cover. All the factors concerning services and fees are taken up briefly under separate attractive headings.

"As your Physician—I believe the misunderstandings about the payment of medical bills can be avoided if fees and services are discussed in advance. It is always my intent to explain fully to each patient—but there may be occasions when I may not fully anticipate the questions which may be foremost in your mind.

"If there is doubt—in any manner in your mind about the charges for your care, please ask me. We will both benefit by a frank discussion, and I want you to feel free to discuss your financial situation with me, if such is your desire.

"My fees are based—not only on the time spent with you and the nature of your illness but also upon the time which will be required in making the necessary arrangements for your surgery, and the care required until you are again well and feeling like yourself."

WHAT CAN HAPPEN IN 20 YEARS: Paul L. Martin, chief of the Washington Bureau of the Gannett newspapers.

In those 20 years, the government spent more than \$775,000,000,000 and ran up a net deficit of more than \$239,000,000,000. In other words it spent almost half again as much as it was able to collect, despite ever-increasing taxes.

At the end of the fiscal 1933, the national debt amounted to a fraction less than \$180 for each American. Now the figure is above \$2,000.

In 1933, a typical family with a \$4,000 a year income paid \$44 in federal income taxes—now it must pay close to \$500.

In the last fiscal year, tax collections were 2,100 percent greater than in 1933.

Read those figures again. Then answer this question: How long can any nation stand such a trend without going bankrupt?

CLARIFICATIONS IN "DOCTOR DRAFT LAW"

New regulations modifying and consolidating earlier directives under the "Doctor Draft Law" (Public Law 779, 81st Congress) were issued in October by the Department of Defense. These new regulations, among other things, more clearly define professional standards of special registrants (medical). For example, a special registrant will be considered professionally acceptable if he is: (1) A graduate of an approved medical school or of a foreign medical school whose graduates are recommended for consideration by the AMA's Council on Medical Education and Hospitals; (2) A graduate of any other medical school and has an M.D. degree after completing a four-year medical course providing he has had 12 months of approved intern or residency training or is a diplomat of an American specialty board, and is licensed to practice medicine in any state or territory of the United States, or is a diplomat of the National Board of Examiners.

Assigning of rank will be based upon the number of years spent in appropriate professional activities subsequent to medical school graduation and prior to date of appointment. The scale for physicians and dentists is set up as follows: Less than 4 years—1st Lieutenant in Army and Air Force, Lieutenant in Navy; 4 to 11 years—Captain in Army-AF, Lieutenant in Navy; 11 to 18 years—Major in Army-AF, Lt. Commander in Navy; 18 or more years—Lt. Colonel in Army-AF, Commander in Navy.

Copies of the entire directive are available on request from the AMA's Council on National Emergency Medical Service.

WOMAN'S AUXILIARY LAUNCHES NEW SEASON

The Woman's Auxiliary to the Mahoning County Medical Society is well launched into a very successful year under the capable leadership of its President, Mrs. Morris Rosenblum, and her associate officers. Mrs. E. R. McNeal, Chairman, and the members of the program committee have arranged an interesting and different program for the year.

At the first meeting held on September 15, at the Youngstown College Library, the newly organized Woman's Auxiliary to the Corydon Palmer Dental Society were our guests. Following pictures of Honolulu shown by Mrs. W. O. Mermis, Mrs. John Noll and her social committee provided a lovely tea for members and guests.

This year we are most fortunate and proud to have had three of our members chosen as state chairmen—Mrs. W. H. Evans is serving as State chairman of Nurses Loan Funds, Mrs. W. E. Maine, State Chairman of Radio and Visual Education, and Mrs. Craig Wales, State Chairman of Civil Defense. Mrs. Rosenblum, the President, Mrs. Ivan Smith, the President-elect, and the state chairmen attended the Fall conference of the Woman's Auxiliary to the Ohio State Medical Association held on September 29, at the Fort Hayes Hotel in Columbus.

About 125 attended the combined meeting of the Woman's Auxiliaries to the Mahoning and Trumbull County Medical Societies held at Squaw Creek Country Club, October Twentieth. Greetings from the State officers were brought by our special guest, Mrs. A. Paul Hamcliff of Toledo, President-elect of the Woman's Auxiliary to the Ohio State Medical Association.

A fine musical program was presented by the large student nurse choir of Trumbull Memorial Hospital, Warren. Mrs. Herman Ipp's fine review of "Mary Todd Lincoln" by Ruth Painter Randall rounded out a very pleasant afternoon.

Mrs. James D. Brown
Publicity Chairman

DR. FRANK BERRY TO SUCCEED DR. CASBERG

Shortly after the first of the year Dr. Frank Brown Berry, a New York surgeon with military service in two World Wars, will succeed Dr. Melvin A. Casberg as Assistant Secretary of Defense for health and medical affairs. Dr. Berry, professor of clinical surgery at Columbia University Medical School, holds the rank of brigadier general, retired; in the last war he headed the 9th Evacuation Hospital in various parts of Europe. Dr. Berry will be the top ranking medical official in Defense Department, responsible for operation and coordination of Army, Navy, and Air Force medicine. Dr. Casberg is returning to private practice in Solvang, California.

A.M.A. WASHINGTON LETTER
November 6, 1953

FOR SALE—THREE PANEL SCREEN

Sturdy and attractive folding screen consisting of three separate panels joined together. Frame only. Very reasonably priced. Call RI 3-7113.

M. H. Steinberg, M.D.

A.M.A. GROUP PLANS TRIP TO HAWAII

Chicago.—A party of physicians and their wives are expected to take advantage of the American Medical Association's 13-day Hawaiian Holiday Tour which will follow the annual A.M.A. convention in San Francisco next June 21-25.

The party will leave San Francisco aboard Pan American Airways Strato Clippers and United Air Lines Stratocruisers at 11:45 on the night of Friday, June 25—the closing day of the convention—and arrive in Honolulu early the next morning.

The guests will be put up at the beautiful Royal Hawaiian Hotel on Waikiki Beach during their eight-day stay on the Islands.

The trip includes a motor tour of Oahu and Mount Tantalus, where the visitors will get a panoramic view of Honolulu from Pearl Harbor to Diamond Head. The doctors also plan a visit to the University of Hawaii.

The return trip, scheduled at 4 p.m. on July 3, will be made on the luxurious Matson Liner, S.S. Lurline, which will dock in Los Angeles on July 8.

All of the reservations are being handled by W. M. Maloney, general agent, Room 711, 105 West Adams Street, Chicago.

Dr. George F. Lull, Chicago, secretary-general manager of the American Medical Association, said the luxurious holiday tour was arranged so that busy doctors would have an opportunity to take a brief vacation with their families after the convention business ends and before they return to their homes. "Everything has been planned," he said, "to provide the party with a glorious vacation."

The Hawaiian Medical Association will entertain the visiting physicians during their stay on the Islands.

FROM THE BULLETIN

James L. Fisher, M.D.

TWENTY YEARS AGO—DECEMBER, 1933

This was the situation briefly stated in Secretary Skipp's report: "The year 1933 is drawing to a close. We had hoped for some improvement in the economic situation but there has been very little. In fact, we in the medical profession seem to be harder hit than ever. However, the Society has progressed and has added new members during the year. It is still holding the lead as the most progressive County Society in the state."

From the committee reports a picture can be seen of what was going on and who was doing what. Paul Harvey was President, the late J. B. Nelson was President-Elect and E. C. Goldcamp was Vice-President (we had both offices those days). The late Louis Deitchman was Editor of the *Bulletin* and Paul Fuzy the fire-ball, was the Business Manager who sold the ads and kept the money coming in, which was a superhuman job.

A new plan of caring for the indigent sick was in operation under the State Relief Commission and the Allied Council. According to the Relief Director, "I believe we will have to limit our expenditures for medicine and specialists to emergency cases only. By emergency cases, I mean cases who are in danger of dying. I do not think it is the intention to attempt to cure

chronic cases of years standing." Hospital dispensaries were about to close and the doctors were confused and querulous. According to our columnist Breetus "Do these cases all have to be in extremis? All chronic cases are not included in this new plan but what are we to do with them? Is it the intention that we should throw all cardiac and diabetics on the scrap heap? Is that the New Deal?" Patients were already appearing with relief slips worth fifty cents for an office visit. Doctors were using the slips for various degrading purposes, paper being scarce those days.

The Post-Graduate Committee (Gordon Nelson) reported that the group from Memorial Hospital in New York drew 363 doctors for Post-Graduate Day. Visitors came from five states and fifty-seven cities.

The Membership Committee (Charles Hauser) reported 194 active members and fifteen new members.

Dr. Patrick put on a course of eight lectures on neurology by Dr. Karnosh of Cleveland and eight lectures on Hematology by Doan and Wiseman of Columbus in addition to the regular monthly meetings. All were well attended.

Talk about too many meetings; there were special meetings called for consideration of the plan for indigent care, for an all-local program and one every night during Cancer Week. During Cancer Week, twenty-five doctors appeared as speakers at lay groups. We really took it those days, but business was slow and we had more time.

TEN YEARS AGO—DECEMBER, 1943

Dr. Elmer Nagel served as President-Elect during that war year in the absence of President W. H. Evans. The Society struggled along but managed to keep up a high standard of programs arranged by Dr. Bunn who had to cope with transportation problems and sudden cancellations.

Secretary George McKelvey reported seven new active members and seventy-two members in the armed services. Many Society *Bulletins* had suspended publication but ours still carried on under the Editorship of the late Claude Norris.

Not many letters from doctors in the service but Stan Meyers, Cukerbaum and Randall were heard from although they couldn't tell where they were. DeCicco had moved up from Australia to some island in the South Pacific where the only meat he had for a month was corned beef, and bread only four times in three months. He should have joined the Navy.

MEDICAL LEGAL COMMITTEE OFFERS SOME GOOD SUGGESTIONS

The following points are offered by your medical legal committee regarding your association with attorneys in regard to appearing in court or in providing reports to attorneys as a service to your patient.

As a physician, you have a responsibility to your patient not only in providing medical care but also in providing testimony in court when necessary or in furnishing a summary of your patient's record at his request. When called upon to furnish any written report concerning your patient, have his written consent before "dispensing" any information.

When called upon to appear in court have your complete office records with you, plus a summary of the hospital record if the patient has been

hospitalized. Bring along with you copies of the x-ray reports, if any, and when called upon you can give the roentgenologist's opinion as well as your own. Review your records before going into the court room so that answers may be readily available under questioning.

Hold a pre-trial conference with your patient's attorney to determine the course of questioning.

Be ready to give a prognosis and have a fair estimation of permanency of disability or of disability evaluation ready when called upon. Remember that the attorneys are going to cross examine you, not in regard to your personal conduct of the treatment carried out, but in regard to disability evaluation and prognosis. Always keep uppermost in your mind that you must be impartial rendering any decision as to prognosis. Do not plead for your patient, his attorney does that. Testify without over-emphasis or partisanship. Remember the old axiom "do not speak until spoken to." Give information only when you are asked. Use language that the jury will understand. Remember that they do not comprehend most of our medical terms.

Set the time for your appearance in court. If you are subpoenaed call the attorney and have him arrange to put you on the stand, out of order. There is no reason for any attorney to call you at one o'clock and ask you to testify at two thirty the same day. This condition does come up occasionally and makes for hard feeling between doctors and lawyers, however, as it is with other matters we hear of the unusual rather than of the routine. Most all of our local attorneys will arrange for you to testify at your convenience, if you ask them. There are cases that come up unexpectedly and the attorney not having had sufficient notice, cannot call you beforehand, however these cases should be rare. The attorney will treat you courteously in this regard if at all possible; this they have assured us at a combined medical-legal meeting.

If you have a bill for treatment for your patient and it is not paid before the case comes to trial, call the attorney concerning it. Most attorneys have their clients sign an arrangement for payment of all bills by the attorney before the money is given to the client. If you deem it wise you can ask the attorney to have an assignment from his client so that you might be paid directly by the attorney.

You should be paid for your appearance in court and for pre-trial conferences. We cannot set any fees for testimony, however, we will hold to the tenure that we should be paid, win or lose, for we do not appear on a contingency basis.

We believe that holding to the above suggestions will make for a better relationship between physicians and attorneys and for a better practice of medicine as regards your medical-legal responsibility to your patient.

J. J. Sofranec, M.D.
Chairman

NO DOCTOR DRAFT NEEDED AFTER 1955, U. S. OFFICIALS AGREE

Present Defense Department planning envisions no extension of the doctor draft beyond July 1, 1955, but instead it calls for a program of "fence mending" and "belt tightening," federal officials concerned with the law stated at the annual meeting of the Association of Military Surgeons. This position

was outlined at the same time that Dr. Edward J. McCormick, president of the American Medical Association, told the surgeons: "It is our belief that this is a most propitious time for devising a program which will clearly eliminate any need for this legislation well in advance of July 1, 1955.

Dr. Melvin A. Casberg, Assistant Secretary of Defense (Health and Medical), said steps taken or planned to stimulate regular medical officer procurement include study of a law to provide medical scholarships to students commissioned in the armed forces following graduation. He said, however, that this will create a problem: "All Indians and no Chiefs." It is the duty of civilian organizations, he said, to aid the military in procuring more experienced doctors for teaching and training posts in the services.

Dr. Howard A. Rusk, chairman of the Health Resources Advisory Committee, recommended a further reduction in the physician-troop ratio, from a projected 3.2 to 2.9, as one form of belt tightening. If the size of the armed forces doesn't increase, he believes it should be possible to meet requirements after mid-1955 from each year's graduating classes. In the meantime, however, drafting of doctors will resume late next summer or early fall, he said, with possibility that as many as 1,250 Priority III doctors in their early 30s will have to be called during the life of the act.

Dr. McCormick also made these points: (1) the problems of medical care for military dependents should be turned over for study to the Hoover Commission on government reorganization, with final determinations by Congress, (2) meanwhile there should be improved utilization of military medical personnel and curtailment in non-professional duties, (3) in the event a universal military training program is voted, then pre-professional and professional education for qualified students should be continued.

A.M.A. Washington Letter No. 46

November 13, 1953

TODAY'S HEALTH

Each year the members of the Woman's Auxiliary to the Mahoning County Medical Society do a number of things to help bridge the gap between the physician and his patient. One such effort is the promotion and sale of subscriptions to the journal, *Today's Health*. This informative magazine, which was formerly called *Hygeia*, is published by the American Medical Association to get health information of all kinds to the public in terms which the public can understand. In that way it saves time for the physician by answering some of the questions which his patients might otherwise ask him, and it saves time for the patient, who would otherwise have to call his doctor.

The cost is small. Physicians can obtain subscriptions at the following rates which are only 50% of the usual price: one year, \$1.50; two years, \$2.50; three years, \$3.25; four years, \$4.00

The ladies are spending a great deal of time and effort in contacting each member of our medical society who is not already a subscriber. Say "Yes" when you are asked to subscribe. Make your subscription checks payable to "Today's Health, A.M.A." and mail them to Mrs. C. S. Lowendorf, 284 Granada Avenue, Youngstown.

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