"an effective antirheumatic agent"*

nonhormonal anti-arthritic BUTAZOLIDIN®
(brand of phenylbutazone)
relieves pain - improves function - resolves inflammation

The standing of BUTAZOLIDIN among today's anti-arthritics is attested by more than 250 published reports. From this combined experience it is evident that BUTAZOLIDIN has achieved recognition as a potent agent capable of producing clinical results that compare favorably with those of the hormones.

Indications: Gouty Arthritis Rheumatoid Arthritis Psoriatic Arthritis Rheumatoid Spondylitis Painful Shoulder Syndrome

BUTAZOLIDIN® (brand of phenylbutazone) red coated tablets of 100 mg.

NOW
IN ALL DOSAGE FORMS

Fellows CHLORAL HYDRATE

FELSULES
3 1/2 gr.

THE ORIGINAL
CHLORAL HYDRATE CAPSULES

RECTULES
10 gr.

RAPIDLY ABSORBED
NON-IRRITATING
WATER-MISCIBLE

LIQUID
PERMITS FLEXIBLE DOSAGE
NON-ALCOHOLIC

BEST for REST
and RELAXATION!

Fellows Pharmaceuticals

Samples and literature on request

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

TABLE OF CONTENTS

Vol. XXV—No. 5 May, 1955

President’s Page ........................................ 104
Editorial .................................................. 106
Guest Editorial — From The Bulletin ................. 108
Proceedings of Council ................................ 108
Gastroscopy: Its Value and Limitations ............. 194
Religion and Psychiatry ................................ 196
Keeping Up With A.M.A. ............................... 198
Have You Met? ......................................... 200
Personality of the Month ............................... 202
Counselor’s Page ........................................ 203
An Epitome of Eponyms ................................ 211
Miscellaneous ............................................ 214

ADVERTISERS’ LIST

Blair’s Dry Cleaning ................................... 229
Borchert Malt Extract ................................. 231
Bowman Drugs ........................................... 232
Ciba ...................................................... 234-235
Clinical’s Prescription Pharmacy ................. 236
Cross Drugs .............................................. 238
Davis Products .......................................... 238
Fellows .................................................. 242
Flynn’s .................................................. 243
Galaxy Pharmaceuticals ............................... 244
Gray Drugs .............................................. 246
Harvey, G. T. Co. ..................................... 248
Jense & Warren .......................................... 250
Kelly Drug Co. ......................................... 252
Lundy’s Pharmacy ...................................... 253
Lundell ................................................... 258
Maurer’s ................................................ 259
Maurer’s Specialty ........................................ 260
Mauzerall’s .............................................. 261
McKee, E. B. ............................................. 262
Montgomery’s .......................................... 263
Morgan’s .................................................. 264
National’s .............................................. 265
Nielsen’s ............................................... 266
O’Malley’s .............................................. 267
Overlook Sanatorium ................................. 269
Parke, Davis and Co. ................................ 270
Perkins .................................................. 270
Pierpont & Paul ........................................ 272
Potter’s .................................................. 273
Price ..................................................... 274
Proctor & Gamble ...................................... 275
Robbins ............................................... 277
Scott Co. ................................................. 278
Schenker ............................................... 279
Sears, Roebuck ........................................ 280
Simpson ............................................... 281
Smith, Ely & Co ....................................... 282
Staley .................................................. 283
Squier ................................................... 284
Street .................................................... 285
Stromberg .............................................. 286
Sturtevant .............................................. 287
Taylor .................................................. 288
Thomson ............................................... 289
Uphoff ................................................ 290
Van Meter .............................................. 291
Walls ................................................... 292
Ward ..................................................... 293
Wright .................................................. 294
Yale ..................................................... 295

1955
IN ALL DOSAGE FORMS

**Fellows CHLORAL HYDRATE**

**FELSULES**

3½ gr. 3½ gr. 3½ gr.

THE ORIGINAL CHLORAL HYDRATE CAPSULES

**RECTULES**

10 gr. 10 gr. 10 gr.

RAPIDLY ABSORBED NON-IRRITATING WATER-MISCIBLE

**LIQUID**

PERMITS FLEXIBLE DOSAGE NON-ALCOHOLIC

**BEST for REST and RELAXATION!**

Samples and literature on request

*pharmaceuticals since 1866*

36 Christopher St.
New York 14, N. Y.

---

**OFFICERS and COUNCIL**

**OFFICERS**

I. C. **SMITH**, President
  310 Home Savings & Loan Bldg.
  306 Market Street

G. E. **DeCICCO**, Pres-Elec.
  281 Lincoln Avenue

A. A. **DETESCO**, Secretary
  125 West Commerce Street

MRS. **MARY B. HERALD**, Ex-Officer Secretary
  255 West Commerce Street

**DELEGATES**

C. A. **GUSTAFSON** (55)

V. L. **GOODWIN** (54)

J. O. **BROWN** (57)

**ALTERNATE DELEGATES**

**THE COUNCIL**

I. C. **SMITH**

E. R. **McNEAL** (55)

A. C. **DETESCO**

G. E. **DeCICCO**

W. M. **SKIPP**

Representative to the Associated Hospital Service

H. E. **PATRICK**

---

**TABLE OF CONTENTS**

<table>
<thead>
<tr>
<th>Vol. XXV—No. 5</th>
<th>May, 1955</th>
</tr>
</thead>
<tbody>
<tr>
<td>President's Page</td>
<td>104</td>
</tr>
<tr>
<td>Editorial</td>
<td>106</td>
</tr>
<tr>
<td>Guest Editorial</td>
<td>108</td>
</tr>
<tr>
<td>From The Bulletin</td>
<td>109</td>
</tr>
<tr>
<td>Proceedings of Council</td>
<td>108</td>
</tr>
<tr>
<td>Gastroscopy: Its Value and Limitations</td>
<td>194</td>
</tr>
<tr>
<td>Religion and Psychiatry</td>
<td>196</td>
</tr>
<tr>
<td>Keeping Up With A.M.A.</td>
<td>106</td>
</tr>
<tr>
<td>Have You Met</td>
<td>201</td>
</tr>
<tr>
<td>Personality of the Month</td>
<td>204</td>
</tr>
<tr>
<td>Councilor's Page</td>
<td>206</td>
</tr>
<tr>
<td>In Memoriam</td>
<td>210</td>
</tr>
<tr>
<td>An Epitome of Eponyms</td>
<td>211</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>214</td>
</tr>
</tbody>
</table>

---

**ADVERTISERS' LIST**

- Blair's Dry Cleaning
- Bowman Drugs
- Ciba
- Cross Drugs
- Endo Products
- Fellows
- Flynn's
- Galgy Pharmaceutical
- Gray Drugs
- Harvey, G. F., Co.
- Harvey, G. F. Co.
- James & Weaver
- Kelly Drug Co.
- Leslie's Pharmacy
- Leslie's Pharmacy
- Lyons Physicis Supply Co.
- Mckesson Pharmacy
- Medical-Dental Bureau
- O'Leary's Drugs
- Porter, Davis and Co.
- Presbyterian Laboratory
- Remers's
- Scott Co.
- Spencer Supports
- Squibb
- Stiles & Donahue
- Uptight Co.
- Y & Z, Inc., for Education on Alcoholics

---

**1955**
Our President Speaks

Undoubtedly medicine owes a debt of gratitude to the National Foundation for Infantile Paralysis, for making possible the discovery and development of a safe and successful means of preventing poliomyelitis. Great credit is also due the discoverer of the vaccine, Dr. Jonas Salk.

However, the writer has heard many complaints by individual members of the society concerning the manner in which the plans for the first mass innoculation were handled. Apparently the Foundation depended upon the wholehearted cooperation of individual practitioners of medicine to carry out their program, but did not see fit to keep us properly informed of developments as they became known, except through newspapers and radio channels. These are rather unofficial sources for scientific knowledge.

It would seem to be evident that a needless publicity deception was resorted to in the withholding of all data until the anniversary of the death of a former benefactor of the Foundation. The vital nature of the program should have precluded any such practice, especially since the need for such publicity is non-existent.

I do not think it is second guessing to point out that this whole procedure could have been so handled as to avoid much of the confusion now existing. Perhaps the most favorable note in any official information the writer has received is the statement in Dr. Van Riper's letter which says that this is the last action the Foundation will take in the program for immunisation against polio.

However, it is a source of great satisfaction to all of us to note in the news columns that the nursing and the medical professions are ready for the first day's innoculations. In reviewing the roster of assignments for the first day, it is noted that the list contains in addition to twelve internists and general practitioners, two obstetricians, one proctologist, two oculists, one general surgeon, two pediatricians, one vascular surgeon, one new and throat surgeon, and one anesthesiologist. Certainly the talent furnished by the Mahoning County Medical Society is a cross section of all branches of medical practice and demonstrates the willingness of all to do his part. We can be proud of our response to this public duty.

Jean C. Barstow, M.D.
President

MAY
Our President Speaks

Undoubtedly medicine owes a debt of gratitude to the National Foundation for Infantile Paralysis, for making possible the discovery and development of a safe and successful means of preventing poliomyelitis. Great credit is also due the discoverer of the vaccine, Dr. Jonas Salk.

However, the writer has heard many complaints by individual members of the society concerning the manner in which the plans for the first mass inoculations were handled. Apparently the Foundation depended upon the wholehearted cooperation of individual practitioners of medicine to carry out their program, but did not see fit to keep us properly informed of developments as they became known, except through newspapers and radio channels. These are rather unofficial sources for scientific knowledge.

It would seem to be evident that a needless publicity deception was resorted to in the withholding of all data until the anniversary of the death of a former benefactor of the Foundation. The vital nature of the program should have precluded any such practice, especially since the need for such publicity is non-existent.

I do not think it is second guessing to point out that this whole procedure could have been so handled as to avoid much of the confusion now existing. Perhaps the most favorable note in any official information the writer has received is the statement in Dr. Van Riper's letter which says that this is the last action the Foundation will take in the program for immunization against polio.

However, it is a source of great satisfaction to all of us to note in the news columns that the nursing and the medical professions are ready for the first day's inoculations. In reviewing the roster of assignments for the first day, it is noted that the list contains in addition to twelve internists and general practitioners, two obstetricians, one pathologist, two oculists, one general surgeon, seven pediatricians, one vascular surgeon, one neuro- and throat surgeon, and one anesthesiologist. Certainly the talent furnished by the Mahoning County Medical Society is a cross section of all branches of medical practice and demonstrates the willingness of all to do his part. We can be proud of our response to this public duty.

Ivan C. Smith, M.D.
President

MAY
MAY

MAY

Dr. Harold N. Ma's day and which after all have physico-chemical effects as profoundly beneficial as the most potent of isolated hormones.

last week he diagnosed pneumonia in young Agatha, gave her a croup Doc Brown, a man of mystery and authority, who sat up all night with Aunt Agatha and pulled her through. Young Doc Brown is not the same. A drug rather than the doctor gets the credit for cure.

open criticism of their colleagues' methods or motives.

complex insulin-fluid-electrolyte regimen. And the witch doctors of wonderful drug penicillin, though. The aura of mystery and authority is gone.

do not undermine patient confidence by conflicting theories of magic and
doctors to understand the rationale of snake skull treatment than the magic ritual of insulin
doctors to understand the rationale of snake skull treatment than the magic ritual of insulin
doctor of Ailigandi than is his colleague in Detroit who recognizes diabetic acidosis

to patients to understand the rationale of snake skull treatment than the magic ritual of insulin

doctor treats his patients the less his personal prestige will be.

The reason for this paradox lies in part in the fact that man's emotional perspective has not kept abreast of his scientific achievement. The witch doctor of San Blas grating snake skull into an herb potion for a woman whose breathing suggests the hiss of a snake is more highly esteemed in Alligandi than is his colleague in Detroit who recognizes diabetic acidosis and restores function. There is something more impressive in the magic ritual of snake skull grating than the ritual of insulin injection, transfixation, intravenous electrolytes, and gastric lavage. It is easier for patients to understand the rationale of snake skull treatment than the complex insulin-fluid-electrolyte regimen. And the witch doctors of San Blas do not undermine patient confidence by conflicting theories of magic and open criticism of their colleagues' methods or motives.

Certainly patients love magic and sentiment. Grandma remembers old Doc Brown, a man of mystery and authority, who sat up all night with Aunt Agatha and pulled her through. Young Doc brown is not the same. Only last week he diagnosed pneumonia in young Agatha, gave her a croup, tense codeine, and a shot of penicillin; he was gone in an hour. Wondrous drug penicillin, though. The cure of mystery and authority is gone. A drug rather than the doctor gets the credit for cure.

Let us not tarry the paradox. Let us rather honestly employ the last developing miracles of modern medicine, at the same time giving our patients the love, sympathy, and understanding which they need more than in grandmo's day and which after all have physico-chemical effects as profoundly beneficial as the most potent of in-tuned hormones.

Milton R. Weed

*Reprinted from Detroit Medical News, April 12, 1894

FROM THE BULLETIN

TWENTY YEARS AGO — MAY 1955

Dr. John H. Talbot of the Harvard Medical School Laboratory presented the results of his group's study of heat cramps conducted in Youngstown the previous summer. They found that heat cramps were caused by salt depletion due to excessive sweating and could be relieved by intravenous injections of saline, but not by glucose. Even since their report the mills have been providing salt for workers to prevent heat cramps.

Dr. William H. Goshern of Harper Hospital, Detroit, addressed the Society on "Malgnant Neutropenia." The meeting was poorly attended, to the sorrow of the program committee. Probably a let down after Post-Graduate Day.

There was an excessive amount of scarlet fever and diphtheria this spring, more than twice as much as the previous year. Holthorn's Public Health Committee was using diphtheria tests for every child. Scarlet fever vaccine was being used some but it was causing severe reactions and soon fell into disuse.

Dr. M. W. Nehus had an excellent article on "Edeema" in this issue. Dr. J. A. Shetterly was seriously ill. The Nurses Association voted to discontinue all gratuitous nursing service in hospitals. The Medical-Legal Bureau was giving a free lunchbox with great speakers and musical ensemble every Thursday noon. The Century of Progress Exposition was on in Chicago. John L. Lewis was organizing the C.I.O. The F.E.R.A. was scrapped for the W.P.A. The Depression was lifting.

TEN YEARS AGO — May 1945

The Cancer committee headed by John Reeswelding was conducting an educational campaign for the public. A special committee on Red Cross brought in its report. They recommended closer cooperation between physicians and Red Cross personnel in cases where service men were to be called home because of illness in the family.

Dr. Harold N. Cole of Cleveland addressed the Society on "Advances In The Treatment Of Syphilis." A special meeting was called to consider a Constitution and By-Laws for the medical staff of the Receiving Hospital. There was an article defending the nursing profession which was under considerable strain with the overcrowding of hospitals and the under supply of nurses.

Major B. M. Bowman wrote that he was working night and day taking care of convos of wounded from the front. Major Walter Tims wrote from Belgium and said things were looking pretty good for the war to end soon. There was an article defending the nursing profession which was under considerable strain with the overcrowding of hospitals and the under supply of nurses.

Major B. M. Bowman wrote that he was working night and day taking care of convos of wounded from the front. Major Walter Tims wrote from Belgium and said things were looking pretty good for the war to end soon. Capt. Paul Kaufman was working in a hospital in France and was down to 110 pounds. Capt. Barclay Brandmeister was living in the jungle and hadn't received a Bulletin for several months. Capt. David E. Brody was serving with a base hospital in England. Comdr. H. S. Zee was back from Trinidad at the Sampson Naval Hospital.

It had been a bitter winter here and April was especially bad. There was no report of any major epidemics but the doctors were worn to a thread.

James L. Fisher, M.D.

Always do right. This will gratify some people and astonish the rest.

—Mark Twain
GUEST EDITORIAL

THE THERAPEUTIC PARADOX*

No period in history has witnessed more amazing advances in medicine, science, and technology than those of the past forty years. In this golden age, medicine has gradually emerged from empiricism toward a sound basis in exact physical chemistry. An astonishingly rapid and accelerating succession of fundamental discoveries has broadened our understanding of the biology, disease, and health of man. The drug rather than the doctor gets the credit for cure. More as the most potent of isolated hormones.

It is an age of Medical Miracles—more beyond belief.

One curious anomaly of our time is that, with each new li brary discovery adding to man's life expectancy, the reputation of the profession largely responsible for this presumably desirable development has been increasingly canceled. Such shockers as "Should Some Doctors Go to Jail?" and "Are You the Victim of Unnecessary Surgery?" "How Your Doctor Gets Rich," "Doctors are Off Their Pedestal." "Ghost Surgeons Haunt Your Hospital" seem to us from every news stand. Some of us are puzzled and ashamed; others add to the cacophony by stridently accusing specialists or general practitioners of aiding or abetting the lurid, anything-for-a-fast-buck journalists in their jolly efforts to stimulate circulation.

There is no reason to be cynical because doctors have already lost their pedestal in an era when medicine has made its most phenomenal progress. There is no reason to be ashamed of our accomplishments, and nothing to be gained by ill-considered recriminations. We must accept a kind of therapeutic paradox: the more specifically and successfully a physician treats his patients the less his personal prestige will be.

The reason for this paradox lies in part in the fact that man's emotional perspective has not kept abreast of his scientific achievement. The witch doctor of San Blas grinding snake skull into an herb potion for a woman whose breathing suggests the blast of a snake is more highly esteemed in Allgau than is his colleague in Detroit who recognizes diabetic cramps and restores them. There is something more impressive in the magic ritual of snake skull grinding than in the magic ritual in insulin injection, transfusion, intravenous electrolytes, and gastric lavage. It is easier for patients to understand the rationale of snake skull treatment than the complex insulin-fluid-electrolyte regimen. And the witch doctors of San Blas do not undertake patient counseling by conflicting theories of magic and open criticism of their colleagues' methods or motives.

Certainly patients love magic and sentiment. Grandma remembers old Doc Brown, a man of mystery and authority, who sat up all night with Aunt Agatha and pulled her through. Young Doc Brown is not the same.

Only last week he diagnosed pneumonia in young Agatha, gave her a croup inhalation, some codeine, and a shot of penicillin; he was gone in an hour. Ailigandi than is his colleague in Detroit who recognizes diabetic acidosis and orders an insulin-fluid-electrolyte regimen. And the witch doctors of San Blas who grind snake skull for a woman whose breathing suggests the hiss of a snake is more highly esteemed in Allgau than is his colleague in Detroit who recognizes diabetic cramps and restores them.

Some doctors have recommended closer cooperation between physicians and red cross personnel in areas where service men were to be called home because of illness in the family.

Major R. M. Bowman wrote that he was working night and day taking care of convulsions of wounded from the front. Major Walter Wise wrote from Belgium and said things were looking pretty good for the war to end soon.

The meeting was poorly attended, to the sorrow of the program committee. Probably a let down after Post-Graduate Day.

There was an excessive amount of scarlet fever and diphtheria that spring more than twice as much as the previous year. Hothorn's Public Health Committee was using diphtheria anti-toxin for every child. Scarlet fever vaccine was being used some but it was causing severe reactions and soon fell into disuse.

Dr. M. W. Neidus had an excellent article on "Edema" in this issue. Dr. J. A. Sherr-undy was seriously ill. The Nurses Association voted to discontin­ue all gratuitous nursing service in hospitals. The Medical-Dental Bureau was giving a free lunch with guest speaker and musical ensemble every Thursday noon. The Century of Progress Exposition was on in Chicago. John L. Lewis was organizing the C.I.O., the F.E.R.A. was scrapped for the W.P.A.

The Depression was lifting.

The Cancer committee headed by John Sheedling was conducting an educational campaign for the public. A special committee on Red Cross brought in its report. They recommended closer cooperation between phys­icians and Red Cross personnel in areas where service men were to be called home because of illness in the family.

Dr. Harold N. Cole of Cleveland addressed the Society on "Advances in the Treatment of Syphilis." A special meeting was called to consider a Constitution and By-Laws for the medical staff of the Receiving Hospital.

There was an article dealing with the nursing profession which was under consider­able strain with the overcrowding of hospitals and the under supply of nurses.

Major B. M. Bowman wrote that he was working night and day taking care of convulsions of wounded from the front. Major Walter Wise wrote from Belgium and said things were looking pretty good for the war to end soon.

Capt. Paul Kaufman was working in a hospital in France and was down to 115 pounds. Capt. Bancroft Brandmiller was living in 'the jungle and hadn't received a Bulletin for several months. Capt. David E. Brody was serving with a base hospital in England. Comdr. H. S. Zee was back from Trinidad at the Sampson Naval Hospital.

It had been a bitter winter here and April was especially hot. There was no report of any major epidemic but the doctors were worn to a frazzle.

James L. Fisher, M.D.

Always do right. This will gretly some people and astonish the rest.

-Mark Twain

*Reprinted from Detroit Medical News, April 12, 1894
PROCEEDINGS OF COUNCIL
April 11, 1955

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at 9:00 P.M., on April 11, 1955, at the office of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following doctors were present: C. A. Gustafson, President; Dr. Davidow, H. B. Hutt, E. G.aje, B. G. Schlecht, and A. Randall.

Minutes of the March meeting were read and approved.

Dr. Smith reported that he held a special committee meeting on Salk Vaccine, Thursday, March 31, 1955, 7:30 P.M., at the Library of the South Side Unit of the Youngstown Hospital Association, Youngstown, Ohio, concerning the distribution of the Salk Vaccine. The following doctors were present: C. A. Gustafson, President; M. W. Neidus, F. J. Mathers, S. L. Davee, H. B. Hunt, E. G. Rask, H. Segall, R. W. Middleton, F. A. Bech, F. P. McGregor, G. E. DeCiro, R. R. Fisher, A. A. Dattaco, F. A. Friederich, W. F. Young, A. Randell, R. W. Rasmussen, S. Epstein, F. L. Jones, and A. W. Miglets. Also present was Mr. Fred Porembski, druggist. The committee agreed that the primary consideration should be given the pre-school children, then the children from the third grade through junior high school. Also that the physician charge for the series of three inoculations would be $15.00.

A motion was made, seconded, and duly passed to accept the report and approve the action of the committee; however, it is generally understood that after this year the vaccine will be distributed through the regular channels the same as other vaccines. The Executive Secretary was instructed to write to Mr. Fuerer, Mahoning County Welfare Director and notify him of the action by the committee whereby the charge by the physician for the vaccine would be the same as other vaccines. The Executive Secretary was instructed to report the activities of his committee and concerning the distribution of the Salk Vaccine.

Dr. M. W. Neidus called attention to his conversation with Dr. Russell L. Cecil, regarding the Mahoning Valley Ohio Chapter of the Arthritis and Rheumatism Foundation. Dr. Cecil would like the local chapter to become more active in presenting to the House of Delegates, Cincinnati, Ohio, information concerning the distribution of the Salk Vaccine.

The minutes of the meeting of the Arthritis and Rheumatism Foundation, Cincinnati, Ohio, were read and approved.

Dr. W. P. Young reported that he called a special committee meeting to discuss the action by the committee whereby the charge by the physician for the vaccine would be the same as other vaccines.

Dr. W. P. Young reported the activities of his committee and calling attention to his conversation with Dr. Russell L. Cecil, regarding the Mahoning Valley Ohio Chapter of the Arthritis and Rheumatism Foundation. Dr. Cecil would like the local chapter to become more active in presenting to the House of Delegates, Cincinnati, Ohio, information concerning the distribution of the Salk Vaccine.

The following applications were presented by the Censor:

ACTIVE
Dr. Lester O. Gregg, 510 Dollar Bank Building, Youngstown, Ohio
Dr. Alex M. Rosenblum, 318 Fifth Avenue, Youngstown, Ohio

JUNIOR ACTIVE
Dr. Leonard Francis Frazonino, 318 Market St., Youngstown, Ohio
Dr. Salvatore V. Soriconec, 414 Home Savings and Loan Building, Youngstown, Ohio
Dr. Louis H. Schur, Woodside Receiving Hospital, Youngstown, Ohio

INTERN MEMBERS
Dr. Robert C. Kelleher, Youngstown Hospital Association, Youngstown, Ohio
Dr. John T. Scully, Youngstown Hospital Association, Youngstown, Ohio
Dr. James E. Migh, Youngstown Hospital Association, Youngstown, Ohio
Dr. Carol E. Craig, Youngstown Hospital Association, Youngstown, Ohio
Dr. Ivan Sewall, Youngstown Hospital Association, Youngstown, Ohio
Dr. Robert S. Caullin, Jr., Youngstown Hospital Association, Youngstown, Ohio
Dr. Lawrence Galatin, Youngstown Hospital Association, Youngstown, Ohio

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

Brown's Lullaby
I was sitting quietly at home, reading, when the telephone rang.

"This is Mr. Brown," said a soft Southern voice. "How you feelin' this evening, Doctor?" I assured him that I was feeling fine.

"Why didn't you call me a while ago?" replied Mr. Brown. "I was supposed to call you very soon, Doctor."

"I was supposed to call you very soon, Doctor."

"Yes, I answered. "I was supposed to call you very soon, Doctor."

"Well, now," said the gentle voice, "just thought I'd give you a ring before I went to bed, to tell you I sure hope you'll be gettin' a good night's rest tonight."

—M.D., California
The regular monthly meeting of the Council of the Mahoning County Medical Society was held at 8:00 P.M. on April 11, 1955, at the office of Dr. M. W. Nida, 318 Fifth Avenue, Youngstown, Ohio.

The following doctors were present: I. C. Smith, President, president; G. E. DeCirco, A. K. Phillips, W. M. Skipp, C. A. Gustafson, V. L. Goodwin, F. G. Schlecht, and A. Randell.

Minutes of the March meeting were read and approved.

Dr. Smith reported that he visited a special committee meeting on Salk Vaccine, Thursday, March 31, 1955, 7:30 P.M., at the Library of the South Side Unit of the Youngstown Hospital Association, Youngstown, Ohio, concerning the distribution of the Salk Vaccine. The following doctors were present: I. C. Smith, President, president; B. W. Tursillo, P. J. Mauer, S. L. Davidson, H. B. Hart, E. G. Biak, H. Segall, R. A. Biesch, H. P. McGregor, G. E. DeCirco, R. R. Fisher, A. A. Dateco, F. A. Friedrich, W. P. Young, A. Randell, R. W. Rummell, S. Epstein, P. L. Jones, and A. W. Migletz. Also present was Mr. Fred Poremba, draughtsman. The committee agreed that the primary consideration should be given the pre-school children, then the children from the third grade through junior high school. Also that the physician charge for the series of three inoculations would be $15.00. A motion was made, seconded, and duly passed that each new member be informed when his application would be read at a regular membership meeting and that he must be present at that time. Also, that the first meeting of the new members and their sponsors with the committee be scheduled for May 17, and, that the new members only be guests of the Society for dinner.

I. MEMBERS

Dr. Robert C. Kelleher, Youngstown Hospital Association, Youngstown, Ohio.

Dr. John T. Scully, Youngstown Hospital Association, Youngstown, Ohio.

Dr. James E. Mighot, Youngstown Hospital Association, Youngstown, Ohio.

Dr. Carol E. Craig, Youngstown Hospital Association, Youngstown, Ohio.

Dr. John Sewell, Youngstown Hospital Association, Youngstown, Ohio.

Dr. Robert S. Carulka, Jr., Youngstown Hospital Association, Youngstown, Ohio.

Dr. Lorenzo Galassi, Youngstown Hospital Association, Youngstown, Ohio.

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

Brown's Lullaby

I was sitting quietly at home, reading, when the telephone rang.

"This is Mr. Brown," said a soft Southern voice. "How you lettin' this evenin', Doctor?" I assured him that I was feeling fine.

"Mighty pleased to hear that," said Brown. "You goin' to operate on my missus in the mornin', remember?"

"Yes," I answered. (I was scheduled to perform a hysterectomy on Mrs. Brown the next day.)

"Well, now," said the gentle voice, "just thought I'd give you a ring before I went to bed, to tell you I sure hope you'll be gettin' a good night's rest tonight."

—M.D., California 1955
Oral broad spectrum antibiotic therapy may cause infection with Candida albicans.

A new concept in antibiotic therapy

Each Mysteclin capsule, containing 250 milligrams of tetracycline hydrochloride and 250,000 units of nystatin, costs the patient only a few pennies more than does tetracycline alone.

Minimum adult dose: 1 capsule q.i.d.
Supply: Bottles of 12 and 100.

Hippocrates Off Base

With all due respect to the “father of medicine,” Hippocrates of Cos (fifth century B.C.), some of his aphorisms were less than accurate. A few of these are illustrated below—not to belittle the first great clinician but to show the imaginative ignorance of the day. Certainly these pithy statements are a vivid commentary on medical folklore.

People who lisp are especially liable to prolonged diarrhoea. (VI:32)

Those who are bold do not suffer from varicose veins, while those who are timid develop such veins, then his hair grows again. (VI:36)

It is better not to treat those who have internal cancers since, if treated, they die quickly; but if not treated, they last a long time. (VI:38)

A female fetus inclines to the right, a male to the left. (V:48)

If the length of a fever is not an odd number of days, relapse is likely to occur. (IV:61)

Unless a fever be due to bile, the pouring of a lot of hot water on the head will end the fever. (VII:42)

Varicose veins or hemorrhoids appearing in a case of madness put an end to it. (V:21)

To know whether a woman be pregnant, administer a draught of hydromel on retiring when she has had no supper. If she suffers from colic in the stomach, she is pregnant; if not, she is not pregnant. (V:41)

If, in a woman who is carrying twins, one breast becomes thin, a miscarriage will occur of one of the children. If the right breast is affected, the male child will be lost; if the left, the female. (V:38)

On the other hand, Hippocrates did say:

With regard to food and drink, it is better to take something less suitable but pleasing than something more suitable but less pleasing. (II:38)

It is unwise to prophesy either death or recovery in acute diseases. (II:19)

REFERENCES


Oral broad spectrum antibiotic therapy may cause infection with *Candida albicans*.

**A new concept in antibiotic therapy**

- **antibacterial therapy**
- **antifungal prophylaxis**

Each Mysteclin capsule, containing 250 milligrams of tetracycline hydrochloride and 250,000 units of nystatin, costs the patient only a few pennies more than does tetracycline alone.

Minimum adult dose: 1 capsule q.i.d.

Supply: Bottles of 12 and 100.

**Mysteclin**

Antibacterial - antifungal

*Squibb Pharmaceutical Laboratories*

---

**Hippocrates Off Base**

With all due respect to the "father of medicine," Hippocrates of Cos (fifth century B.C.), some of his aphorisms were less than accurate. A few of these are illustrated below—not to belittle the first great clinician but to show the imaginative ignorance of the day. Certainly these pithy statements are a vivid commentary on medical folklore.

- People who lip are especially liable to prolonged diarrhoea. (VI:32)
- Those who are bold do not suffer from varicose veins, while should someone who is bold develop such veins, then his hair grows again. (VI:30)
- It is better not to treat those who have internal cancer since, if treated, they die quickly; but if not treated they last a long time. (VI:38)
- A male fetus inclines to the right, a female to the left. (V:48)
- If the length of a fever is not an odd number of days, relapse is likely to occur. (IV:61)
- Unless a fever be due to bile, the pouring of a lot of hot water on the head will end the fever. (VII:42)
- Varicose veins or hemorrhoids appearing in a case of madness put an end to it. (VI:21)
- To know whether a woman be pregnant, administer a draught of hydromel on retiring when she has had no supper. If she suffers from colic in the stomach she is pregnant; if not, she is not pregnant. (V:41)
- If, in a woman who is carrying twins, one breast becomes thin, a miscarriage will occur of one of the children. If the right breast is affected, the male child will be lost; if the left, the female. (V:39)

On the other hand, Hippocrates did say:

- With regard to food and drink, it is better to take something slightly less suitable but pleasing than something more suitable but less pleasing. (II:38)
- The old feel ill less often than the young, but when they contract chronic ailments these usually accompany them to the grave. (II:39)
- Desperate cases need the most desperate remedies. (I:6)
- Sudden death is more common in those who are naturally fat than in the lean. (II:44)
- It is unwise to prophesy either death or recovery in acute diseases. (II:44)

**References**


---

**TV Cameras Focus on A.M.A. Annual Meeting**

What goes on behind the scenes at the world's largest medical meeting will be the theme of the "March of Medicine" telecast on Tuesday, June 7. This third program in the 1955 spring series of "March of Medicine" shows will be beamed directly from the convention halls of the A.M.A.'s 104th Annual Meeting at Atlantic City. Sponsored by Smith, Elise and French Laboratories in cooperation with the A.M.A., the live telecast will be carried over the NBC-TV network at 9:30 p.m. EDT, replacing Armstrong Cork Company's "Circle Theater."

Outstanding scientific features of the meeting will be presented for the benefit of those physicians unable to attend the meeting as well as the interested general public. Check local newspapers for time and station in your area.
The April Meeting of the Academy of General Practice

The regular monthly meeting of The Mahoning County Chapter of The American Academy of General Practice was held on Tuesday, April 12 at the South Side Nurses Home. A two hour lecture on headache was presented by Doctor Leonard Lovshin of the Cleveland Clinic Foundation. During a recess in the lecture, the regular monthly meeting was held. In respect to the meeting there is nothing new to report except that Doctors J. L. Fisher and W. P. Camp were elected to the position of delegates, and Doctor Camp and McGregor to the position of alternate delegates. These delegates represent The Mahoning County Chapter at the state conventions.

Calculi

Doctors delegates represent The Mahoning J. Dunng sent to by Doctor Leonard Lovshin of The Cleveland respect to the meeting there is nothing new to report except that Doctors

THE APRIL MEETING

BULLETIN

THE MAHONING COUNTY MEDICAL SOCIETY

BILLY ROSE SAYS:

"For my dough, the most important people in the world are doctors . . ."

"If you cut yourself, if something starts living in your insides, if your kid breaks out in spots, whom do you hol-ler for? Your Congressman? The president of your bank? The Secretary of War? Not on your tinype. You need for the man with the little black satchel . . ."

"When I was a kid, I had scarlet fever, and they tacked up a sign on my house, and nobody could come near me. But a small gent with a black bag walked right in . . ."

"I remember asking my mother, "Can't doctors catch scarlet fever?" She said they couldn' t -- but she was fibbing. The list of doctors who were killed by the bugs they were chomping would stretch from here to Valhalla . . ."

"Of course the great standouts of medical science don't need any ballyhoo from me. But the doctor who rides around in that 1947 Chevvy could use a little applause. In a civilization that rates a guy by how big a check he can write, the doctor knocks his brains out for less than we pay a bricklayer or a plumber. Sun or shab, he's on tap if you're in trouble. Twenty-four hours a day he stands ready to stop what's hurting you."

"To me that's as important as anybody can get."

NATIONAL CONFERENCE ON SALK POLIO VACCINE

Secretary of Health, Education, and Welfare Dr. A. Culp Hobby announced today that she is inviting some 50 national organizations to send representatives to Washington to give them all available current information with respect to the availability of the Salk poliomyelitis vaccine. The Secretary said that the viewpoints of these groups would immedi­ately be made available to the National Advisory Committee on Poliomyelitis Vaccine.

The Secretary announced yesterday that such a committee was being appointed. The names of the committee members will be announced next week.

Representatives of the National groups will meet Wednesday, April 27, Chairman of the April 27 meeting will be Dr. Chester B. Koeler, Special Assistant to the Secretary for Health and Medical Affairs and Special Advisor to the President.

The meeting will be held at the HHS Auditorium, 330 Independence Avenue, E.W., Washington, D.C.

Lawyer Robert Jordan of Talbotton says the height of illegibility is . . . a doctor's prescription written with a post office pen in a rumble seat of a secondhand car.

-- roots barbering in the Manchester Mercury

1955
Doctors Camp and McGregor to the position of alternate delegates. These delegates represent The Mahoning County Chapter at the state conventions. During a recess in the lecture, the regular monthly meeting was held. In sented by Doctor Leonard Lovshin of The Cleveland Clinic Foundation.

THE APRIL MEETING OF THE ACADEMY OF GENERAL PRACTICE

The regular monthly meeting of The Mahoning County Chapter of The American Academy of General Practice was held on Tuesday, April 12 at the South Side Nurses Home. A two hour lecture on headache was presented by Doctor Leonard Lovshin of The Cleveland Clinic Foundation. During a recess in the lecture, the regular monthly meeting was held. In respect to the meeting there is nothing new to report except that Doctors J. L. Fisher and W. P. Camp were elected to the position of delegates, and Doctors Camp and McGregor to the position of alternate delegates. These delegates represent The Mahoning County Chapter at the state conventions.

THE MARCHING COUNTY MEDICAL SOCIETY

NATIONAL CONFERENCE ON SALK POLIO VACCINE

Secretary of Health, Education, and Welfare Dr. C. P. Hobby announced today that she is inviting some 50 national organizations to send representatives to Washington to give them all available current information with respect to the availability of the Salk poliomyelitis vaccine.

The Secretary said that the viewpoints of these groups would immediately be made available to the National Advisory Committee on Poliomyelitis Vaccine. The Secretary announced yesterday that such a committee was being appointed. The names of the committee members will be announced next week.

Representatives of the National groups meet Wednesday, April 27. Chairman of the April 27 meeting will be Dr. Chester J. Keefer, Special Assistant to the Secretary for Health and Medical Affairs and Special Advisor to the President.

The meeting will be held at the HEW Auditorium, 330 Independence Avenue, S.W., Washington, D.C.

Lawyer Robert Jordan of Talbotton says the height of illegibility is . . . a doctor’s prescription written with a postoffice pen in a rumble seat of a second-hand car.
GASTROSCOPY: ITS VALUE AND LIMITATIONS

Since the perfection of the flexible gastroscope by Rudolph Schindler in 1932, visual examination of the gastric mucosa has been practical and safe. In recent years gastroscopy has enjoyed increasing usage in the office and in-patient examination of patients with abdominal distress.

Method

Prerequisites for a thorough gastroscopic examination are an empty stomach, reduction of gastric and salivary secretions, patient cooperation and analgesia. These are obtained by fasting, anti-cholinergic parenteral medication, sedation, topical anesthesia and reassurance. In those few individuals who are sensitive to cocaine derivatives certain anti-histamines can be used locally in the throat. Immediately prior to passing the scope the stomach is emptied with a large lumen tube. This serves to tell the operator that there is no obstruction in the lower esophagus. The patient is placed in the left lateral position and the head is supported by an assistant. Passage of the gastroscope is accomplished through the mouth, down the esophagus, and into the stomach. Five minutes will give a good examination in most instances.

Value

Gastritis is the most common organic disease of the stomach and gastroscopy is the best, often the only, means of diagnosis short of surgery. However, gastritis is commonly associated with other disorders and other methods of diagnosis must be used concurrently. The indictment of gastritis as the only cause of the patient's symptoms must be done by exclusion.

Gastroscopy is of value in determining the malignancy or benignity of a lesion when used in conjunction with x-ray. Klotz et al. diagnosed correctly 95 of 96 cases of benign gastric ulcer, using radiological and gastroscopic evidence. They concluded that if the lesion can be seen gastroscopically the combination of x-ray, clinical evaluation and gastroscopy will furnish the diagnosis in almost all cases.

In a recent series of 82 surgically proven gastric malignancies x-ray was in error 12 percent and gastroscopy 20 percent. By combining both methods only one case in the series was considered benign. It would appear that surgical exploration is justified if the finger of suspicion is pointed by either x-ray or gastroscopy.

The combination of gastric folds can often be resolved by gastroscopy, especially combined with biopsy.

Inadequate x-ray diagnosis of a lesion can frequently be made definite by gastroscopy and occasionally a small gastric lesion can be seen which would have evaded x-ray diagnosis. solitary gastric polyps and small ulcers are examples.

Limitations

A negative gastroscopic examination does not preclude the presence of disease. There are certain blind areas in the stomach which are variable from patient to patient, but in general include the cardia and posterior wall. System of the stomach, deformities such as cascade deformity, stenosis due to prolonged pyloric obstruction, and certain congenital malformations will yield poor examinations and inconclusive results. Routine x-ray examination within 24 hours prior to gastroscopy will leave a coating which obscures the view.

Duodenal ulcer is not seen by the gastroscope.

Indications for Gastroscopy

1. Gastric ulcer
2. Gastric carcinoma
3. Unexplained gross hemmorhage
4. Benign gastric tumor
5. Following a pre-malignant lesion
6. Following the healing process
7. Unknown lesion found at x-ray
8. Symptoms after gastris surgery
9. Luetic patient with gastric symptoms
10. GI symptoms after normal x-rays
11. Certain cases of an gastric disease
12. Teaching — especially to recognize the normal.

Contraindications to Gastroscopy

1. Aortic aneurysm
2. Esophageal varices
3. Esophageal obstruction
4. Curative gastritis
5. Phlegmonous gastritis
6. Abdominal rigidity
7. Fever from abdominal disease
8. Non-cooperative patient
9. Failure to pass the Ewald tube
10. Absence of recent GI series x-ray

Symptoms of Hearing Loss

A person should consult an audiologist for an audometric test if he answers "yes" to more than one of the following questions:

- Do you find that most people seem to be "mumbling" or slurring their words when they talk to you?
- Do you hear better in noisy places than in quieter ones?
- Are you bothered by head noises or "ringing" in the ears?
- Do harsh, loud noises seem actually painful?
- Do you find that, at one moment, you cannot hear someone speaking to you, and, at the next, he seems to be shouting?
- Can you hear the sound of a voice but find it difficult or impossible to understand what is being said?
- Do you seem to hear better with one ear than the other?
- Do you puckter your brow and scowl—perhaps without realizing it—while attempting to catch what people are saying?
- Do you have trouble hearing when attending church, listening to the radio, watching television or seeing a movie?

Leonard Davis, Secretary
American Hearing Aid Association

Wayne L. Asey, M.D.
With apologies to Michael Bianco, M.D. and the Summit County Medical Society Bulletin.

Henry L. Bockus feels that "Gastroscopy is a valuable adjunct to gastric radiology and should never be considered a competing procedure. Their combined use in properly selected cases will result in more accurate diagnosis than is possible when used separately." Increasingly wide use of the flexible gastroscopes will aid in advancing our knowledge of gastric disease and function.

THE MAHONING COUNTY MEDICAL SOCIETY
MAY 1955

195 BULLETIN
GASTROSCOPY: ITS VALUE AND LIMITATIONS

Since the perfection of the flexible gastroscopy by Rudolph Schindler in 1932, visual examination of the gastric mucosa has been practical and safe. In recent years gastroscopy has enjoyed increasing usage in the office and in-patient examination of patients with abdominal distress.

Method

Prerequisites for a thorough gastroscopic examination are an empty stomach, reduction of gastric and salivary secretions, patient cooperation and analgesia. These are obtained by fasting, anti-cholinergic peroral medication, sedation, topical anesthesia and reassurance. In those few individuals who are sensitive to cocaine derivatives certain anti-histamines can be used locally in the throat. Immediately prior to passing the scope the stomach is emptied with a large lumen tube. This serves to tell the operator that there is no obstruction in the lower esophagus. The patient is placed in the left lateral position and the head is supported by an assistant. Passage of the gastro scope is accomplished through the mouth, down the esophagus, and into the stomach. Five minutes will give a good examination in most instances.

Value

Gastritis is the most common organic disease of the stomach and gastroscopy is the best, often the only, means of diagnosis short of surgery. However, gastritis is commonly associated with other disorders and other methods of diagnosis must be used concurrently. The indictment of gastritis as the only cause of the patient's symptoms must be done by exclusion.

Gastroscopy is of value in determining the malignancy or benignancy of a lesion when used in conjunction with x-ray. Elston et al. diagnosed correctly 95 of 106 cases of benign gastric ulcer, using radiological and gastroscopic evidence. They concluded that if the lesion can be seen gastro scopically the combination of x-ray, clinical evaluation and gastroscopy will furnish the diagnosis in almost all cases.

In a recent series of 82 surgically proven gastric malignancies x-ray was in error 12 percent and gastroscopy 20 percent. By combining both methods only one case in the series was considered benign. It would appear that surgical exploration is justified if the finger of suspicion is pointed by either x-ray or gastroscopy.

Limitations

A negative gastroscopic examination does not preclude the presence of disease. There are certain blind areas in the stomach which are variable from patient to patient, but in general include the cardiac and posterior wall. Sigmoid of the stomach, deformities such as cosinoid deformity, atony due to prolonged pyloric obstruction, and certain congenital malformations will yield poor examinations and inconclusive results. During a very examination within 24 hours prior to gastroscopy will leave a coating which obscures the view.

Duodenal ulcer is not seen by the gastroscope.

GASIL'ROSCOPY: ITS VALUE AND LIMITATIONS

Indications for Gastroscopy

1. Gastric ulcer
2. Gastric cancer
3. Unexplained gross hemorrhage
4. Benign gastric tumor
5. Following a pre-malignant lesion
6. Following the healing process
7. Unknown lesion found at x-ray
8. Symptoms after gastric surgery
9. Leptic patient with gastric symptoms
10. GI symptoms after normal x-rays
11. Certain cases of esophagitis etc.
12. Teaching—especially to recognize the normal.

Contraindications to Gastroscopy

Absolute
1. Aortic aneurysm
2. Esophageal varices
3. Esophageal obstruction
4. Corrosive gastritis
5. Phlegmonous gastritis
6. Abdominal rigidity
7. Fever from abdominal disease
8. Non-operative patient
9. Failure to pass the Ewald tube
10. Abundance of recent GI series x-ray

Relative
1. Angina Pectoris
2. Dyspepsia
3. Cardiac decompen sation
4. Psychosis
5. Severe scoliosis
6. Kyphosis
7. Cardiopasm

Symptoms of Hearing Loss

A person should consult an otologist for an audiometric test if he answers "yes" to more than one of the following questions:

Do you find that most people seem to be "mumbling" or slurring their words when they talk to you?

Do you hear better in noisy places than in quieter ones?

Do you hear the sound of a voice but find it difficult or impossible to understand what is being said?

Do you hear better with one ear than the other?

Do you have trouble hearing when attending church, listening to the radio, watching television or seeing a movie?

Wayne L. Agey, M.D.
With apologies to Michael Bianco, M.D. and the Summit County Medical Society Bulletin.

1955

Henry L. Bockus feels that "Gastroscopy is a valuable adjunct to gastric radiology and should never be considered a competing procedure. Their combined use in properly selected cases will result in more accurate diagnosis than is possible when used separately."

Increasingly wide use of the flexible gastroscope will aid in advancing our knowledge of gastric disease and function.
RELIGION AND PSYCHIATRY

Members of the clergy and psychiatrists are less confused than any groups of people about psychiatry in relationship to religion. This article is an attempt to clarify some common misconceptions about this problem.

First, it is necessary to try to make operational definitions of "religion" and "psychiatry" or each is used in this paper. "Religion" is used in reference to belief in and worship of a Supreme Being; "psychiatry" is used as both a theory of the causes and motivations of man's total behavior and the attempts at treating poor adaptation to self and others.

Religion and psychiatry are different and cannot be sensibly interchanged for each other. Psychiatry (both as theory and treatment) cannot be a substitute for religion nor does it promise to do so. Psychiatry does not hold itself to be either a new religion or an old religion in a new form. Psychiatry is definitely not opposed to religion.

Psychiatry can often offer rational interpretations of guilt and reduce some of the anxiety that guilt produces — but psychiatry cannot absolve guilt. The subject of guilt has been a source of the untrue conclusion that psychiatry is trying to usurp an important part of religion. Therefore, some clarification of guilt in psychiatric theory and therapy is necessary.

Psychiatrists do not believe that good mental health depends on not feeling guilty. Guilt in psychiatry refers to a subjectively perceived feeling of guilt — either exaggerated and distorted or unconscious. Successful psychotherapy aims to better the patient's relationships with other people. It traces out the motivating forces and meaning of the patient's behavior, it makes the patient aware of the pathological distribution of his emotions, and it reorients this distribution. Where there are specific problems of ethics and moral conduct combined with a desire to be forgiven, scientific advice that is neutral with regard to values is not enough to remove the pressures of this kind of guilt.

Successful psychiatric treatment does not mean or imply the loss of religious belief. It may imply a change in the way that the patient tried to use religion to meet or support his sick needs. Psychotherapy does not aim to give the patient freedom of his instincts without regard to any law. Sincere religious convictions are a powerful aid in the preservation of mental health but they do not constitute an infallible prevention or cure of all emotional distress. The idea that God will help overcome adversity contributes a tremendous force to give people a sense of trust, strength, and (when necessary) resignation. But, religious people can and do become emotionally ill. When a person develops emotional illness, religious hallucinations alone will not cure him. The skills of psychiatry can often help.

An important part of psychiatry is helping the patient discover or re-discover his own constructive potentialities, ideals, and hopes that will make his life worth living. Among these values, the patient will often find those of religion. But, psychiatry cannot give God to a patient.

Just as psychiatry is not a substitute for religion, religion is not a substitute for psychiatry. The spiritual adviser has many useful functions — many of them are similar or related to those of the psychiatrist, many are different from those of the psychiatrist. The clergyman must be concerned with the individual problems and special needs of his people. In this role, he gives comfort to people in distress, he listens and gives support while people talk about their problems, he helps people to see themselves in relation to others, he can and does help people regain their judgment and objectivity. Psychiatrists welcome and encourage these functions of the clergyman.

Troubled people go to both psychiatrists and spiritual advisers. There is no fixed rule by which to determine whether a troubled person should see either a clergymen or a psychiatrist. The spiritual adviser is an instrument through whom certain transcendental religious values can be offered for healing. The psychiatrist performs his medical function not by rejecting religion but by using his different training and methodology. The psychiatrist tries to relieve symptoms and change a disease process, he tries to help the patient get some understanding of himself as a person and the mental mechanisms involved, he tries to get each patient to live a more full and happy life within the limits of the equipment he possesses and the real situations in which he must exist.

Religion and psychiatry agree both on the value and dignity of the individual and on the value of human understanding and kindly relations. Psychiatrists realize that they do not have a monopoly on understanding people — some poets, writers, theologians, and philosophers have contributed great knowledge. The fact that increasingly larger numbers of people are turning to religion and psychiatry for help does not mean that these two services are contradictory or competing with each other. It does mean that they are mutually compatible. Clergymen of all faiths refer large numbers of people to psychiatrists. Psychiatrists do not try to play the role of God, they respect each patient's religious beliefs, and they do send people to their spiritual advisors who invariably know far more about religious problems than psychiatrists do.

It is amusing to read and hear of the passing of the family physician. There never was a time in our history in which he was so much in evidence, in which he was so prosperous, in which his prospects were so good or his power in the community so potent. The public has even begun to get sentimental over him. He still does the work; the consultants and the specialists do the talking and the writing; and take the fees! By the work, I mean that great mass of routine practice which brings the doctor into every household in the land and makes him, not alone the adviser, but the valued friend. He is the standard by which we are measured. What he is, we are; and the estimate of the professions in the eyes of the public is their estimate of him. A well-trained, sensible doctor is one of the most valuable assets of a community, worth to-day, as in Homer's time, many another man. To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild.

—Sir William Osler, 1902

Research has been called good business, a necessity, a gamble, a game. It is none of these—it's a state of mind...

Equipment discovers nothing...

Research is the same given the crystal formed when the night's worry is added to the day's sweat.

— Martin R. Ficher
RELIGION AND PSYCHIATRY

Members of the clergy and psychiatrists are less confused than any groups of people about psychiatry in relationship to religion. This article is an attempt to clarify some common misconceptions about this problem.

First, it is necessary to try to make operational definitions of "religion" and "psychiatry" as each is used in this paper. "Religion" is used in reference to belief in and worship of a Supreme Being; "psychiatry" is used as both a theory of the causes and motivations of man's total behavior and the attempts at treating poor adaptation to self and others.

Religion and psychiatry are different and cannot be sensibly interchanged for each other. Psychiatry (both on theory and treatment) cannot be a substitute for religion nor does it promise to do so. Psychiatry does not hold itself to be either a new religion or an old religion in a new form. Psychiatry is definitely not opposed to religion.

Psychiatry can often offer rational interpretations of guilt and reduce some of the anxiety that guilt produces—but psychiatry cannot alleviate guilt. The subject of guilt has been a source of the untrue conclusion that psychiatry is trying to usurp an important part of religion. Therefore, some clarification of guilt in psychiatric theory and therapy is necessary.

Psychiatrists do not believe that good mental health depends on not feeling guilty. Guilt in psychiatry refers to a subjectively perceived feeling of guilt—either unexpected and disquieted or unconscious. Successful psychotherapy aims to better the patient's relationships with other people, it traces out the motivating forces and meanings of the patient's behavior, it makes the patient aware of the pathological distribution of his emotions, and it rectifies this distribution. Where there are specific problems of ethics and moral conduct combined with a desire to be forgiven, scientific advice that is neutral with regard to values is not enough to remove the pressures of this kind of guilt.

Successful psychiatric treatment does not mean or imply the loss of religious belief. It may imply a change in the way that the patient tried to use religion to meet or support his sick needs. Psychotherapy does not aim to give the patient freedom of his instincts without regard to any law.

Believe religious convictions are a powerful aid in the preservation of mental health, but they do not constitute an infallible prevention or cure of all emotional distress. The idea that God will help overcome adversity contributes a tremendous force to give people a sense of trust, strength, and (when necessary) resignation. But, religious people can and do become emotionally ill. When a person develops emotional illness, religious exhortations alone will not cure him. The skills of psychiatry can often help.

An important part of psychotherapy is helping the patient discover or re-discover his own constructive potentialities, ideals, and hopes that will make his life worth living. Among these values, the patient will often find those of religion. But, psychiatry cannot give God to a patient just as psychiatry is not a substitute for religion, religion is not a substitute for psychiatry. The spiritual adviser has many useful functions—many of them are similar or related to those of the psychiatrist, many are different from those of the psychiatrist. The clergyman must be concerned with the individual problems and special needs of his people. In this role, he gives comfort to people in distress, he fusans and gives support while people talk about their problems, he helps people to see themselves in relation to others, he can and does help people regain their judgment and objectivity. Psychiatrists welcome and encourage these functions of the clergyman.

Troubled people go to both psychiatrists and spiritual advisers. There is no fixed rule by which to determine whether a troubled person should see either a clergyman or a psychiatrist. The spiritual adviser is the instrument through whom certain transcendent religious values can be offered for healing. The psychiatrist performs his medical function not by rejecting religion but by using his different training and methodology. The psychiatrist tries to relieve symptoms and change a disease process, he tries to help the patient get some understanding of himself as a person and the neural mechanisms involved, he tries to get each patient to live a more full and happy life within the limits of the equipment he possesses and the real situations in which he must exist.

Religion and psychiatry agree both on the value and dignity of the individual and on the value of human understanding and kindly relations. Psychiatrists realize that they do not have a monopoly on understanding people—some poets, writers, theologians, and philosophers have contributed great knowledge.

The fact that increasingly larger numbers of people are turning to religion and psychiatry for help does not mean that these two services are contradictory or competing with each other. It does mean that they are mutually compatible. Clergymen of all faiths refer large numbers of people to psychiatrists. Psychiatrists do not try to play the role of God, they respect each patient's religious beliefs, and they do send people to their spiritual advisers who invariably know more about religious problems than psychiatrists do.

It is amusing to read and hear of the passing of the family physician. There never was a time in our history in which he was so much in evidence, in which he was so prosperous, in which his prospects were so good or his power in the community so potent. The public has even begun to get sentimental over him. He still does the work; the consultants and the specialists do the talking and the writing, and take the fees! By the work I mean that great mass of routine practice which brings the doctor into every household in the land and makes him, not alone the adviser, but the valued friend. He is the standard by which we are measured. What he is, we are; and the estimate of the profession in the eyes of the public is their estimate of him. A well-trained, sensible doctor is one of the most valuable assets of a community, worth to-day, as in Homer's time, many another man. To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild. -Sir William Osler, 1902

Research has been called good business, a necessity, a gamble, a game. It is none of these—it's a state of mind...

Equipment discovers nothing...

Research is the name given the crystal formed when the eight's worry is added to the day's sweat. —Martin R. Fleisher

MAY
A.M.A. AND VETERANS GROUPS CRITICIZE HOOVER REPORT. Veterans' organizations and A.M.A. rose up fast and mightily against Hoover Commission recommendations on medical care of veterans. Former said they were too harsh and the latter too generous. American Legion expressed "shock and disappointment." Veterans of Foreign Wars deplored this sign of "growing contempt" and A.M.A.'s warned that Commission's plan would "skyrocket the cost of veterans' medical care."

The Legion says "there are many vicious, unwarranted and unjustified attacks on the sick and disabled veterans of America." It hurled the charge "socialized medicine" at Commission's proposed that non-service-connected cases accepted for Federal treatment assume liability to make payments for services at a later date . . . no justification for closing 20 veterans hospitals . . . and charged that the report implies that sick and disabled veterans perjure themselves to gain hospital admittance.

Hoover Commission junked the major recommendations of its own 16-member Medical Task Force. It substituted instead proposals which will expand instead of curtail government medical care for veterans with non-service-connected disabilities.

The Medical Task Force recommended that veterans with non-service-connected disabilities receive hospital care if the need for such disability is established within three years following discharge from active duty. This would reduce cost from 17.5 million to about 3 million. The commission recommended that this service be reduced through a closer financial screening of applicants. This has already been tried and proved ineffective.

To remove the three year limit and, at the same time, furnish the non-service-disabled veteran outpatient care in veterans hospitals is certainly not in keeping with the commission's objective of trying to eliminate wasteful government spending and the unnecessary intrusion of the federal government into private affairs.

MRS. HOBBY OUTLINES PROGRAM, DEFENDS REINSURANCE PLAN. Her selection (under protest) as important sections of the health bill are "sick pay" and "socialized medicine." "I don't believe people want socialized medicine but they do want a way to pay medical bills. If we don't do it by a voluntary plan, then it must be done by subsidy or by compulsory health insurance."

MAY
A.M.A. COMMITTEE GIVES IT VIEWS ON MILITARY TRAINING. A.M.A.
calls a new trainee-reserve program (H.R. 2867). The association's objectives were to comment on the medical aspects involved; rather than to support or oppose the program.

1. Deferment from induction for military training should continue through the medical student's professional training, and not end with his graduation; classification of medical students as deferred specialists should occur at or before the age of induction; schools should continue to select their own students and to control the educational programs.

2. Because the trainees would not be in combat or assigned overseas their medical care should be furnished by civilian contract physicians. Induction and periodic medical examination of reserves should be conducted by contract civilian physicians or reserves.

3. The association would be unalterably opposed to the federal government furnishing medical care to veterans of the trainee program for non-service-connected conditions.

A.M.A. TESTIFIES ON TWO MENTAL HEALTH BILLS. Before the Health and Science Subcommittee at the House appeared Dr. David B. Allison, trustee and chairman of the Committee on Legislation and Dr. Leo H. Bartemeier, chairman of the Council on Mental Health.

The following is a listing of what the Committee feels are matters in which they should take an active part:
1. A study of the influences of psychiatry in medical education...
2. The consideration of the responsibilities and training of adjacent personnel...
3. The field for psychiatric units in general hospitals...
4. The amendment of laws on commitment of the mentally ill...
5. The need for laws on specific groups, such as sex offenders and criminals...
6. The development of mental health clinics...
7. A public education in mental health through radio, TV, magazines and newspapers...
8. The establishment of cooperative relationships with other national groups in mental health...
9. The development of a firmly coordinated relationship and cooperative planning between the A.M.A., Committee and mental health committees of state and county medical societies.

Dr. Bartemeier, Director of the Aten Institute, appearing in support of H.R. 3458 and H.R. 3720, and House Joint Resolution 230.

To authorize a 5 yr. program of grants to states for mental health services... of special project grants for the development of improved methods of care, treatment and rehabilitation of the mentally ill.

H.R. Res. 230 would promote an intensive survey in the field of mental health over a 3 yr. period and upon the recommendation of the National Institute of Mental Health. These grants to assist in financing a thorough, professional, and impartial study of all aspects of the mental health problems, including methods and practices in diagnosing, treating and rehabilitating the mentally ill.

Mental illness is, however, a medical problem. We have mistakenly sought solutions to our problems by the construction and maintenance, at tremendous public cost, of institutions for custodial care of the mentally ill. In many instances these institutions are nothing more than mental "pesthouses" where patients are confined indefinitely with slight hope of cure.

In this report is a great deal of legislation that is coming before Congress and about which every member of the profession should be informed.

BULLETIN

MAY
This is a very important piece of legislation and should be watched very closely as it may be doing the very thing we do not want, wherein the federal government dictates (because of aid) policy in teaching, investigation, etc. Let’s look before we leap and socialize ourselves through our schools. Let’s try to keep them free. GIVE TO THE AMERICAN MEDICAL EDUCATION FOUNDATION.

A 5yr. program of federal aid for construction, expansion and maintenance of medical schools. New schools would get 2/3 of construction costs. Existing schools, if they increased freshmen enrollment by 5% would receive 2/3, otherwise the federal share could not exceed 50%. A school could receive up to $3 million for construction during the 5 yrs., exclusive of $25,000 for planning. The bill states that 20% of any new construction grant, "may, at the discretion of the applicant, be allocated to permanent endowment for the cost of maintenance of the new facility." Cost of construction would not include cost of acquisition of land. The Public Health Service would administer the Act.

S. 723 FOR A FEDERAL MENTAL HEALTH COMMISSION. The A.M.A. gave its wholehearted support to the non-government survey of mental health.

H.R. 4924 (Van Zandt, R.Pa.) and H.R. 4374 (Kingsley, D-Calif.) SOCIAL SECURITY Lawyers. Similar bills that would amend the Social Security Act to make coverage compulsory for lawyers. Along with physicians and others, lawyers were exempt from compulsory coverage by the 83rd Congress.

H.R. 2158 (Cottrell, B.N.Y.) and H.R. 3096 (Yates, D-Ill.) REMOVING LIMITATION ON OUTSIDE INCOME. SOCIAL SECURITY. Some of these measures would become effective immediately, others after 1955. All would allow the self-employed physician (if placed under social security) to continue practice without loss of OASI benefits.

H.R. 3195 (Curtis, R-Mo.) BENEFIT PLANS IN LIEU OF SOCIAL SECURITY. Would authorize a waiver of OASI payroll taxes for an individual participating in a private insurance benefit plan. The cash surrender value of the private plan would have to equal the payroll taxes that would have been paid to OASI. If the individual ceased to participate in the private plan, the insurer would have to pay into the OASI fund the tax that would have been paid had the individual not been in the private plan.

Congress members continue to receive letters and petitions urging exemption from compulsory coverage.

Appendixitis in Infants

The diagnosis of appendixitis in infants and young children is often difficult because the clinical picture is atypical. Error or delay in diagnosis is, however, more serious in these patients than in the adolescent or adult, because the younger patients tend to perform much sooner. The reason: In young children, the omentum is thin and filamentous. It is therefore ineffective in its efforts to surround and delay the inflammatory process. For the same reason, the peritonitis following perforation in young patients tends to be more severe.

Notes Worth Noting. Tufts M. J. November 1953

Dr. Leonard Francis Fagnano who is now a Junior Active Member of the Mahoning County Medical Society? Born in Youngstown in 1920, he obtained his premedical education at Youngstown College and then attended Northwestern University Medical School where he received his M.D. in 1948. He stayed on in Chicago for a year of internship at Cook County Hospital. Dr. Fagnano returned to serve as resident in General Surgery at the Youngstown Hospital Association from 1950 to 1954. His office is located at 2718 Market Street where his practice is limited to general surgery. Dr. and Mrs. Fagnano, the former Angela Puccio of Wampum, Pa., reside at 204 Indiana Road.

Dr. Lester O. Gregg who is now an Active Member of the Mahoning County Medical Society? A native of Winder, Penna., born on November 3, 1915, he received his B.S. from the University of Pittsburgh and then attended Hahnemann Medical College in Philadelphia where he obtained his M.D. Dr. Gregg served his internship at Shady-side Hospital in Pittsburgh and then went on in his specialty training in ENT at Bellevue and Long Island Hospital in New York. He spent three years in the U. S. Army Medical Corps.

Dr. Alex M. Rosenblum who is now an Active Member of the Mahoning County Medical Society? A native Youngstown, born on June 5, 1920, he received his undergraduate training at Swarthmore College and then went on to the University of Pennsylvania to obtain his M.D. Dr. Rosenblum returned to Youngstown to serve his internship at St. Elizabeth Hospital and then went on to complete his graduate training at Cook County Hospital in Chicago, Illinois. He served in the U.S. Army Medical Corps. His offices are located at 318 Fifth Avenue where his practice is limited to internal medicine. Dr. and Mrs. Rosenblum, the former Margie Lott, reside at 291 Park Ave.

Dr. and Mrs. Fagnano, the former Angela Puccio of Wampum, Pa., reside at 204 Indiana Road.

Dr. and Mrs. Fagnano, the former Angela Puccio of Wampum, Pa., reside at 204 Indiana Road.
This is a very important piece of legislation and should be watched very closely as it may be doing the very thing we do not want, wherein the federal government dictates (because of old policy) to teaching, investigations, etc. Let's look before we leap and socialize ourselves through our schools. Let's try to keep them free. GIVE TO THE AMERICAN MEDICAL EDUCATION FOUNDATION.

A 5yr. program of federal aid for construction, expansion and maintenance of medical schools. New schools would get 2/3 of construction costs. Existing schools, if they increased freshman enrollment by 5% would receive 1/3, otherwise the federal share could not exceed 50%. A school could receive up to $3 million for construction during the 5 yrs., exclusive of $25,000 for planning. The bill states that 20% of any new construction grant, "may, at the discretion of the applicant, be allocated to permanent endowment for the cost of maintenance of the new facility." Cost of construction would not include cost of acquisition of land. The Public Health Service would administer the Act.

S. 723 FOR A FEDERAL MENTAL HEALTH COMMISSION. The A.M.A. gave its wholehearted support to the non-government survey of mental health. H.R. 4957 by Rep. Henry Reuss (D-Wisc.) It authorized coverage of self-employed physicians and surgeons. Similar bills that would amend the Social Security Act to make coverage compulsory for lawyers. Along with physicians and others, lawyers were exempt from compulsory coverage by the 83rd Congress. If a lawyer entered the private plan, the insurer would have to pay into the fund the surrender value of the private plan. The maximum surrender value of the private plan would have to equal the payroll taxes that would have been paid to Social Security. The individual ceased to participate in the private plan, the insurer would have to pay into the OASI fund the tax that would have been paid had the individual been in the private plan.

Congress members continue to receive letters and petitions urging extension of social security coverage of doctors. H.R. 2168 (Ostertag, R-N.Y.) and H.R. 3890 (Curtis, R-Mo.) BENEFIT PLANS IN LIEU OF SOCIAL SECURITY. Would authorize a waiver of OASI payroll taxes for an individual participating in a private insurance benefit and in a retirement plan. The cost of maintainence of the new facility. The diagnosis of appendicitis in infants and young children is often difficult because the clinical picture is atypical. Would authorize a waiver of OAS! payroll taxes for an individual participating in a private insurance benefit and in a retirement plan.

Dr. Leonard Francis Fagnano who is now a Junior Active Member of the Mahoning County Medical Society? Born in Youngstown in 1923, he obtained his premedical education at Youngstown College and then attended Northwestern University Medical School where he received his M.D. in 1948. He stayed on in Chicago for a year of internship at Cook County Hospital. Dr. Fagnano returned to serve as resident in General Surgery at the Youngstown Hospital Association from 1950 to 1954. His office is located at 2118 Market Street where his practice is limited to general surgery. Dr. and Mrs. Fagnano, the former Angela Pozzuto of Wampum, Pa., reside at 204 Indianaohn Road.

Notes Worth Noting, Tufts M. J., November 1953

Dr. Alex M. Rosenblum who is now an Active Member of the Mahoning County Medical Society? A native Youngstown, born on June 5, 1925, he received his undergraduate education at Swarthmore College and then went on to the University of Pennsylvania to obtain his M.D. Dr. Rosenblum returned to Youngstown to serve his internship at St. Elizabeth Hospital and then went on to complete his graduate training at Cook County Hospital in Chicago, Illinois. He served in the U.S. Army Medical Corps. His offices are located at 318 Fifth Avenue where his practice is limited to internal medicine. Dr. and Mrs. Rosenblum, the former Margie Lott, reside at 236 Coronado Avenue where son Lee and daughter Sue Ann complete the Rosenblum family.
Dr. Louis H. Scharf who has recently become a Junior Active Member of the Mahoning County Medical Society? A native of Berehy, Czechoslovakia, born on January 5, 1906, he received his medical education at Medical College of the University of Prague. Dr. Scharf served a year of internship at the New York Hospital and then four years in psychiatry at the Hudson River State Hospital in New York. His office is at Woodside Receiving Hospital where he serves on the staff. In 1946, Elisabeth Rosenbaum became Mrs. Scharf in Prague, and now with son, Robert, and the Doctor, the Scharf residence is at 2607 Homestead Avenue.

Dr. Salvatore V. Squicquero who is a new Junior Active Member of the Mahoning County Medical Society? Dr. Squicquero was born in Ellwood City, Penna., on November 26, 1921 and attended Stritch School of Medicine, Loyola University in Chicago, Illinois for his medical study. His internship was served at St. Elizabeth Hospital right here in Youngstown and he had one year of pathology at the North Side Unit, Youngstown Hospital Association. 1946-1947 found him in the Air Force and again in 1953-1954. He is in general practice in the Home Savings and Loan Bldg., and with his wife, Elsie Berna Squicquero and children David, Mark Rita, and Margaret, he resides at 50 Tod Lane.

PHYSICIANS WORKING FOR CHARITY. It has been generally known for a long time that physicians spend many an hour in clinics and hospitals and on calls for which they receive no payment and expect none. While doctors deserve no medal for this, these unpaid bills and freely-given hours add up to lost income. The New Hampshire Medical Society came up with the best study yet on the subject of free medical care. In a survey conducted among GPs and specialists they found that somebody, somewhere in New Hampshire gets $4 worth of free medical care and treatment every minute. The annual value of this free medical care is $2096,640. Or to put it another way, the value of this free medical care is $40,230 per week, or $5,760 every day. "Just about every practicing physician does some charity work." The average doctor in the state is providing $3,245 worth of free medical care a year — slightly more than $65 weekly. For surgeons and specialists the free care ... measured in terms of dollars and cents, . . . would be substantially greater. Free surgery . . . that is surgery for which the physician-surgeon received no payment or performs the work at a reduced rate . . . may amount to $1,000 or more a month.
Dr. Louis H. Scharf who has recently become a Junior Active Member of the Mahoning County Medical Society? A native of Beriny, Czechoslovakia, born on January 5, 1906, he received his medical education at Medical College of the University of Prague. Dr. Scharf served a year of internship at the New York Hospital and then four years in psychiatry at the Judson River State Hospital in New York. His office is at Woodside Receiving Hospital where he serves on the staff. In 1946, Elizabeth Rosenbaum became Mrs. Scharf in Prague, and now with son, Robert, and the Doctor, the Scharf residence is at 3607 Homestead Avenue.

Dr. Salvatore V. Squicquero who is a new Junior Active Member of the Mahoning County Medical Society? Dr. Squicquero was born in Ellwood City, Penna., on November 26, 1921 and attended Stritch School of Medicine, Loyola University in Chicago, Illinois for his medical study. His internship was served at St. Elizabeth Hospital right here in Youngstown and he had one year of pathology at the North Side Unit, Youngstown Hospital Association. 1946-1947 found him in the Air Force and again in 1953-1954. He is in general practice in the Home Savings and Loan Bldg. and with his wife, Elsie Berna Squicquero and children, David, Mark, Rita, and Margaret, he resides at 50 Tod Lane.

PHYSICIANS WORKING FOR CHARITY. It has been generally known for a long time that physicians spend many an hour in clinics and hospitals and on calls for which they receive no payment and expect none. While doctors deserve no medal for this, these unpaid bills and freely-given hours add up to lost income. The New Hampshire Medical Society came up with the best study yet on the subject of free medical care. In a survey conducted among GP's and specialists they found that somebody, somewhere in New Hampshire gets $4 worth of free medical care and treatment every minute. The annual value of this free medical care is $2,096,640. Or to put it another way, the value of this free medical care is $40,230 per week, or $5,760 every day. "Just about every practicing physician does some charity work." The average doctor in the state is providing $3,245 worth of free medical care a year — slightly more than $65 weekly. For surgeons and specialists the free care...measured in terms of dollars and cents...would be substantially greater. Free surgery...that is surgery for which the physician-surgeon received no payment or performs the work at a reduced rate...may amount to $1,000 or more a month.

When you specify the Pfizer antibiotic of your choice Stress Fortified with the B-complex, C and K vitamins recommended by the National Research Council, be sure to write SF on your prescription.
PERSONALITY OF THE MONTH

May brings as our personality of the month, Dr. Charles A. Doan, one of the nation's outstanding authorities in research on blood diseases and dean of the Ohio State University College of Medicine. He is our scheduled speaker for the May meeting of the Mahoning County Medical Society which will be held at 8:30 p.m. at the Elks Club on May 17, 1955.

A native of Nelsonville, Ohio, Dr. Doan graduated with his B.S. from Hiram College in 1918 and then received his M.D. from Johns Hopkins University in 1923. Staying on as a resident house officer at Johns Hopkins Hospital in 1923, he then followed with a year as an assistant in the department of anatomy in the same institution. The next year found Dr. Doan in Boston, the city of Back Bay and Beans where he served as an assistant in the Harvard department of medicine, assistant physician in Boston City Hospital and assistant to the Thorndike Memorial Laboratory.

From 1925 to 1930, he worked as an associate of the Rockefeller Institute for Medical Research in New York City and in 1930 came to Ohio State as professor of medicine and director of the department of medical and surgical research. He served in these Ohio State posts until 1936 when he became chairman of the University's department of medicine, physician-in-chief at St. Mary's Hospital and assistant professor of medicine in the College of Medicine. In 1944, Dr. Doan became a director of University Hospital, professor of medicine, director of medical research and Dean of the Ohio State University College of Medicine.

Dr. Doan is currently a member of the Committee on Policies and Procedures of the National Blood Program of the American National Red Cross; chairman of the Hematology Study Section of the National Institute of Health, USPHS; a fellow of the American Public Health Assn.; director of the Columbus Cancer Clinic; and expert consultant to the Surgeon General.

His membership includes the Assn. of American Physicians; the New York Academy of Medicine; the American Assn. for the Advancement of Science; the A.M.A.; the American College of Physicians of which he is governor for Ohio and member of the Board of Regents; the American Assn. of Anatomists; the American Society for Experimental Pathology; the American Society for Clinical Investigation; the Society for Experimental Biology and Medicine; the Harvard Society; the American Society for Clinical Pathology; the Phi Beta Kappa, Sigma Xi, and Alpha Omega Alpha.

In 1941, Dr. Doan received the gold medal of the American Society of Clinical Pathologists. He is the author of more than 150 scientific contributions to the literature in the field of hematology.

We look forward with great anticipation to the visit of Dr. Charles A. Doan, our guest speaker for the month of May who will speak on "New Horizons in the Approach to Therapy of Lymphomata and Acute Leukemia" at the Elks Club at 8:30 p.m. on May 17, 1955.
The Mahoning County Medical Society presents for the

MAY MEETING

CHARLES A. DOAN, M.D.
Professor of Medicine
Director of Medical Research
Dean of Ohio State University College of Medicine

Subject: "New Horizons in the Approach to Therapy of Lymphomata and Acute Leukemia"

May 17, 1955
Elks Club — 8:30 P. M.
THE COUNCILOR'S PAGE

Until fairly recently the doctor devoted himself solely to his patient. But times have changed. Our generation of physicians has been forced into many new activities which would be incomprehensible to our predecessors. These new activities are not merely something forced on us by our new environment, but are, in fact, part and parcel of our duty to our patients. Some doctors, failing to realize that fact, look down on such activities and refuse to take any part of them. Such men are wrong, for what we are trying to do today is for the welfare of the public, our patients, because these activities are part of the plan by which we hope to keep our profession free of government control.

If we cannot keep medicine free, the ultimate sufferers will be the patient. It is therefore our duty as physicians to fight off the Welfare State Societies who see control of medical care as the way to total domination of our world. Only in freedom can we "use treatment to help the sick according to our ability and judgment."

In Washington, at the last session of Congress 40% more "health" bills were introduced than in any previous session. 36% of the Senators and 36% of the House of Representatives introduced bills dealing with health measures. In all, 607 health bills were introduced. At this session probably an even greater number will be introduced.

In our Ohio Legislature at the current session more than 50 bills involving health have been put into the hopper. Ninety-six of these have been introduced by the council of the A.M.A., and those presented in our state legislature are studied by our state council. We had a state council meeting in the session. All of these bills have some medical or health aspect.

Our So-Called "Civil Defense" program is pending before a committee, our machinery goes high gear. Our secretary, knowing the attitude of council on the measure, sends the information to each legislative chairman of the 88 counties of the state. These physicians then contact the proper legislators at once, have a talk with them, putting forth our views on the measure. No legislator can read and decide on 133 bills. He must depend, to a great extent, on what someone he trusts will tell him about the bill.

You may well ask: "What does our Ohio State Medical Association do for the enactment of good health legislation, locally and nationally?"

Each election year, a few weeks prior to the November election, every candidate for office, state or national, is interviewed by a doctor on his attitudes concerning health legislation. His answers are recorded and a copy sent to O.S.M.A., headquarters in Columbus. Here they are kept on file for use by our state secretary and his staff, and the state legislative committee.

In each of the eleven Councilor Districts of the State of Ohio pre-election conferences are held. These are attended by our state secretary or his assistants, by the councilor of the district, and by members of the legislative committee of each district. Here the candidates and their views on health legislation are discussed, and decisions are made on who should be supported. Party politics do not enter. Information about candidates is then compiled and sent to every doctor in the district. He is not told how to vote, or how he wishes he would vote, but is given the information on the candidate's views. An effort is thus made to elect legislators who have what we think are the right views on medical legislation.

When these legislators are elected and begin presenting bills, we have two teams who go into action. Bills presented in Washington are studied by the council of the A.M.A., and those presented in our state legislature are studied by our state council. We had a state council meeting in Columbus at the beginning of this session of the legislature. We spent the entire day going over legislative proposals and anticipated measures. We carefully thought the right views on medical legislation.

In our city headquarters in Columbus is in constant touch with what is going on in the legislature. He is acquainted with all the legislators. From the information sent him from county committees, he knows also how they feel on medical matters. He discusses these medical problems with the lawmakers. Often they come to him for advice. There is a very friendly split between the legislators and our headquarters. Difference of opinion on a specific measure is pending before a committee, our machinery goes high gear.

You should be personally acquainted with your legislators and discuss with them your ideas on these legislative matters. If you are unable to talk to them either personally or by phone, a letter, brief or to the point, will let them know that you are aware of the measures they are asked to make, and that you think that you can help them enact good legislation.

Each county society has a legislative chairman and committee. The chairman gets a legislative bulletin or phone call from headquarters every week. Our secretary in Columbus is in constant touch with what is going on in the legislature. He is acquainted with all the legislators. From the information sent him from county committees, he knows also how they feel on medical matters. He discusses these medical problems with the lawmakers. Often they come to him for advice. There is a very friendly split between the legislators and our headquarters. Difference of opinion on a specific measure is pending before a committee, our machinery goes high gear.

A business meeting was held on Tuesday, April 12, at the Woman's Auxiliary to the Mahoning County Medical Society. The program followed a delightful spring luncheon served for thirty members. The table was gay with tulips, snap dragons, daisies, and bells of Ireland. Mrs. Morris Basanbloom gave the invocation and the committee chairman submitted their annual report. Mrs. Lawrence Waller, chairman for the day, introduced the speaker, Mr. Calvin Hinds, who showed a movie and talked on Civil Defense.

The following officers were elected for the coming year:

President ____________ ____________ Mrs. Craig Wales
President-elect ____________ ____________ Mrs. Paul Mahar
Vice President ____________ ____________ Mrs. John Wasilko
Treasurer ____________ ____________ Mrs. Ben Brown
Recording Secretary ____________ ____________ Mrs. Fred C. Henner
Corresponding Secretary ____________ ____________ Mrs. Fred C. Coombs

The officers will be installed at the annual dinner May 16, at the Youngstown Country Club.

Bladwyn Rogers

...continued
THE COUNCILOR'S PAGE

Until fairly recently the doctor devoted himself solely to his patient. But times have changed. Our generation of physicians has been forced into many new activities which would be incomprehensible to our predecessors. These new activities are not merely "something forced on us by our new environment, but are, in fact, part and parcel of our duty to our patients. Some doctors, failing to realize that fact, look down on such activities and refuse to take any part of them. Such men are wrong, for what we are trying to do today is for the welfare of the public, our patients, because these activities are part of the plan by which we hope to keep our profession free of government control.

If we cannot keep medicine free, the ultimate sufferers will be the patient. It is therefore our duty as physicians to fight off the Wallace State Societies who see control of medical care as the way to total domination of our world. Only in freedom can we "use treatment to help the sick according to our ability and judgment."

In Washington, at the last session of Congress 40\% more "health" bills were introduced than in any previous session. 38\% of the Senators and 96\% of the House of Representatives introduced bills dealing with health measures. In all, 607 health bills were introduced. At this session probably an even greater number will be introduced.

In our Ohio Legislature at the current session more than 50 bills involving health have been put into the hopper. Some we favor; some we are against.

You may well ask: "What does our Ohio State Medical Association do for the enactment of good health legislation, locally and nationally?"

Each election year, a few weeks prior to the November election, every candidate for office, state or national, is interviewed by a doctor on his attitudes concerning health legislation. His answers are recorded and a copy sent to O.S.M.A. headquarters in Columbus. Here they are kept on file for use by our state secretary and his staff, and the state legislative committee.

In each of the eleven County Legislatures of the State of Ohio pre-election conferences are held. These are attended by our state secretary or his assistant, by the councilor of the district, and by members of the legislative committees of each district. Here the candidates and their views on health legislation are discussed, and decisions are made on who should be supported. Partisan politics do not enter. Information about candidates is then compiled and sent to every doctor in the district. He is not told how to vote, or how we wish he would vote, but is given the information on the candidates' views. An effort is made to elect legislators who have what we think are the right views on medical legislation.

When these legislators are elected and begin presenting bills, we have two teams who go into action. Bills presented in Washington are studied by the council of the A.M.A., and those presented in our state legislature are studied by our state council. We had a state council meeting in Columbus at the beginning of this session of the legislature. We spent the entire day going over legislative proposals and anticipated measures. We carefully analyzed and expressed our views on approximately fifty bills which were in the Ohio General Assembly or will, in all probability, be introduced during the session. All of these bills have some medical or health aspect. Our adopted policies and expressed views on these measures are available for the guidance of the county medical societies, the state committee on legislation, and members of the Columbus office staff. These recommendations express the consensus of opinion of the members of council after honest consideration and thorough discussion.

The purpose of these studies and expression of policies is to enable you to know what is going on in Columbus and what decisions your lawmakers will be called upon to make.

You should be personally acquainted with your legislators and discuss with them your ideas on these legislative matters. If you are unable to talk to them either personally or by phone, a letter, brief and to the point, will let them know that you are aware of the decisions they are asked to make, and that you think that you can help them enact good legislation.

Each county society has a legislative chairman and committee. The chairman gets a legislative bulletin or phone call from headquarters every week. Our secretary in Columbus is in constant touch with what is going on in the legislature. He is acquainted with all the legislators. From the information sent him from county committees, he knows how they feel on medical matters. He discusses these medical problems with the lawmakers. Often they come to him for advice. There is a very friendly spirit between the legislators and our headquarters. Difference of opinion, an excellent situation which occurs at times, does not necessarily mean animosity.

Now, when a "hot potato" is pending before a committee, our machinery goes into high gear. Our secretary, knowing the attitude of council on the measure, sends the information to each legislative chairman of the 88 counties of the state. These physicians then contact the proper legislators at once, leave a talk with them, putting forth our views on the measure. No legislator can read and decide on 1300 bills. He must depend, to a great extent, on someone he trusts will tell him about the bill.

C. A. Gustafson, M.D.
Councillor, Sixth District

WOMAN'S AUXILIARY NEWS

A business meeting was held on Tuesday, April 12, at the Woman's Club by the Woman's Auxiliary to the Mahoning County Medical Society. The program followed a delightful spring luncheon served for thirty members. The table was gay with tulips, snap dragons, daisies, and bells of Ireland.

Mrs. Morris Roanblum gave the invocation and the committee chairman submitted their annual reports. Mrs. Lawrence Weller, chairman for the day, introduced the speaker. Mr. Calvin Hinda, who showed a movie and talked on Civil Defense.

The following officers were elected for the coming year:

President Mrs. Craig Wales
President-elect Mrs. Paul Mahar
Vice President Mrs. John J. Wasko
Treasurer Mrs. Ben Brown
Recording Secretary Mrs. John C. Benner
Corresponding Secretary Mrs. Fred C. Combs

The officers will be installed at the annual dinner May 18, at the Youngstown Country Club.

Blodwyn Roger
Perhaps the greatest single criticism of our present day, high-speed mode of life is that we permit the wringing of the inner man.

We have diversified our activities and have so occupied ourselves with the consequences that we have lost the ability and the desire to reflect and to peer within. In an age of ever-increasing complexity we have become engrossed with our machines and have been caught up in our own production lines.

Where is the man, in these troubled days who can calmly view himself and ask "why?", "whither?", or "wherefore?"?

It may be that the calm and calculated art of detached thinking has become so foreign to our present day that we have lost our sense of direction. Certainly it is not indefensible to say that man is still subject to the same actions and desires as always before. But how many of us now take time to consider them? Our thinking is done as we run. But where are we running?

As physicians we are affected with the same malignant infiltration of our minds. In a science which has grown so fantastically complicated that groups and sub-groups with early, late, large and small meetings.

"There is time to realize the truth of the proverb, "There is greater wisdom in a minute of silence than in a year of shouting." It is time to wonder if the desire for slowing the pace, that comes with advancing years, is not more a product of maturity than of exhaustion.

---Greene County Medical Society Bulletin---

**Contraindications to Blood Transfusions**

1. Moderate hypertension—the added transfusion load may precipitate cardiac decompensation or cerebral accident.
2. Congestive heart failure—blood is frequently withdrawn from the patient with acute congestive heart failure.
3. Leukemia without bleeding—the heart muscle is so weakened by the infiltration of immature leukemic cells that a transfusion overload may produce heart failure.
4. Severe dehydration—there is usually hemococoncentration in severe dehydration. Fluids or plasma are indicated.
5. War-gas poisoning—here also dehydration is prevent.
6. General cardiac collapse, unless surgery is to be done—there is no real value in giving a transfusion, for it may increase the pressure in the diseased vessel.
7. Congestive hemolytic anemia—the regenerative power is from 50 to 70%, as seen in the reticulocyte count. The increase is so rapid that transfusion is not necessary. Also it was found that cells added simply increased the hemolysis and jaundice.

---From Surgical Technique and Principles of Operative Surgery---

A. V. Partipilo, M.D., Los Felispo, Philadelphia, 1853

---MAY---

**WHAT YOUR PATIENTS READ AND HEAR**

Articles of medical interest in current popular magazines:

1. Albert Q. Maisel: "They Call Him 'Dr. Love Again'"---Readers Digest, March, p. 51.
10. J. D. Potter: "Are These the Most Loved Children?"---Woman's Home Companion, March, p. 47.

Radio and TV programs running currently:

- "The Medici"—9:00 p.m., each Monday but the fourth.
- "Prescription for Living"—4:30 p.m., each Sunday.
- "Interlude"—9:45 a.m., each Saturday.

---The Legal Mind---

Several years ago, a young doctor of my acquaintance sat as a key witness in a widely-publicized homicide trial. When he took the stand, the attorney propounded a long and involved cross-examination. The attorney then propounded a long and involved hypothetical question.

The doctor listened with steadily rising temper, then turned to the judge.

"Your Honor," he said. "I'm just a country practitioner and this is the first time I've testified in a homicide case. Any of the authorities at that table—he nodded toward the counsel's corner—"undeniably can tell you much better than I how the deceased might have died, could have died, or should have died."

"I can only tell you how he actually did die. I can do that because I was there. Do I get any chance to talk about that?"

He did.

---M. W. Warren---
KNOW THYSELF

Perhaps the greatest single criticism of our present day, high-speed mode of life is that we permit the writhing of the inner man.

We have so diversified our activities and have so occupied ourselves with inconsequentials that we have lost the ability and the desire to reflect and to personal assessment. In an age of ever increasing complexity we have become engaged with our machines and have been caught up on our own production lines.

Where is the man, in those troubled days who can calmly view himself and ask "why?", "whither?", out "wherefore?"

It may be that the calm and calculated art of detached thinking has become so foreign to our present day that we have lost our sense of direction. Certainly it is not indefensible to say that man is still subject to the interlude, the time to wonder is greater wisdom in a minute of silence than of exhaustion.

As physicians we are affected with the same malignant infiltration of our minds. In a science which has grown so fantastically complicated that we must stand in awe of what we know not, what is our approach?

We have tried to compensate by frantically splitting ourselves into groups and sub-groups with early, late, large and small meetings. Of course, it is commendable that physicians feel a compulsion to learn, but the pace, that comes with advancing years, is not more a product of maturity with inconsequentials that we have lost the ability and the desire to reflection and personal assessment.

Of course, it is commendable that physicians feel a compulsion to learn, but it is time to consider them? Our thinking is done as we run. But where are we running?

It may be that the calm and calculated art of detached thinking has become so foreign to our present day that we have lost our sense of direction. Certainly it is not indefensible to say that man is still subject to the interlude, the time to wonder is greater wisdom in a minute of silence than of exhaustion.

—Greene County Medical Society Bulletin

Contraindications to Blood Transfusions

1. Malignant hypertension—the added transfusion load may precipitate cardiac decompensation or cerebral accident.
2. Congestive heart failure—blood is frequently withdrawn from the patient with acute congestive heart failure.
3. Leukemia without bleeding—the heart muscle is so weakened by the infiltration of immature leukemic cells that a transfusion overload may produce heart failure.
4. Severe dehydration—there is usually hemolysis in severe dehydration. Fluids or plasma are indicated.
5. War-gas poisoning—here also dehydration is present.
6. General carcinomatosis, unless surgery is to be done—there is no real value in giving a transfusion, for it may increase the pressure in the diseased vessel.
7. Congestive hemolytic anemia—the regenerative power is from 50 to 70%, as seen in the reticulocyte count. The increase is so rapid that transfusion is not necessary. Also it was found that cells added simply increased the hemolysis and jaundice.

—From Surgical Technique and Principles of Operative Surgery
A. V. Partipilo, M.D., Lea & Febiger, Philadelphia, 1953

WHAT YOUR PATIENTS READ AND HEAR

Articles of medical interest in current popular magazines:
1. Albert Q. Maisel: "They Call Him 'Dr. Live Again'" Readers Digest, March, p. 51.
2. Allan Keller: "They Who Didn't Look Hurt" Readers Digest, March, p. 73.
7. Maxine Davis: "Medical Manhattan District" Good Housekeeping, March, p. 128.

Radio and TV programs running currently:
1. "The Medic"—9:00 p.m., each Monday but the fourth.
2. "Prescription for Living"—4:30 p.m., each Sunday.
3. "Interlude"—9:45 a.m., each Saturday.

Several years ago, a young doctor of my acquaintance sat as a key witness in a widely-publicized homicide trial. When he took the stand, the opposing counsel, well aided by medical experts, put him through a grueling cross-examination. The attorney then propounded a long and involved hypothetical question.

The doctor listened with steady rising temper, then turned to the judge.

"Your Honor," he said, "I'm just a country practitioner and this is the first time I've testified in a homicide case. Any of the authorities at that table—he nodded toward the counsel's corner—'undoubtedly can tell you much better than I how the deceased might have died, could have died, or should have died."

"I can only tell you how he actually did die. I can do that because I was there. Do I get any chance to talk about that?"

He did.

—M. W. Warren
THE NEW BIGOTRY

Practically everybody considers himself a "liberal" and practically every liberal condemns bigotry and prejudice. This phrase, "bigotry and prejudice," one must assume, refers to a general condemnation of an entire class based on a preconception that the group is inherently evil. And no liberal would be caught sanctioning any such "prejudgments." Not against any ethnic or religious group that is. But there is one field where the liberal may be prejudiced to his heart's content. That is in distrusting physicians. Here he may accept as an article of faith, the thesis that physicians are inherently greedy and that all their opinions and actions are based on self-interest in the most unenlightened sense of that term. Indeed, it is even "smart" for the liberal to cling to such notions. Typically, he will reject the possibility that physicians, individually or in groups, are motivated by any honest dedication to public welfare.

If the doctor for himself or as spokesman for a medical society, if the doctor says that compulsory health insurance leads to second rate medical care, the prejudged answer snaps back: the doctor says that because he is prosperous under this system and doesn't want to reduce his income. If it is pointed out that the destruction of free choice removes something fine (and something therapeutically useful), the answer is that this is a myth dreamed up by physicians to protect their own interests. Indeed, the "liberal" in such a context will not even concede that the physician might be honestly mistaken in his attitude. He will have it that the doctor takes his position out of greed, and deny that any physician who opposes expanding health insurance could possibly be honorably motivated. If you point out that physicians are forever doing things against their own interests, you get laughed at. If you dare mention the vast amount of gratis work done by every M.D., you are told that this is being patronizing, or that this is simply the result of a bad conscience. If you repeat stories of personal devotion, hours of unremitting and unrewarded vigil, or of personal exposure, you are told that this is pure corn.

No example of heroism, sacrifice, or selfless dedication to patients, will make any difference. For the critic has already made up his mind. He has judged—indeed he has prejudged. And in the pursuit sense of the word, this is "prejudice." But it is the new prejudice, the permitted prejudice, even perhaps the fashionable prejudice. It is, furthermore, the safe prejudice, for the critics can be sure that no matter how hostile their tone, how unfair their condemnation, there can be no retaliation. For medicine's indispensable benefits are for friend and foe alike.

IN MEMORIAM

Dr. Samuel J. Kletman, who died on Thursday, April 28, 1955 at the age of 50, of a heart ailment. A graduate of the College of Medicine of Ohio State University in 1930, Dr. Kletman served as a surgeon for many years on the staff of the South Unit of the Youngstown Hospital Association, suspending his practice three years ago to become assistant medical director for the Youngstown Hospital Association.

One of the first Youngstown physicians to volunteer for service after the Japanese attack on Pearl Harbor, Dr. Kletman spent almost four years aboard a transport ship which carried wounded and sick servicemen between the Aleutians and the United States.

It is with sincere regret, warm remembrance and great affection that the members of the Mahoning County Medical Society acknowledge the untimely passing of our friend, Dr. "Sam" Kletman.

"To live is to leave behind is not to die."

—Thomas Campbell

THE MAHONING COUNTY MEDICAL SOCIETY

AN EPITOME OF EPONYMS

Here is an opportunity for refreshing relaxation. Can you define the following, sometimes and unfortunately known by the name of an early describer? (We, too, deplore the use of eponyms to describe medical entities, but we fear that, for the present, they are very much with us.)

A score of 60 percent makes you credible.

what is . . .

PFANNENSTIEL INCISION?

PIRQUET'S REACTION?

PLUMMER-VINSON SYNDROME?

POTT'S FRACTURE?

POUPART'S LIGAMENT?

PRAUSNITZ-KUSTNER REACTION?

PROETZ POSITION?

PURKINJE FIBERS?

QUECKENSTEDT'S TEST?

QUINCKE'S PULSE?

(Answers on next page)
THE NEW BIGOTRY

Practically everybody considers himself a "liberal" and practically every liberal condemns bigotry and prejudice. This phrase, "bigotry and prejudice," one must assume, refers to a general condemnation of an entire class based on a preconception that the group is inherently evil. And no liberal would be caught condoning any such "prejudgments." Not against any ethnic or religious group that is. But there is one field where the liberal may be prejudiced to his heart's content. That is in distrusting physicians. Here he may accept as an article of faith, the thesis that physicians are inherently greedy and that all their opinions and actions are based on self-interest in the most unenlightened sense of that term. Indeed, it is even "smart" for the liberal to cling to such notions. Typically, he will reject the possibility that physicians, individually or as groups, are motivated by any honest dedication to public welfare.

If the doctor for himself or as spokesman for a medical society—it is the doctor says that compulsory health insurance leads to second-rate medical care, the prejudged answer snaps back: the doctor says that because he is prosperous under this system and doesn't want to reduce his income. If it is pointed out that the destruction of free choice removes something fine (and something therapeutically useful), the answer is that this is a myth dreamed up by physicians to protect their own interest. Indeed, the "liberal" in such a context will not even concede that the physician might be honestly mistaken in his attitude. He will have it that the doctor takes his position out of greed, and deny that any physician who opposes expanding health insurance could possibly be honorably motivated.

If you point out that physicians are forever doing things against their own interests, you get laughed at. If you dare mention the vast amount of gratis work done by every M.D., you are told that this is being patronizing, or that this is simply the result of a bad conscience. If you repeat stories of personal devotion, hours of unremitting and unrewarded vigil, or of personal exposure, you are told that this is pure corn.

No example of heroism, sacrifice, or selfless dedication to patients will make any difference. For the critic has already made up his mind. He has judged—indeed he has prejudged. And in the pursuit sense of the word, this is "prejudice." But it is the new prejudice, the permitted prejudice, even perhaps the fashionable prejudice. It is, furthermore, the self prejudice, for the critic can be sure that no matter how hostile his tone, how unfair his condemnation, there can be no retaliation. For medicine's indispensable benefits are for friend and foe alike.

IN MEMORIAM

Dr. Samuel J. Klatman who died on Thursday, April 28, 1955 of a heart ailment. A graduate of the College of Medicine of Ohio State University in 1930, Dr. Klatman served as a surgeon for many years on the staff of the South Unit of the Youngstown Hospital Association, suspending his practice three years ago to become assistant medical director for the Youngstown Hospital Association.

One of the first Youngstown physicians to volunteer for service after the Japanese attack on Pearl Harbor, Dr. Klatman spent almost four years aboard a transport ship which carried wounded and sick servicemen between the Aleutians and the United States.

It is with sincere regret, warm remembrance and great affection that the members of the Mahoning County Medical Society acknowledge the untimely passing of our friend, Dr. "Sam" Klatman.

"To live in hearts we leave behind is not to die."—Thomas Campbell
ANSWERS TO EPNOMES

PFANNENSTIEL INCISION: In 1900, Hermann Johann Pfannenstiel, of Germany, devised a horizontal incision for surgery of the lower abdomen. It curved over the pubis and hence produced a less noticeable scar. Other advantages were also claimed for it. The latter often was indented longitudinally.

PIERQUET'S REACTION: Clemens P. von Pirquet, an Austrian physician, described the local inflammatory skin reaction after tuberculin inoculation.

PLUMMER-VINSON SYNDROME: The contemporary American physicians Henry S. Plummer and Porter P. Vinson described a syndrome of dysphagia (due to localized thickening of the esophageal mucosa) and glossitis associated with idiopathic hypochromic anemia. Like the anemia, the mucosal lesions are relieved by administration of iron.

POTTS FRACTURE: Fracture of the distal end of the fibula, named after Percivall Pott, an eighteenth-century English surgeon, whose name is also attached to hypophosis due to tuberculosis (Pott's disease).

POUPART'S LIGAMENT: Francois Poupart, a seventeenth-century French anatomist, described the ligament between the anterior superior iliac spine and the pubis, i.e., the inguinal ligament.

PRAUSNITZ-KUSTNER REACTION: In 1921, Carl W. Prausnitz and Heinz Kustner, of Germany, showed the production of local hypersensitivity by the intradermal injection of serum from an allergic person.

PROETZ POSITION: Hyperextension of the neck in the supine position, used for intranasal instillation and described by the contemporary American surgeon Arthur W. Proetz.

PURKINJE FIBERS: The name of Johannes E. Purkinje, a Bohemian physiologist, is attached to the specialized myocardial fibers that carry impulses from the bundle of His to the ventricular muscle.

QUECKENSTEDT'S TEST: Normally, compression of the jugular vein raises the cerebrospinal-fluid pressure promptly throughout the subarachnoid space. Hans Queckenstedt noted that there is no rise distal to a subarachnoid block.

QUINCKE'S PULSE: Another name for the prominent pulsations noted after light pressure on nail beds in instances of high pulse pressure, after Heinrich I. Quincke (1842-1922).

DINNER DANCE
(Formal)

Mahoning County Medical Society
and
Corydon Palmer Dental Society

SATURDAY, MAY 21, 1955

YOUNGSTOWN COUNTRY CLUB
Dancing 9:00 P.M. until 1:00 A.M.

Music by Bill Fountos and His Orchestra
Dinner 7:00 P.M.
ANSWERS TO EPONYMS

PFANNENSTIEL INCISION: In 1900, Hermann Johann Pfannenstiel, of Germany, devised a horizontal incision for surgery of the lower abdomen. It curved over the symphysis pubis and hence produced a less noticeable scar. Other advantages were also claimed for it. The linea alba was incised longitudinally.

FISCHER'S REACTION: Clement P. von Pirquet, an Austrian physician, described the local inflammatory skin reaction after tuberculin inoculation.

PLUMMER-VINSON SYNDROME: The contemporary American physicians Henry S. Plummer and Porter P. Vinson described a syndrome of dysphagia (due to localized thickening of the supraglottic mucosa) and glossitis associated with idiopathic hypochromic anemia. Like the anemia, the mucosal lesions are relieved by administration of iron.

POTT'S FRACTURE: Fracture of the distal end of the fibula, named after Percivall Pott, an eighteenth-century English surgeon, whose name is also attached to kyphosis due to tuberculosis (Pott's disease).

POUR Tất'S LIGAMENT: François Pourtal, a seventeenth-century French anatomist, described the ligament between the anterior superior iliac spine and the pubis; i.e., the inguinal ligament.

PRAUSNITZ-KUSTNER REACTION: In 1921, Carl W. Prausnitz and Heinz Kustner, of Germany, showed the production of local hypersensitivity by the intradermal injection of serum from an allergic person.

PROETZ POSITION: Hyperextension of the neck in the supine position, used for intranasal instillation and described by the contemporary American surgeon Arthur W. Proetz.

PÜRRINIE FIBERS: The name of Johannes E. Purkinje, a Bohemian physiologist, is attached to the specialized myocardial fibers that carry impulses from the bundle of His to the ventricular muscle.

QUECKENSTEDT'S TEST: Normally, compression of the jugular vein raises the cerebrospinal-fluid pressure promptly throughout the subarachnoid space. Hans Querckenstedt noted that there is no rise distal to a subarachnoid block.

QUINCKE'S PULSE: Another name for the prominent pulsations noted after light pressure on nail beds in instances of high pulse pressure, after Heinrich I. Quincke (1843-1923).
MISCELLANEOUS

H.R. 2685 (Vinson, D-Ga.) ARMED FORCES DEPENDENTS MEDICAL CARE PROVISIONS:
1. Uniform practices for all Armed Services.
2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic disease, nervous and mental disorders (except for diagnostic), elective medical and surgical treatment; unnecessary ambulatory service and home care.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which case such devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependent medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering, or an emergency adjustment to medical or surgical treatment.
9. Applicable to wife (or husband), child, parents and parents-in-law, if it is dependant on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service at time of death. This privilege is not cumulative.
11. Secretary of Defense is granted authority to contract for dependent medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR FEDERAL AND STATE AGENCIES AND EDUCATIONAL INSTITUTIONS.
1. Operations Subcommittee on an investigation of charges that a new Defense Department regulation requiring that certain salable surplus property be placed in a federal agency for resale or disposal of surplus property previously acquired, and permit immediate passage of title in future acquisitions.
2. Allow for unrestricted resale or disposal of surplus property previously acquired, and permit immediate passage of title in future acquisitions.

PROVISIONS:
1. Require all departments to release surpluses if the states and other non-profit agencies want them. 2. Remove over 7 years any restrictions on resale or disposal of surplus property previously acquired, and permit immediate passage of title in future acquisitions.
3. Allow for unrestricted transfer of surplus property ownership among federal and state agencies.

CONSTITUTIONAL AMENDMENT RELATIVE TO SUPREME COURT DECISIONS.
H.R. Res. 223 (Whitten, D-Mt.). Would amend the U. S. Constitution to provide "there shall be no interference with or limitation upon the power of any state to regulate health, morals, education, marriage and good order in the state, and exclusive jurisdiction thereof is reserved to the states."
MISCELLANEOUS

H.R. 2685 (Vinson, D.-G.) ARMED FORCES DEPENDENTS MEDICAL CARE PROVISIONS:

1. Uniform practices for all Armed Services.
2. Medical care to be diagnostic, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnostic, elective medical and surgical treatment; unnecessary ambulance service and home calls.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependents medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.
9. Applicable to wife (or husband), child, parent and parent-in-law, if in fact dependent on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service of time of death. This privilege expires on remarriage.
11. Secretary of Defense is granted authority to contract for dependents medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR MILITARY PROGRAM.

Subcommittee (H.R. 3322) would amend the present law to:

1. Allow for unrestricted medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnostic, elective medical and surgical treatment; unnecessary ambulance service and home calls.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependents medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.
9. Applicable to wife (or husband), child, parent and parent-in-law, if in fact dependent on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service of time of death. This privilege expires on remarriage.
11. Secretary of Defense is granted authority to contract for dependents medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR MILITARY PROGRAM.

Subcommittee (H.R. 3322) would amend the present law to:

1. Allow for unrestricted medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnostic, elective medical and surgical treatment; unnecessary ambulance service and home calls.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependents medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.
9. Applicable to wife (or husband), child, parent and parent-in-law, if in fact dependent on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service of time of death. This privilege expires on remarriage.
11. Secretary of Defense is granted authority to contract for dependents medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR MILITARY PROGRAM.

Subcommittee (H.R. 3322) would amend the present law to:

1. Allow for unrestricted medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnostic, elective medical and surgical treatment; unnecessary ambulance service and home calls.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependents medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.
9. Applicable to wife (or husband), child, parent and parent-in-law, if in fact dependent on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service of time of death. This privilege expires on remarriage.
11. Secretary of Defense is granted authority to contract for dependents medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR MILITARY PROGRAM.

Subcommittee (H.R. 3322) would amend the present law to:

1. Allow for unrestricted medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnostic, elective medical and surgical treatment; unnecessary ambulance service and home calls.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependents medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.
9. Applicable to wife (or husband), child, parent and parent-in-law, if in fact dependent on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service of time of death. This privilege expires on remarriage.
11. Secretary of Defense is granted authority to contract for dependents medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR MILITARY PROGRAM.

Subcommittee (H.R. 3322) would amend the present law to:

1. Allow for unrestricted medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.
3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnostic, elective medical and surgical treatment; unnecessary ambulance service and home calls.
4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.
5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.
6. Dependents medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.
7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.
8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.
9. Applicable to wife (or husband), child, parent and parent-in-law, if in fact dependent on member of Armed Forces for more than half their support.
10. Widows and dependent children of deceased servicemen in service of time of death. This privilege expires on remarriage.
11. Secretary of Defense is granted authority to contract for dependents medical care under private insurance plan if he deems it more economical.
Each fluidounce contains:
Neomycin sulfate 300 mg. (4½ grs.)
(equivalent to 210 mg. (3½ grs.)
neomycin base)
Kaopectin 5.832 Gm. (90 grs.)
Pectin 0.130 Gm. (2 grs.)
Suspended with methylcellulose 1.25%
Supplied:
6 fluidounce and pint bottles

Bacterial diarrheas...

Kapectate with Neomycin

Supplied:
6 fluidounce and pint bottles

The Upjohn Company, Kalamazoo, Michigan
Each fluid ounce contains:
Neomycin sulfate 300 mg. (45 grs.)
(equivalent to 210 mg. (33 grs.)
neomycin base)
Kaolin . . . . . . . 5.832 Gm. (90 grs.)
Pectin . . . . . . 0.130 Gm. (2 grs.)
Suspended with methylcellulose
1.25%.
Supplied:
6 fluid ounce and pint bottles

Bacterial
diarrheas . . .

Kapectate
with
Neomycin

Kaopectate

Supplied:
6 fluid ounce and pint bottles

The Upjohn Company, Kalamazoo, Michigan

GERIFLEX Kapsels®

GERIFLEX is specifically formulated to
help safeguard health and vitality in middle
and in later life. Each easy-to-swallow
GERIFLEX Kapsel supplies valuable minerals,
vitamins, and other important elements.

Parke, Davis & Company

1855
New Drug Bottle Sets Dangerous Precedent

An eastern bottle company is marketing something new: a clown prescription bottle to be used by druggists in packaging medicine intended for children.

But a pharmaceutical manufacturer wrote to me about it this week and termed the whole idea "a silly merchandising ploy."

"If it is so psychologically attractive to the child because of the bottle being clown-shaped, then will it not tempt the child to take more of the medication than the doctor prescribed?" he asked, adding: "This temptation, especially when parent or guardian is not around, creates an 'overdose situation' which can be very serious indeed."

He urged someone to "kill the idea" because, as he said, "medicine is not a toy!"

A story about the clown prescription bottle appeared in a recent issue of the American Druggist at the same time that another drug magazine carried a story, emanating from the U.S. Food and Drug Administration, that "parents must keep modern medicines out of their children's reach to avoid tragic consequences." The federal agency presently is concerned with the problem of protecting children against deceptive looking medicines and has issued a call for a national conference of drug experts to study the matter.

"Medicine is a science of uncertainty and an art of probability," William Osler.

SUPERIOR VITAMIN A ABSORPTION

VIFORT—Water-dispersible polyvitamin drops
Each 0.4 cc. (as marked on dropper) provides the following vitamins in a clear aqueous dispersion: A 5000 U.S.P. units, D 1200 U.S.P. units, E 40 mg., B_6 1 mg., niacinamide 4 mg., B_2 2 mg., pyridoxine 0.2 mg., pantothenic acid 2 mg. Supplied in 15 and 30 cc. dropper bottles.

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

ENDO PRODUCTS INC., Richmond Hill, New York

We wish to announce that the Death of your Accounts can be delayed, by the prompt placement of the claims with our office.

Do not keep the accounts Buried in your ledgers: This is a Grave mistake — let us Undertake to get your money:

THE MEDICAL-DENTAL BUREAU
293 Schwab-Wagner Bldg.
Riverdale 4-4513

R. S. V. P.
New Drug Bottle Sets Dangerous Precedent

An eastern bottle company is marketing something new: a clown prescription bottle to be used by druggists in packaging medicine intended for children.

But a pharmaceutical manufacturer wrote to me about it this week and termed the whole idea "a silly merchandising promotion."

"If it is so psychologically attractive to the child because of the bottle being clown-shaped, then will it not tempt the child to take more of the medication than the doctor prescribed?" he asked, adding: "This temptation, especially when parent or guardian is not around, creates an 'overdose situation' which can be very serious indeed."

He urged someone to "kill the idea" because, as he said, "medicine is not a toy!"

A story about the clown prescription bottle appeared in a recent issue of the American Druggist at the same time that another drug magazine carried a story, emanating from the U. S. Food and Drug Administration, that "parents must keep modern medicines out of their children's reach to avoid tragic consequences."

The federal agency presently is concerned with the problem of protecting children against deceptive looking medicines and has issued a call for a national conference of drug experts to study the matter.

Medicine is a science of uncertainty and an art of probability.

-William Osler

SUPERIOR VITAMIN A ABSORPTION

VIFORT® —Water-dispersible polyvitamin drops
Each 0.6 cc. (as marked on dropper) provides the following vitamins in a clear aqueous dispersion: A 5000 U.S.P. units, D 1200 U.S.P. units, E 60 mg., B-6 0.6 mg., niacinamide 2 mg., B-1 0.3 mg., calcium pantothenate 1.2 mg. Supplied in 15 and 30 cc. dropper bottles.

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

ENDO PRODUCTS INC. Richmond Hill 18, New York

We wish to announce that the Death of your Accounts can be delayed, by the prompt placement of the claims with our office.

Do not keep the accounts Buried in your ledgers: This is a Grave mistake — let us Undertake to get your money:

THE MEDICAL-DENTAL BUREAU
203 Schwab-Wagner Bldg. River side 4-4513

R. S. V. P.

Therapure gives
therapeutic results

THERAGRAN
THERAPEUTIC FORMULA VITAMIN CAPSULES
SQUIBB

Each Theragran capsule supplies
Vitamin A... 25,000 U.S.P. Units
Vitamin D.. 1000 U.S.P. Units
Thiamine Mononitrate 10 mg.
Riboflavin .. 10 mg.
Niacinamide .... 150 mg.
Ascorbic Acid 150 mg.

1 or more capsules daily
bottles of 30, 100 and 1000.
the easy, pleasant way

to administer hydrochloric acid

'Bulletin'

GLUTAMIC ACID HYDROCHLORIDE, Lilly

safe hydrochloric acid therapy in tasteless pulvule form

'Bulletin' offers your patient complete freedom from unpleasant taste and injury to the mucous membranes and teeth. It is convenient and safe to carry when traveling or dining out.

Each pulvule is equivalent to about 10 minims of Diluted Hydrochloric Acid, U.S.P. For the average patient with hypochlorhydria or achlorhydria, 2 to 3 Pulvules 'Bulletin' before meals are usually adequate.

Supplied in bottles of 100, 500, and 1,000.

ELI LILLY AND COMPANY  INDIANAPOLIS 6, INDIANA, U.S.A.

---

...a comfortable voyage now assured with Bonamine

...the first motion-sickness preventive effective in a single daily dose...prevents or relieves motion sickness due to all forms of travel...available on prescription only for full physician supervision

Bonamine is also useful in controlling the nausea, vomiting and vertigo associated with morning sickness of pregnancy, vestibular and labyrinthine disturbances, cerebral arteriosclerosis, radiation therapy and Menière's syndrome.

Supplied in scored, tasteless 25 mg. tablets, boxes of 8 and bottles of 100 and 500.

Pfizer Laboratories

Pfizer, Chas. Pfizer & Co., Inc.

New York 6, N. Y.

1955
the easy, pleasant way

to administer hydrochloric acid

‘Acidulin’

(Glutamic Acid Hydrochloride, Lilly)

safe hydrochloric acid therapy in tasteless pulvule form

‘Acidulin’ offers your patient complete freedom from unpleasant taste and injury to the mucous membranes and teeth. It is convenient and safe to carry when traveling or dining out.

Each pulvule is equivalent to about 10 minims of Diluted Hydrochloric Acid, U.S.P. For the average patient with hypochlorhydria or achlorhydria, 2 to 3 Pulvules ‘Acidulin’ before meals are usually adequate.

Supplied in bottles of 100, 500, and 1,000.

Eli Lilly and Company • Indianapolis 4, Indiana, U.S.A.

... a comfortable voyage now assured with Bonamine

... the first motion-sickness preventive effective in a single daily dose
... prevents or relieves motion sickness due to all forms of travel
... available on prescription only for full physician supervision

Bonamine is also useful in controlling the nausea, vomiting and vertigo associated with morning sickness of pregnancy, vestibular and labyrinthine disturbances, cerebral arteriosclerosis, radiation therapy and Meniere’s syndrome.

Supplied in scored, tasteless 25 mg. tablets, boxes of 8 and bottles of 100 and 500.

Eli Lilly and Company • Indianapolis 4, Indiana, U.S.A.

THE MAHONING COUNTY MEDICAL SOCIETY
OVERLOOK SANITARIUM
New Wilmington, Pa.

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

RE-EDUCATION METHODS
BEST CURE
PSYCHOTHERAPY
HYDROTHERAPY

Elizabeth McLaughry, M. D.    Elizabeth Veach, M. D.

ANTHALAZINE
BOWMAN
for pinworm, seatworm, threadworm

* Highly palatable
* Clinically established efficacy
* Few side effects

"Anthalazine Tastes Good"
Another development of
THE BOWMAN BROS. DRUG CO.
Canton, Ohio

"Research Guides Our Hand"

FOR TREATMENT AND MAINTENANCE IN ANEMIA PATIENTS
Periheimin, master builder of red cells and hemoglobin, contains all the known hemopoietic essentials indicated for the majority of your anemic patients.
The intrinsic factor, in purified, concentrated form, enhances absorption of Vitamin B12, thus promoting rapid hematological improvement.

PERIHEMIN

INVITATION TO VISIT
FLYNN’S PHARMACY

PRESCRIPTIONS
PHYSICIANS’ SUPPLIES
DELIVERY SERVICE

3834 Market St.  RX—SSterling 24805

KELEY DRUG COMPANY
2250 Market St.  ST 8-2127

We invite you to visit our prescription department
Open daily until 11:00 a.m.
extcept Thurs., we close at 1:30 P.M.

Benjamin F. Kelley, Proprietor
OVERLOOK SANITARIUM
New Wilmington, Pa.
A beautifully located sanitarium, just fifteen miles from Youngstown, especially equipped for the care of psychoneurosis. Mental cases and alcoholics not admitted.

RE-EDUCATION METHODS
BEST CURE
PSYCHOTHERAPY
HYDROTHERAPY

Elizabeth McLaughry, M. D.  Elizabeth Veach, M. D.

ANTHALAZINE
BOWMAN
for pinworm, seatworm, threadworm

* Highly palatable
* Clinically established efficacy
* Few side effects

"Anthalazine Tastes Good"
Another development of
THE BOWMAN BROS. DRUG CO.
Canton, Ohio

"Research Guides Our Hand"

INVITATION TO VISIT —
FLYNN’S PHARMACY

• PRESCRIPTIONS
• PHYSICIANS’ SUPPLIES
• DELIVERY SERVICE

3834 Market St.  RX—Sterling 24805

KELLEY DRUG COMPANY
2250 Market St.  ST B-2127

We invite you to visit our prescription department
Open daily until 11:00 P.M.
except Thurs., we close at 1:00 P.M.
Benjamin F. Kelley, Proprietor
TRUSSES
ELASTIC HOSIERY
MATERNITY AND SURGICAL
SUPPORTS
PRIVATE FITTING ROOMS
Graduate Ladies and Men Fitters
Mr. and Mrs. H. F. Schafer

LYONS PHYSICIAN SUPPLY CO.
Youngstown's Oldest Prescription Service Since 1892
32 Fifth Avenue Phone Riverside 4-0131 Youngstown, Ohio

Enjoy the protection of Mahoning County Medical Society Group Sickness, Accident and Hospitalization Insurance.
Exceptionally broad benefits and coverage at unusual low cost.
More than $70,000.00 in Accident and Sickness benefits have been paid to your Society members since 1947.

Administrator
Stillson & Donahay Agency, Inc.
2400 Market Street Rowan Bldg.
Youngstown, Ohio

The Lincoln Avenue
Alcoholic Clinic
138 LINCOLN AVENUE

Owned and Operated by
The Youngstown Committee for Education on Alcoholism
A Non-Profit Corporation
Riverside 3-2693
TRUSSES
ELASTIC HOSIERY
MATUREITY AND SURGICAL SUPPORTS
PRIVATE FITTING ROOMS
Graduate Ladies and Men Fitters
Mr. and Mrs. H. F. Schafer

LYONS PHYSICIAN SUPPLY CO.
Youngstown's Oldest Prescription Service Since 1892
32 Fifth Avenue Phone Riverside 4-0131 Youngstown, Ohio

Enjoy the protection of Mahoning County Medical Society Group Sickness, Accident and Hospitalization Insurance.
Exceptionally broad benefits and coverage at unusual low cost.
More than $70,000.00 in Accident and Sickness benefits have been paid to your Society members since 1947.

Administrator
Stillson & Donahay Agency, Inc.
2400 Market Street Rowan Bldg.
Youngstown, Ohio

The Lincoln Avenue Alcoholic Clinic
138 LINCOLN AVENUE

Owned and Operated by
The Youngstown Committee for Education on Alcoholism
A Non-Profit Corporation
Riverside 3-2683
English DAKS
Scott's are the exclusive dealers for this world famous English slack. They come in Flannel, Tropical, Worsted and Gabardine. Priced from $28.50 to 37.50

THE SCOTT CO.
32 N. PHILPS ST.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

ALL SULFONAMIDES ARE NOT ALIKE

R E L K O S I N P F O R
(aminosulphonamide CIBA)

- High solubility in both acid and alkaline urine
- High therapeutic blood levels
- Low acetylation
- Low toxicity, low cost

Tablets, 0.5 Gm. (dance-scored);
Syrup (strawberry-flavored), 25 Gm.
per 4-oz. transparent.

C I B A REPS., NEW JERSEY

LET US SUPPLY YOUR OFFICE FURNITURE

OPERATING TABLES
INSTRUMENT CABINETS
STERILIZER STANDS

FLOOR LAMPS

REVOLVING STOOLS
WASTE RECEPTACLES

LYONS PHYSICIAN SUPPLY CO.
Surgical and Medical Supplies
32 Fifth Ave. Phone Riverside 54131 Youngstown, Ohio

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

Pharmacy . . . is our business

- PROMPT, EFFICIENT, ETHICAL SERVICE
- IMMACULATE, MODERN EQUIPMENT
- FINEST DRUGS AND PHARMACEUTICALS

CONVENIENT YOUNGSTOWN LOCATIONS AT
285 Canfield-Poland Rd. — 3313 Mahoning Ave. — 466 Youngstown-Poland Rd. (Struthers) — 771 North Garland Ave. (McGuffey)

GRAY DRUG STORES
English DAKS

Scott's are the exclusive dealers for this world famous English slack. They come in Flannel, Tropical, Worsted and Gabardine. Priced from $28.50 to 37.50

THE SCOTT CO.
32 N. PHILPS ST.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

ALL SULFONAMIDES ARE NOT ALIKE

RELKOSIN®
(Disulfanilamide Ciba)

High solubility in both acid and alkaline urine
High therapeutic blood levels
Low acetylation
Low toxicity, low cost

Tablets, 0.5 Gm., (tablets-scored), 25 Gm., per 4-nd, transparent.


Drugs, Ph. Eur.

LET US SUPPLY YOUR
OFFICE FURNITURE

OPERATING TABLES
INSTRUMENT CABINETS
STERILIZER STANDS

Dr. R. E. PHELPS ST.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

Pharmacy... is our business

- PROMPT, EFFICIENT, ETHICAL SERVICE
- IMMACULATE, MODERN EQUIPMENT
- FINEST DRUGS AND PHARMACEUTICALS
- ask about our Professional Service Department

CONVENIENT YOUNGSTOWN LOCATIONS AT
285 Canfield-Poland Rd. — 100 E. Federal St. — Belmont and Castalia Ave. — 2640 Market St. — 3013 Mahoning Ave. — 466 Youngstown-Poland Rd. (Streiters) — 771 North Garland Ave. (McGuffey)

GRAY DRUG STORES
REVICAPS provide easy appetite-control for those patients who are dangerously overweight, and they are ideal for the man or woman who doesn't require a drastic diet, but will benefit from losing a few pounds.

REVICAPS supply d-Amphetamine to elevate the patient's mood, methylcellulose to furnish bulk, 21 essential vitamins and minerals.

The prescription product that helps reduce weight

REVICAPS

Bottles of 100 and 1,000...

sold on prescription only.

LEDERLE LABORATORIES DIVISION
AMERICAN CAN COMPANY
PEARL RIVER, NEW YORK...
REVICAPS provide safe appetite-control for those patients who are dangerously overweight, and they are ideal for the man or woman who doesn’t require a drastic diet, but will benefit from losing a few pounds.

REVICAPS supply d-Amphetamine to elevate the patient’s mood, methylcellulose to furnish bulk, 21 essential vitamins and minerals. The prescription product that helps reduce weight.

Bottles of 100 and 1,000 sold on prescription only.
d-Amphetamine—Vitamins and Minerals

Dosage: 1 or 2 capsules, 1/2 to 1 hour before each meal.

LEDERLE LABORATORIES DIVISION
AMERICAN CYCLOMID COMPANY
Pearl River, New York

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

LAERI APOTHECARY
Home Savings & Loan Bldg.—2nd Floor—Riverside 7-0636

THE ZEMMER COMPANY
PITTSBURGH 13, PA.

--- First Thought in Rheumatoid Arthritis ---
A-C-K Tablets (G. F. Harvey Co.)

Each tablet contains:
Acetylsalicyclic Acid 303 mg. (5 grs.)
Methadione 0.33 mg. (1/200 gr.)
Ascorbic Acid 33.3 mg. (1/3 gr.)

H. E. Galliher... your Harvey representative
Phone: Sterling 8-1052

CIBA
Summit, N. J.
CROSS DRUGS

YOUNGSTOWN OWNED AND OPERATED

6 E. Federal Street
In the Stambaugh Bldg.
1 West Federal Street
In Central Tower
Five Pharmacists to Serve You

We Invite You to Visit Our Prescription Departments

THORNTON'S

QUALITY LAUNDRY

* DRY CLEANING AND FUR STORAGE

* 234 Belmont Avenue
   Riverside 4-0155

Scrabble tonight?
Add to your enjoyment —
Take home a case of
RENNER Golden Amber
The Brewery Fresh Beer!

For
Ethical Prescription Service
For
Physicians Supplies
We are pleased to serve you
and your patients.

LESTER'S

Prescription Pharmacy

264 W. Federal 318 Fifth Ave.
RI 4-4111 7-7141

Waiting Room Chairs
Desks and Filing Equipment

OFFICE FURNITURE

JAMES & WEAVER

"Office Outfitters"

Riverside 4-4427  W. Wood St.

SPENCER SUPPORTS

for Men, Women, and Children

Designed to Order for
Abdomen — Back — Breasts
Personalized service to physicians
and his patients

REGISTERED
SPENCER CORSETIERS

Mrs. Ann McQuillan
Mrs. Marie Broeby
1706 Oak St.
RI 7-8194
Open Tuesday and Thursday Evenings

CANALE'S

Prescription Pharmacy

Emergency Prescription Delivery

Phone Riverside 4-1042
1100 McGuffey at Albert St.

Hours: 8:00 A.M. — 11:00 P.M. Daily
Sunday 8:00 A.M. — 9:00 P.M.

Benny M. Fontanarosa
Reg. Pharmacist

MAHONING PHARMACY

MYRON (Mike) FISH — owners — CECIL SHRIVOYX

• Open Seven Days A Week
• Two Full Time Pharmacists
• Injectables — Biologicals

1625 Mahoning Ave.
SW 9-3017
CROSS DRUGS
YOUNGSTOWN OWNED AND OPERATED
• 6 E. Federal Street
In the Stambaugh Bldg.
1 West Federal Street
In Central Tower
Five Pharmacists to Serve You
• We Invite You to Visit Our Prescription Departments

THORNTON'S
QUALITY LAUNDRY
* DRY CLEANING
AND
FUR STORAGE
* 234 Belmont Avenue
Riverside 4-0155

Scrubble tonight?
Add to your enjoyment —
Take home a case of
RENNER Golden Amber
The Brewery Fresh Beer!

For
Ethical Prescription Service
For
Physicians Supplies
We are pleased to serve you and your patients.

LESTER'S
Prescription Pharmacy
264 W. Federal
219 Fifth Ave.
R. 4-4111
R. 7-7141

Waiting Room Chairs
Desks and Filing Equipment

OFFICE FURNITURE

JAMES & WEAVER
"Office Outfitters"
Riverside 4-4427
W. Wood St.

SPENCER SUPPORTS
for Men, Women and Children
Designed to Order for Abdomen — Back — Breasts
Personalized Service to Physicians and his patients
REGISTERED
SPENCER CORSETIERS
Mrs. Ann McQuillan
Mrs. Marie Breyer
1706 Oak St.
R. 7-8104
Open Tuesday and Thursday Evenings

CANALE'S
Prescription Pharmacy
Emergency Prescription Delivery
Phone Riverside 4-1042
1100 McGuffey at Albert St.
Hours: 8:00 A.M. — 11:00 P.M. Daily
Sunday 8:00 A.M. — 10:00 P.M.
Benny M. Fontanmous
Reg. Pharmacist
"an effective antirheumatic agent"

nonhormonal anti-arthritic
BUTAZOLIDIN®
(bird of phenylbutazone)
relieves pain · improves function · resolves inflammation

The standing of BUTAZOLIDIN among today’s anti-arthritics is attested by more than 250 published reports. From this combined experience it is evident that BUTAZOLIDIN has achieved recognition as a potent agent capable of producing clinical results that compare favorably with those of the hormones.

Indications: Gouty Arthritis Rheumatoid Arthritis Psoriatic Arthritis Rheumatoid Spondylitis Painful Shoulder Syndrome

BUTAZOLIDIN® (brand of phenylbutazone) red coated tablets of 100 mg.


GEIGY PHARMACEUTICALS
Division of Geigy Chemical Corporation, 220 Church Street, New York 13, N.Y.

JUNE * 1955
Vol. XXV * No. 6
Youngstown • Ohio