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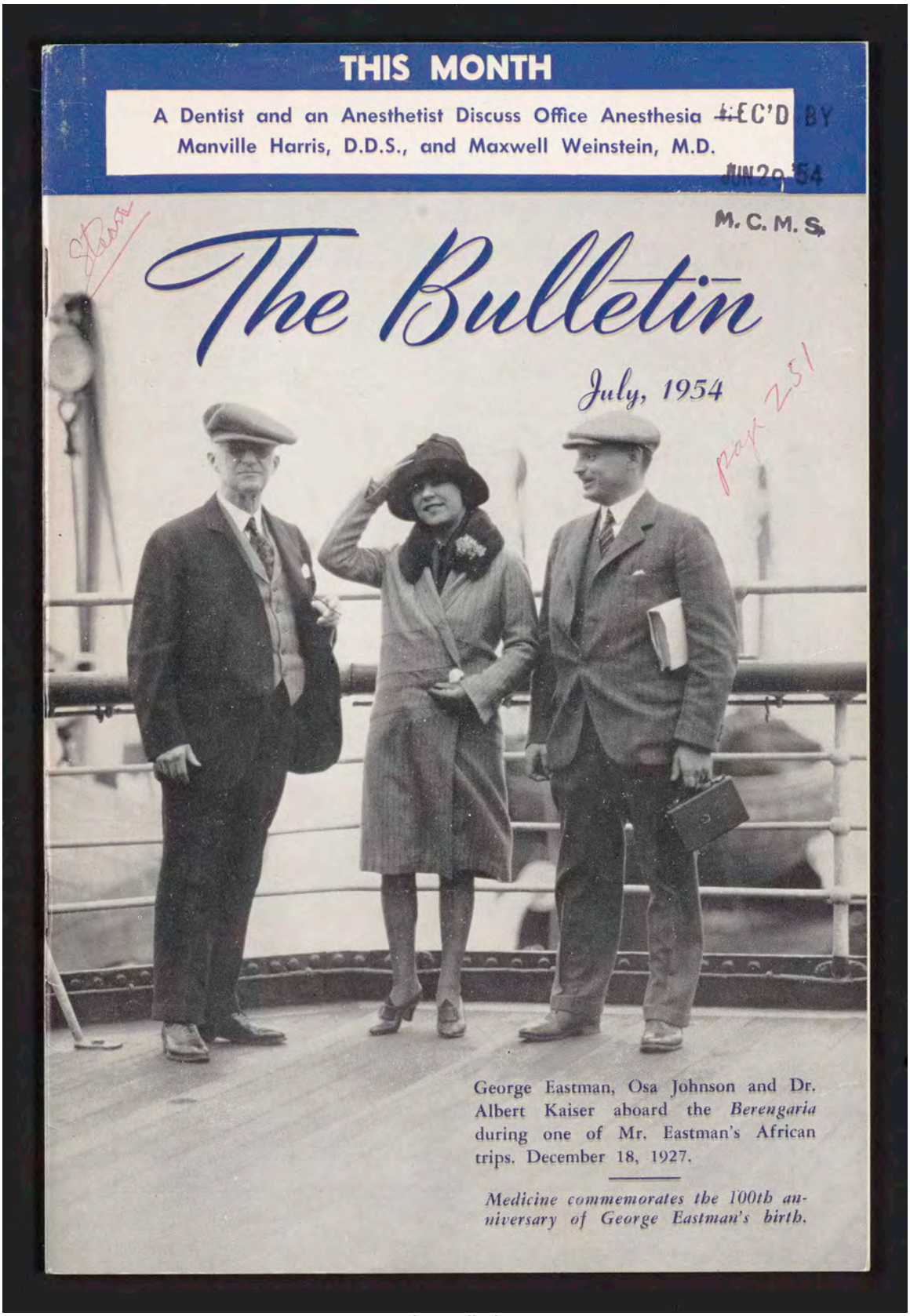

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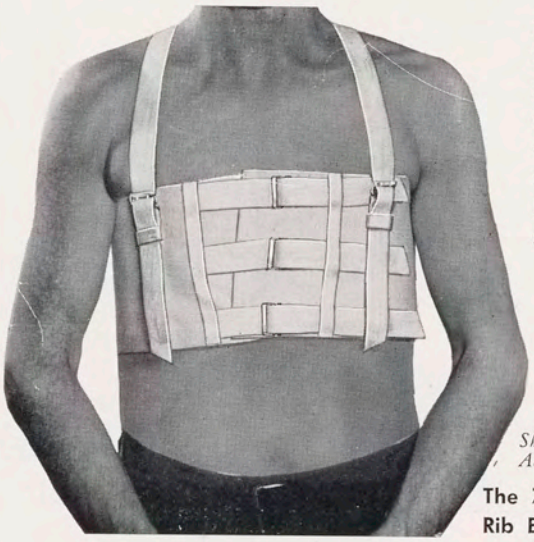

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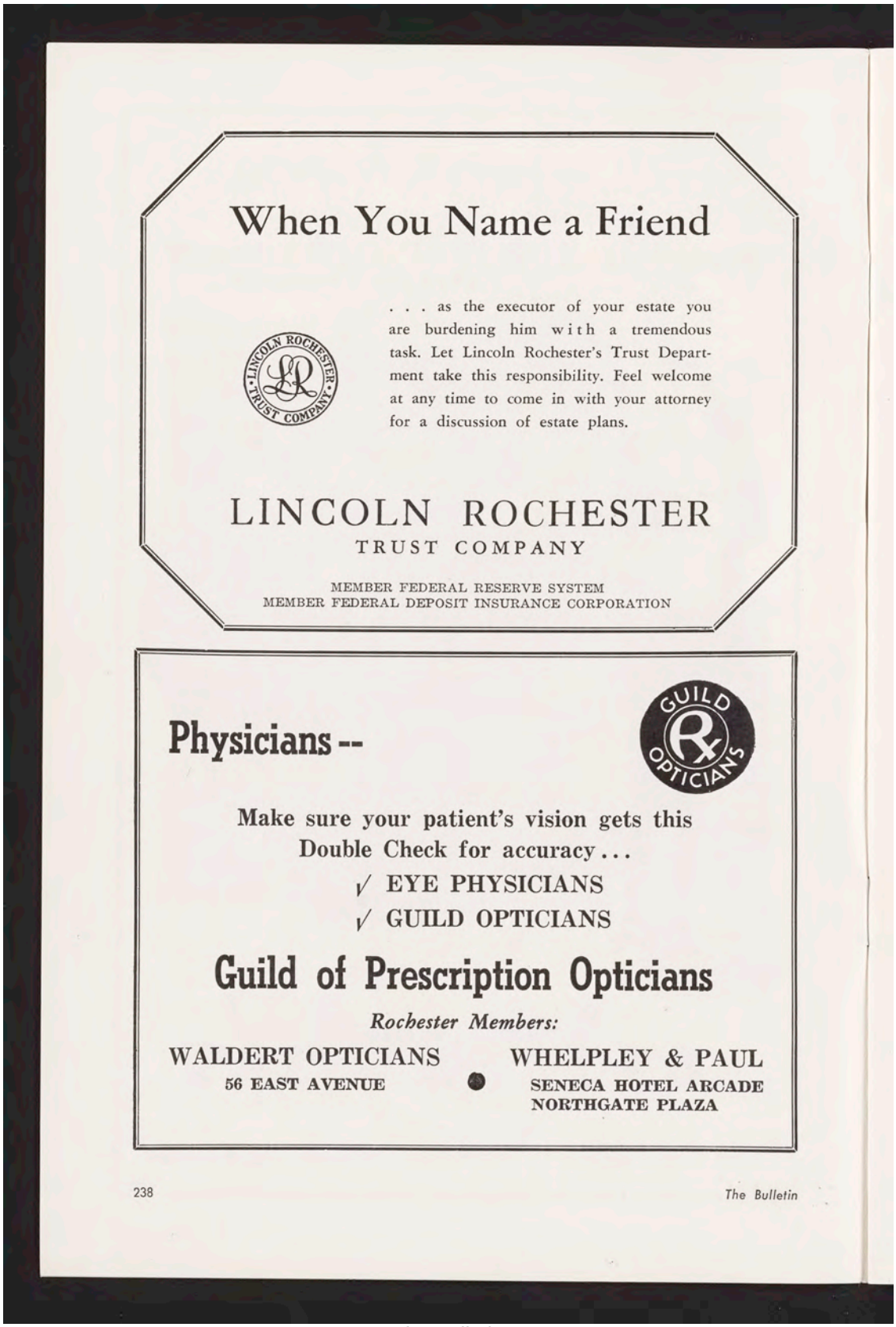

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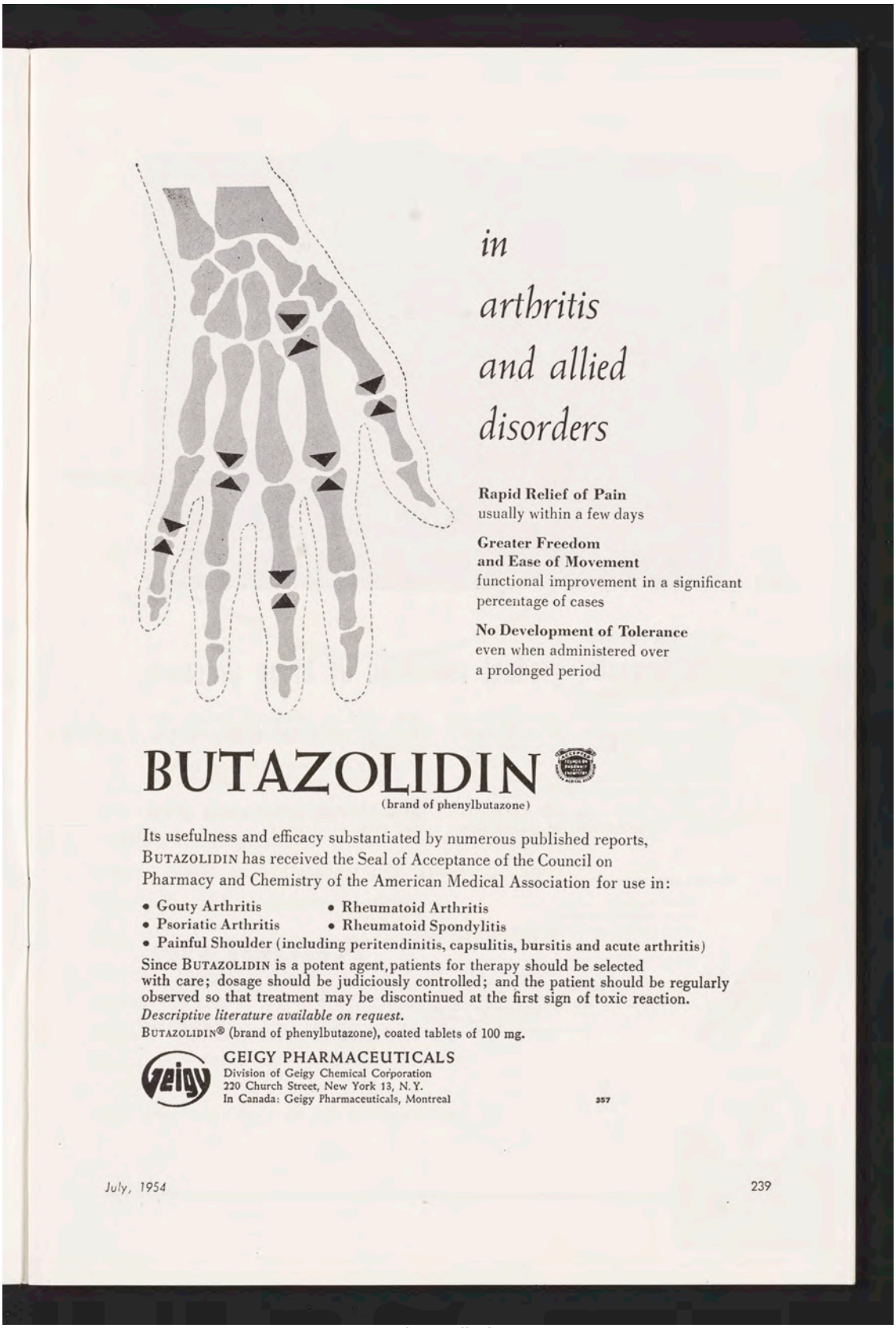

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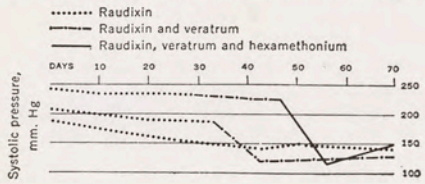

Raudixin

Squibb rauwolfia

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1. WILKINS, R. W., AND JUDSON, W. E.: NEW ENGLAND J. MED. 248:48, 1953.

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NOT ARTHRITIS BUT ARTHRALGIA...

If the patient complaining of aching joints is a woman between 37 and 54 years of age, it is highly possible that she is suffering from arthralgia rather than arthritis.[1] It has been estimated that arthralgia occurs in about 40 per cent of women with estrogen deficiency, and is exceeded in frequency only by symptoms of emotional or vasomotor origin.[2] In fact, arthralgia may be as indicative of declining ovarian function as the classic menopausal hot flushes.

Arthralgia, however, is just one of a vast number of distressing but ill-defined symptoms that may be precipitated by the loss of estrogen as a "metabolic regulator." Other good examples are insomnia, headache, easy fatigability, and tachypnea.

Because these symptoms sometimes occur years before or even long after cessation of menstruation, they are not always readily associated with estrogen deficiency, and the tendency may be to treat them with medications other than estrogen. Obviously, sedatives and other palliatives cannot be expected to produce a satisfactory response if an estrogen deficiency exists. Only estrogen replacement therapy will correct the basic cause of the disorder.

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1. Greenblatt, R. B., and Kupperman, H. S.: M. Clin. North America *30*:576 (May) 1946. 2. McGavack, T. H., in Goldzieher, M. A., and Goldzieher, J. W.: Endocrine Treatment in General Practice, New York, Springer Publishing Company, Inc., 1953, p. 225.

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Guest Editor's Page

On the Practice of Office Anesthesia

Maxwell Weingarten, M.D.

Dr. Weingarten

Only the Safer Agents . . .

One cannot doubt that if office anesthesia can be practiced safely numerous advantages accrue to the patient. There is no long delay while awaiting a booking on an operating schedule, there is no necessity for making personal arrangements for admission on the preoperative day, the operative day is not wasted, and a great deal of expense is spared.

Thus it behooves both doctors and dentists to seriously consider whether or not office anesthesia can be administered safely — and if so, what requirements must be met in order to consider an office anesthesia safe.

First of all we must recognize the grim fact that there is no such entity as a safe anesthetic agent. All known anesthetic agents have exacted their price in morbidity and mortality. All known agents still require the administrator of that agent to intimately guide the patient through the valley of the shadow of death. The agent employed and the skill of the administrator of the anesthetic determine how closely the patient will approach the abysmal brink.

Thus in view of the above it is felt that it is impossible to render a patient absent in mind and spirit and present in normal functioning body with absolute safety.

Consequently, this state of anesthesia, can be attained only with relative safety.

Certain laws must be observed if office anestesia is to remain a relatively safe state.

No patient with a serious systematic disease is a safe candidate for an office anesthesia. Thus, a thorough history is mandatory, and a physical examination if warranted should be on the chart before any anesthetic is administered.

The administration of an anesthesia to a patient with a full stomach is but an invitation to disaster.

(Cont'd on p. 269)

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The Dentist in Anesthesia

Manville S. Harris, D.D.S.

Dr. Harris

More training centers needed . . .

The dentists' interest in office anesthesia dates back to the gasometer. From this interest stems the work of Teter and Heidbrink, dentists whose contributions must be everlastingly associated with the development of anesthesia apparatus. Literally millions of anesthetics have been administered for the ambulatory patient by dentists. From this vast experience technics of induction and maintenance have been evolved which have paralleled the physiological concepts of each era of development.

The work of Courville on the effects of low oxygen tension shook the anesthetic world. Dentists were quick to grasp the significance of that effort and incorporated new technical processes to satisfy the newly recognized physiological demand of the body for oxygen. There came into being an evolutionary concept of anesthesia which, as written by Little and Stephen in May '54 *Anesthiology*, was concerned with not merely getting the patient off the table (or chair) alive and with a chance for survival, but getting him off alive and with a certainty for survival.

(Cont'd on p. 269)

THIS I BELIEVE

*By Eric Hoffer**

. . . "Self-contempt, however vague, sharpens our eyes for the imperfections of others. We usually strive to reveal in others the blemishes we hide in ourselves. Thus when the frustrated congregate in a mass movement, the air is heavy-laden with suspicion. There is prying and spying, tense watching and a tense awareness of being watched. The surprising thing is that this pathological mistrust within the ranks leads not to dissension but to strict conformity. Knowing themselves continually watched, the faithful strive to escape suspicion by adhering zealously to prescribed behavior and opinion. Strict orthodoxy is as much the result of mutual suspicion as of ardent faith.

"Mass movements make extensive use of suspicion in their machinery of

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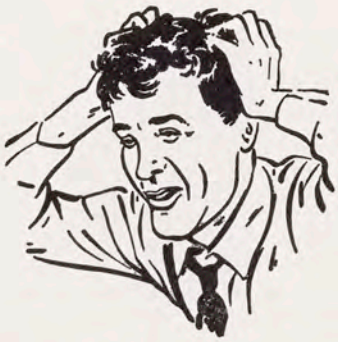
— The Editor's Corner —



The Key to Success

Alfred Soffer, M.D., Editor

It isn't necessary to be right, just be positive. If there are opposing schools of thought (and when aren't there in medicine?) choose one side, either will do, and become extremist and very vocal. At the next medical assembly shout "Marinated ice cream produces atherosclerosis!" or "Every child with descended intermediate calcified fontanelles should be operated upon!" You will at once be elevated to the status of an authority particularly if you are vehement enough in your ridicule of every other view. Above all else do not be disconcerted if subsequent research and clinical experience prove your stand untenable. At the next convention retain the offensive by (1) reversing your position and by (2) condemning those who cling to "archaic" concepts. At the physician-layman level the same philosophy can be advantageously applied to office practice. With a sad, prescient nod of the head tacitly decry all medication given to your patient by previous physicians and affirm dramatically that your method of therapy is the only logical approach. To successfully remain as this type of dogmatic practitioner it is almost mandatory to avoid reading current medical journals so that there will be no exposure to new and perhaps conflicting opinions.

But alas, in spite of these entreaties there will probably remain the humble physicians who say "I'd rather be right than famous."

---

domination. The rank-and-file within the Nazi party were made to feel that they were continually under observation and were kept in a permanent state of uneasy conscience and fear. Fear of one's neighbor, one's friends and even one's relatives seems to be the rule within all mass movements. Now and then innocent people are deliberately accused and sacrified in order to keep suspicion alive. Suspicion is given a sharp edge by associating all opposition within the ranks with the enemy threatening the movement from without. This enemy — the indispensable devil of every mass movement — is omnipresent. He plots both outside and inside the ranks of the faithful. It is his voice that speaks through the mouth of the dissenter, and the deviationists are his stooges. If anything goes wrong within the movement, it is his doing. It is the sacred duty of the true believer to be suspicious. He must be constantly on the lookout for saboteurs, spies and traitors."

**The True Believer by Eric Hoffer, Harper & Brothers, Copyright 1951*

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Letters

Dear Doctor Bush:

The Poliomyelitis vaccine trial program for Monroe County has been completed. The request made to the city and towns of Monroe County by the State Department of Health to offer the Salk Vaccine to the first, second and third grade children presented a big responsibility to the official health agencies. Fortunately the physicians of Monroe County promptly supported the proposed program. Without soliciting their aid, the Rochester Pediatric Society, a section of the Rochester Academy of Medicine, endorsed the national plan and volunteered their collective and individual support. This was immediately followed by similar action on the part of the Medical Society of the County of Monroe, through action by the Comitia Minora. At once, what appeared to be a very difficult problem, appeared less formidable. On short notice, about fifty physicians agreed to meet with Parent-Teacher Associations to discuss the vaccination program. This physician participation aided many parents in their decision to accept or reject the opportunity to have their children vaccinated. It was of great help in clarifying to parents the need of control injections for the proper evaluation of this new vaccine.

The letter you sent to members of the County Society resulted in a generous response of volunteers willing to assist the school physicians in the sixty-three clinics set up in the public and parochial schools. In the City of Rochester about 150 volunteer physicians assisted the 20 school physicians in vaccinating 12,000 children, each of whom received three injections of the Salk vaccine or placebo. A similar program conducted in the towns outside of Rochester, under the direction of Dr. Robert Bacorn, enjoyed the same assistance.

This whole hearted, unselfish support on the part of the physicians of this area is greatly appreciated by the Health Bureau staff and by the officials of the city. It typifies the spirit of our community to work together for the common good.

I want you to know that I personally am proud to be a member of a medical group that responds to a call so promptly and effectively. Many favorable comments have come to me from parents, teachers, nurses and others that the physicians of Monroe County will never fail them.

Very sincerely yours,

Albert D. Kaiser, M.D.,
Health Officer.

Dear Dr. Bush:

As you probably have heard, I shall be leaving Rochester this summer to accept a post as Assistant Secretary of the Council on Professional Practice of the American Hospital Association, in Chicago. As I will no longer be a resident of the County of Monroe, I believe that this necessitates my resignation from the Medical Society, effective July 31.

I would like to take this opportunity to say that I have very much enjoyed my association with Dr. John L. Norris and the other members of the committee, on the Disaster Committee; and also with Dr. Leonard Horn and his associates on the Public Relations Committee. In these committee meetings and the meetings of the Society itself, I have come to have a great deal of respect for the job the Monroe County Medical Society is trying to do and for its leadership.

I am looking forward to my new job, but I shall miss Rochester greatly.

With best personal regards, I am
Sincerely yours,

Sarah H. Hardwicke, M.D.

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Mr. Eastman and Rochester Medicine

George Eastman

"I am not interested in higher education."

This was the reply George Eastman gave when he was first approached to contribute to the University of Rochester in 1902. Eighteen years and many millions of dollars later, Mr. Eastman became interested in a project to build a medical school for Rochester. Abraham Flexner, who headed a group engaged in spending $50,000,000 of John D. Rockefeller's money on medical education first talked to George Eastman about a new medical school for Rochester. A persuasive sort of person, Mr. Flexner spent an entire day talking with Mr. Eastman about the plan and succeeded in getting Mr. Eastman to contribute $2,500,000 on the provision that his group would provide the rest of the money needed for the medical school. Because a hospital was also needed, Mr. Eastman wrote to the daughters of Henry Strong, his old partner, suggesting that they build the hospital as a memorial to their father. Reminiscing on this Eastman wrote of Flexner, "He himself is the worst highwayman that ever flitted into and out of Rochester. He put up a job on me and cleaned me out of a thundering lot of my hardearned savings. I have just heard that he is coming up here June 2nd to speak . . . have been asked to sit on the stage with him, but instead of that I shall probably flee the town for fear he will hypnotize me again."

Thus, George Eastman, industrialist and philanthropist, played a key part in making Rochester a leading medical center.

Partially because of his own dental experience and partly because his mother suffered from bad teeth, Mr. Eastman became concerned with dentistry. In his characteristically practical manner, he founded the Rochester Dental Dispensary. He agreed to erect and furnish the building and provide in addition an endowment of $740,000 if at the end of 5 years the work proved satisfactory to him. The building was erected in 1916-1917 and Mr. Eastman's total contribution to it was approximately $3,200,000.

Local hospitals, too, were blessed by the munificence of George Eastman. He endowed a Memorial Nurse at City Hospital (now General). In 1908 he created as a more permanent memorial a $60,000 nurses home at the Homeopathic (now Genesee) Hospital. That year he also gave $50,000 for a surgical building at Hahneman (now Highland) Hospital. In 1909 Eastman contributed $400,000 to a drive for new buildings at City Hospital. The total of Eastman's gifts to Rochester Hospitals has been estimated at $775,000. But besides the money, he gave his personal interest to an analysis of the problems of the hospital serving the community; he felt it was only good business to coordinate them, and consequently stirred up a good deal of debate on the subject.

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A Better World Through Boy Scouting

"To see the out of doors, particularly through the eyes of a boy and to introduce a boy to the outdoors is the most satisfying experience that any person can have. To teach him to recognize that the woods and the isolated areas are his friends and not something to be afraid of, to teach him to be self-sufficient, is something that is not duplicated anywhere in present, modern-day living."

Dr. Joe Howland, who made this remark, has been vice-chairman of the Highland District, vice-chairman of Troop 19, committeeman with Troop 49 and staff physician for Boy Scout Camp Massawepie. He resumed his interest in scouting when his own four sons joined the boy scouts. Dr. Howland's previous introduction to the outdoor life had been as a scout himself and via a background in biology and conservation work in Ohio.

Any boy, regardless of race, color or creed, between the ages of 11 and 17 or 18 is eligible to be a boy scout. A consolidation of outdoor living and self-sufficiency is the basis for scouting. A scout leader might take a group of boys on an overnight trip to such places as the Bristol Hills, the Letchworth Area, or the marshy, back parts of Mendon Ponds. Such activities as building rafts without the use of nails, cooking, fishing, canoeing boating and hunting are taught the boys.

It is unfortunate that more doctors do not take this opportunity to work with boys. One pediatrician, active in the scout movement, declared that he learned more about youngsters from his scouting experience than from all his years in medical school.

An understanding and knowledge of the woods and lakes, according to Dr. Howland, gives a person a good sense of perspective and values. It is an outlet with definite practical values from the stand point of a man's own boys and the boys of other fathers.

Scouting plays a basic part in the making of a good citizen. One of the illuminating discoveries that Dr. Howland made was that the boy you see in the home is not the boy you see out camping with other boys. At home, he may be somewhat of a spoiled brat, but out camping with the kids, he is a regular guy who is learning how to do things for himself.

Boy-scouting is a democratic, unmilitary activity that will give anyone the opportunity to discover that there is more to the out of doors than can be observed from the "back nine of a golf course."

Dr. Howland

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Book of the Month

Milton Bobrod, M.D.

Rudolph Virchow: Doctor, Statesman, Anthropologist, by Erwin H. Ackerknecht. Madison, Wisc. University of Wisconsin Press, 1953.

Dr. Bobrod

"There were giants in the earth in those days." The nineteenth century saw many giants in medicine. It was the time when many parts of medicine saw their reconstruction into what we would now call their modern forms. It was then that the medical clinic and the medical school took on their present characteristics. Anesthesia and asepsis were born. Pharmacology became a kind of physiology and pathology became the anatomy of disease. Each of these, as well as other important advances, was associated with the names of men of gigantic medical stature, names which almost every medical student and young physician, cultural barbarians as they are likely now to be, would recognize. Perhaps it is not an accident that the age which produced so many giants was an age of versatile men and one in which intelligence was looked up to and admired rather than suspected.

Rudolph Virchow stood out even in a race of giants. He was the "father of modern pathology." He founded the science of physical anthropology. He was an important political figure in his time; when a recent biographer of Bismarck wanted to tell how good a politician that man was, he said he was "even better than Virchow." He contributed largely to epidemiology and public health, to medical history and medical education, to medical and political reform. But this partial catalogue of his accomplishment is not the important part of the story. The author of this excellent biography of Virchow puts his finger on the crux of the situation. ". . . . because these things were done by one and the same person, they became related to each other. . . . That is why Virchow's total work is more impressive than the simple sum of its elements."

The giants of that time had broad shoulders. They also had big "souls," no matter what you mean by that word. Who now would say that the "task of medicine is the constitution of society on a physiological basis"; that "politics (is) nothing else but medicine on a large scale"; that "the physicians are the natural attorneys of the poor, and the social problems should largely be solved by them." Who would now insist, with Virchow and his friends, that "diseases depend upon errors of society" or that social science is a subdivision of medicine. But perhaps breadth of view and liberalism of spirit are ingredients necessary in the manufacture of giants. Perhaps our flight into narrower and narrower specialism and our isolation from the general problems of society are responsible for the tragic absence of giants in medicine.

Never before have doctors needed more to read books like this one. It is here, and not in the soon to be outdated "Current something-or-other," that the secrets of becoming and being a doctor are to be sought. Here we will find the inspiration to broaden our bases of conception and operation. If physicians really had no time for books of this kind, medicine would indeed be in a poor state.

So far I have mentioned only the importance of the subject. It is fortunate, however, that the book itself is well and interestingly written by a medical historian who apparently is himself broadly oriented. Curiosity might make us wish there were more details of the everyday life of a man such as Virchow, but the omission has been purposeful, for reasons which the author states clearly. This is one of the really important books of our time.

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In the Good Old Summertime

Sailing, fishing, golfing and gardening have achieved great heights under the skilled hands of some of Rochester's men of medicine.

Having a heart condition caused 76-year old *Dr. John W. Scott* to shun activities requiring heavy exertion early in life. Instead he turned his recreational energies to raising strawberries, tomatoes and gladioli. His diligence was rewarded and he achieved his goals of raising a better strawberry, eliminating much of the acidity in tomatoes and perfecting a hardier gladiolus. Because his plants were so superior, he became an unfailing winner of competitions and eventually had to stop entering contests because no one else would enter against him.

Dr. George H. Whipple, a fly fisherman, learned dry and wet fly fishing by experience with brook trout in the mountains of the west. In recent years he has found fly-fishing for salmon even more interesting. Fishing from the stream banks on foot is more enjoyable and valuable to Dr. Whipple than fishing from a boat. He states "stream fishing is of value from the standpoint of both recreation and exercise. Very few people who have tried it lose interest in this sport."

The holder of the Oak Hill amateur golf course record with a neat 66, *Dr. George Trainor* has played in the National Amateur Tournament 5 times. He has won the local district golf championship and the Western Pennsylvania State Amateur championship. The most interesting course he ever played was St. Andrews in Scotland, while the best course was Pine Valley outside Philadelphia.

Hunter-fisherman *Dr. William Clark* enjoys fishing because it is non-competitive, relaxing and allows a complete change from professional duties. Hunting affords the opportunity to be in the outdoors and to watch dogs work. The best fishing and hunting, according to Dr. Clark, is in the remote areas of Quebec, Canada, which, although difficult to reach, pays off in terms of "the bag."

Dr. Henry Shaw enjoys an activity which he shares with his two boys, Robert, 17 and Alan, 12. The Shaws raise and show golden retrievers. At the present time, they have 3 retrievers. They have raised 2 champions and have shown many dogs in obedience trials.

Gardening is the summertime sport of *Dr. Charles B. F. Gibbs*. In his garden Dr. Gibbs cultivates roses, perennials, acid-loving plants, rhododendrons, dogwood, strawberries, raspberries and asparagus. However, he is completely uninterested in cutting grass or weeding the lawn. Instead Dr. Gibbs likes cultivation and fertilization and helping plants to grow their natural life in the best possible way.

Dr. George Trainor "blasts" one on the golf course.

A doctor visits Montana. Dr. Herbert A. Molser's photograph of McDonald Lake in Glacier National Park.

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Howard T. Thompson, M.D.

Dr. George Emerson has been elected an associate member in the American Association for Thoracic Surgery.

The annual golf and banquet of the Rochester General Hospital was held at the Irondequoit Country Club on May 27th. Genesee Hospital held its annual banquet and golf tournament on June 23rd at the Locust Hill Country Club. The Highland Hospital had a similar affair on the 25th of June at the Irondequoit Country Club.

Dr. Fritz Dietel's trip to Europe was interrupted by ill health. He was flown back to the States and is now recuperating at the Rochester General Hospital.

Dr. and Mrs. Louis Tomaselli have returned from their honeymoon and Mrs. Tomaselli nee, Dr. Jean Foley, has returned to practice. Everyone is noticing that Louie's ties match his suits better since his return.

The annual alumni meeting of the Medical School of the University of Rochester will be held the first week of August. Scientific sessions on Friday and Saturday will be well worth while attending. Dr. Robert Corcoran is the president.

Recently seen on the golf links were President De Kiewiet, Dean Anderson of the Medical School with Fred Metildi and W. J. Merrill Scott making up the foresome.

Dr. Charles Sahler has been back to work now for a few months after recuperating from his broken leg. Although he still hobbles a bit he is well and hardy and working full time.

Dr. Matthew Fairbank seems to be suffering no ill effect from his broken arm. Dr. Daniel Peeler seems hale and hearty after his trip to England and the Continent where he was entertained by the Canadian Ambassador to Holland.

Dr. and Mrs. William Howe have made it three with a little girl now four weeks old.

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Doctors and CD

Dr. Norris

The assignment of doctors to aid stations, emergency hospitals, fixed hospitals and "doctor pools" at CD medical supply depots is the plan by which Civil Defense authorities hope best to utilize medical personnel in time of disaster. This plan was brought out at a special meeting of the Monroe County Medical Society June 8.

Dr. John L. Norris key-noted the meeting by announcing that the use of medical facilities and personnel for civil defense should be handled by a single organization to avoid having groups as the Red Cross and the Medical Society sponsor parallel plans. The Civil Defense and Disaster Committee of the County Society, of which Dr. Norris is chairman, handled the project, which mobilizes virtually every doctor in Monroe County in case of disaster.

Speakers at the meeting, Col. Robert N. Abbot, director of CD, Mr. Rufus Wesson, chairman of the Red Cross disaster committee, Dr. Albert Kaiser, Dr. Lynn Rumbold, and Dr. Allan Fisher spoke on the various phases of a disaster from organizational, municipal and hospital points of view.

The validity fo this plan will be tried sometime in November when it will be tied in with a city-wide Civil Defense exercise.

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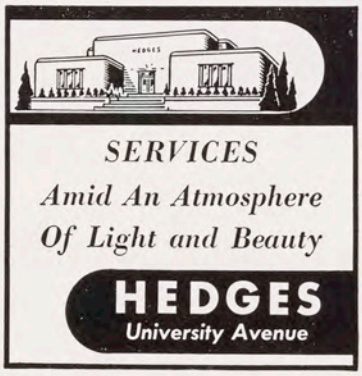
Doctor-Lawyer-Dentist Golf Tournament

Professional Men to Play Golf

Oak Hill Country Club on July 8 will be the scene of the tooth and nail battle for which the reward will be the *shiny trophy* pictured above. The wielding of woods and irons will occupy the attention of area dentists, doctors and lawyers from 1:00 p.m. to ? for the Annual Golf Tournament. Anyone desiring to tee off with a particular foursome must let the committee know; otherwise golfers will be matched arbitrarily.

Will the dentists or the lawyers wrest the trophy from the doctors? Make your reservation to play golf and have dinner by July 1 and find out. Chairman for the MD's is Dr. P. Frederick Metildi, for the lawyers Mr. Joseph Alaimo and for the dentists Dr. Frank Willing.



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At Your Service

Medical Business Bureau

Daniel J. Lotito

Are you guilty of "excessive billing"? You may be and may not know it. First of all, what is excessive billing? The writer defines it this way: "the sending of bills on accounts which have been open and on which no payment has been received for six months or more—with no special attention devoted to finding out why the bill has not been paid."

If you look through your accounts, and in so doing find that your office routine suffers from the ills of "excessive billing," please give consideration to the following thoughts: (1) As the age of the account increases, the collection problem for that account increases—it cannot usually be settled without special attention; (2) As the account ages, the possibility of the patient moving becomes more likely—many patients will move and will not notify you of the change of address, thus increasing your "returned mail" and "skip" problems; (3) Though you may have relieved a patient of some discomfort, healed some sickness or injury, or even saved a life, the "gratitude quotient" of the patient will steadily decrease with the passage of time; (4) Other, more pressing, bills from retail outlets and the like may often take precedence over your bill, overruling the "first come, first served" axiom.

This "excessive billing" can be remedied. Here is a suggested method:

(a) On the first of the month following the date of service, send a bill as is your normal practice.

(b) On the first of the second month, if payment has not been received, send a reminder. This reminder can either be typed on the bill or can be a sticker reminding the patient his bill is past-due.

(c) On the third statement a month later, a notation *specifically* requesting payment or arrangements should be made, either by sticker or typed.

(d) The above routine having been followed on an impersonal basis, it is now time to pay some individual attention to the account if no payment has been received. You have extended to the patient every consideration a reasonable person can expect. Now is the time to remind the patient of that fact and request that, if there is some difficulty in paying, you be consulted; otherwise, payments or arrangements should be made immediately. A telephone call, if the patient has a phone, may be used instead of the letter at this point also, much in the same tone as the letter which would have been written. Request an answer or payment by a specific date.

(e) If no payment is received or you do not hear from the patient by the date specified, the patient should be advised that unless the account is paid, it will be referred to your attorney or outside collector, this also by a certain date. If payment is not received on the date specified, waste no time in sending in the account. If the account is left at this point to gather dust, all your effort may have been in vain. Send the account to your collector. Your chances of collecting the account through the collection agency or your attorney are greatest at this point.

It has often been said that when a person owes a bill, he is reluctant to return to his creditor for more service until the bill he owes is paid. It follows that, if your patient gets his bill paid, and a reliable collection agency does a good job (public relations-wise) collecting that bill, he will more than likely return to you and in the future will pay his bill promptly!

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What to Do With Rare Books?

The Library Committee has for some time been concerned about the Rare Book Room. This is to be found through a door opening from the main stairway, almost at the level of the landing. It looks down quietly at the main lounge. Here are to be found most of our older volumes. The room was recently replastered and painted by the Trustees and Mrs. Frauel and Mrs. Nell have found curtains and a few chairs. The lighting still leaves something to be desired, but it is an attractive place to which one may retire and study.

But when it comes to the contents, we have problems. First of all, we have no idea what is there. There is undoubtedly a good deal of trash, since age alone does not make for value, but there are probably works of considerable interest, and possibly books of great worth as well as value. Second, our library readers seem uninterested in antiquities; so far as we know no one has consulted any volume from this room for four years. Many of the bindings are half or full calf, and are badly in need of repair. It seems wrong to allow the material to deteriorate, since even if we do not cherish it, there may well be other libraries where it would be welcomed.

The Library budget will stretch no further and anything we do here must be self-liquidating financially. Formal cataloguing would be prohibitively expensive, but we have thought tentatively of employing high-school level labor to list the room's contents. These lists we plan to submit to several authorities on older medical works, to establish the importance of what we have. We can then sell off duplicates or possibly some single volumes, and with the proceeds we can renovate and put under glass what we decide to keep.

Approval, disapproval or alternative suggestions to this plan are invited from Academy members.

L. Kohn, M.D.

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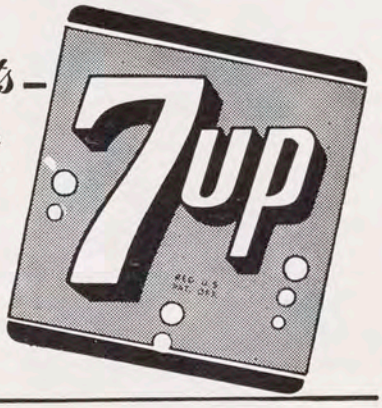

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Looking Backward

25 Years Ago

Louis L. Lapi, M.D.

Prior to 1929 very little had been done to control bleeding of the esophagael varicosities caused by cirrhosis of the liver. Previous operations had as their objective the relief of ascites, and these were not altogether successful.

A suggestion for the relief of esophageal bleeding was proposed by Dr. L. C. Rowntree of the Medical Division of the Mayo Clinic. Dr. A. H. McIndoe, Fellow in Pathology with Dr. Rowntree, considered the ligation of the left coronary vein to relieve intravenous tension on the lower esophageal veins.

Dr. Waltham Walters* of the Surgical Division performed the operation on April 16, 1929* on a 57-year-old patient who had had three hemorrhages (November 27, 1928, December 29, 1928 and March 29, 1929). It was observed that the liver was enlarged and cirrhotic (hobnail type) and that the spleen was almost five times the normal in size or one-half to three-quarters the size of the liver. The veins of the gastro-hepatic omentum were also enlarged. The gastro-hepatic omentum, containing the left coronary vein, was divided and ligated near the cardia and the ends sutured to the peritoneum in the region of the falciform ligament of the liver. The patient was discharged 22 days later with an uneventful convalescence.

This operation was later combined with a splenectomy at the suggestion of Dr. E. S. Judd of the Mayo Clinic.

Many operations have since been devised with the objective being the alleviation of tension in the esophageal veins—the most successful of which appears to be the anastomosis of the splenic vein and the left renal vein, and other modifications of this procedure.

Walter's operation may appear simple in the light of today's facilities (antibiotics, modern anesthesia, and easy access to transfusions), but in the pioneer days

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Woman's Auxiliary

Academy Auxiliary

Kay Norton

Assisting the new President, Mrs. Norman J. Pfaff, and serving on the Board of the Woman's Auxiliary to the Rochester Academy of Medicine for the year 1954-1955 are the following committee members: Mrs. George W. Sanders, Chairman of Decorations; Mrs. R. Edward Delbridge, House Chairman; Mrs. Elmer W. O'Brien, Hospitality; Mrs. George P. Heckel, Membership; Mrs. Lynn Rumbold, Nominating Committee; Mrs. Harry I. Norton, Publicity.

Both the elected officers and the committee chairmen are busy outlining their activities and readying an attractive program for the coming months. Final plans will be formulated at a Board meeting in the near future.

On the evening of May 4, after the annual meeting of the Academy, delicious refreshments were served by Mrs. O'Brien and her capable workers: Mrs. Raymond J. Brown, Mrs. George V. Butler, Mrs. James P. Conti, Mrs. Lavelle P. Davlin, Mrs. Edward G. Hardenbrook, Mrs. Leo F. LaPalm, Mrs. James I. Mooney, Mrs. Arthur B. O'Brien, Mrs. Joseph D. Picciotti, Mrs. J. William Quinlan, Mrs. Francis P. Regan, Mrs. Walter J. Riley and Mrs. Robert F. Schanz.

Those Auxiliary members who did not attend the annual meeting and hear the report of the House Chairman, Mrs. Delbridge, will be pleased to learn that last year Auxiliary funds purchased a hide-a-way bed for the caretaker's apartment, a large electric refrigerator and additional punch glasses for the kitchen, fiber glass curtains for the library, and a chair for the newly decorated Founders' Room.

The House Committee suggests that a piano (a baby grand, of course!) would be a desirable acquisition this year. Perhaps some member of the Auxiliary has one to offer.

—o—

County Auxiliary

Ruth Rumbold

The Executive Board of the Woman's Auxiliary held a business meeting followed by luncheon on June 8 at the home of the president Wanda Geib.

It was voted that the Auxiliary staff a Civil Defense Booth at Sibley's September 20-26.

Scholarship funds of $1475.00 were allocated to six girls. Two for full scholarships and four partial.

The first meeting in the fall will be on September 10.

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Radio Programs

Radio programs sponsored by the Monroe County Medical Society and the Health Bureau and heard each Sunday at 1:15 p.m. over WHAM are:

July 4 *Public Health Nursing in the School,* Miss Lorraine Tamblyn, Mrs. Beverly Eisenbraun and Miss Wanda Pestke.

July 11 & 18 *Public Health Nursing Helps People Learn About Community Resources,* Mrs. Mary Clement, Mrs. Margaret Burkhart and Miss Mae Justice.

July 25 *Sanitation Services of the Health Bureau,* Mr. Milton Bidwell and Dr. Milton Covert.

7th District Annual Meeting

"The Third Phase of Medical Care" will be the subject of discussion of Dr. Joseph A. Benton, associate of Dr. Howard Rusk, at the 7th District Annual Meeting at the University of Rochester Medical School on September 22, 1954.

Dr. Benton is the chief associate of Dr. Rusk in charge of medical education at the Bellevue Center in New York. Dr. Benton's topic is timely and warrants your attendance, so hold the date of September 22 for the 7th District Annual Meeting.

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in this field, courage and daring were part of the surgeon's armamentarium. Great strides have been made and the progression would indicate that the future will bring new and improved methods.

**Mayo Clinic Staff Meeting Proc. 4:263-364, 1929.*

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The Dairy Council in Rochester

Virginia Ritter, Secretary, Dairy Council

The Dairy Council of Rochester Area, which is just starting its third year, is a non-profit health education and nutrition organization. Its purpose is to serve you key leaders in the community in your own existing health education and good nutrition programs. Booklets, posters, films, exhibits, and consultation are all available without charge. The information contained in these materials is all backed by scientific research and many pieces contain the seal of approval of the Council on Foods and Nutrition of the American Medical Association. . . .

Dental hygienists find "Danny's Dental Date" extremely helpful in their teaching and many dentists use "Food and Care for Dental Health," "Newer Knowledge of Milk" and "A Happy Day" with their own patients.

Public Health nurses find that "Feeding Little Folks" assists them in their conferences with mothers. "Parents to Be" and "Baby Care Digest" are used with expectant fathers as well.

Besides working with the schools and professional groups we assist by teaching weight control classes at the Red Cross, help Girl Scouts with their health and nutrition badge work and everyone who is interested in developing better nutrition programs. A film "Weight Reduction Through Diet" based on the Michigan State studies is available for loan. Exhibits and displays are made to fit your need.

Who are the members of the Rochester Dairy Council? Both the milk producers and the milk distributors of the area form the membership — about 1600 people. It is their common purpose to help

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The Rochester Regional Hospital Council Comes of Age

Bernard Watson, M.D.

The program of the Rochester Regional Hospital Council is now eight years old. Starting as an experiment, generously supported by the Commonwealth Fund in 1946, the program has developed into one in which a wide range of services to hospitals throughout the region are being provided.

In keeping with its continuing interest in the general principles of regional organization of health services, the Commonwealth Fund has arranged with the Institute of Administrative Medicine of Columbia University to undertake an intensive study of the regional program and its effects on the care available within the region. Dr. Dwight Barnett, Director of the Institute has assigned to the study Dr. Henry B. Makover and Dr. Leonard S. Rosenfeld, both of whom have had extensive experience in the organization and administration of health services and in research in many of the problems involved . . . Such a report should be of great value both to other communities throughout the country which are interested in organizing services along similar lines, as well as to the Council itself in planning future development of the program.

To those of us who live and work in the area served by the Rochester Regional Hospital Council and who have had an opportunity to observe at close range the activities and values of such a program, it has become obvious that this type of organization fills an important need. By facilitating cooperation among the variety of specialized institutions and personnel which are now required to provide health services of good quality throughout an area substantial improvements have already been realized. Advances in the medical sciences and in technology have resulted in an increase

(Cont'd on p. 267)

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Classified Ads

For Sale

NEW DOCTORS — ATTENTION. For Sale. The office and home of the late Dr. George Growney, close to new North Side Hospital. There is a definite proven need for additional doctors in this area. Office with private entrance consists of large waiting room, consulting office, 2 examining rooms, dark room, wired for X-Ray, powder room. Living quarters — large LR, formal DR, modern kitchen, dishwasher, 5 BRs, large ceramic tile bath and shower, knotty pine recreation room, piano, powder room. Boiler oiled fired hot water system. Two car garage. Outdoor fireplace, double lot, ample parking space. Interior excellent, all woodwork phillipine mahogany. Ready made established business for young physician. A. E. Henderson HIllside 4571.

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in specialization and in the cost of diagnostic and treatment facilities. As a result, individual communities are experiencing more and more difficulty in providing all of the essential facilities and services. Hospitals, diagnostic facilities, specialists, tissue banks and numerous other services may be needed for the adequate care of a patient whether he lives in a metropolitan area, where these things may be more available, or in a rural area where they are often not accessible. The Council of Rochester Regional Hospitals was organized to meet the need for effective cooperation of this sort . . .

There has been ample evidence of the success of these efforts. In the course of the past eight years the program has become self-supporting and has attracted widespread interest among medical educators, physicians and medical administrators throughout this country and abroad . . . Hospitals are better organized, their facilities have been improved and active educational programs have been developed involving physicians, hospital adminstrators, nurses and other professional and auxiliary personnel . . .

The Council has pledged its support to the study and I would urge physicians in the region to give whatever help may be requested . . . I am certain that the study staff will receive the cooperation which has been characteristic of the physicians and hospitals in the region.

Bernard A. Watson, M.D.
Chairman, Medical Conference
Rochester Regional Hospital Council

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improve the health and general welfare of the community through additional education. Naturally with improved nutritional practices the consumption of dairy products will be increased. The recommended average daily consumption is three glasses of milk. Nation-wide, the consumption is two glasses a day. The population of Rochester drinks only half the amount recommended for optimum health. The average consumption of milk in Rochester each day is only one and one-half glasses. The Dairy Council is here to serve you. All its materials and services are without charge.

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Dr. Weingarten

Only the "safer" agents and the "safer" techniques should be employed in an office and adequate concentrations of oxygen should be delivered to the patient's lungs at all times. If any untoward signs appear the anesthesia should be discontinued.

Anesthesia should be undertaken only in those offices which are completely equipped to handle both the anesthesia and the complications therefrom. Minimal requirements in equipment would include a functioning anaesthesia machine, a suction machine, airways, endotracheal equipment and all drugs that may be necessary in any unforseen emergency.

Finally, the most important of all, the administrator of the anesthetic must be skilled in anesthesia either by training or experience. In the final analysis it is the skill of the administrator that determines the relative safety of an anesthesia. For regardless of how safe a technique or a procedure may appear he is the only nut in the machine which cannot be guaranteed.

Dr. Harris

Today the office in which anesthetics for open mouth work are administered is equipped with anesthetic apparatus of a flexibility that permits breath to breath control. Electrically powered aspirators are looked upon as a must. Devices for the maintenance of patent airways are ever at hand. Such drugs as have use are hard by. Trained personnel offer knowing assistance.

The dentist of this day no longer uses the yardstick of anesthetic fitness of a gone period. He takes a history, takes a blood pressure, consults with the patients' physician and with a consciousness that most of this work is elective, exercises a judgment based on thought rather than patient demand. Premedication where indicated and full instruction to the patient for anesthetic preparation are always included. There is a growing requirement for general anesthesia for dental procedures that is indigenous to the period in which we live. With the emotional instability of people, the ever changing economic circumstances and the paucity of available board men in anesthesiology, it becomes a matter of public weal for more dentists to be informed of the secrets of anesthesia. More, but not enough, training centers are being created.

It is to be hoped that an adequate number of training centers to fill the demand may soon be a reality. Centers, the credo of which echo the words of Dr. George Thomas of the University of Pittsburgh, namely that "the anesthetic is no safer than the anesthetist."

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ROCHESTER ACADEMY OF MEDICINE
Statement of Assets & Liabilities
April 30, 1954

EXHIBIT "A"

ASSETS		
CURRENT ASSETS:		
Cash in Bank (Active Account)		$ 348.59
Cash in Bank (Trust Account)		2,051.27
Cash in Bank (Founders Room Account)		354.68
U. S. Government Bonds (Cost)		38,000.00
Other Stocks & Bonds (Cost — Schedule 1)		49,884.50
Stocks & Bonds (Market Value 4/30/54 — $129,856.78)		397.50
Dues Receivable		
TOTAL CURRENT ASSETS		$ 91,036.54
FIXED ASSETS:		
Land		$ 50,000.00
Buildings	$157,017.89	
Furniture, Fixtures & Equipment	16,338.43	
Library Books	18,000.00	
	$191,356.32	
Less: Depreciation	49,090.28	
NET BOOK VALUE BLDGS. & CONTENTS		$142,266.04
OTHER ASSETS:		
Prepaid Insurance		342.20
TOTAL ASSETS		$283,644.78
LIABILITIES		
Advance Payments (Dues, etc.)		$ 270.00
Net Worth (Exhibit "B")		283,374.78
TOTAL LIABILITIES & NET WORTH		$283,644.78

NOTE: Accompanying comments are an integral part of this statement.

ROCHESTER ACADEMY OF MEDICINE
Statement of Net Worth — April 30, 1954

EXHIBIT "B"

Net Worth — May 1, 1953		$277,665.94
Increase Furniture & Equipment Purchased		2,580.15
Increase Building Improvements		2,523.34
Gift of 148 Shares Eastman Kodak Stock (Mr. and Mrs. J. Howard Kidd)		7,321.70
Increase Dues Receivable		40.00
Decrease Dues Advances		170.00
Excess of Disbursements over Receipts Year 1953 - 1954	$ 2,069.00	
Depreciation Charge off — Buildings	3,106.55	
Depreciation Charge off — Furniture, Fixtures and Equipment	1,630.80	
Decrease Prepaid Insurance	120.00	
Net Worth — April 30, 1954	283,374.78	
	$290,301.13	$290,301.13

ROCHESTER ACADEMY OF MEDICINE
Comparative Statement of Receipts and Disbursements
Twelve Months Ending April 30, 1954 and 1953

EXHIBIT "C"

RECEIPTS	April 30, 1954	April 30, 1953
Dues — Membership	$ 11,960.00	$ 12,041.25
Dividends	4,131.89	3,764.94
Gifts: General	3,725.00	2,625.00
Library — Memorials	450.79	148.85
TOTAL OPERATING RECEIPTS	$ 20,267.68	$ 18,580.04
Service: General Receipt (see note)	6,990.49	1,013.59
Library	328.47	536.23
Transfer of Funds — First Federal	2,000.00	2,000.00
Voluntary Contributions	1,645.50	740.00
TOTAL RECEIPTS	$ 31,232.14	$ 22,869.86

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DISBURSEMENTS:	April 30,1954	April 30, 1953
House and Grounds	$ 12,196.13	$ 11,003.06
Office	3,060.82	3,481.31
Library	5,351.02	4,648.64
Meetings	1,183.50	898.14
Public Health Meetings	49.51	—
Awards	180.10	146.31
Museum	9.00	7.50
Insurance	529.64	934.80
Projection	35.00	25.00
Miscellaneous	607.90	295.21
Extra Help	381.47	—
Total Operating Expenses	$ 23,584.09	$ 21,439.97
Service:		
General	$ 7,362.38	$ 982.42
Library	354.67	472.23
Transfer of Funds (First Federal)	400.00	—
	$ 31,701.14	$ 22,894.62

NOTE: *Service:* General — Receipts and Disbursements. In this account consists of various receipts and expenditures from sources other than direct operations. The amount reflected in both these accounts, Service — Receipts and Disbursements include receipts and expenditures in connection with Board of Trustees luncheons, Awards, Dinners, Dr. Kaiser portrait and other miscellaneous activities which do not relate to any other account classification appearing in Exhibit "C".

NOTE: Rehabilitation Cost of $2,523.34 consists of various improvements and alterations made to House during the fiscal year 1953 - 1954. This being a non-recurring expense the Board of Trustees authorized the transfer of $2,000.00 from First Federal Trust Fund Account to the Active Operating Bank Account and also reimbursed First Federal Bank Account $400.00 by transfer of funds to First Federal Savings Bank from Lincoln Rochester Trust Company Operating Account.

ROCHESTER ACADEMY OF MEDICINE

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS (Active Acct.) EXHIBIT "D"

	April 30, 1954	April 30, 1953
Cash on Hand beginning of periods	$ 817.59	$ 842.35
Total Receipts for year	31,232.14	22,869.86
	$ 32,049.73	$ 23,712.21
Less: Total Disbursements	31,701.14	22,894.62
Cash in Bank — Active Acct. end of period	$ 348.59	$ 817.59

Net transfer of $1,600.00 to Active Account during year from First Federal Savings Bank included in above Receipts and Disbursements for 1953-1954.

SUMMARY OF PRINCIPAL ACCOUNT AT LINCOLN ROCHESTER TRUST CO. EXHIBIT "E"

Balance on Hand May 1, 1953	$ 338.74	
Jan. 21, 1954 — Sale of U. S. Bonds (Redeemed)	3,000.00	
June 26, 1953 Purchased ¼ Share Eastman Kodak Stock		$ 10.52
Feb. 1, 1954 Purchased 25 Shares Mathieson Chemical Pref.		2,676.95
Cash on Hand Principal Account April 30, 1954		651.27
	$ 3,338.74	$ 3,338.74

SUMMARY OF FOUNDERS ROOM ACCOUNT EXHIBIT "F"

Dec. 10, 1953 Received proceeds		
110 Shares Eastman Kodak Stock	$ 5,205.74	
Feb. 19, 1954 Received Dividends — Eastman Kodak Co.	71.50	
April 2, 1954 Received proceeds		
38 Shares Eastman Kodak Stock	2,044.46	
Total Disbursements Jan. 1954 to April 8, 1954		$ 6,967.02
Cash on Hand April 30, 1954		354.68
	$ 7,321.70	$ 7,321.70

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House and Grounds Report

The past fiscal year has been one of accomplishment for the committee in charge of maintaining the building and grounds of the Academy. Early last fall, the front porch and pillars were removed at the direction of the Board of Trustees, when it was found that structure was completely rotted and beyond repairs. The library office was made available to the Nurses' Registry, who moved back into our Academy last June. The library desk was moved to the main room and a new counter installed. The book cases were completely rearranged and new fluorescent lights installed. The rare book room, off the front stairs was painted, after plaster was repaired, which had deteriorated from water damage. The second floor hall floors were refinished and new rubber matting installed for protection. The County Society offices and the caretakers' apartment were painted. A much needed bathroom was installed in the main floor caretakers' apartment. The lavatory off the ladies' lounge on the second floor was eliminated, when it was proven that antiquated plumbing had been the cause of water damage in the Founders' Room. Another lavatory on this floor was renovated by installing a new hot water line, removing an old bathtub, painting and reversing the door to the hall. A new hot water circulator was installed on the small oil burner, which had been recommended for some time. The Dunham heaters in the auditorium were re-wired, the doors varnished and asphalt tile in the foyer repaired as needed. A new lantern light over the front door and a new flood light near the front driveway have improved the lighting facilities for evening meetings. A new tractor, with mower and snow plow attachments was purchased last year, which eliminated the expense of contracting for snow removal annually. The Woman's Auxiliary to the Academy purchased a new refrigerator and hide-a-bed for the caretakers' apartment and new draperies for the library. A major improvement in our Academy was the redecorating and furnishing of the Founders' Room by Mr. and Mrs. J. Howard Kidd. The chairs for the room are being subscribed individually in honor or in memory of Academy Fellows. The new portrait of Dr. Kaiser, which hangs in the room, is the gift of the Pediatric Section of the Academy. The increased revenue from the $5 voluntary contribution has made possible, many of the above renovations. We wish to thank all who have contributed to the success of our program for the past year.

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The Academy switchboard, formerly situated in the County Society office, has been moved to the Academy office. Formerly many calls intended for the County Society were taken on the Academy telephone, MOnroe 3773. Since the phones are separate, all calls pertaining to County Society business should be made to MOnroe 0886.

Correction — In last month's issue of the BULLETIN, an error was made in the list of newly elected officers of the Academy. The name of Dr. William A. Petry, our former Treasurer was listed instead of the name of Dr. Frank A. Disney, our new Treasurer. We wish to apologize.

Mr. Alfred J. Miller, Certified Public Accountant, has audited the books of the Academy for the fiscal year 1953-1954. The report is on pages 270 and 271. A complete inventory of securities held in trust at the Lincoln Rochester Trust Company is available in the Academy office for inspection at any time by interested members.

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Thiamine HCl (vitamin B_1)	1 mg.
Riboflavin (vitamin B_2)	1 mg.
Niacinamide	6 mg.
Pyridoxine HCl (vitamin B_6)	1 mg.
Ascorbic acid (vitamin C)	30 mg.
Vitamin B_{12}	2.5 mcg.
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Copper (as copper sulfate)	2 mg.
Vitamin A palmitate	5000 U.S.P. Units
Vitamin D (activated ergosterol)	2000 U.S.P. Units
Calcium (as dibasic calcium phosphate)	60 mg.
Phosphorus (as dibasic calcium phosphate)	48 mg.
Iodine (as sodium iodide)	0.3 mg.
Thiamine HCl (vitamin B_1)	2 mg.
Riboflavin (vitamin B_2)	3 mg.
Niacinamide	10 mg.
Pyridoxine HCl (vitamin B_6)	1 mg.
Calcium d-pantothenate	5 mg.
Ascorbic acid (vitamin C)	50 mg.
Vitamin E (d-alpha-tocopheryl acetate)	5 Int. Units

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