

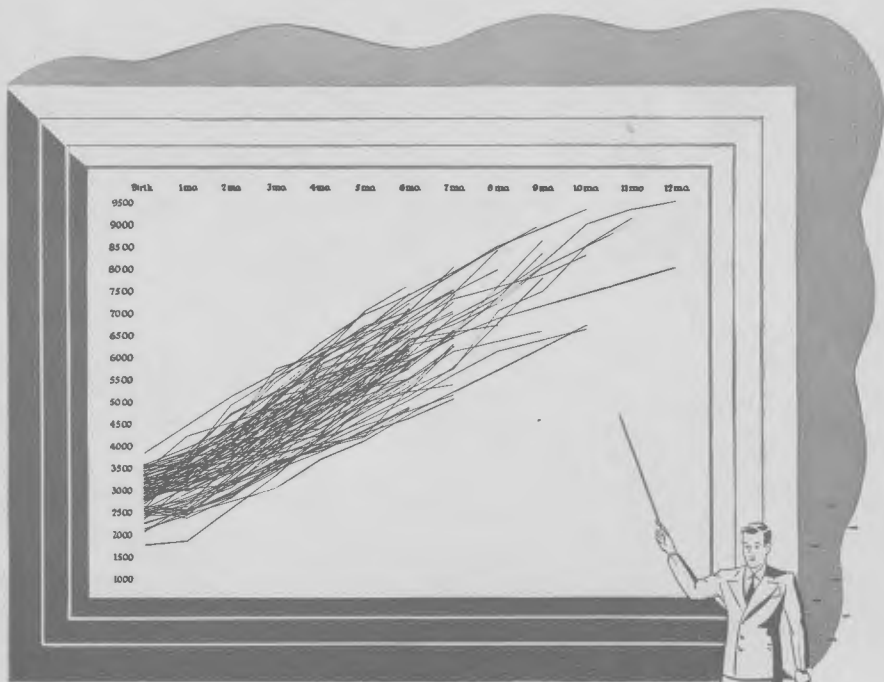


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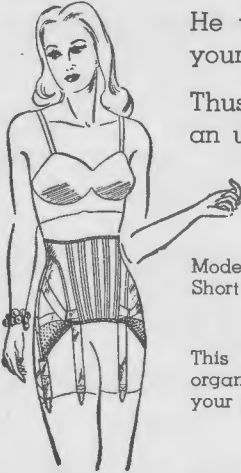
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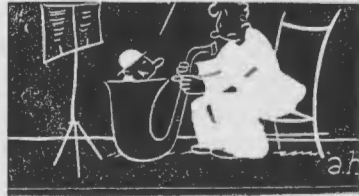
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Phyllofed Capsules afford you a convenient and effective oral method for the symptomatic and prophylactic treatment of attacks of bronchial asthma.

Each capsule contains:

- Phenobarbital Soluble . . . . . ½ Grain**  
**Ephedrine Sulfate . . . . . ½ Grain**  
**Theophylline with Sodium Acetate . . . 3 Grains**

For anticipating attacks of dyspnea of the bronchial asthmatic type, it is believed that this mixture is in many cases more effective than ephedrine and phenobarbital, given alone or combined with other purines. The presence of the theophylline with sodium acetate seems to give the whole an enhanced effect.

Phyllofed Capsules may be employed alone or, in cases of patients more severely ill, they may be used to supplement the effect of epinephrine in aqueous solutions or epinephrine in oil.

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## PRESIDENT'S PAGE

We have had another fling at politics and ere now have a fair appraisal of ourselves as politicians. It seems evident that there is no half way station in the political world. To be interested only in issues pertaining to public health and public health activities certainly are only minor activities politically speaking.

As doctors we are vitally interested in matters pertaining to the health of our people in general and specifically in the health of our own community. To obtain the best results of our endeavor it would seem logical that we should at least have some voice in the formation of the organization responsible for our Public Health activities. Lukewarm semi-apatetic interest in politics has been of little avail to us. Promises can be made readily and can be forgotten with equal dexterity.

From past results it seems a fair deduction that were we to hope for any voice in matters pertaining to health, we must enter into politics in its entirety.

There is at present an effort being made to rid our community of one of our popularly phrased "white elephants."

Our Municipal Hospital has withstood the test of years of a useless and unhappy life. It is a modest light colored brick building, perched on a hillside and surrounded by an area landscaped by nature herself. It has remained in this location for many years, very quietly, with complacent composure. Its portals have a friendly appeal. People enter these doors looking for health and temporary security, pass through its halls and out again unless forcibly detained. The building could attain a position of usefulness under guidance of wishful and willing promoters. Our Society has a committee ready to co-operate with any humanitarian organization interested in making the municipal hospital a haven for those sick in mind or body.

Might we not attain better results on this new project if we were an integral part of the Body Politic rather than to sit complacently by waiting for Dame Fortune to smile on us.

ELMER H. NAGEL, M. D.,  
*President.*



**Editorials---****Dr. Maclachlin**

Long ago, Dr. W. W. G. Maclachlin, of Pittsburgh, by his modest, kindly personality, but no less by his practical and thoughtful addresses to the Society, gained a high place in our affections and gratitude.

His discussion of Pneumonia, delivered to the Society in January, added to his fame on every count. This was the fourth time the Doctor has appeared before us, and from every reaction the more the better we like it.

Dr. Maclachlin not only gave us his sacrificial personal appearance, he went back home and out of his crowded hours he prepared an abstract of his address, and it appears in this very issue. Nobody who knows the author would willingly miss hearing him. Those who could not be present will be anxious to read this summary.

**Dr. Emil Novak**

This month of February brings back to us another of our great favorites, Dr. Emil Novak. You will recall no doubt Dr. Novak's popularity when he previously came to us in 1931, with the group from Johns-Hopkins. His fame as a speaker and teacher of medicine is well known to us all. We are fortunate again, and the Program Committee deserves our thanks.

Be sure to save the date, Tuesday, February 15th.

**A CLEAN SWEEP**

Captain: "Have you cleaned the deck and polished the brasses?"

Sailor: "Yes, sir, and I've swept the horizon with my telescope."

**Postgraduate Day Revived!**

Last year we missed our Annual Gala-day, Postgraduate Day. This year we are going to have one of our best ever. From now on you will be hearing much about the Program. Committees plan to make that day one long to be remembered. It took courage of a high order to undertake such a task in these turbulent times. But, as always before, this event will go over "with a bang." (War time slang!)

The faculty will consist of two speakers from Georgetown University, Washington, D. C., and Drs. E. C. Baker and Dean Collier of Youngstown. The date is April 19th, Wednesday. This will bring to us many of our fellows from other Societies whose "off" day is Wednesday.

Everybody will pitch in and do his best to help. That's the way the members of the Mahoning County Society do things!

**It's "Kunnel" Noll Now**

When "the Kunnel comes to see me down in Ole Virginny," I'm hopin' my mint bed will be in good shape, because nothing will be too good for "the Kunnel"!

All of us are glad, but nobody is surprised, to hear that John Noll was recently promoted on up from Major to Lieutenant Colonel.

Colonel Noll is now Chief of the Medical Service at the Station Hospital of the Chicago Schools of the American Air Forces. He and Mrs. Noll and their three children are at Kirkwood, Mo.

All the old gang back home are proud of John, and congratulate him.



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## BY THEIR CAPS You Learn to Know Them

Among the many safeguards provided by The Isaly Dairy Company for the purity of your milk supply is the "Dacro Protected" Bottle. This is the most modern and sanitary bottle available . . . made without sharp angles or ledges to collect dirt . . . and much easier to wash and sterilize. The cap is of metal, air-tight and tamper-proof. It covers and protects the pouring lip as well as the contents of the bottle. A perfect re-seal, too.

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## PNEUMONIA

By W. W. G. MACLACHLIN, M. D., Pittsburgh, Pa.

(An abstract of an address delivered before The Mahoning County Medical Society, January 18, 1944.)

The course of pneumonia since 1918, the year of the great influenza epidemic has shown periods of years of greater and lessened virulence. In the 20's the infection was very severe; 1931, 32, 33, it was mild while from 1939 to 1942 the disease was very mild. It is of interest that the last period was the time when the sulfa drugs were used. They, undoubtedly, had a very marked good effect on the mortality, but at the same time the pneumonia was less virulent. Last winter and this year, however, the infection has been more severe especially in the older people following the clinical disease influenza.

Why do we see periods of spontaneous changes in virulence of pneumonia? We believe there are two factors. (1) A change in the virulence of the infecting bacteria or virus. (2) A change in the type of bacteria producing the pneumonia. An example of the first condition may be the difference in the severity of the 1918 epidemic of influenza and the one we are now seeing. It is not easy to estimate the virulence of the infecting organism, probably it cannot be done at all accurately. People are the same year to year. Certain infections appear to be more severe in certain years with everything else the same.

We are more certain, however, that the type of bacteria in pneumonia do change with years. We have noted this since about 1933 when routine cultures of the sputum were made in all of our pneumonia cases. Pneumococcus in pure culture in almost every case was found prior to Christmas week 1936 when a very sharp and rather severe influenza was noted in Pittsburgh, and then streptococcus hemolyticus appeared. In 1937-38, sixty percent of our

cases showed this streptococcus. In January, 1939, the staphylococcus appeared and has been here ever since. It reached over 30 per cent. The H. Influenza was from 10 to 20 per cent each year, and of course, the penumococcus was almost always present in over 90 per cent. In other words, since 1936, we have had mixed infections in our pneumonias and the mixture has varied.

Mixed infection does not add, necessarily to the virulence of the disease. Our sputum studies have been carried out accurately up to July, 1942. Since then the loss of personnel by the war has made it impossible to follow this work in the same way. To me, however, it is just as important to culture the sputum in pneumonia as it is to find the type of the pneumococcus, and in these days of non-use of serum it is probably of more importance. Cultures from the lungs at autopsy have confirmed the sputum findings.

Clinically, this variation in the bacteriology of pneumonia has produced a changed picture, milder infections, longer duration at times, with persistence of physical findings as rales. The pneumonias we believe are nearly always coalescing broncho infections which at times form large lobar areas. We get very little thrill or interest out of the terms broncho and lobar pneumonia. The change in the mucous membrane of the bronchial tree is mixed and pure pneumococcal infection is well marked. The latter is paler, smooth and not too inflamed while the former is red, swollen, ulcerated and the tube filled with exudate. Most of our pneumonias at autopsy over the past eight years are of this mixed post-influenzal type.

What about the relatively new term, primary atypical pneumonia? If

## **THIRTY ONE YEARS AGO . .**

---

*The year is 1912. William Howard Taft is President. The automobile is speeding over our highways at the dizzy speed of fifteen miles an hour! 1912, and the Wright boys have just completed a flight lasting sixty-two minutes. A few women are brazenly puffing cigarettes in public eating places. 1912, and life is moving pleasantly and slowly.*

### **ONE YEAR LATER all has changed! !**

1913 marks the advent of the Federal Income Tax which makes March 15th a day to be reckoned with.

Yes, Doctor, for thirty-one years continuous changes in the tax law has increased the demand for specialized knowledge relative to the filing of these returns. This year is certainly no exception and so for your convenience we have arranged to continue our

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you use atypical as an adjective, inferring that the pneumonia is not like pneumococcal pneumonia, there can be no argument, but if atypical is used in the sense of a major feature of this particular kind of pneumonia then the word is a misnomer as this disease is quite typical of a kind of pneumonia which undoubtedly has appeared many times in the past. We used the term atypical in 1918 in a University of Pittsburgh monograph on the pandemic of influenza but only in the descriptive adjectival sense. It is generally considered that the atypical pneumonia is caused by the primary virus infection of influenza and common respiratory cold which precedes the lung lesion. This may be so. We have been impressed by the relationship of mixed infection (so-called secondary invaders) as having a definite part to play in the so-called atypical pneumonia appearance of the disease.

The cases may be either mild or severe, the former in the past few years have been more numerous. When they are very severe or fatal the disease tends to be called the old fashioned names as pneumococcal, streptococcal or staphylococcal pneumonia.

The present epidemic of influenza or what name one desires to use for this past epidemic of acute illness which has usually been respiratory in type. We accept the dictum that these epidemics of common colds, influenzalike infections are due to a virus and that the subsequent severe or mild lung involvement is due to a secondary invasion by the pneumococci, streptococcus or staphylococcus and the influenzal bacillus.

The present influenza has been mild except in old people. We have seen a good deal of it in the soldiers at the University here. We had some very severe influenza in 1936-37 with all the pathological findings of the 1918 type, even the Zenker degeneration of muscle, but the cases were few. We have not seen any such

severity this year, except in old people.

We have had great difficulty at the onset of many of these cases of influenza in ruling out an early pneumonia. In fact, at times in the early stages we believe this is impossible to do, and we include here the aid of a portable X-ray of chest. Multiple chills always suggest influenza rather than pneumonia. Lung signs in pure influenza are few, but if fever persists for several days and rales are heard there must be some broncho pneumonia.

For many years we have had portable X-ray plates of chest on every case of pneumonia or influenza. These plates have been of great interest and great value. One is often surprised at the positive shadow on the plate with little or no physical signs on the one hand and the presence of many rales or even a pleural rub or occasionally a positive blood culture (pneumococci) with a normal X-ray plate. To us the X-ray study of the lung in the acute infection of pneumonia has been of greatest value and interest. It parallels the value of the accurate bacteriological study of the sputum. Both of these methods should be fitted into the clinical picture. Neither, necessarily, tell you much about prognosis which is purely a physiological problem and to us still is best indicated by the rapid pulse rate.

The white blood count has been indifferent for the past several years and one cannot rely too much on it as a factor in prognosis. Counts below 10,000 frequently have been seen and the cases do well, which was not the rule a few years ago. The low count apparently is linked up with the altered type of pneumonia infection we have had. I might add that we have seen very few cases of real leukopenia as of 1918.

Pleurisy has been marked. Changing lung signs from depression of breathing, to blowing with or without rales has been common. We be-

lieve this indicates atelectasis, a process probably very common in bronchiolitis and bronchopneumonia. Many cases have had rales in the involved lobe for long periods of time, three or four weeks. These cases usually have streptococcus or staphylococcus in the sputum, in addition to the pneumococcus.

The sulfa drugs have not acted as well as they did up to the spring of 1942 and last winter and this winter many total failures to respond were noted. We believe this is partly due to staphylococcus infection. If one sees no response after three or four days on 120 grams (15 grains every three hours) per day of the sulfa drug, then we stop them. We never give the initial large dose anymore, nor do we bother with blood concentration if one follows the above rule of dosage. It is our impression that the sulfa drugs have little favorable action on the staphylococcus in the lung. We have seen seven fatal cases of sulfa poisoning at autopsy so that is why we do not keep this up if we see no response.

Transfusion, 250 to 500 cc. has value in cases of pneumonia not clearing normally. The blood appears to stimulate immunity. Convalescent blood or plasma which we brought out in 1918 may still be of value if we get another severe epidemic.

The oxygen tent has been helpful in the wet lung cases and might occasionally save a life. Violent sweating early may have some value.

Pneumococcic serum has gone for the present. The chemicals have replaced it. I hope in the future we may have a polyvalent serum given into the muscle or subcutaneous tissue so as to avoid the intravenous reaction. Serum is too valuable to think of it being so easily discarded.

The last time I was here I spoke of our quinine derivative, hydroxyethylapocupreine. We stopped using it in March, 1942, for pneumonia, holding our limited supply for malaria cases if needed. Our pneumonia

studies have been published. In over 600 cases we have seen no toxicity and from 1939 to 1942 in our own ward the hydroxyethylapocupreine compared very favorably with the sulfas in the mortality figures, as our charts show. This quinine derivative, we still feel is a very interesting chemical on account of its good therapeutic action and its almost negative toxicity. In the future, as Japan now has all the quinine sources that are available under her control, we believe that hydroxyethylapocupreine should replace any function now assumed by quinine. I might briefly state several interesting actions of this chemical which we have seen. (1) Malaria. (2) Pneumonia. (3) Local infection of conjunctiva and throat. (4) Asthma and multiple sclerosis. Of course, in the last two, the results are merely palliative.

To repeat, its advantage is its non-toxicity, no ear symptoms even in massive dosage (120 grains per day) and never any visual disturbance; as far as we are aware, it is the only non-toxic quinine derivative that has been made. It is much less toxic than quinine or quinidine.

I have had the opportunity to observe two cases of pneumonia treated by penicillin in which the staphylococcus was undoubtedly playing the leading etiological role. Both cases recovered but in one it was impossible for me to evaluate the penicillin as improvement had begun the day before treatment began. But, in the second case the response to penicillin was remarkable and has convinced me that this chemical has great value. The patient was a boy of 15 years who had a pneumonia with staphylococcus in the blood. He was given sulfadiazine intravenously, 135 grains per day for two days, but notwithstanding this the colony count in the blood culture increased from 48 to 131 while the sulfa was being given. Then penicillin was started and the blood stream soon became sterile. He

(Continued on Page 61)

## THE ASSOCIATION OF A. P. AND S., INC.

These days we may look for new organizations, duplicating in purposes and functions other new organizations, these last having sprung up in like manner as duplications of purposes and functions of still other organizations, and so on and so on. Lately we have a rash of these, the fruits of what is widely considered to be the climax of the fight for and against political control of medical practice.

The most recent of these new organizations comes under the name, "The Association of American Physicians and Surgeons." The Lake County (Indiana) Medical Society sponsors the new baby. They have sent out an organ called "News of the Association of American Physicians and Surgeons," Vol. 1, No. 1, is before us. The contents are militant. They include many interesting reasons for the organization; give the reason why "unknowns," "grass roots" boys, instead of the nationally known, should initiate the organization; and emphasize the complete democracy of the plan. One headline states that bitter opposition to the organization is expected. Included also is the text in full of the Articles of Incorporation and By-Laws.

Certain sections of these are interesting as well as very important. If they become the practice they certainly seem to place us in the category of "tough fellers." Other parts carry strong endorsements of good old time-honored, exalted, idealism. We quote verbatim a few of what may or may not be generally accepted:

### Article 2 (of Incorporation):

"The purpose or purposes for which it is formed are as follows: To supplement the work of existing scientific med-

ical societies by uniting physicians and surgeons so that they may act effectively in the public interest to improve the quality of medical care; to achieve the universal distribution of medical and surgical care under conditions that will both improve the quality of the service and remove economic barriers to its delivery; to establish general public understanding of and cooperation with the profession in the objectives and purposes of individual and organized activities and to promote ideal relations between the profession and the public; and to protect and improve the welfare and interests of its members in order that the profession may improve its service through the maintenance of professional and ethical standards that will attract the best of men and women to the study and practice of the art and science of medicine, and to that end will stress moral character and ethical attitude of applicants for matriculation as being of equal importance with scholastic attainments. It is committed to policies which give to the individual physician as well as to the patient his freedom of action, so that the traditional relation of physician and patient shall be maintained inviolate. The ultimate test of all its actions shall always be the public interest."

### Article 12:

"Any other provisions, consistent with the laws of this state, for the regulation and conduct of the affairs of this corporation, and creating, defining, limiting or regulating the powers of this corporation, of the directors or of the members or any class or classes of members:

"In order that the members shall control the affairs of the Association in the fullest sense, there shall be an annual meeting of the members of the Association, to be known as the Assembly, which all members in good standing may attend and in which they shall have a voice and vote.

"The Association shall have a House of Delegates to be selected in such manner as shall be provided by the by-laws; and the Association may have an Executive Committee if established by the by-laws.

"The Assembly, the House of Delegates, the Executive Committee, and the officers and agents of the Association shall, respectively, have such rights, powers and duties, and be subject to such limitations as shall be prescribed by the by-laws of the Association not inconsistent herewith."

### Section 1 (By-Laws):

"Section 1. *Membership.* The House of Delegates shall consist of one member from each state; provided, that there are not less than 100 members in good standing in such state. The members of the House shall be elected by the members of the Association in the respective states by ballot, the form of which and cover for transmittal shall be furnished by the secretary of the Association. The word "state" when used in these by-laws includes each territory and the District of Columbia."

### Section 2:

"Section 2. *Application for Membership.* Application for membership shall be made in writing on such form as shall be prescribed by the board of directors. Every applicant shall agree to abide by the charter, by-laws, and lawful orders and rulings of the Association. The form of application shall further provide that his membership shall ipso facto terminate if and when he violates any lawful rule, regulation, or by-law of the organization. The applicant shall further agree: (a) that where 75% of the eligible physicians in civilian practice in the county where he practices have become members of the Association, he will not carry on professional relations nor cooperate with any non-member therein; (b) that he will not carry on such relations nor cooperate with a non-member physician in any other county where 75% of the eligible physicians in civilian practice have become members; (c) that he will not carry on professional relations nor cooperate with any physician where such relations are deemed by the Association to be inimical to the interests of its members and those of the public; (d) that he will not carry on professional relations nor cooperate with any hospital or other institution where such relations are deemed by the Association to

be inimical to the interests of its members and those of the public; (e) that in teaching the art and science of medicine to individuals or groups he will stress the tenets and objectives of this Association and shall urge upon such students the desirability of membership in the Association. Applications for membership shall be submitted to the general offices of the Association until such time as there shall be established local or state associations in the territory in which the applicant resides. Thereafter, his application shall be submitted to the local association having jurisdiction, and the action of a majority of the members of such association shall be final."

Obviously Section 2 will be the most controversial, although flaws could be "picked" in the democratic claims, as carried out in the plan of government. It is conceivable that the General Assembly of all the members may not be as democratic in practical fact as a democratically elected general assembly, each member of which is elected by his county Society, with the membership of the House of Delegates to be elected by the various state organizations.

The fact still remains, and must be acknowledged, that this is an effort to restore the profession's problems to democratic solution by the profession itself. So far such effort has seemed too far removed to excite that personal participation necessary to arouse sufficient personal effort.

### NEW VERSION

"Who was the lady I saw you outwit last night?"

## ST. ELIZABETH HOSPITAL ANNUAL REPORT—1943

February 4, 1944.  
1943      1942

Number of patients		
discharged . . . .	11,475	12,295
Patient days . . . .	101,971	102,411

The difference in the number of patients was shown in a decrease in a number of maternity cases for the year 1943, but a sharp rise in the number of medical cases treated in

the Hospital in the past year was shown.

In the Out-patient Department there were 2,880 patient visits.

In the Emergency Room there were 2,635 patients treated.

In the Physiotherapy Department there were 6,440 treatments.

In the Operating Room there were 3,514 operations.

*February*



## THE YOUNGSTOWN HOSPITAL ASSN. REPORT—1943

By MR. D. A. ENDRES

The number of patients admitted to the hospital during 1943 totaled 18,847, the largest number in the history of the hospital. This represents an increase of 3% over the year 1942. However, the total number of in-patient days increased 7% due to a longer average period of stay over the previous year. The average number of patients per day totaled 519, as against 485 for the year 1942. The lowest number of patients in both units of the hospital on any one day was 408—the day before Christmas—and the highest number was recorded on November 22, when the census totaled 605. The average length of stay increased slightly, from 9.5 to 9.8 mainly due to the fact that during the year we had a larger number of longstay Industrial Commission and State cases.

The total number of in-patient days was 189,681, of which 49,596 were Medical days, 90,662 were Surgical days, and 49,423 were Obstetrical days. In comparing these statistics with the year 1942 we find that the Medical Department work increased 17% and Surgical Department 6%, while the Obstetrical Department showed a very slight percentage decrease, being practically the same as the previous year.

The X-Ray Department performed 27,173 examinations and treatments; the Laboratory made 83,456 examinations; and the Physiotherapy Department gave 15,048 treatments during the year 1943.

The Out-Patient Department had 2,630 visits during the year 1943, as compared with 9,145 visits in 1940. This decline represents the changed economic status of the individuals who have received aid in this department in the past. Another factor is that during the early part

of the year we were forced to close the Dental Clinic for the duration of the war, because Procurement and Assignment Service ruled that Dental Internes could not be deferred from military service for dental interne training.

The Emergency Department took care of 7,445 individuals. While the number of automobile accidents cared for by this department was somewhat lower than the previous year the difference was more than made up by a larger number of miscellaneous emergencies.

The Fever Therapy Department gave 117 treatments, totaling 284 hours.

Due to the lack of work in the Fever Therapy Department the Blood Bank was placed under the direction of the Technician from that department. As of January 1, 1943, the Blood Bank had 66 pints of plasma on hand, and after dispensing 243 pints of plasma during the year had on hand, as of December 31, 1943, 186 pints.

Another new activity during the past year was that of treating nineteen poliomyelitis cases in a special ward at South Unit. These treatments are recorded in the report of the Physiotherapy Department. As at December 31, 1943, sixteen of these nineteen victims of infantile paralysis had left the hospital, in a much improved condition. The Mahoning County Chapter for Infantile Paralysis supplied the funds necessary to pay for the special nurses needed on these cases. As noted in the Annual Report for 1942, one of our Physiotherapists at South Unit attended the School in Minneapolis operated by Sister Kenny, and the Kenny Treatment was used on these cases under the supervision of our own local physicians.



# Honor Roll



## Doctors from Private Practice

- Capt. O. A. Axelson, 01693329, Med. Det., 36th Arm. Inf. Regt., A.P.O. 253, c/o Postmaster, New York City.
- Capt. Morrison Belmont, M.C., Station Hospital, Venice, Fla.
- Major B. M. Bowman, F.A.A.A.B. Station Hospital, Santa Ana, Calif.
- Capt. P. L. Boyle, M.C., 605 Lincoln Road, Miama Beach, Fla.
- Capt. B. M. Brandmiller, M.C., 593rd E. B. & J. R., A.P.O. 565, c/o P. M., San Francisco, Cal.
- Capt. J. R. Buchanan, Sta. Hosp., Hammar Field, Fresno, Cal.
- Major R. S. Cafaro, Sta. Hospital, Camp Blanding, Fla.
- Capt. H. E. Chalker, M.C. (0205925) 179th Sta. Hospital, A.P.O. 980, c/o Postmaster, Seattle, Wash.
- Lt. Comm. R. V. Clifford, U. S. Naval Mobile Hospital No. 11, U. S. Naval Med. Supply Depot, Brooklyn N. Y.
- Capt. Joseph Colla, M. C., Post Surgeon & Comm. Officer, 2542 S. U., P. O. Box 1142, Alexandria, Va.
- Major Fred S. Coombs, Truax Field, Madison, Wis.
- Lieut. C. H. Cronick, Turner Field, Ga.
- Lieut. A. R. Cukerbaum, M.C., (U.S.N.R.), U.S.N. Base Hospital No. 3, Navy 140, c/o Fleet P. O., San Francisco, Cal.
- Capt. S. L. Davidow, M.C., 14th Field Hosp., A.P.O. 726, Seattle, Wash.
- Capt. G. E. DeCicco (0-1693384), 532nd Rgt. Med. Det., A.P.O. 503, c/o P. M., San Francisco, Cal.
- Maj. L. S. Deichman, Army Air Force, Western Tech. Tr. Command, Sheppard Field, Wichita Falls, Texas.
- Capt. Samuel Epstein, M.C., (0-342038) 31st Field Hosp., A.P.O. 956, c/o P. M., San Francisco, Cal.
- Lieut. Comm. W. H. Evans, U.S.S. Rixey, c/o Fleet Post Office, San Francisco, Cal.
- Capt. B. I. Firestone, M.C., 6th Gen. Disp., A.P.O. No. 600, c/o P. M., N. Y. City.
- Lt. Comm. J. L. Fisher, (U.S.N.R.), Camp Perry, Williamsburg, Va.
- Lieut. J. M. Gledhill, O-296900, 1st Med. Squad. Grp. B, A.P.O. 201, c/o Postmaster, San Francisco, Cal.
- Major S. D. Goldberg, M. C., Station Hospital, Camp Davis, N. C.
- Capt. John S. Goldcamp, 0-316784, 44th Gen. Hospital, A.P.O. 4759, c/o Postmaster, San Francisco, Cal.
- Lieut. Comm. M. B. Goldstein, A-3-N. T. S. Newport, R. I.
- Capt. Raymond Hall, M. C., 32nd Sta. Hosp., A.P.O. No. 700, c/o Postmaster, New York City.
- Capt. H. E. Hathhorn, Station Hospital, Camp Adair, (220 N. 29th St.) Corvallis, Oregon.
- Capt. Malcolm H. Hawk, M.C., 0-406615, 44th Gen. Hospital, A.P.O. 4759, c/o Postmaster, San Francisco, Cal.
- Major Herman H. Ipp, Sta. Hosp., Army Air Forces Navigation School, San Marcos Army Air Field, San Marcos, Texas.
- Capt. P. M. Kaufman, M.C., A.S.N. 0481412, 35th Station Hospital, A.P.O. 520, c/o Postmaster, N. Y.
- Capt. M. M. Kendall, M.C., (0-1693337) 395th Ser. Squadron, 85th Ser. Group, A.P.O. 637, c/o Postmaster, N. Y. City.
- Lieut. J. P. Keogh, M.C., U.S.N.R., Navy No. 10, c/o Fleet Post Office, San Francisco, Calif.
- Major J. E. L. Keyes, (Bushnell) General Hospital, Brigham, Utah.
- Lt. S. J. Klatman, M.C., (0466195) 791st Med. Hosp., Ship Plat., Camp Stoneman, Calif.
- Capt. Herman A. Kling, M.C., 0483382, 228th Sta. Hospital, A.P.O. 511, c/o Postmaster, N. Y. City.



# Honor Roll



- Lieut. J. B. Kupec, Med. B.O.Q. Station Hospital, Patterson Field, Colorado Springs, Colorado.
- Lt. Com. O. M. Lawton, U. S. Naval Rec. Station, 1704 Douglas St., Omaha 2, Nebraska.
- Capt. L. J. Malock, M.C., Borden Gen. Hospital, Chickasha, Okla.
- Major A. C. Marinelli, M. C., Station Hospital, New Orleans Staging Area, New Orleans, La.
- Capt. H. D. Maxwell, M. C., Camp Ripley, Minn.
- Major P. R. McConnell, 38th Gen. Hosp., A.P.O. 678, Unit No. 1, c/o Postmaster, N. Y. City.
- Maj. W. D. McElroy, M. C., 32nd Sta. Hosp. A.P.O. No. 700 c/o Postmaster, New York City.
- Capt. R. H. Middleton, M. C., 1570th Ser. Unit, Med. Detachment, Camp Breckenridge, Morganfield, Ky.
- Passed Ass't Surgeon, (r) A. W. Miglets, U. S. Marine Hosp., Chicago, Ill.
- Lt. Stanley Myers, M. C., U.S.R., Base Hosp. No. 4, Navy 133, c/o Fleet Post Office, San Francisco, Cal.
- Capt. M. W. Neidus, Med. Det., Carlyle Barracks, Carlyle, Pa.
- Major G. G. Nelson, M.C., 0230600, 182nd Sta. Hospital, A.P.O. 782, c/o Postmaster, New York City.
- Maj. John Noll, Jr., M.C., Sta. Hos., Jefferson Barracks, St. Louis, Mo.
- Major R. E. Odum, M. C., 821st M.A.E.T. Squad., Bowman Field, Louisville, Ky.
- Major T. E. Patton, Med. Dept. Replacement Train. Center, Camp Grant, Ill.
- Lt. Robert L. Piercy, Carlyle Barracks, Carlyle, Pa.
- Capt. Asher Randall, Lexington Signal Depot, Lexington, Ky.
- Capt. Clara Raven, M.C., Newton D. Baker Gen. Hosp., Martinsburg, W.Va.
- Capt. L. K. Reed, M. C., Sta. Hosp. Army Air Base, Muroc Field, Calif.
- Ass't Surgeon (Reserve) Harold J. Reese, U. S. Maritime Train. Station, Manhattan Beach, N. Y.
- Lieut. J. A. Renner, U. S. S. Albermarle, c-o Postmaster, N. Y. City.
- Capt. John A. Rogers, M.C., (0449653) 262nd Sta. Hospital, A.P.O. 4778, c/o Postmaster, New York City.
- Capt. M. S. Rosenblum, M.C., (0-1693517) Sta. Hospital, A.P.O. 848, c/o Postmaster, New York City.
- Capt. J. M. Russell, M.C., A.G.F., Replacement Depot No. 2, Fort Ord, Calif.
- Lieut. Samuel Schwebel, M.C., U.S.N., U.S.S. Kankakee, c/o Fleet Post Office, San Francisco, Cal.
- Major C. W. Sears, M.C., (0-295896), 313th Sta. Hospital, A.P.O. 553, c/o P.M., N. Y. City.
- Capt. J. L. Scarnecchia, M.C., A.A.B., Sta. Hosp., Galveston, Texas.
- Lt. L. S. Shensa, M.C., Station Hospital, Camp Sibert, Alabama.
- Capt. Henry Sisek, M.C., 0417070, 204th Gen. Hospital, A.P.O. 952, c/o Postmaster, San Francisco, Cal.
- Maj. Ivan C. Smith, 0-234333, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
- M. M. Szucs, U.S.P.H.S. (R) Passed Asst. Sur. 177 Milk St., Boston Mass.
- Capt. Samuel Tamarkin, M. C., A. A. B., Columbia, S. C.
- Maj. W. J. Tims, (0-466186) 10th A.D.G., Hq., A.P.O. 638, c/o Postmaster, New York City.
- Capt. C. C. Wales, M.C., (0-327480) A.P.O. 84, 333rd Inf., Med. Det., Camp Claiborne, La.
- Capt. S. W. Weaver, M.C., Sta. Hosp. SAAAB, Santa Ana, Cal.
- Capt. L. W. Weller, Station Hospital, Camp Wallace, Galveston, Texas.
- Capt. J. A. Welter, 83rd Med. Bat., Camp Beale, Calif.
- Lieut. Com. H. S. Zeve, M.C., (USNR), U. S. Naval Hospital, Navy 117, c/o Fleet P. O. N. Y. City.



# Honor Roll



## Youngstown Hospitals' Internes

- Lt. W. Frederick Bartz (A prisoner of the Japs)
- Capt. David E. Beynon, 903rd AAA AW Bt'n, A.P.O. 827, c/o Postmaster, New Orleans, La.
- Capt. Kenneth E. Camp, M.C., (01693332) Co. B., 113th Med. Bn., A.P.O. 38, c/o P. M., San Francisco, Cal.
- Capt. Louis D. Chapin, M.C., 82nd Gen. Hospital, c/o Baxter Gen. Hospital, Spokane, Wash.
- Lt. Walter V. Edwards, Jr., Ft. Hayes, Columbus, Ohio.
- Lt. Howard R. Elliott, Ft. Benjamin Harrison, Kansas.
- Lt. William E. Goodman, Co. B., 83rd Medical Battalion, 13th Armored Division, A.P.O. 263, Camp Beale, California.
- Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, 43rd Division, A.P.O. 3193, c/o Postmaster, San Francisco, Calif.
- Lt. James Hamilton, M.C., U.S. Navy, A.P.O. 661, c/o Postmaster, New Orleans, La.
- Capt. Woodrow S. Hazel, Station Hospital, Lowry Field, Colorado.
- Lt. Joseph M. Herbert, Ft. Sam Houston, Texas.
- Capt. Herbert B. Hutt, Torney General Hospital, Palm Springs, Calif.
- Richard P. Jahn, (Address Wanted)
- Major Louis R. Kent, M. C., (0379847) Med. Det., 506th Parachute Inf. Reg., A.P.O. 472, c/o Postmaster, New York City.
- Lt. Sidney C. Keyes, Carlyle Barracks, Mo.
- Ass't Surgeon Robert S. McClintock, U.S.S. Tampa, C.G., c/o Fleet P.O., New York City.
- Major Donald A. Miller, M.C., (0-471307), 30th Station Hospital, A.P.O. 690, c/o P. M., N. Y. City.
- Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.
- Lt. Wilbur V. Moyer, (Address Wanted)
- Lt. Melton E. Mugent, Aberdeen, S. Dakota.
- Lt. Raymond M. Neseemann, Algoma, Wisconsin.
- Lt. Howard E. Possner, Jr., (Address Wanted)
- Capt. Louis G. Ralston, A.S.N.-O-47972, 533rd Sqd., 381st Bomb G. P., A.P.O. 634, c/o Postmaster, New York City, N. Y.
- Lt. Frederick L. Schellhase, M.C., (0490063) 55th Group Carrier Sq. 375, T.C. Gp., A.P.O. 503, Unit 1, c/o Postmaster, San Francisco, Calif.
- Major Charles R. Sokol, M.C., 15th Fighter Group, A.P.O. 959, c/o Postmaster, San Francisco, Cal.
- Capt. Densmore Thomas, M.C., 01693343, A.P.O. 38, Co. B 113th Med. Bn., c/o Postmaster, San Francisco, Calif.
- Capt. Frederick R. Tingwald, M.C., 60th Field Artillery Battalion, A.P.O. 9, c/o Postmaster, New York City.
- Lt. Nevin R. Trimbur, 2nd Ech., Cub 9, c/o Fleet P.O., San Francisco, Cal.
- Capt. Richard W. Trotter, Hq. 151st Med. Bn., A.P.O. 689, c/o Postmaster, New York City.
- Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.
- Lt. Clyde K. Walter, (Temp. Address) c/o F. M. Swisher, Spelter, W. Va.
- Lt. Walter B. Webb, (Address Wanted)



# Honor Roll



## St. Elizabeth's Internes

- Capt. Adanto D'Amore, Med. Corp. U. S., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
- Maj. Geo. L. Armbrrecht, M.C., (0357508) Med. Det. 8th Inf., 4th Div. U. S. Army, A.P.O. 4, Ft. Jackson, S. C.
- Capt. Nathan D. Belinky, M.C., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
- Dr. Donald J. Birmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md.
- Lt. David D. Calucci (Address Wanted).
- Lt. C. J. Duby, M.C., 62 Lawson Gen. Hospital, Atlanta, Georgia.
- Maj. E. F. Hardman, Station Hosp., Morris Field, Charlotte, N.C.
- Lt. Morris I. Heller (Address Wanted).
- Lt. V. G. Herman, Public Health Dispensary, 4th and D. Street, Washington, D. C.
- Capt. Sanford Kronenberg, M.C. (01693635) 118th Station Hospital, A.P.O. 464, New York, N. Y.
- Capt. H. C. Marsico, M.C., Co. B 48th Med. Bn., A.P.O. 252, c/o Postmaster, New York City.
- Maj. Stephen W. Ondash, M.C., 4th Aux. Surg. Group, Lawson General Hospital, Atlanta, Georgia.
- Capt. A. K. Phillips, Patterson Field, Fairfield, Ohio.
- Lt. C. E. Pichette, 185 Otsega, Ilion, N. Y.
- Capt. Joseph Sofranec, (0489202) 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.
- Lt. L. J. Thill, c/o U.S.S. Bibb, Fleet Post Office, New York, N. Y.
- Lt. John Veit, Southwest Pacific. (Correct address wanted).

## Corydon Palmer Dental Society

S. R. Abrams	R. C. Harwood	J. A. Parillo
M. Alpern	P. B. Hodes	F. K. Phillips
N. J. Alterio	J. J. Hoffrichter	A. E. Plahy
	J. J. Hurray	W. S. Port
G. R. Backus		R. W. Price
M. W. Baker	F. D. Irwin	E. W. Reed
V. P. Balmenti	W. T. James	P. P. Ross
F. C. Beaumont	P. P. Jesik	W. R. Salinsky
T. L. Blair	T. K. Jones	J. F. Schmid
E. L. Boye		R. A. Senseman
R. V. C. Carr	H. E. Kerr	J. E. Shafer
J. D. Chessrown	A. S. Lasky	J. J. Sirotnik
		P. W. Sutor
F. E. Elder	A. Malkoff	J. M. Thornhill
	J. L. Maxwell	
C. F. Fester	W. J. McCarthy	R. E. Wales
A. E. Frank	W. V. Moyer	D. J. Welsh
L. Galvin	A. G. Nicolette	W. T. Willis



# Honor Roll



## St. Elizabeth's Hospital Nurses

Regina Aleksiejezyk	Virginia Frame	Josephine Malito
Rita Baben	Hilda Gherasin	Shirley O'Horo
Ruth Billock	Mary Grace Gabig	Alma Pepper
Bettijane Binsley	Irene Griffin	Marie Perfett
Roselyn Block	Ann Hassage	Congetta Pietra
Margaret Brinsko	Ann Heiser	Ann Pintar
Ursula Burke	Margaret M. Hogan	Teresa Schlect
Betty Lou Butler	Catherine Holway	Anna Sullivan
Eleanor Cassidy	Mary L. Kelley	Susan Vanish
Ann Chmura	*Mary Klaser (Deceased)	Rose Vertucci
Mildred Clarke	Helen Kral	Irene Vassey
Catherine Crogan	Mary Lubonovic	Ann Walko
Helene Dluhos	Mildred Lymburner	Mary Louise Yamber
Ann Dorsey	Mary McCambridge	Ethel Yavorsky
Catherine Doyle	Clara McNeish	Helen Zamarly
Rita Daffey	Eileen Magill	Helen Zerovich
Mildred Engel	Theresa Magyar	Mary Ziroff
Mary Fehrenbaugh	Margaret Maletic	

## Youngstown Hospital Nurses

Mabel Anderson	Elizabeth Heaslip	Mary Petransky
Ellen Andre	Mary Ann Herzick	Edna May Ramsey
Ethel Baksa	Gertrude Hitchcock	Lucille Reapsummer
Dorothy Barner	Rosemary Hogan	Mary Resti
Mary Berkowitz	Frances Bulla Holden	Ruth Rider
Suzanne Boehm	Mary Hovanec	Marie Rolla
Stella Book	Elizabeth Hudock	Rose Rufener
June Bowles	Irene Janceski	M. Schnurrenberger
Betty Boyer	Agnes Keane	Mary Margaret Shore
Florence Brooks	Kathleen Kemerer	Ruth Simmons
Dorothy Buckles	Katherine Keshock	Mary Louise Smith
Ruth Burrage	Eugenia Kish	Mary Stanko
Marjorie Bush	Lois Knopp	Donna Stavich
Victoria Dastoli	Irma Kreuzweiser,	Stella Sulak
Margaret Davis	Jessie Lane	Mary Taddei
Dorothy Dibble	Marietta Leidy	Freda Theil
Mary Dudzensky	Vivian Lewis	Ursula Thomas
Rita Duffy	Olive Long	Rebecca Ulansky
Nellie Duignan	Ruby Lundquist	Anna Vanusek
Clara Esterhay	Jeannette McQuiston	Madaline Vranichich
Margaret Fajak	Hilda E. Mort	Agnes Welsh
Ruth Friedman	Frances Moyer	Eleanor Whan
Sally Friedman	Helen Ornin	Edna Williams
Ethel Gonda	Dorothy Oswald	Pearl Yanus
Dorothy Graves	Anglynn Paulchell	Mildred Yocum
Evelyn Louise Hablen	Ruth Peters	Jennie Zhuck

## February Meeting

**Speaker:—**

**EMIL NOVAK, M. D.**

Associate in Gynecology, Johns-Hopkins Medical School

**Subject:—**

### ENDOCRINES IN GYNECOLOGY

Emil Novak, A.B., M.D., D.Sc. (Hon. Dublin), F.A.C.S., Graduate of University of Md. Medical School 1904. Associate in Gynecology, Johns-Hopkins Medical School; Gynecologist, Bon Secours and St. Agnes Hospitals, Baltimore; Fellow, American Gynecological Society, American Association of Obstetricians, Gynecologists and Abdominal Surgeons and Southern Surgical Association; Honorary Fellow, Royal Institute of Medicine, Budapest; Sociedad d'Obstetricia et Ginecologia de Buenos Aires; Central Association of Obstetricians and Gynecologists; Texas State Association of Obstetricians and Gynecologists; Past Chairman, Section on Gynecology and Obstetrics, American Medical Association.

Author of Gynecological and Obstetrical Pathology—Menstruation and Its Disorders—The Woman Asks The Doctor—sections and chapters in various textbooks and Systems of Gynecology and Obstetrics, and of several hundred papers on gynecological and endocrinological subjects. He is also the author of a Textbook on Gynecology.

### YOUNGSTOWN CLUB

**Tuesday, February 15th—8:30**

## March Meeting

**J. W. WILCE, M. D.**

Director, University Health Service, Professor Clinical  
Medicine, Ohio State University, Columbus, Ohio.

**Subject:—**

**"THE HEART IN ATHLETICS, INDUSTRIAL AND  
MILITARY CORRELATIONS."**

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## Sixteenth Annual Postgraduate Assembly

The Mahoning County Medical Society  
has the honor to present  
speakers from the

## Georgetown University

Program to be announced later.

**Wednesday, April 19th, 1944**

**HOTEL PICK-OHIO**



## VENEREAL CLINIC REPORT—1943

Dr. R. G. Mossman, Commissioner of Health, Youngstown, Ohio.  
Dear Dr. Mossman:

Following is the report of the Youngstown Venereal Clinic for 1943. For comparison the report for 1942 is included.

Respectfully submitted,

CLAUDE B. NORRIS, M. D., *Chief of Syphilis.*

HENRI SCHMID, M. D., *Chief of Urology.*

	1943	1942		1943	1942
No. of Cases of Chancroid treated	0	1	No. of Syphilis cases treated	892	731
No. of cases of Chancroid — New	0	1	No. of Syphilis cases—New	198	159
Total Chancroid Clinic visits	0	0	No. of Blood tests taken	1185	968
Cases referred to Pvt. M.D.	0	0	No. of Blood tests—Pos.	351	374
No. of cases Hospitalized	0	0	No. of Blood tests—Neg.	834	594
No. of urine tests made	177	256	No. of Spinal Punctures taken	30	40
No. of urines tested, Sugar	177	256	No. of Spinal Punctures—Positive	7	7
No. of urines Pos., Sugar	0	4	No. of Spinal Punctures—Negative	23	33
No. of urines Neg., Sugar	177	252	No. of Syphilis cases Hospitalized	16	12
Albumin	177	256	No. of Syphilis cases referred to Pvt. M.D.	67	65
No. of urines Pos., Albumin	0	7	No. of Syphilis clinic visits	8011	7259
No. of urines Neg., Albumin	177	249	No. of Arsenicals given	3154	2888
Other tests. Specify, Micro, Exams	310	272	No. of Arsenical reactions	3	0
Darkfield tests	2†	4	No. of Bismuth given	3836	3476
Public Lectures	10	16	No. of cases of G. C. treated	300	409
Field visits	309	390	No. of G. C. cases—New	51	41
Other Service:			No. of Smears, examined wet and stained	310	272
Eye Exams	76	71	No. of Smears, stained—Positive for G.C.	70	59
Heart Exams.	200	117	No. of Smears, stained—Negative for G.C.	240*	213
Chest Exams.	200	117	No. of G.C. cases Hospitalized	1	1
No. of cases of Syphilis released as cured or arrested	20	22	No. of G.C. cases referred to Pvt. M.D.	11	14
No. of cases of G. C. released as cured or arrested	3	16	No. of Complications	0	0
Total Clinic Visits	8347	7259	Total G.C. Clinic visits	336	544
Total Cases	1630	1630			

† Many more dark field examinations should have been made, and probably the number found positive would have been much increased. But workable dark field equipment has not been available.

\* Many more cases would have been detected as gonorrhoea had facilities for making cultures been available.

**WE RENT**

WHEEL  
CHAIRS

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ALPINE  
SUN  
LAMPS

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HOSPITAL  
BEDS

---

**WE SELL**

CRUTCHES

---

BED PANS

---

URINALS

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## AN OPPORTUNITY FOR DISTINGUISHED SERVICE

(The Journal of The Medical Society of New Jersey)

The luncheon conference at the Essex Club in Newark, November 4th, which Dr. Wells P. Eagleton arranged and at which he was the host, afforded the Fellows, the President, the Chairman of the Board of Trustees, and the members of the Committee on Social Security, of which the President-elect is Chairman, an opportunity to meet the guest of the conference, Dr. Louis H. Bauer, Chairman of the new Council on Medical Service and Public Relations of the American Medical Association, and to learn in more detail the ideas and tentative plans of the Council.

We believe the Chairman of the new Council is able and capable; and, from what we have been able to learn, that estimate may be extended to the entire membership of the Council. From the attitude and remarks of the Chairman, Dr. Bauer, we are satisfied that the Council welcomes the ideas and criticisms of constituent Societies. We shall, therefore, promptly avail ourselves of the invitation and present at this time some of our ideas and criticisms. The criticisms are not leveled at the Council—it merits our encouragement and support—but at conditions that body has inherited, which, if not changed or modified, will, in our opinion, severely handicap the Council in successfully prosecuting the activities for which it was organized.

There is nothing to be gained by "crying over spilled milk," but the imminent threat of the control of medicine by the Federal government shows very clearly that an agency of the American Medical Association, with the functions of the new Council on Medical Service and Public Relations, should have been in operation for at least the past ten years. That, of course, is not the fault of the new Council. But the urgency of

the issues now confronting Medicine points the need to rapid organization and approach to these problems by the Council. This critical condition, in our opinion, calls for strong leadership and national planning on the part of the Council.

Inasmuch as any sound plan or plans—national, state or local—designed to improve medical care must provide for preventive as well as curative treatment, and for hospital services, might it not be advisable to make the formulation of a national broad-gauge plan the joint responsibility of the American Medical Association (through the Council on Medical Service and Public Relations), the American Public Health Association, and the American Hospital Association? Besides the obvious reasons for this proposal there is an added motive for the suggestion: A plan formulated in this way by this group would be more apt to receive favorable public recognition than if proposed by the American Medical Association alone. Rightly or wrongly, the Association, at the moment, is regarded by the public in many quarters as a reactionary institution, insistent upon retaining the status quo and insensible to new ideas for improvement in the methods of furnishing medical care.

It is realized, of course, that a great part of the problem involved in providing better medical care is economic. It is not sufficient answer, however, to point out that the reason some groups, or residents of certain areas of the nation, are not receiving better medical care is the result of poor economic conditions, low level of income, lack of education, and a disinclination to avail themselves of good medical care. Regardless of these or any other factors *all* of the people of this country should have available the means of securing adequate medical care.

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We, in this state, believe that the cost of supplying medical care to the indigent is a responsibility of government and should be provided for by the state, on a local level. Why should not this be made a national policy and so enunciated by the new Council? If this were done the next step would be to stimulate efforts to effect this policy in every state. We also incline to the opinion that the various experiments in prepayment plans by several of the state societies have reached a stage of development which warrants inclusion of this method of meeting the cost of medical care, by those able to pay for the service, in a national plan designed to improve the methods of providing better medical care.

If this were coupled not only with the "approval" of acceptable voluntary hospital service plans by the Council, but with active advocacy and support of such plans it would seem that, in a relatively short time, better distribution of medical care for those able to pay for these services would be in a fair way of solution.

As soon as a national broad-gauge program is evolved, a scientific determination of the health needs peculiar to each state should be ascertained.

In setting forth these thoughts as to a national health program it hardly seems necessary to observe that no individual or small group, alone, would likely be competent to blueprint a sound and acceptable national program designed to improve medical care. The most we could hope for in presenting these ideas of ours is that they may be deemed worthy of consideration.

Apparently, at least for the time being, there is to be *no office* of the American Medical Association in Washington. We understand, however, that one and perhaps two representatives of the Association will be in Washington to maintain contacts with the various bureaus, and presumably to advise the Council on

legislation of interest and import to the profession. While this perhaps is an improvement, we still hold strongly to the conviction that to do a *good* job in public relations, to be in a position to furnish the legislators, the public and the medical profession with needed information concerning legislation or regulations affecting public health and medical service, an adequate staff *with an office in Washington* is essential. If, perchance, an office of the Association is subsequently established in Washington, we suggest a prompt public announcement of the fact and a frank statement of its purposes.

It is our understanding that the status of the National Physicians Committee and its relation to the activities of the Council on Medical Service and Public Relations received considerable attention at the conference of representatives of our Society with Dr. Bauer. As to the status of the National Physicians Committee the Council in "A Statement of General Policies," issued October 20th, states:

"There is no official affiliation between the American Medical Association and the National Physicians Committee. However, since it is the purpose of the National Physicians Committee to enlighten the public concerning contributions which American Medicine has made and is making in behalf of the individual and the nation as a whole, it is the opinion of the Council that the medical profession may well support the activities of the National Physicians Committee and other organizations of like aims."

While it is recognized that the National Physicians Committee has made a notable contribution toward the defeat of the medical features of the Wagner-Murray-Dingell Bill, could not this contribution have been made, and to better effect, by the American Medical Association?

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Whatever policies and plans the National Physicians Committee pursues, if it is to continue, its activities must not include attempts to formulate legislative policies and action. The National Physicians Committee does *not* represent organized medicine; the only body that has the authority to do so nationally is the American Medical Association.

With respect to the National Physicians Committee, we think the remarks of Senator James E. Murray, co-author of the Wagner-Murray-Dingell Bill, before the Association of Internes and Medical Students in New York, November 19th, 1943, should be pondered by every member of organized medicine interested in the defeat of the medical features of the Bill, of which he is co-author. The following is quoted from the New York Times of November 20th, 1943.

"The National Physicians Committee, the Senator charged, was organized by members of the American Medical Association because the A. M. A. 'was afraid' to handle the fight directly.

" \* \* \* The committee admits that it has received substantial con-

tributions not only from physicians but from other sources as well. The pharmaceutical companies were said to have contributed generously. Isn't there a possibility that some of the funds have been contributed by companies which specialize in 'quack medicine'?"

Are these quoted remarks of Senator Murray untrue?

### PNEUMONIA

(Continued from Page 44)

ultimately made a good recovery. This case was as ill as any case that I have ever seen who has recovered.

In my experience staphylococcus infection in lung has shown little response to the sulfas. In mild cases they all do well and it is, therefore, hard to read the results, but in the above case which was a hypervirulent infection the effect of penicillin was really remarkable. It is far superior to the sulfa group in staphylococcus infection.

Chemotherapy has come a long way in a short period of time. It is now our obligation to analyze the results with accurate understanding, as these chemicals (the sulfas) are as toxic and dangerous for some people as they are valuable for others.

## FROM OUR DOCTORS IN THE SERVICE

Doctors are earnestly requested to write the Bulletin of their activities and by all means **CHANGE OF ADDRESS**. Let's help keep the good work up.

December 21, 1943.

Dear Miss Herald:

It's been quite a long while since I have been directly associated with the practice of medicine in Youngstown, nevertheless, with my wife in association with Dr. Baker and Youngstown being my home, it's with the greatest pleasure that I receive the Bulletin.

I have been associated with the 30th Station Hospital for the past one and a half years and during that period of time we have travelled by sea a distance greater than the circumference of the earth. We have been on foreign duty for fourteen months and located in Persia for eleven of those months. While functioning at more than capacity, our unit was ordered to do the unusual and that was

to move from the European to the Asiatic-Pacific Theatre of operations. Our move was rapid but very efficient and here we are located in an area of great import and with a marvelous hospital set-up just nearing completion. Our trip to this part of this theatre was definitely eventful.

During my association with this unit I have had charge of the surgical service and one which has been moderately active for having been located in such a theatre where medical problems predominate. We are looking forward to a much more active service soon.

I look forward to the information in the Bulletin concerning friends in medicine at home.

Major Donald A. Miller.

Nov. 16th, 1943

Dear George:

Got the Bulletin for September yesterday and surely enjoyed it. Am in Sunny Italy now, but it isn't very sunny just now, in fact it is right in the rainy season. Have seen many interesting things and our trips on the water were grand. The news from all the fronts looks encouraging and I am sure it will continue to do so. I ran across Captain Ashworth in this area the other day and had a very pleasant chat with him before he moved on to parts unrevealed. Wish I could tell you about places I have seen and visited, but that will have to wait. We are eating well, and sleep on much more comfortable beds than we had in North Africa, which is one place I don't particularly care about with its ants, and mosquitos and scorpions and dirty Arabs. However, it was interesting for a time. Certainly am glad that they occasionally do have a medical meeting in Youngstown in spite of the added work the doctors have. Wish I could be there and listen in. Well, George, let me hear from you sometime and give my best to all the members of the Medical Society.

Major G. Nelson.

\*

Dec. 30, 1943.

Dear Claude:

I have intended to write and have my address changed but delayed doing so. I am glad to get the Bulletin and particularly glad to know what's happening to the other fellows both in and out of service.

I was moved in July, 1943, from Chicago to Santa Ana, California, when our hospital there was turned over to the ground forces and is now the Gardiner General Hospital. I was retained in the Air Corp and sent here where I am assigned as chief of Neurosurgery at the Station Hospital. This is a fine base with a large hospital and an excellent staff of medical officers. I like it very much here and keep comfortably busy. Have seen many interesting and unusual cases and I can honestly say my Army experience is worth while for learning something new. Of course there's never a dull moment and there is something new every day. Ask any war veteran if that's not true.

This is a cadet center for training pilots, navigators and bombardiers first thru classification and preflight. From here they go to primary at other fields. Have learned plenty of aviation physiology and see some new phases of neurology which were not seen previously be-

cause the human body and brain was not placed in low pressures at high altitudes as they are now. It will be interesting to see how many of our predictions are true later on.

Can't give you much dope about others that is not known. Major Brack Bowman is here and we hash things over and gripe in the Army manner. Capt. Luke Reed is still at Muroc Field, Cal. Capt. John R. Buchanan at Hammar Field, Cal., also McKennee, a former Interner. "Buch" was here for a regional orthopedic meeting, also "Mac" and we batted the fat.

Brandmiller was in Carmel but haven't heard from him recently.

Today we are getting some of California's liquid sunshine and it's really raining. We really enjoy the climate, however, and I can't say that I get lonesome for the "smog" and dirt even though I miss seeing my old friends.

Thanks for sending me the Bulletin and give my regards to the "docs" there.

Capt. Sam Weaver.

\*

January 13, 1944.

Dear Miss Herald:

This is to let you know my A.P.O. has again been changed. As you can see above my address is, 313th Sta. Hosp., A.P.O. 553, c/o Postmaster, N.Y. City.

The Bulletin is swell to get. It keeps a fellow up on what is happening at home and also with the addresses we may be able to locate each other if we should happen to be in the same section of England.

The country here is very pretty. I haven't seen much of it yet, and anything anyone tells you about the amount of rain you can believe. Thanks again for the Bulletin.

Major C. W. Sears.

\*

January 2, 1944.

Dear Claude:

I want to take this opportunity of thanking you and your staff who have continued to send the Bulletin to me each month. Sometimes it arrives after several months have elapsed but it is always good reading no matter how ancient. I should like to write a longer letter to you but will personally see you very soon according to all rumors and then I will give you the low down on this war.

In the meantime, a Happy New Year to you and your family and all the members of the Society.

Lt. Comm. H. S. Zeve.

*February*



## SINCE LAST MONTH—

The following is a resume of the activities of the Staff of St. Elizabeth's Hospital for the year 1943:

At the January meeting, Dr. W. D. Collier presented a paper on the "Viruses."

At the February meeting Dr. E. C. Pichette, surgical resident, presented a paper on the "Choice of Anesthesia." Drs. E. H. Young and F. W. McNamara gave short prepared discussions. The problem of having a trained M. D. anesthetist in charge of the anesthesia department of the hospital with the nurse anesthetists working under his supervision was considered.

In March Dr. S. Zoss presented a paper on "Allergy and Immunity" and Dr. V. Goodwin a paper on "Allergy of the Respiratory Tract."

In April Dr. C. S. Lowendorf spoke on the "Comparison of the Orthodox and Kenny Methods of Treatment of Anterior Poliomyelitis" and Dr. T. K. Golden spoke on the "Stader Splint." Drs. E. H. Young and R. B. Poling, who had heard Sister Kenny speak on her method of treatment at recent medical meetings, gave their impressions.

No scheduled scientific program was presented at the May meeting. Representatives of the Singer Sewing Machine Company gave a talking motion picture and practical demonstration of their new surgical stitching instrument.

In June Dr. Saul Tamarkin read a paper on "X-Ray Therapy of Benign Uterine Bleeding and Fibromyoma," and Dr. John Heberding discussed "X-Ray and Radium Therapy of Malignancy, with Special Reference to Malignancy of the Skin, Breast and Uterus."

Dr. L. G. Coe entertained the Staff at a corn roast at his home on Canfield Road on Thursday, September 9th. Dr. Coe has several acres on which he has been doing

some small scale farming. It was an ideal spot for the outing. The menu consisted of fried chicken, corn, vegetable salad, apple pie, ice cream, and coffee. Dr. R. B. Poling contributed some corn from his farm.

In October Dr. W. D. Collier spoke on the "Etiology and General Pathology of Malaria" and Dr. E. H. Young on "Clinical Problems of Malaria." Dr. E. J. Reilly, who had the disease as a child when in Panama, spoke of his own experiences. Dr. R. E. Whelan also spoke of his experiences in the Tropics.

At the November meeting Dr. P. J. Mahar presented a paper on "Filariasis and Schistosomiasis" and Dr. R. B. Poling a paper on "Trypanosomiasis and the Rickettsia."

The annual election of officers was held at the December meeting. The results were as follows: Chief of Staff, Dr. F. W. McNamara; Vice-Chief of Staff, Dr. E. H. Nagel; Director of Medicine, Dr. A. M. Rosenblum; Director of Surgery, Dr. J. M. Ranz; Director of Obstetrics and Gynecology, Dr. A. J. Brandt; Secretary-Treasurer, Dr. Saul Tamarkin; additional member to the Executive Committee, Dr. T. K. Golden; Staff Representative to the Associated Hospital Service, Dr. C. D. Hauser.

Private Samuel Mann Ewing spent an eight-day furlough with his wife, Dr. Genevieve Delfs. During his visit they went to Argyle, N.Y., to visit his parents, Mr. and Mrs. F. C. Ewing, formerly of Youngstown.

Lt. John Renner spent a short furlough with his family here recently. Dr. Renner is stationed at the Great Lakes Naval Training Station, Chicago.

Dr. Paul J. Mahar is taking a three month Postgraduate course at the University of Michigan.

Dr. and Mrs. S. M. Hartzell are spending two months with their daughter and son-in-law, Mr. and Mrs. Irving Ash, Beverly Hills, Cal.

Capt. C. H. Cronick, army medical corps, visited his wife and children recently. Captain Cronick is stationed at Maxwell Field, Ala.

Mrs. Sears has received word that Major Sears has arrived safe in England.

Major and Mrs. S. D. Goldberg announce the birth of a son on Friday, January 14th, St. Elizabeth's Hospital. Major Goldberg is stationed at Camp Davis, N. C.

Dr. Robert L. Piercy, son of Dr. F. F. Piercy, has been commissioned a first lieutenant in the army corps and reported to Carlisle Barracks, Pa.

### SHARE AND SHARE ALIKE

First Communist: "Nice weather we're having, comrade."

Second Communist: "Yes, but the rich are having it, too."

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### SECRETARY'S REPORT

The regular Monthly Council meeting was held on January 10th at the office of the Secretary.

The following application was approved:

*Associate Member*  
 Dr. Wm. C. Hartland  
 Terminal Bldg.  
 Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days the applicant becomes a member of the Society.

G. M. MCKELVEY, M. D.,  
*Secretary.*

WANTED — Medical Technologist for physicians office, capable of doing laboratory and secretarial work. Reply in own hand writing to Mr. J. L. Price, Medical-Dental Bureau, Central Tower, stating age, training and experience.

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But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park\* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

\*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

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