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—Newman

BULLETIN

of the MAHONING COUNTY MEDICAL SOCIETY

VOLUME XVI • NUMBER 12

DECEMBER • 1946

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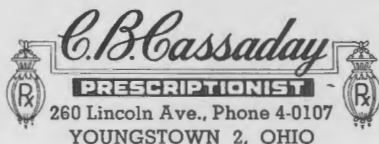
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## PRESIDENT'S PAGE

The Society's activities for the year 1946 are rapidly drawing to a close. Much progress was made during the year; many problems were solved and many are yet to be solved.

I take this opportunity to express my gratitude to the entire organization for the privilege and honor of being its President. I wish to express my sincere appreciation to all the committee chairmen who with their committeemen worked in splendid co-operation throughout the year.

The Society's support of functions, business, social or scientific, and the co-operation rendered by chairmen and members of committees might well be summarized by reports from various committees published elsewhere in this Bulletin.

Anticipated with keen interest is the next meeting to be held on Tuesday, December 17th, at the Youngstown Club. Election of officers will be the main feature of the evening with a buffet lunch as usual.

My congratulations and best wishes to Dr. G. M. McKelvey, who will serve you as President for the coming year.

With best wishes for a Merry Christmas and a Happy New Year.

EDWARD J. REILLY, M. D., President



# BULLETIN of the Mahoning County Medical Society

DECEMBER

1946

## LEST WE FORGET

The people have declared emphatically that they are tired of being pushed around, restrained and exploited in the interest of political overlords and power-greedy labor bosses. These baneful influences have permeated our whole national structure, and will not readily yield their positions of power.

Our legislative bodies, our executive mechanism, even the judiciary, have been so effected as to destroy our confidence in our government. To get back again to respect for our constitution and the inherent rights of the people, will be a long and perhaps a discouraging effort. Let us each do our part.

The little that each of us can do will be large in the aggregate. We can cease to think of immediate, short-lived personal profit or group advantage that menaces the advantage of the whole. We can continue our efforts for efficiency so that we may more than compensate for value received. We can curtail waste in ways which will supplement the efforts to increase production. We can contribute in effort and in substance toward the relief of the unavoidable illnesses and hardships which must attend the long period of struggle to regain our national sanity.

Without failing in our duty to help relieve the actual suffering abroad, we can concentrate our attention upon the conditions near at hand that these may no longer be utilized, magnified and distorted for political purposes, but be understood and altered to the advantage of the whole. We must cleanse the inside of the cup.

In our attempts to keep our country worthy of the sacrifices which have been made for it since its inception, we may have to endure the calumny, the opprobrium, from the "one world" advocates as they hiss at us as isolationists. We can continue to bring into the open these purposeful trouble-makers in order that they may be known to all before their ingratiating ways have carried their deception too far.

We can continue, without feeling abashed, to maintain that our love for our country must be based upon its intrinsic excellence; and that this alone can be an enduring influence for world-wide peace.

The close contact of physicians with these influences, and with the results, has made most of this obvious to them. That the process of recovery may be protracted, may not be so obvious. We may need frequent reminders, lest we forget.

W. D. C.



. . . extends to you . . . members of the  
medical profession . . . to your associates  
. . . and to your families . . . best wishes  
for health and happiness at this joyous  
holiday season.

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## COMMITTEE REPORTS — FOR 1946

### Report of Secretary

Council Meetings continued regularly during the year, except the months of July and August.

This time last year there were sixty-eight of our active members in the service. Our total membership at this time is 252.

We regret to report that we have lost three members who passed away during the year. Dr. L. S. Deitchman passed away September 4, 1946, Dr. A. M. Rosenblum on September 6, 1946 and Dr. Joseph Rosenfeld on November 4, 1946.

During the year there were three admitted to Active Membership, seven to Associate Membership, eleven to Internship Membership and one to Non-Resident Membership.

V. L. GOODWIN, M. D., *Secretary*

### Report of Program Committee

There has been a noticeable increase in the attendance at our regular meetings, due to our members returning from the service. The following programs were well received during the year:

January Meeting: Speaker, Major Fred S. Coombs; Subject, "Therapeutic and Toxic Effects of Salicylates."

February Meeting: Annual Banquet; Speaker, A. K. Rowswell; Subject, "Humorist, Philosopher and Author."

March Meeting: Speaker, Richard H. Lyons, M. D.; Subject, "The Management of Edema."

April Meeting: Our annual Postgraduate Assembly conducted by a group from Johns Hopkins University School of Medicine: W. F. Reinhoff, Jr., M. D., Associate Professor of Surgery; C. W. Wainwright, M. D., Associate Professor of Laryngology and Otolaryngology; R. E. Lenhart, M. D., Associate in Orthopedic Surgery; and H. S. Everett, M. D., Associate Professor of Gynecology, took part in the program. The following subjects were discussed: Low Back Pain, Diagnosis and Treatment; Some Problems in the Treatment of Rheumatism; Treatment of Urinary Infections with Sulfasuxidine and Sulfathiazole; the Relation of the Nasopharynx to Impairment of Hearing; and Peptic Ulcer, Diagnosis and Treatment.

May Meeting: Speaker, E. L. DeGowin, M. D.; Subject, "Anuria, Differential, Diagnosis and Treatment."

June Meeting: Speaker, G. T. Pack, M. D.; Subject, "The Extension of Radical Surgery in the Treatment of Cancer."

July and August—Vacation months.

September Meeting: Business Meeting.

October Meeting: Speaker, R. H. Freyberg, M. D.; Subject, "Practical Problems in Diagnosis and Management of Common Forms of Arthritis."

November Meeting: Speaker, R. S. Palmer, M. D.; Subject, "The Syndrome of Cerebral Circulatory Insufficiency in Arterial Hypertension with Particular Reference to Malignant Hypertension."

December Meeting: Election of Officers.

V. L. GOODWIN, M. D., *Chairman*

### Treasurer's Report

Inserted in the January issue of *The Bulletin* will be a financial report for the year 1946, submitted by Mr. W. C. Fisher, Certified Public Accountant.

I believe no other explanation of the Society's finances is necessary. You will note, however, that our expenses for the year have increased over previous years mostly due to the expenses incurred for the Canfield Fair Exhibit, which we all agree was a very worthwhile and educational project.

P. J. McOWEN, M. D., *Treasurer*

### Report of Housing Committee

Several possible sites for a home for the Mahoning County Medical Society have been investigated. The scarcity of places to house returning veterans seemed to make it unjustifiable to dispossess anyone from a home which might be bought.

The high value of real estate at this time seemed to be unfavorable for investment. The possible tie-up with the Youngstown College library is still being investigated.

The superintendents of both hospitals have been consulted concerning possible sources of income for the Housing Fund from charity patients whose medical fee might be charged to a fund administered by the County Commissioner but no final conclusions have been reached in this matter.

W. H. BUNN, M. D., *Chairman*

### Report of Legislative Committee

This committee functioned throughout the year but naturally did not become very active until the latter end of August of this year, as the coming election brought out the importance of a lot of teamwork of the professions.

The committee met with the State Legislative Committee and forwarded and received information regarding all candidates for National, State and local offices.

The committee reorganized the Allied Professions Committee which represented the hospitals (Youngstown Hospital and St. Elizabeth's), the nurses (Third District), the dentists (Corydon Palmer Dental Society), the druggists (Retail Druggists Association) and the medical profession (Mahoning and Trumbull County Medical Societies). Through this organization all candidates, local and State were contacted personally or by questionnaire, only a few not appearing in person or returning the questionnaire. The entire membership of all parent organizations were sent a copy of the summary of the findings of this allied committee's work, so will not be reported here. We feel that all the successful candidates to office are well informed in matters pertaining to public health and health laws and have agreed to seek advice on matters that pertain to or affect the allied professions group.

The allied professions hereby stand ready to give each and every one all the assistance in our power. The work of this group of men and women of the societies and the allied professions has not ended with the election, but has only begun. The Allied Professions Committee will be continued and at times you, as a member of the medical, dental, nursing groups, druggist or hospitals, may be called upon to give help, support and guidance in matters heretofore stated.

Again, this committee has co-operated with the Public Health, Poor Relief, Public Relations and various other committees. We wish to thank them for

their help and assistance in all matters brought to their attention, of which the Legislative Committee was interested.

We also thank all members of the medical profession for aid and advice given the Legislative Committee of the Mahoning County Medical Society.

WM. M. SKIPP, M. D., *Chairman*

### **Report of Committee On Public Relations and Economics**

This committee is comprised of the sub-committee of Public Relations, Economics and Poor Relief, with an addition of the Committee of the Canfield Fair—100 Years of Medicine in Mahoning County.

All the sub-committees have functioned throughout the year. All committee chairmen have co-operated. The committee has been contacted in many instances on matters pertaining to relations with various organizations, such as the Red Cross in relation to Veterans, treatment and management of a program carried out by the Red Cross under direct supervision of the committee. Planned Parenthood has been in direct contact with the committee, receiving advice and support if needed in its stated program.

There have been many meetings in conjunction with the Public Health Committee with City officials in regard to various public health and relations problems. Many other activities were carried on but not mentioned here.

The various sub-committees have carried on throughout the year a program of which the total can only be summarized—the amount of effort cannot be reported. Their reports will be found in this *Bulletin*. The Canfield Fair program has been reported in detail in the *Bulletin*.

The committee would like to urge that a public relations program as sponsored by the Society at the Fair be continued every year, not so elaborate or expensive, but that a program be outlined and followed through showing the work of the profession, showing the public new methods of treatment, public health measures employed today, how the physicians in the community treat the sick and how they are handled in the hospitals. This program can and must be worked out so that the public can be informed of how and why we of the profession should exist as an independent unit and not be government controlled. Our public relations must be stimulated.

The Speakers Bureau must function again. All organizations should be informed of our willingness to supply speakers on any health subject desired. Members of the professions and Society should be ready at all times to make these addresses.

Further public relations, such as our Radio Program, must be revived and speakers with worthwhile matter assigned, and they must respond when called. These radio programs should be again arranged with the local stations as a real must. This we realize is a Speaker's Bureau or Lay Education Committee function, but it is also a public relations matter of the first magnitude.

For some reason since the war we have not gotten back into the swing of keeping the public informed of why we exist, but it must be revived.

Your committee thanks all members who gave aid and co-operated. We also thank all organizations that asked for assistance from the members of the profession and want every organization of the Mahoning Valley to know that we are willing at all times to co-operate with any and all whenever a public health problem arises that needs an answer in their organizations.

WM. M. SKIPP, M. D., *Chairman*

### **Report of Public Health Committee**

During the past year the Public Health Committee, together with legal aid, has investigated the requirements for the appointment of a full-time Health Director for the City of Youngstown. The following tentative program has been worked out:

1. That a full-time Health Director for the City of Youngstown be secured.
2. That he be adequately trained and have a graduate degree in public health work.
3. That he be placed under civil service and not subject to change with the administration.
4. That he be paid an adequate salary comparable to salaries paid similar health officers in the major cities of the State of Ohio.
5. That with the appointment of a full-time Health Director the suggestions outlined by Dr. Ralph Gregg, Senior Surgeon of the United States Public Health Service, be put into effect insofar as they are feasible in the City of Youngstown.

In order to carry out the above program a change in the City Charter will be necessary. This may be attained by a two-thirds vote of the Council or by petition requiring ten per cent of the electors of the City. It would subsequently be placed on the ballot and submitted to the voters in the next regular municipal election. Moreover, this amendment so placed on the ballot shall be completely outlined and cover the full requirements of the Health Department.

JOHN J. McDONOUGH, M. D., *Chairman*

### **Report of Social Committee**

Two social functions were crowded into our calendar this year.

Fittingly, the first was a dinner given in honor of the physicians returned from service. This was held February 19. "Rosey" Rowswell was the featured speaker.

The second function was the Annual Picnic and Golf Meet held August 22nd. About 115 of our membership enjoyed the various diversions of the day.

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ANNUAL MEETING

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DECEMBER

## REPORT OF A MEETING OF THE COMMITTEE ON THE MEDICAL CARE OF VETERANS

### LETTER TO EDITOR

I am enclosing a report of a meeting which was held in Columbus on November 3rd. I am also enclosing the Agreement which our local committee drew up as a tentative plan which could be followed by the physicians of The Mahoning County Medical Society and the Veterans Administration. This Agreement was given to the representatives of the Veterans Administration in Columbus and they have promised to give it their serious consideration.

### REPORT

A meeting of the committee was held at State Headquarters office in Columbus, Ohio, on Sunday, November 3, 1946. At this meeting there were present Drs. Francis and McCoy of the Veterans Administration.

A great many of the problems which have harrassed the medical profession in regard to the medical care of veterans were discussed. There was a great deal of enlightenment thrown on the various causes for misunderstanding which have occurred in the consideration of this problem.

First of all, let us understand that there are about 570,000 discharged veterans in the State of Ohio as of September of this year. About 90,000 of these have service connected disability. Conservatively speaking, it was thought that 25,000 of these need no further care. This leaves about 65,000 which will require some type of medical care. There are three general classes of veterans which belong to this group of 65,000.

First, there is the group which will be entitled to pension.

Second, there is the group which will require out-patient treatment.

Third, there is the group which will require hospitalization.

When we realize the number of veterans who will require medical care, we know that as medical men we have a certain moral responsibility to see that they are properly taken care of. There have been many complaints with reference to the care of veterans, and we shall try to enumerate the causes for them and explain the reason for their existence.

First of all, there are complaints that some veterans are being ordered to Veteran Administration Out-Patient Clinics for treatment instead of being permitted to utilize their family physician, or being referred to local physicians on the selected list. The reason for this is that it is well known that whenever there are government facilities easily available, the government insists that those facilities be used. I believe that in fairness to all concerned, we can readily see the reason for the fact that some veterans are handled in that way.

Another complaint was that there was too much time consumed in obtaining authorization for care of the veterans. This has been overcome now, because authorization can be obtained by placing a collect telephone call to the Sub-Regional Office.

Another reason for the excessive time needed for obtaining authorization was that there were difficulties within the Veterans Administration office because of the lack of personnel due to the fact that a definite personnel ceiling exists in governmental offices. However, with the establishment of authorization by telephone, this should be overcome.

In the very near future, the Veterans Administration is planning to set up in various areas throughout

*(Continued on Page 407)*

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**McKELVEY'S**

## MEETING OF THE CENTRAL SOCIETY FOR CLINICAL RESEARCH

By D. E. STILLSON, M. D.

The nineteenth annual session of the Central Society for Clinical Research was held the first and second days of November, 1946. The meeting took place in the Grand Ball Room of the Drake Hotel in Chicago.

The business portion of the meeting was brief. Dr. Carl V. Moore, of St. Louis, former Vice President of the Society, was elected President for the new year to succeed Dr. Roy W. Scott, of Cleveland. Dr. Richard McKean, of Detroit, became Vice President. Dr. Ford K. Hick, of Chicago, was chosen to continue as Secretary-Treasurer.

A unanimous vote of the members was given to the proposal that the *Journal of Laboratory and Clinical Medicine* become the official organ of the Central Society. The *Journal* will be edited by Dr. Carl V. Moore and an "editorial committee" of the Society.

The scientific portion of the meeting consisted of a series of ten-minute papers touching on phases of interesting medical problems of the present year. Examples are mentioned here to illustrate the scope of the material presented.

The use of folic acid in the treatment of pernicious anemia was discussed. It was noted that combined system disease developed in a few patients even under large doses of folic acid, and only after liver therapy was eventually instituted did the neurological signs disappear. Studies were presented to show that patients with pernicious anemia exhibited little hematologic response to certain conjugates of folic acid occurring naturally in foods, whereas good response was exhibited with the use of free folic acid. It was suggested that enzyme systems responsible for conver-

sion of the conjugates in the normal person may be lacking in the patient with pernicious anemia.

A series of duodenal ulcer patients given X-ray irradiation to the stomach was presented with results showing significant reduction in nocturnal gastric secretion and in free acidity. The duration of this effect was variable and compared closely with results of bilateral vagotomy. The effect of enterogastrone on secretion and motility of the stomach was also discussed with the conclusion that the inhibiting effect of the drug was minimal and transitory only. The use of liver biopsy was reviewed in connection with brucellosis, infectious mononucleosis, toxic and infectious hepatitis, cirrhosis, and other diseases, particularly of the liver. Correlation of liver function tests with pathologic anatomy was demonstrated in hepatic disease. The thymol turbidity test was evaluated, and it was explained that the beta globulin fraction of the serum protein was responsible for a positive test.

A case of Stokes-Adams disease was presented. Electrocardiograms taken during the period of unconsciousness showed ventricular fibrillation instead of the asystole which is usually thought to occur in this phenomenon. Studies on the diuretic effect of Mercurpurin, Salyrgan, and Mercurhydrin showed the latter to be the most effective and least toxic, especially when administered in combination with ascorbic acid. Papers on the use of benadryl, alloxan, and rutin were also presented and discussed.

Programs containing abstracts of papers read and additional papers submitted to the Society were distributed at the meeting to members and guests and will be available at libraries throughout the country.

## Which best suits the case at hand



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DECEMBER

## Report of a Meeting of the Committee On the Medical Care of Veterans

(Continued from Page 403)

Ohio Sub-Regional offices through which administrative work can be carried out very simply.

It is well to call to your attention also that there are 88 counties in Ohio. Many of them are rural and the medical men in these areas seem to be very glad to turn the care of the veterans over to the government entirely because of the load that they are carrying with private patients.

When all these facts are considered, I believe that we can realize that the job is tremendous, and we will all have to exercise a certain amount of forbearance and realize also that it will take time and planning to work out a satisfactory method which will be for the best interests of everyone. At any rate, it is refreshing to note that the men who are primarily con-

nected with the Veterans Administration seem to be exercising their utmost in an effort to provide a smooth working organization.

In the very near future, Dr. McCoy or Dr. Francis, or possibly both, will come to Youngstown and talk to the Society.

The local Committee in Youngstown met several weeks ago and drew up a Contractual Agreement which will be published in *The Bulletin*. It was presented to the representatives of the Veterans Administration in Columbus and they are going over it at the present time.

I believe that if everyone studies the situation carefully with all these facts in mind, eventually there can be worked out a satisfactory procedure.

GORDON G. NELSON, M. D.

### AGREEMENT

This is a Bi-Party Agreement between the *Veterans' Administration*, Party of the First Part, and *The Mahoning County Medical Society*, Party of the Second Part, drawn up to act as a guide for furnishing medical care to veterans for service connected disability.

#### WITNESSETH:

Whereas, the physicians of The Mahoning County Medical Society are completely in accord with the idea that the veterans are entitled to the best possible medical and surgical care. They are also completely in accord with the idea that the veteran has the right of free choice of physician.

Now, therefore, it is agreed by and between the Parties hereto that Party of the First Part

1. Shall establish a central medical office in Youngstown, Ohio, whose function shall be

(a) To keep records of the veterans in this District who shall apply for medical care for service connected disability.

(b) To employ a full-time or part-time medical director and adequate assistants whose duty it shall be

(1) To examine all veterans who apply for medical care.

(2) To determine whether veterans are applying for care of service connected disability.

(3) To refer veteran with proper authorization to a physician or a specialist or X-ray or laboratory for further examination and treatment.

(4) To refer veteran from outside Mahoning County to physician and specialist in veteran's own community whenever such general and special medical care is available. Otherwise, to refer veteran for care in Mahoning County in accordance with Section B3.



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Ring out the narrowing lust of gold,  
Ring out the thousand wars of old,  
Ring in the thousand years of peace!*

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After certification, the applicants will be notified by our Cleveland Regional Office when and where sales of various equipment and supplies are taking place and when they may attend them and buy.

E. E. INGERSOLL, *Supervisor.*



(5) To authorize payment of physician on a fee basis for examination and treatment of each veteran referred.

(a) Fees to be based on a fee table based on Ohio State Plan.

It is further agreed that the veteran is to be referred to a physician or surgeon of his own choosing, provided the physician of his choice has signified his willingness to serve under this Plan. When no choice is desired, veteran is to be sent to physician or surgeon in his own community nearest the veteran's address. When no choice of physician or specialist is made by the veteran, the patient shall be sent to the physician practicing nearest to the veteran's home, or shall be sent to a physician or specialist in rotation from a list of various specialists furnished by the Party of the Second Part; to refer veteran from outside Mahoning County to physician or surgeon in the veteran's own community whenever such general and special medical care is available. Otherwise to refer veteran for care in Mahoning County in accordance with the previous section. A list of eligible physicians who have registered under this Plan is to be kept at all times in the Central Office.

II. That Party of the Second Part contracts:

(a) To furnish names of physicians who will provide medical care.

(b) To furnish medical care (medical care hereinafter stated shall mean all forms of therapy and diagnosis usually practiced by the medical profession) to veteran for service connected disability referred to them by Party of the First Part.

(1) Such treatment shall, within reason, be determined as to kind and extent by the physician giving the treatment, but shall be at all times that commonly recognized as standard treatment as established by good practice for any given type of disability.

(c) To set up a Veterans' Care Committee whose duty it shall be

(1) Act as referee to all problems coming under the Plan for veterans care.

(2) To deal with problems arising among the members of The Mahoning County Medical Society under such Plan.

(3) To meet with the medical director of the Medical Central Office as often as necessary to insure efficient and smooth operation of this Agreement.

(4) To modify, add to, or otherwise change this Agreement from time to time as is necessary to further the efficient care of the veterans, provided that no change in basic principles be made on the part of the Committee without first referring such change to the Council of The Mahoning County Medical Society for their approval or rejection.

(d) It is further agreed by all of the Parties hereto

(1) That the Veterans Administration will not establish clinics for the treatment of any special type of disease.

(2) That all matters relative to the conduct of practicing physicians in Mahoning County in their relation with the Veterans Administration shall be subject to and passed upon by the Council of The Mahoning County Medical Society.

(3) That the Council of the Mahoning County Medical Society be authorized by the Veterans Administration to suspend, either temporarily or permanently, any member of the medical profession of Mahoning County after a fair and impartial hearing, whose conduct is unbecoming that of a physician, and that there shall be no appeal from such decision; that any physician so found guilty of unprofessional conduct in his treatment of veterans shall have his name removed from the eligible list of phy-

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sicians, and shall not receive remuneration from the Veterans Administration for his services so rendered to the veteran.

If for any reason any employee of the Central Medical Office proves unsatisfactory to The Mahoning County Medical Society, then in that event, by written request from said Society, the Veterans Administration will replace said employee with another employee satisfactory to said Society; that adequate salaries shall be paid by the Veterans Administration to insure a well-trained personnel, and that the Veterans Administration employ a sufficient number of employees to insure the adequate performance of the duties of the Central Medical Office.

(4) That the Veterans Administration, acting by and through its authorized personnel in negotiations concerning the Central Medical Office, transact business only with the duly appointed and authorized representatives of The Mahoning County Medical Society.

(5) That under no circumstances are verbal conversations to vary the terms of this Agreement, and that all orders, instructions and orders for

medical care be clearly explained in writing and signed by the proper authorities.

This Agreement may be rescinded by either party hereto on thirty days written notice by either party.

*In witness whereof*, the Parties hereto have set their hands to duplicate copies, this \_\_\_\_\_ day of September, A. D. 1946.

Veterans Administration

By \_\_\_\_\_  
The Mahoning County Medical Society  
By \_\_\_\_\_

### Medical Service To Labor

"The Improvement of Medical Service to Labor," is the title of an article by Ernest E. Irons, M. D., of Chicago, member of the Board of Trustees and Chairman of the Committee on Postwar Medical Service. This article should be of special interest to anyone who would discuss medical progress with any labor group, and reprints may be obtained by writing the American Medical Association.

## TEMPUS FUGIT — Ann Howe

### December 1931

Dr. Chevalier Jackson spoke on "The prevention of a certain class of accidents to children." It was an open meeting at the Stambaugh Auditorium.

Dr. Carl Allison is recuperating from an attack of pneumonia.

Dr. Harry Patrick returns to work after a 3-month illness.

*The Bulletin* marks its first milestone with J. L. Fisher as editor.

### December 1936

Dr. Wm. Skipp addressed the Kiwanis Club of Hubbard on "Endocrinology."

Dr. Chas. Alba McReynolds and Miss Gertrude Onions, bride and groom of a few days, are at home to friends on College Street, Poland, Ohio.

### December 1941

The Lay Education Committee reports that one program has been put on each week by a member of our Society and thirty-one Lay talks were given during the year.

Dr. and Mrs. G. M. McKelvey announce the birth of a daughter, Lucia.

**JOSEPH ROSENFELD, M. D.**  
**1892 - 1946**

On November 4th, Doctor Rosenfeld passed away after many years of intense suffering. Although, at the end he was confined to his bed, he had continued to work in the early years of his illness in the face of odds which were working toward his death. It becomes a sardonic picture to see one of our profession subjected to the slow, racking, constant pain which he so bravely experienced. To the end, his mind was clear and agile, anxious to express his thanks to all those who had made every effort to help him. In the profound spirit of the profession, he willed that his body be autopsied to enable his colleagues to clear the enigma that was his fate. His only regret came in the thought that he could not be present at the post. Conscious to his last breath and ever thoughtful, he bade farewell to his loved ones, his nurses and his doctors.

As a practicing physician in our community, he was religiously loyal to the ethics of the profession and to his fellow colleagues. He was a thorough student of all the problems of his practice and by virtue of his diligence, became firm in his decisions, but was always ready with an open mind to clarify any errors in his judgment.

He was born in New York City, November 5, 1892, and was educated there. He took his schooling at Townsend Harris Hall and C. C. N. Y. At C. C. N. Y. he became an outstanding athlete, excelling in basketball and swimming. He entered Long Island Medical College in 1911 and graduated in 1915, after which he interned at Mount Sinai Hospital in New York. He was a member of the Mount Sinai Unit during World War I. Later during the war, he formed an ambulance company in Kalamazoo, Michigan, which saw action at Archangel in Russia. While in Russia, he received honors from the British, French and American Armies for meritorious service. He was discharged August 19, 1919, and began to practice in Brooklyn, N. Y. He later came to Youngstown and entered general practice here. In 1920 he married Edith Rosenbloom of Sharon. Besides his wife, he leaves two daughters, Mrs. Jay Cohn and Miss Lucille Rosenfeld.

He has left behind a noble heritage for his work. He was dearly beloved by his patients, who by his death were sincerely grieved. He was a tireless worker, giving much of his health against his own realization that he must work less. He was a devoted husband and father, a proud citizen and a cherished neighbor. His passing will be profoundly felt by all who knew him.

Dr. Rosenfeld will be long remembered as a staunch stalwart of his profession, a grand credit to his fellowmen, and a brilliant example of the good that is in man.

SAMUEL H. SEDWITZ, M. D.

## THE DUST

*I come to you from out the eons past,  
Before the primal ooze to conscience grew;  
Am older far than any thought of age,  
Yet know not time if it be old or new.  
I know not space but as a mortal name  
For what with each will soon have passed away;  
And think of form as some ephemeral phase  
That springs anew when older ones decay.*

*I saw the birth, and growth to greater strength,  
Of power within which made the clod aspire;  
I talked with gods on fair Olympic heights,  
On Horeb saw the non-consuming fire.  
I saw the birth of that transforming love  
Which springs anew with every infant's cry;  
I saw the growth of greed in grasping men  
Which bursts in holocausts in which they die.*

*I saw the trend of upward going feet  
Which led at last to sweat like drops of blood;  
I saw the rill begin within the cave  
To leap and spread o'er Islam like a flood.  
I saw, as well, the blazing eyes that seemed,  
The while the kindling element leaped high,  
A part of those fierce flames which strove to change  
To other forms the force that would not die.*

*I saw the change from those who felt impelled,  
Yet knew not law nor had a sense of sin,  
Through forms that bowed the knee to force applied,  
To those restrained by greater force within.  
Through myriad changing forms as each decays,  
I rise toward what yet doth not appear  
For I am that of which all things are made:  
The speechless Dust, whose voice men still would hear.*

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## HEALTH AND FITNESS

During World War II the United States Government and the American Medical Association had a Joint Committee on Physical Fitness. With the end of the war the government withdrew and the American Medical Association representatives thereafter constituted an Association on Physical Fitness. This committee requested the Bureau of Health Education to suggest plans by which the American Medical Association could contribute to the improvement of health and physical fitness in the postwar period.

The plan submitted by the Bureau, approved by the Board of Trustees and included in the 1946 Bureau budget, called for the employment of two professional persons and necessary clerical help to conduct a program promoting fitness through co-operation with the nation's schools. A physician, Dr. Dean F. Smiley, and a physical educator, Fred V. Hein, Ph. D., have been employed and added to the staff of the Bureau of Health Education. Doctor Smiley joined the staff August 16 and Doctor Hein September 16, 1946. Their duties will be to study health education and physical education in our schools and the preparation of teachers for functioning in these fields. Information will be collected and a clearing house established on courses of study, materials, school health service programs and physical education. The relationship of environmental conditions and administrative situations to health and fitness will also be studied. These consultants will be available in the field to study situations and participate in planning locally for the establishment or improvement of health programs. No attempt will be made to "sell" a hard and fast program. Efforts will be devoted to co-operative planning for the improvement of our school programs leading to better health and fitness and the existence of these programs where they do not exist. The consultants will work in close co-operation with the Joint Committee on Health Problems in Education which the National Education Association and the American Medical Association have long maintained. The services of these consultants will be available to state and local medical societies by correspondence of field trips. No local co-operation will be entered into with agencies outside the medical profession except through local medical channels or with local medical approval. The entire plan is based on the theory that better health and greater fitness for the nation can be achieved only through the nation's schools. The primary purpose of these consultants will be planning and consultation; promotional activities will be secondary, but either Doctor Smiley or Doctor Hein will be available for local engagements to address men's luncheon clubs, women's organizations, and meetings of professional persons, medical or educational, upon invitation or approval of the local medical society.

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## STREPTOMYCIN

### The Indications, Contraindications, Mode of Administration, Dosage and Toxic Effects of Streptomycin

Physicians desiring to use streptomycin hydrochloride or sulfate in therapy may be guided by the following summary.

This report has been prepared by Dr. Chester S. Keefer, Chairman of the Committee on Chemotherapeutics and Other Agents of the National Research Council. It is based upon a study of fifteen hundred cases which have been reported to him by physicians from all parts of the United States.

In releasing streptomycin for use in civilian practice of medicine the Civilian Production Administration desires to make it available to the greatest number of patients to whom its administration is justified. Therefore it recommends Dr. Keefer's summary as a guide for treatment with streptomycin.

Based upon the experience gained with the use of streptomycin in certain infections, it is recommended for use as follows:

#### Group I Indications

1. All cases of *tularemia*
2. All cases of *H. influenzae* infections:
  - Meningitis
  - Endocarditis
  - Laryngotracheitis
  - Urinary tract infections
  - Pulmonary infections
3. All cases of *meningitis* due to:
  - E. coli*
  - B. proteus*
  - B. Pyocyaneus*
  - B. Lactis aerogenes*
  - B. Friedlander*
  - B. paratyphoid*
4. All cases of *bacteremia* due to *gram negative organisms*:
  - E. coli*
  - B. proteus*
  - A. aerogenes*
  - Ps. aeruginosa* (*B. pyocyaneus*)
  - B. Friedlander*
5. *Urinary tract infections* due to:
  - E. coli*
  - A. aerogenes*
  - B. proteus*
  - B. Friedlander*
  - B. Lactis aerogenes*
  - H. influenzae*
  - Ps. aeruginosa*

#### Indications In Group II

*Streptomycin* has been found to be a helpful agent in the treatment of the following diseases but its position has not been definitely defined:

1. Peritonitis due to gram negative bacilli.
2. B. Friedlander's pneumonia.
3. Liver abscesses due to gram negative bacilli.
4. Cholangitis due to gram negative bacilli.
5. Penicillin-resistant but streptomycin-sensitive organisms infecting heart valves.
6. Tuberculosis.
7. Chronic pulmonary infections due to mixed gram negative flora.
8. Empyema due to gram negative infections.

#### Conditions in Group III of Questionable Value

*Streptomycin* is of questionable value in the following conditions:

1. Typhoid fever.
2. Brucellosis.
3. Salmonella infections.

#### Group IV Conditions in Which Streptomycin Is Ineffective

*Streptomycin* is ineffective in the following conditions:

1. All Clostridia infections.
2. Malaria.
3. Rickettsial infection.
4. Infections with moulds and fungi.
5. Virus infections.

#### Contraindications To the Use of Streptomycin

It should be pointed out that while streptomycin may have an inhibiting effect on both gram positive as well as gram negative micro-organisms, most strains of gram positive organisms are much more sensitive to penicillin than to streptomycin. Therefore penicillin continues to be the drug of choice in the treatment of staphylococcal, streptococcal, pneumococcal, gonococcal, and meningococcal infections. Occasionally an infection due to a gram positive organism may be resistant to penicillin and susceptible to streptomycin. In such instances streptomycin should be used. The decision can be made by testing the infecting organism for resistance to both penicillin and streptomycin *in vitro*.

It should be remembered, therefore, that penicillin continues to be the drug of choice in all susceptible gram positive coccal infections, and in infections due to the gonococcus and meningococcus. Streptomycin is the drug of choice in susceptible gram negative bacillary infections.

#### Toxicity

All patients who are treated with streptomycin should be watched carefully for various reactions. Streptomycin is not a homogeneous product and certain patients

will develop signs of hypersensitivity or toxicity. The following reactions have been recorded:

1. Pain and tenderness at local site of infection.
2. Headache.
3. Fever.
4. Skin eruptions.
5. Tachycardia and fall in blood pressure.
6. Eighth nerve disturbances, i. e. vertigo, tinnitus, deafness.
7. Paraesthesias about the face.
8. Flushing of the skin.

When skin eruptions occur it is well to discontinue the drug. When patients receive streptomycin for three weeks practically all of them develop vertigo which persists in varying degrees of severity for days or weeks after streptomycin is discontinued. It is most noticeable in ambulatory patients and there is some evidence that the vertigo is due to labyrinthian disturbances which are irreversible.

#### Streptomycin Resistance and Fastness

Many infections due to gram negative bacilli are extremely resistant to the action of streptomycin. One of the reasons for many clinical failures is the inability to give enough streptomycin to inhibit the growth of the infecting organism. Another reason for failures of treatment is due to the rapid development of resistance to streptomycin *in vivo*. That is to say, many organisms develop resistance to streptomycin with amazing rapidity even when maximum tolerated doses are given early in the course of therapy.

It is recommended, therefore, that all organisms be tested for their sensitivity before the onset of treatment and that adequate amounts of streptomycin be given from the beginning of treatment. That is, a sufficient concentration of streptomycin should be maintained in the tissues and in the urine to completely inhibit the growth of the infecting organisms.

#### Method of Preparing Streptomycin For Treatment

Streptomycin is supplied in ampoules containing 0.5 to 1.0 gram each. There are two salts in common use, streptomycin hydrochloride and streptomycin sulfate. They are both readily soluble in small amounts of sterile pyrogen free water or normal physiologic saline solution in concentrations of 100 to 125 mgm. per cc. Streptomycin is relatively thermostable and neither the powder nor the solutions show any appreciable loss of potency at room temperature for periods as long as a

month. It is well, however, to store solutions in the ice box when not in use.

1. For *Intramuscular* or *Subcutaneous Injection*: The total volume of individual injections should be small—i. e. 100 to 125 mgm. per cc. A small amount of 1 percent procaine hydrochloride solution may be added to the solution to alleviate pain. The local application of an ice bag may also decrease the pain at the local site of injection.

2. For *Nitrathecal Injection*: Twenty to 50 or 100 milligrams may be dissolved in 5 to 10 cc. of sterile salt solution for injection into the subarachnoid space every 24 hours.

3. For *Intrapleural* or *Intraperitoneal Injection*: One-half to one gram may be dissolved in 20 to 50 cc. of sterile salt solution for injection into the pleural or peritoneal cavity.

#### Methods of Administration of Streptomycin

There are three common methods of administering streptomycin—subcutaneous, intramuscular, and intrathecal. Intermittent intravenous administration has no advantage over the intramuscular method and since it may produce disagreeable side reactions this route of administration should be avoided. Intermittent intramuscular injections is the preferred method. The gluteal, thigh or deltoid muscles are best suited for injections, and it is important to rotate the site of injection between doses.

#### Dosage

The dosage of streptomycin will vary from one patient to another depending on the type and severity of infection. The objective in every case is to bring the infection under control as quickly as possible. Inasmuch as acquired resistance *in vivo* occurs rapidly in some patients with infections due to susceptible organisms, maximum doses should be used from the onset.

It is well to remember that resistance may develop in spite of the use of maximum tolerated doses. Also that streptomycin is excreted promptly in the urine. Repeated intramuscular injections every 3 or 4 hours should be employed.

1. *Tularemia*: Dosage—240 milligrams to 1 gram in divided doses of 30 to 125 mgs. every 3 hours for 5 to 7 days depending upon the clinical course of the disease and response to treatment. Intermittent intramuscular injection route of choice.

2. *H. Influenzae Meningitis*: Dosage—Intermittent intramuscular injections—0.5

to 1.0 gram daily in divided doses of 50 to 125 mgms. every 3 hours for 5 to 7 days. *Intrathecal* injection of 50 mgms. streptomycin once daily for 7 days. In all cases, blood cultures, throat cultures and spinal fluid cultures should be made daily. Complicating staphylococcus infections should be watched for in all cases.

3. *Urinary Tract Infections*: Dosage—1 to 3 grams daily in divided doses every 3 hours for 5 to 7 days depending upon the type of infecting organism and the clinical response. Constitutional and local signs of infection may disappear without sterilization of the urine. Factors that interfere with the sterilization of the urine are obstruction to the free flow of urine, renal calculi and the development of resistance of the infecting organism, or the appearance of new and resistant organisms. The most sensitive organisms are *B. proteus*, *Ae. aerogenes*, *B. Friedlander*, *E. coli*. More resistant organisms are *Ps. aeruginosa*, *Salmonella*, *Streptococcus faecalis*, *Enterococci*.

4. *Bacteremia due to Susceptible Gram Negative Bacilli*: Dosage—2 to 4 grams daily in divided doses every 3 hours for 7 to 10 days depending upon site of lesion, species of organism and response to therapy.

5. *Peritonitis due to Gram Negative Bacilli*: Peritonitis being a complex infection often due to a mixture of organisms some of which are sensitive to penicillin and others to streptomycin, it is difficult to assess the relative importance of streptomycin and other forms of therapy which are employed in a given case. In view of experimental studies in peritonitis of animals and the studies which have been carried out in man, there are reasons for believing that streptomycin is helpful in this group of diseases. Dosage—2 to 4 grams daily in divided doses every 3 or 4 hours for 5 to 10 days.

6. *Liver Abscess and Cholangitis*: Streptomycin is excreted in part in the bile and for that reason it has been used in cases of liver abscess and cholangitis with varying results. When susceptible organisms are present it may assist in inhibiting the infection. The dosage is the same as in the case of peritonitis.

7. *B. Friedlander's Pneumonia*: Some strains of Friedlander bacilli are extremely sensitive to the action of streptomycin. A few acute cases with pneumonia have recovered. Two to three grams a day for 5 to 10 days should be used. The cases of chronic Friedlander's infection of the lung have not responded in a permanent fashion.

8. *Chronic Pulmonary Infections due to Mixed Bacterial Flora*: Streptomycin parenterally or by inhalation has proved of value in some patients with chronic pulmonary suppuration. When used by inhalation, concentrations of 50 mgm. per cc. may be inhaled in a total amount of 500 mgm. over a 24 hour period. Parenteral injections of 1 to 3 grams a day in divided doses have been used.

9. *Endocarditis*: Occasional patients with bacterial endocarditis due to penicillin resistant and streptomycin sensitive organisms may recover temporarily following streptomycin therapy. The dosage should be 2 to 4 grams daily in divided doses for a minimum period of 3 to 4 weeks.

10. *Tuberculosis*: In view of the present limitation of supplies of streptomycin and the uncertainties of the amounts that will be available in the next six months, it is the opinion of the Committee that no patient with tuberculosis should be started on treatment with streptomycin unless the physician is reasonably certain that he can obtain enough material for a minimum period of 3 to 4 months treatment, using 1.5 to 3.0 grams daily—(a minimum amount of 135 to 270 grams for an individual patient). Moreover, every patient should be warned that when streptomycin is given in this amount they will develop vertigo which is due to disturbances in the labyrinth which are irreversible. That is to say, they are permanent. Once vertigo appears, many patients learn to compensate for it so that it becomes less noticeable with the passage of time but caloric tests show that disturbances in vestibular function are permanent.

Insufficient or inadequate treatment will inevitably lead to many disappointments. It should be stressed that streptomycin will not replace any of the established forms of treatment and it should never be used as a substitute for other forms of therapy.

11. *Empyema*: The use of streptomycin locally in the treatment of empyema may end in the sterilization of the cavity. The injection of 0.5 to 1.0 grams daily directly into the pleural cavity along with systemic treatment should be used in all cases.

#### Diseases In Which the Effect of Streptomycin Is Questionable

1. *Typhoid Fever*: From the results that have been obtained so far there is no evidence that streptomycin shortens the clinical course of typhoid fever. The dosage has been from 4 to 5 grams daily

in divided doses intramuscularly every 3 hours for 10 to 14 days.

2. *Salmonella Infections (systemic)*. So far the results have been inconclusive when 4 grams are given daily in divided doses intramuscularly every 3 hours for 7 to 17 days.

3. *Acute Bruce/losis*: The course of an acute attack of fever due to brucellosis is not appreciably shortened when 4 grams are given daily in divided doses intramuscularly every 3 hours for 10 to 14 days.

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## BUSINESS MEETING

### Election of Officers

### Tuesday, December 17th

### Youngstown Club

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## COUNCIL MEETING

The regular monthly Council Meeting was held at the office of the Secretary on the 11th of November. The following doctors were present: E. J. Reilly, G. M. McKelvey, E. J. Wenaas, C. A. Gustafson, W. M. Skipp, E. C. Baker, W. H. Bunn, V. L. Goodwin, J. J. McDonough, W. J. Timms and J. H. Getty.

The following application for Interne Membership was presented to council by the censors:

**ANDREW A. DETESCO**  
2636 Glenwood Avenue      Youngstown, Ohio

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

V. L. GOODWIN, M. D., *Secretary*

## SINCE LAST MONTH

Dr. and Mrs. O. M. Lawton have returned home after visiting their son, who is a student at Dartmouth College, and their daughter, who is a student at Mt. Holyoke. Dr. Lawton spent most of his three weeks' vacation at the Psychiatric Clinic in New York City.

Dr. Julia Marsh Beard, one of the oldest members of our Society, is retiring and will be located at 807 West Avenue, Elyria, Ohio. Dr. Beard has many friends and associates who will regret her leaving.

### *Doctor!* THESE FACTS ARE TO YOUR INTEREST

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Carl H. Weidenmier

**Campbell**

J. S. Mariner  
Edward J. Reilly  
(Surgery)  
A. B. Sherk  
William . Sovik

**Canfield**

C. H. Campbell

**Greenford**

P. H. Leimbach

**North Lima**

A. H. Alden  
H. P. McGregor

**Sebring**

E. C. Louthan  
John H. Smith

**Struthers**

R. W. Fenton  
Charles Scofield  
P. B. H. Smith

**Youngstown**

W. C. Autenreith  
(Proctology)  
W. K. Allsop  
(General surgery)  
O. A. Axelson  
E. C. Baker  
(Radiology)  
Waldo Z. Baker  
(Obstetrics)  
H. S. Banninga  
(Internal medicine and  
Cardiology)

J. M. Basile

R. W. Beede

D. A. Belinky

J. M. Benko  
(ENT, Allergy)

Wendell H. Bennett  
(Internal Medicine)

F. J. Bierkamp  
(EENT)

B. M. Bowman  
(Urology)

Peter L. Boyle  
(Ob. and Gyn.)

Edwin R. Brody  
(Dermatology and Allergy)

A. J. Brandt  
(Gynecology)

A. E. Brandt  
(General Surgery)

James D. Brown  
(General Surgery)

John R. Buchanan  
(Orthopedic Surgery)

John U. Buchanan  
(General Surgery)

W. H. Bunn  
(Internal Medicine and  
Cardiology)

B. B. Burrowes

J. M. Cavanaugh  
(Dermatology)

C. R. Clark  
(Internal Medicine)

Richard V. Clifford  
(General Surgery)

Wm. Dean Collier  
(Pathology)

Frederick S. Coombs  
(Internal Medicine—Clin-  
ical Pathology)

A. R. Cukerbaum  
(Dermatology)

W. Stanley Curtis  
(Diabetes)

S. H. Davidow

Sidney L. Davidow  
(Pediatrics)

G. E. DeCicco  
Andrew A. Detesco  
Enrico Di Iorio

Bernard J. Dreiling  
(Surgery)

Eugene E. Elder  
(Psychiatry)

Samuel Epstein

W. H. Evans  
(EENT)

B. I. Firestone  
(Internal Medicine)

James L. Fisher  
(Surgery)

P. H. Fuscoe  
(General and Internal  
Medicine)

H. E. Fusselman

L. H. Getty

Samuel D. Goldberg  
(Anesthesia)

L. Jay Goldblatt  
(Obstetrics and Gynecology)

Edward C. Goldcamp  
(EENT)

John S. Goldcamp  
(Ophthalmology)

S. W. Goldcamp  
(ENT)

T. K. Golden  
(Orthopedic Surgery)

M. B. Goldstein  
(Dermatology and Syphil-  
ology)

Vernon L. Goodwin  
(ENT)

J. C. Hall

Ray A. Hall  
(Otolaryngology)

V. C. Hart  
(Ophthalmology)

J. P. Harvey  
(Internal Medicine)

Harold E. Hathhorn  
(Internal Medicine)

John Heberding  
(Radiology)

J. K. Herald  
(General Surgery)

A. V. Hinman

W. R. Hubler  
(Dermatology and Syphil-  
ology)

Herman H. Ipp  
(Internal Medicine)

E. H. Jones  
(Dermatology and Syphil-  
ology)

Paul M. Kaufman  
(Surgery, Ob. and Gyn.)

M. M. Kendall  
(Internal Medicine, Gastro-  
enterology and Psycho-  
somatic Medicine)

Joseph P. Keogh  
(Thoracic Surgery)

John E. L. Keyes  
(Ophthalmology)

- E. E. Kirkwood  
(Tuberculosis)
- Samuel Klatman  
(General Surgery and  
Orthopedics)
- M. J. Kocialek  
(General Surgery)
- F. G. Kravec  
(Diseases of Chest and  
Tuberculosis)
- David H. Levy
- John S. Lewis, Jr.  
(Urology)
- C. S. Lowendorf  
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- M. P. Mahrer  
(General Surgery)
- Paul J. Mahar  
(Internal Medicine)
- W. E. Maine
- John N. McCan  
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- H. E. McClenahan  
(Ob. and Gyn.)
- Paul R. McConnell  
(Urology)
- John J. McDonough  
(Ob. and Gyn.)
- G. M. McKelvey  
(Surgery)
- F. W. McNamara
- P. J. McOwen  
(Dermatology and Syphil-  
ology)
- U. A. Melaragno
- William L. Mermis  
(Internal Medicine)
- N. N. Meyer
- A. W. Miglets
- James D. Miller  
(Ob. and Gyn.)
- Rollis R. Miller
- F. F. Monroe  
(Internal Medicine)
- D. E. Montgomery  
(General Surgery)
- R. G. Mossman  
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- Lewaaaron H. Moyer
- S. A. Myers  
(ENT)
- E. H. Nagel
- V. A. Neel
- M. W. Neidus  
(Internal Medicine and  
Cardiology)
- Dean Nesbit  
(Surgery)
- John Noll, Jr.  
(Internal Medicine)
- Robert E. Odom  
(ENNT)
- Robert A. Olson  
(Neuro-Psychiatry only)
- Stephen W. Ondash  
(General Surgery only)
- G. A. Parillo
- H. E. Patrick
- Alexander K. Phillips  
(General Surgery)
- C. E. Pichette, Jr.
- F. F. Piercy  
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(ENT)
- R. B. Poling  
(Internal Medicine)
- Asher Randell
- M. C. Raupple
- Lewis K. Reed  
(Internal Medicine)
- Harold J. Reese
- John A. Renner  
(General Surgery)
- John A. Rogers  
(Internal Medicine)
- Morris S. Rosenblum  
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- R. W. Rummell
- J. M. Russell
- W. W. Ryall
- J. L. Scarnecchia  
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(Venereal Diseases and  
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- Samuel H. Sedwitz  
(Peripheral Vascular  
Diseases)
- Laurence Segal
- Lewis S. Shensa  
(Internal Medicine)
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(General Surgery)
- Wm. M. Skipp  
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Endocrinology)
- D. H. Smelter  
(Neuropsychiatry)
- W. R. Smith
- Joseph J. Sofranec, Jr.  
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Diseases)
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Medicine)
- M. M. Szucs  
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Cardiology)
- Samuel Tamarkin  
(Radiology)
- Walter J. Tims
- Oscar A. Turner  
(Neurosurgery and  
Neurology)
- Walter B. Turner  
(General Surgery)
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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

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