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of the
**Mahoning
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Medical
Society**

Vol. VIII No. 5
May 1938



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MEDICAL CALENDAR

May 17—Dr. Paul White, Cardiologist, Massachusetts General Hospital.

June 21—Interne Competition with Case Presentations.

MAY RADIO TALKS

May 6—Saving Our Mothers - - - - - Dr. J. P. Harvey

May 13—White Collar Hazards - - - - - Dr. P. H. Kennedy

May 20—Famous Doctors of the Past - - - - - Dr. L. S. Deitchman

May 27—Infections of the Hands - - - - - Dr. J. L. Fisher

* * *

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PRESIDENT'S PAGE

From reading an article entitled, "Are We Mice?", re-printed elsewhere in this Bulletin, I get my cue for this month.

Indeed, it is easy to be pessimistic. Things are in such a muddle.

Medicine is no exception. There are problems badly needing to be solved. Organized medicine, from the A. M. A. down, had better get a move on. A start is made in the proposed national, county by county, survey. This must be done promptly, and must be done right.

But it won't do, Gentlemen of the A. M. A., to say to localities, after you get this information, as you have in essence said before, "We offer no suggestions, no specific leadership; you in the counties may do nothing, or if you choose to do something, we hand you here-with the ten 'principles' within which you must operate." After you obtain this information you would do well to work out various "plans," this one suitable to this group of counties, others suitable to other groups of counties. Then you'd do well, Gentlemen, if you'd set up a field force for operating these plans, as you did in connection with grading of the medical schools and as you and the A. C. S. are doing in keeping hospitals up to standard.

Pessimism is easy, but optimism is well justified with us. Nothing could be more inspiring than the wonderful unity and harmony of our Society. It is deeply satisfying to see such fine work as our Committees are doing.

We believe, as a principle, that any action by any group, if it importantly affects the practice of medicine, becomes thereby a proper subject for the Society to consider, and it becomes the duty of the Society to deal with it. That principle was recognized by the hospitals in formulating their prepayment plans. Real progress is a-making.

Then Postgraduate Day! Words of ordinary praise are not enough to give to our Chairmen and their Committees who worked out and delivered to us one of the most distinguished events of all our Society's splendid history. Elsewhere you will find the Committees listed in full—they deserve your gratitude. To Drs. Noll, Allsop, Birch, Klatman, Louis Deitchman, and Brown, as Chairmen of Committees, all honor and appreciation. But we recognize equally gratefully the fine work of their valiant men.

Last but not least: Drs. Lahey, Horrax, Kiefer, and Bartels—sacrificing their comfort and energies for us, and for those whom we serve—what words will tell them how grateful we are? And what brilliance of performance! Their reward must be the deep spiritual satisfaction of having done great and lasting good for the benefit of their fellow men.

There's plenty of room for optimism!

CLAUDE B. NORRIS, M. D.



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EDITORIAL

The editorial staff of your Bulletin has felt for some time that the society at large would be interested in knowing how the growth of the Mahoning County Medical Society for the past 10 years, has affected the circulation of the Bulletin.

When the Bulletin was first issued it was used exclusively for our membership, and a few outside friends, but with the increasing success of Postgraduate days the Bulletin has become one of the mediums through which the Society has been able to publicize and aid in the success of this annual event.

The distribution of the Bulletin is as follows:

Members of the Society, all the new officers of the State and local societies from time to time, speakers of each Postgraduate Day, and also to all the new doctors that have attended Postgraduate Day.

Members	241
Non-Members and Doctors in Youngstown and surrounding towns in Ohio	351
Akron	31
Canton	25
Cleveland	44
Cincinnati	11
Columbus	22
Dayton	10
New Castle	38
Pittsburgh	16
Sharon	18
Toledo	11
Warren	26
Medical Societies	27
Doctors in 27 different cities in Pennsylvania	63
Doctors in the following states:	
Kentucky, Oklahoma, West Va., Massachusetts, Washington, Arkansas, Georgia, New York, Illinois, Canada, Alabama, Virginia, Maryland, Iowa, Minn., Indiana	46
Total	980

As you will recall as published in the last Bulletin, we had gone to the trouble of sending cards to several hundred on our mailing list, asking them if they wanted The Bulletin continued. Because of the extent to which these cards were returned to us, and with the notations expressing their desire to continue on the list, the Editorial Staff feels that it is only justly due these men that they receive a copy every month. In going over the list of cards we find that these men have been supporting Postgraduate day year after year.

Because of the wide distribution of the Bulletin and the large number of Doctors that are receiving it, we feel the Bulletin must improve with each monthly issue.

In order to make this improvement possible we must have the coöperation from the members of the Society, especially in regard to writing articles and supplying us with information that will be of interest to everyone.

Please remember that this is the Mahoning County Medical Society Bulletin, your Bulletin, that is going out each month, carrying with it the news of what your Society is doing. With your help we can continue to improve the Bulletin, and make it a worth-while magazine. Without your help this cannot be done. A thousand doctors can't be wrong. Help them to receive a more worth-while publication by coöperating with your staff.

JAMES D. BROWN, M. D.



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REGIONAL ILEITIS

By GORDON G. NELSON, M. D.

The literature is quite replete with a relatively new clinical entity known as regional ileitis. During the last five or six years especially, there have been reported quite a few cases, many of which have been diagnosed before operation. Crohn, Ginzburg and Oppenheimer in 1932 published a complete description of the condition and reported 14 cases. This article is a classic and should be read by every practising physician. Lick, in the April number of the S. G. & O. this year, reviews the literature and finds that a total of 497 cases of regional ileitis have been reported. It is unquestionably true that the disease existed before, and when found was placed in the category of the benign granulomas. As far back as 1828, John Abercrombie of Edinburgh described a granulomatous lesion of the small intestine. The literature in this country and Europe has classified the condition variously as regional or terminal ileitis; chronic cicatrizing enteritis; nonspecific, benign or infectious granuloma of the intestine. In Europe, especially, it is commonly known as phlegmonous enteritis.

In Crohn's original article it is stated that the disease is characterized clinically by fever, diarrhea and emaciation and eventually, obstruction of the involved intestine. He also says that the terminal ileum alone is

involved, beginning abruptly at the ileocecal valve where it is found in its maximum intensity, tapering off gradually as it ascends the ileum orally for 20 to 30 cm. Since this paper was published, however, it has been found that there are a few additional facts, chief of which is that the condition may involve any part of the small intestine and even extend over on to the cecum and ascending colon. In the two years following the publication of the original article, Crohn and his associates reported 28 more cases, so we see that the condition is far from rare.

In discussing the pathologic anatomy of the disease, Crohn says that the terminal ileum is found thickened, soggy and edematous, and the serosa is a blotchy red. The mesentery of the terminal ileum is greatly thickened and even extends

up onto the bowel wall for some distance. There are numerous large glands in the mesentery. The condition is not static, and the description above given applies to the bowel of one who has been ill for probably one year. Even with the intestine in this condition, spontaneous resolution of the disease has occurred. The normal intestinal folds are distorted and broken up by the destructive process together with the edema, giving a bullous structure to the mucosal aspect of the intestine. There are often small linear ulcerations



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lying in a groove on the mesenteric side of the bowel. As the disease progresses, the exudative reaction is replaced by a fibrostenotic process, and the mucosa appears atrophic with occasional superficial erosions and islands of papillary or polypoid hyperplasia. The serosa loses its luster and often shows tubercle like structures on its surface. A characteristic feature of the disease is the tendency toward perforation. This was not seen in any of Crohn's first cases. Halligan, however, reported one case of acute free perforation as the first sign of intra-abdominal disease. Arnheim reported the other case in 1935, of an individual who gave a history of diarrhea for ten years, and abdominal pain for four years prior to the perforation. Apparently, these are the only cases of acute free perforation reported. In the case reported by Halligan, the perforation was found only after a painstaking search; it was small and linear.

Chronic perforation occurs slowly enough to permit walling off by adhesions to a neighboring viscus, to the parietal peritoneum or the omentum. There is a marked tendency to form internal fistulae from the ileum to the cecum and even to the sigmoid. Walled off abscesses that are the result of chronic perforations, when submitted to surgical drainage, give rise to intractable fistulae due to the persistence of the underlying inflammatory disease in the bowel.

Histologically, there are varying degrees of acute, subacute, and chronic inflammation. The mucosa is usually absent and submucosal tissues are replaced by vascular granulation tissue characterized by an infiltration of lymphocytes, plasma cells, large mononuclears and polymorphonuclear eosinophils. The most involved layer seems to be the submucosa, although all the layers are involved as is the mesentery. Occasionally large giant cells are found, and this suggests lues or tuberculosis as a possible causative agent.

They are not found in chronic ulcerative colitis. They are thought by some to be due to the reaction against foreign material.

The etiology of the condition is obscure. Tuberculosis, syphilis, actinomycosis and lymphosarcoma have been quite thoroughly ruled out as causative factors. Laboratory animals have never shown any reaction to injection of cultures made from lymph nodes and macerated ileum. Wassermann reactions are negative. Many observers feel that the appendix has no part in the causation of the disease. There are a few, however, who are of the opinion that the appendix may be a primary factor because of the youth of most of the patients and the fact that about half of them have had appendectomies. In about half of the latter, abnormalities of the terminal ileum were noted at the time of operation. In those cases, however, in which there had been no previous appendectomy, the mucosa of the appendix was not involved, although the outer coats of the organ were inflamed due to the presence of contiguous disease.

Among the clinical features should be noted that the disease is predominant among young adult males. Rosenblate had a case in a boy four and one-half years old. In the Mayo clinic series, the youngest patient was nine years and the oldest sixty-two. The disease in its acute form often manifests itself in a manner similar to the onset of acute appendicitis. On the other hand it is usually chronic, and characterized by loss of weight, progressive anemia, fever, attacks of diarrhea, and abdominal pain. It is differentiated from colitis by remembering that the diarrhea is not as marked as in the latter, and there is very little if any mucous or blood in the stools. There are no peri-anal fistulas or abscesses, and no rectal tenesmus. There is in most cases of the chronic type, a definite mass in the right iliac fossa.

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The clinical course of the disease is divided by Crohn into four phases: (1) acute intra-abdominal disease with peritoneal irritation, (2) symptoms of ulcerative enteritis, (3) symptoms of chronic obstruction of the small intestine and (4) persistent and intractable fistulas in the right lower quadrant following previous drainage for ulcer or abdominal abscess. In the first group it is impossible to distinguish these cases preoperatively from acute appendicitis, except that the symptoms develop more slowly than in appendicitis. There are generalized colic, pain and tenderness in the right lower quadrant, and fever to 102 F. The white count is increased. A mass is usually palpable now even without actual abscess formation. At operation the ileum is greatly thickened, red and blotchy, with marked edema of the surrounding structures and slight exudate of the ideal wall. The mesentery is quite thick and contains many large glands. This is called by some a "hot ileum" and should not be resected at this stage but allowed to subside for several weeks and treated meantime as a peritonitis. In these cases where an abscess has been encountered, there is thick grumous pus without odor. Strange as it may seem, some of these acute cases go on to complete resolution without resection, but this outcome cannot be predicted.

In the second phase there are symptoms of ulcerative enteritis and the patients complain of colicky pain in the lower abdomen or around the umbilicus. There is some looseness of the bowels (three to five movements a day). The stool is usually of a liquid or mushy consistency and contains pus, mucous and visible or occult blood. There is never any gross hemorrhage. There is constant low grade fever. As the disease progresses there develops a marked secondary anemia. Considerable loss of weight and strength occurs, and the condition passes into the stenotic phase. It is said that this is the phase most commonly found. The symptoms are

those of a partial obstruction of the small bowel. Violent cramps, and attacks of vomiting and constipation are present. During this phase of the condition, fistulous communications with the colon or sigmoid may give signs and symptoms of colitis, and mask the true nature of the disease. The fourth stage is that of persistent fistulas. These are found after drainage of abscesses which were supposedly appendiceal in origin. The fistulas failed to heal even after two or three attempts at closure, and it was found at the time of closure in these cases by operation, that the appendix was not involved. It is also well known that ordinary fistulas following the drainage of appendiceal abscesses always heal spontaneously, or are easily closed by operation. It can be assumed then that intractable fistulas that have resisted simple closure, are, in the absence of tuberculosis, to be considered as cases of regional ileitis. An unusual feature of the fistulas is that some of them develop months after the original drainage operation where the wound has healed perfectly.

The role played by the roentgenologist is very important in the diagnosis of regional enteritis. The barium enema shows only negative results. The barium meal usually gives definite findings. According to Kantor these changes in the ileum are: (1) a filling defect just proximal to the cecum, (2) abnormality in contour of the last filled loop of the ileum, (3) dilatation of the ileac loops just proximal to the lesion, and (4) the string sign which represents the actual lesion. Weber calls this the "twisted cord" appearance.

The treatment of the disease is surgical although cases of spontaneous resolution and cure have followed medical care. Felson feels that surgical treatment is very unsatisfactory, and that the ideal therapy is based upon the prevention of bacillary dysentery. The treatment should aim at complete extirpation of the diseased area. This may be carried out in

single or multiple operations, depending on the condition of the patient. Simple short-circuiting operation without resection of the mass relieved the symptoms in about 50% of the patients on whom it was performed, in a series reported by Meyer and Rosi. Berg advocates resection with ileocolostomy.

The following is a report of a case. A white American male was admitted to the hospital with the complaint of swelling in the right lower abdomen associated with chronic constipation over a period of five and one-half years. In 1932, at which time he was 30 years old, he had his appendix removed. He was improved for several months, and then noticed a dull aching pain in the right lower abdomen with a sensation of heaviness in this area. This was especially noticeable if he stood on his feet or walked any distance. Several months later he noticed the swelling and fullness, and he also became nauseated and vomited occasionally. The nausea and vomiting came on 4 or 5 hours after meals. For the past two years he has had intermittent attacks of diarrhea at which time his stools contained mucous but no blood. He has lost about twenty pounds in weight since the onset of his present illness. The past history is essentially negative except that following his last operation for removal of the appendix, he developed postoperative atelectasis which required bronchoscopy. Physical examination shows a mass in the right lower abdomen, and it is tender. There is no rigidity. On rectal examination, a mass is felt just at the tip of the examining finger. The hemoglobin was 70% and the red blood cells numbered 3,570,000. The white blood cells were 8,550 with a differential count of 62% polys, 33% lymphocytes and 5% eosinophiles. At operation, performed under cyclopropane anesthesia, the terminal ileum for a distance of about two feet presented a boggy or ropy appearance and it was quite heavy. The mesen-

tery contained many large glands and it was very thick and extended well upon to the lateral walls of the bowel. The cecum and lower portion of the ascending colon was also involved in the inflammatory process. The entire disease area was resected and an ileo-transversocolostomy was done bringing the side of the ileum to the side of the colon. An enterostomy tube was then sutured into the proximal ileum. The patient made an uneventful recovery and has gained weight and feels fine in every way. The photograph shows the gross specimen. The pathologists report stated that the sections showed chronic ulceration, fibrosis and focal suppuration. There were no giant cells found.

A case of regional ileitis has been presented and a brief review of the literature is given. I am indebted to Dr. A. E. Brant, who has given his permission to report this case.

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Appreciation Expressed

Words of appreciation was expressed by the Ohio Nurse Anesthesia Association to Drs. A. E. Brant and F. W. McNamara for their interesting papers Co-Operative Anaesthesia by Dr. Brant and Anaesthesia Shock by Dr. McNamara. All members and guests of the Association agreed it was the best meeting ever held.

—Alice L. Barth, President.

May

AT THE HEALTH DESK

By FINLEY VAN ORSDALL, M. D.

Chief, Division of Communicable Diseases, Ohio Department of Health

The recognition of personal contact as a factor in the dissemination of many diseases was undoubtedly suspected, or perhaps recognized, long before Moses promulgated his quarantine edicts and established his rules for the preservation of public health. In fact all public health measures adopted in the distance past, however futile, originated in the attempt to limit the spread of those diseases which periodically swept across the old world and caused such appalling loss of life—these were all communicable diseases.

So when public health began in our country its object was the control of these diseases. This power to control in Ohio was granted to the State Board of Health by Senate Bill 90 passed by the General Assembly April 14, 1886. The law authorized the council of municipalities to appoint boards of health with authority to enforce quarantine measures for the prevention of dangerous diseases, and to abate nuisances. No one had authority to act in a township except that in smallpox certain powers were granted the trustees.

The division of communicable diseases was formally established in 1912. Prior to this time the work now done by members of this division was first attempted, so far as possible, by the Secretary of the State Board of Health, later by a number of part time medical inspectors, and still later by an epidemiologist appointed July 1, 1911. An act of legislature passed in 1919 provided for the employment of eight district health supervisors to aid local communities in the organization of health districts. This work was completed during the year 1921 and since that time the division of communicable diseases has been engaged in general epidemiological public health service.

The activities of the division have to do with epidemiology, immunology, morbidity statistics, prevention of blindness, control of venereal diseases and control of tuberculosis.

The division is called upon by local health authorities during epidemics and also in determining the origin of sporadic cases, in differential diagnosis, in interpreting quarantine regulations and for assistance in diphtheria immunization campaigns.

It assists health commissioners in Schick testing, tuberculin testing and in vaccination; it receives and tabulates morbidity reports and issues a semi-monthly bulletin giving this information to all local health commissioners and to health departments of other states; it keeps the U. S. Public Health Service informed of health conditions in Ohio by means of reports by letter and by telegram.

It prepares material on the various communicable diseases to be printed for public information and distributes many thousands of these pamphlets.

Through its Bureau for the Control of Venereal Diseases and Prevention of Blindness an active program is being carried on in the Nation-wide campaign against syphilis and its Bureau of Tuberculosis is assisting local departments not only in tuberculin testing but, also, in diagnostic chest clinics. In these clinics, conducted by tuberculosis specialists, the patients are always referred back to the family physician. Many early cases found in these clinics, have been hospitalized and restored to health.

New Committeemen

Dr. Myron H. Steinberg has been assigned to the Editorial Committee. Dr. Samuel R. Zoss is added to the Lay Education Committee and to the Program Committee.

REGULAR MEETING
and
TESTIMONIAL DINNER

MAHONING COUNTY MEDICAL SOCIETY

Honors Dr. Harmon E. Blott on his 50th
Anniversary in the Practice of Medicine
also his fellow Honorary Members

SCIENTIFIC PROGRAM

by

Dr. Paul White, Cardiologist

Tuesday Evening, May 17th, 6:30 P. M.

YOUNGSTOWN CLUB

SPEAKER AT OUR NEXT MEETING

Dr. White was born in 1886, graduated from Harvard College in 1908 and from Harvard Medical School in 1911. He interned on the Medical Service at the Massachusetts General Hospital, and was medical resident until 1914. He studied abroad with Sir Thomas Lewis for a year in 1914 and then returned as Cardiac Resident at the Massachusetts General Hospital. He has continued on the staff of the Massachusetts General Hospital, his title now being Physician, and on the teaching staff of the Harvard Medical School, his title there being Lecturer. During the war he served at Base Hospital No. 6 in France. He has written a book, "Heart Disease," published by the Macmillan Company (now in its second edition) and a small book, "Heart Disease in General Practice," published by the National Medical Book Company, besides many articles in various medical journals on the clinical aspects of heart disease.



Paul White, M. D., Cardiologist



Harmon E. Blott, M. D.

Dr. Blott is one member of our Medical Society who has achieved a feat that few of us younger men will be able to duplicate. He has completed, this year, 50 years in the practice of medicine.

The Society has bestowed honorary membership upon him and will hold a Testimonial Dinner in his honor at a regular meeting, May 17th. As honored guests with Dr. Blott at this dinner will sit, also, Drs. R. D. Gibson, R. E. Whelan, J. F. Lindsay, H. E. Welch, and Thomas J. Arundel, all of whom are honorary members.

Dr. Blott was born at North Jackson in April, 1865. He read medicine with Dr. Stafford, and later attended Western Reserve, where he was graduated in 1888, with a degree of M.D. He opened an office shortly afterward in Brier Hill and during the summer—married. In 1907, he moved his office to the downtown section, where he is still to be seen daily, attending faithfully to his office hours.

Dr. Blott had a medical service, of which he was chief for many years, at Youngstown Hospital. He served well and faithfully.

Harmon E. Blott, the members of the Mahoning County Medical Society salute you, and bow in reverence to you for an achievement that is truly unique—"Fifty years of practice and still going strong."

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OTHERS SAY—

Article 1

Are We Mice?

Pessimism is the easiest thing in the world to achieve. Any old oaf can reach enviable excellence as a pessimist in just no time. In fact, to be a first class pessimist requires even less brain power than to be a columnist or an economist.

But to be a doctor takes plenty of vitamins A, B, C, D, and G (ambition, brains, courage, devotion, and guts). If any old oaf could make the Profession of Medicine you wouldn't be in it. Then why join up with a drippy gang of goofs?

True enough, there's plenty of temptation to do it, what with all the poverty and politicians, poltroonery, puerility, and putridity, both public and private. Nobody sees any fun in working like the devil for days, weeks, months, and years, to provide easy jobs for hoards of bureaucratic loafers, to support dirty louts who won't work, and to supply gravy for grafters.

We have built for the good of the public a great army of servants, each individual of which is dedicated to the job of relieving the suffering and saving lives. Each member has within him a triple distilled yearning to be approved by his fellows for his conformity to the highest standards of ethics and professional skill and learning.

Our Postgraduate Days, our monthly meetings, our Autumn series, our membership in and attendance at a dozen district, State, and National Societies, our attendance at teaching centers, our stacks of books and journals to read and re-read, we accept voluntarily as life-long responsibilities. All laws, State and National, requiring decency and excellence of our members our Profession has sponsored and most of them it has originated. In truth, the whole program of professional improvement has arisen within the profession and has been

achieved by it. It isn't exactly pleasant to be harassed by propagandists who would snatch control from us, and substitute methods which both experience and common sense demonstrate to be a futile way of solving medical problems. They forget that we who know them first hand are naturally vitally interested in their solution, are the only group from whom any wise solution can come, and are doing all we can to work out a solution.

Oh, of course, there are within our own ranks a few, possibly one per cent., who are no good anyway you take them. We know them and hate 'em, and the people often fall for them and hate us for getting after them, refuse to help us get rid of the paltry pups, and have even been known to defeat us to their own harm by lying for them under oath.

This failure of laymen to see that their interest is bound up with ours manifests itself everywhere. Public officials often neglect or actually refuse to call upon our Society for expert counsel in making medical appointments by means of which they could commit the whole Profession to see that the medical appointee gives good service. They seem to prefer to make political pap out of their medical requirements, and the favored doctors, interested only in immediate advantage, foolishly fall for what must ultimately injure them as well as the community. Yes, pessimism is dead easy.

But to be an optimist under the circumstances, while tough, is not impossible. That doesn't mean pollyanna stuff. It means perspective. WE are still on the job. WE have no corner on steadfastness, high purpose, brains, nor zeal for the welfare of our fellows. Others—thousands, millions—are as good as WE are. That's something. The churches were crowded Easter Sunday. Faces of

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YOUNGSTOWN, OHIO

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mighty few of those people were worn by hypocrites. The fellow who questions that might well look his own pan over. The birds still sing, tra-la, the flowers and trees and grass still have faith enough to try again, and the rippling laughter of innocent children is abroad in the land. Not every higher-up is a Whitney, nor is every Reliever a candidate for the Presidency of Hoboland. We know that there are a thousand generous and kind rich people to one rich Uriah Heep; and that a thousand jobless and hungry walk weary miles seeking and praying for work to one who is content to let others feed him.

We can't mull around and do nothing. We must find what is to be done and how best to do it. We must pull with ourselves, with the other community agencies more or less concerned, and with the State and National Medical Organizations. Specifically, just now we must do an A-1 bit of surveying as the A. M. A. asks us to do.

But to get back to optimism. This implies no supine acceptance of things that are wrong, no yes-yessing, no yielding to usurpation of human rights to life, liberty and the pursuit of happiness. Heaven forbid.

Our views may differ; that's not important—so do our noses. Our methods may prove wrong. If so, we must change them. But everything conspires finally to enthrone the right. In support of this the following is proclaimed by perhaps the greatest possible authority:

"Fret not thyself because of evil-doers, neither be thou envious against them that work unrighteousness. For they shall be cut down like the grass, and wither as the green herb . . . Fret not thyself because of him who prospereth in his way, because of the man who bringeth wicked devices to pass. Cease from anger, and forsake wrath: Fret not thyself, it tendeth only to evil-doing. For the evil-doers shall be cut off.

"But the meek shall inherit the land, and shall delight themselves in the abundance of peace. . . The wicked have drawn the sword, and have bent their bow, to cast down the poor and needy, to slay such as are upright in the way. Their sword shall enter into their own heart, and their bows shall be broken.

"The seed of the wicked shall be cut off; the righteous shall inherit the land, for there is a happy end to the man of peace."

In the light of all this a fellow might as well fight it out, think it out, work it out, and, with Browning, "Trust God, see all, nor be afraid."

Music Hath Charms

Article II

(The author of this lovely bit of writing once peddled in Youngstown! —Editor.)

Many evenings, when your writer was a six-year-old cherub, he went to bed without saying "Good-night" to his Daddy because the latter, a physician-musician, was away on a confinement case.

But at 2 or 3 o'clock on the following morning that little lad would be awakened by the strains of soft music purring out from the gentle touch of this physician-musician upon the rich old cabinet organ in our parlor. Yes, and the little chap would tiptoe down the stairs to see the pater sitting there on the bench, a bit stooped, with dim lights and half-closed eyes, toying with Handel's Largo or something from his favorite Edvard Grieg. Just sitting there, relaxing, after some arduous and trying experience and gaining, from the instrument which he fondled, a placidity which could have been supplied by nothing else. Tobacco, narcotics, liquor—none of these could have done what the love of music and the "concord of sweet sounds" so well accomplished for that tired man.

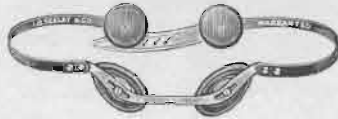
My memory brings back these songs of early youth, and who can say that they were not beautiful: In

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the Gloaming; Love's Old Sweet Song; The Rosary; Blue Danube; The Sweetest Story Ever Told. So many of those old melodies which recall scenes of young love or of adolescent affairs. Priceless, those associations!

In jazz and swing music many of us old-timers see little of merit. Perhaps it's because we are ageing. Perhaps the gay blades of today will look back at these present tunes as we do at those of our youth. But with the apparent noisy, meaningless assembling of notes and chords and phrases and with disregard of all rules of music-writing and with the loud blare of brass and beating of tom-toms as seems to be the trend of today's orchestras, it would appear that we are reverting to the jungle and to the cannibal version of the "Big Apple."

Nor must we forget the majestic old hymns. Let us think only of their composition virtue without regard to the sentiment expressed in the words we sing. Who can deny that he is moved by such symphony!

It was my rare good fortune to see the Highlanders marching into the battle line in 1918. Kilted "Ladies from Hell" strutting their stuff down that Belgian road and with pipers blasting out a challenge to the enemy! It has been said that one military leader took an orchestra down into the very trenches and that the example of these unarmed musicians and the occasional melody which could be heard between shells was an inspiration which turned the tide of battle. We have heard of ship's bands appearing on deck and playing as the vessel sank. It has been my own experience to enter the lobby of a building where lonesome men sometimes lounge and to bring out melodies from the piano and to have grizzled men come over with tears in their eyes to thank me for the memories which my amateur effort had brought back.

Music has soothed men; it has driven them to acts of passion; it has encouraged them to feats of valor; it has led them to God.

Sometimes the blare of the radio distracts us but if we choose carefully we can find a hundred excellent programs coming over the air waves. How strange and destitute would be a world without music and without song.—*Ohio Penitentiary News.*

Preventable!

Article III

Consider the empty desks of twenty-four school classrooms and you will better appreciate the number of Ohio children under 15 years of age who died from accidents during 1937.

Someone has said that accidents do not "happen" but that there is a cause for each and a careful analysis will prove the truth of this quotation. Much suffering and death *can* be prevented if we give more thought to it.

The following information has been revealed by the Division of Vital Statistics:

Tabulated below is the number of deaths due to fatal accidents among children under 15 years of age, listed by cause and age group for the year 1937.

TOTAL FATAL ACCIDENTS IN HOME

Place of Accident—	Age		
	0-4 Yrs. No.	5-14 Yrs. No.	Total Under 15 Yrs. No.
Poisoned in home (gas excepted) _____	19	0	19
Absorption of poisonous gas in home _____	2	1	3
Conflagration and other burns in home _____	87	45	132
Mechanical suffocation in home _____	47	1	48
Firearms in home _____	1	4	5
Falls in home _____	15	11	26
Other accidents in home..	3	0	3
<i>Total Fatal Accidents</i>	174	62	236

TOTAL FATAL MOTOR VEHICLE ACCIDENTS

Collision with pedestrian	41	116	157
Collision with other motor vehicle	16	16	32
Collision with railroad train	1	10	11
Collision with bicycle	0	13	13
Collision with horse drawn vehicle	1	2	3
Collision with electric car	0	1	1
Collision with fixed objects	0	5	5
Other fatal accidents with automobile	9	29	38
<i>Total Fatal Accidents</i>	<i>68</i>	<i>192</i>	<i>260</i>

TOTAL PUBLIC FATAL ACCIDENTS

(Not associated with Motor Vehicle)

Railroad, not with motor vehicle	1	13	14
Streetcar, not with motor vehicle	1	0	1
All other vehicles, not with motor vehicle	1	5	6
Fatal accidents with water transportation	0	2	2
Fatal accidents with air transportation	0	2	2
Conflagration and burns— not in home	2	3	5
Drowning	20	65	85
Firearms—not in home	2	17	19
Falls—not in home	4	16	20
Other fatal public accidents	41	29	70
<i>Total Public Fatal Accidents</i>	<i>72</i>	<i>152</i>	<i>224</i>

GRAND total in each age group 314 406 720

—Ohio Health News.

PUBLIC HEALTH COMMITTEE

The Public Health Committee met shortly ago with Mrs. Marshall and Mrs. Carnegie, who represented the Parent-Teachers' Associations. The discussion dealt (a) with our part in the work of the summer round-up of children who will enter school in the autumn; and (b) with our assistance and co-operation in health education through the Schools and the Parent-Teachers' Associations.

Dr. Scofield, chairman, assured the Parent-Teachers' Association that we shall be happy to help in any way we

can. Effort is now being directed to working out a plan of approach to the problems.

At another meeting, the Public Health Committee met jointly with the Public Health Committee of the Chamber of Commerce. Plans were discussed for establishing under the leadership of the Society a city-wide, continuous program for making our city and county a more beautiful and healthful place in which to live. The effort each year will probably be launched and the direction given at a day of conference on our problems, ending with a dinner and an address by a nationally known leader. This will be for the community much what our Postgraduate Day is for the physicians. Further announcements about this will be forthcoming soon.

NEWS ITEMS

By S. J. T.

Doctors Bachman, Baker, Heberding and Saul Tamarkin attended the recent meeting of the Cleveland Radiological Society in Cleveland. They are all members. Dr. Heberding was elected president for the coming year.

Dr. Joseph Barach of Pittsburgh gave an interesting and instructive talk on Diabetes to the Staff of St. Elizabeth's Hospital at its regular monthly meeting in April. He stressed the high carbohydrate and low fat diet and showed by numerous examples and statistics the rationale and efficacy of this diet.

Dr. and Mrs. McConnell have returned from a wedding trip to Florida. Mrs. McConnell was Betty Samuel of Youngstown.

Dr. Poling made a nice recovery from his recent operation. He is convalescing and expects to be back on the job soon.

Dr. H. E. Chalker has returned from Chicago where he took a two weeks' special course in Surgery at Cook County Hospital.

May

In Memoriam**James Arnot Walker, M. D.****1888—1938****Died April 5****In Memoriam****Wesley Cornelius Redd, M. D.****1889—1938****Died April 16****DR. PATRICK REPRESENTS US**

On Tuesday evening, April 19th, at the regular meeting of the Society, Dr. Patrick was elected to represent the Society on the Board of Trustees of the Associated Hospital Service, Incorporated.

The Board of Trustees will be composed of the following:

Representing St. Elizabeth's Hospital, Dr. Chas. D. Hauser; Youngstown Hospital, Dr. Wm. K. Allsop; Mahoning County Medical Society, Dr. H. E. Patrick; the Hospital management: for St. Elizabeth's, Mr. Jas. Hyland and Mr. Hugh Wickham; Youngstown Hospital, Mr. Al Cook and Mr. B. W. Stewart; representing business groups, Mr. Walter Bender and Mr. Frank W. Mouery.

This project begins under sound management. It offers to our members, as a group, hospitalization so inexpensive as to make it seem imprudent for us not to avail ourselves of it.

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Youngstown College is a great community asset. It comes to all of us now for something to make its work still more effective: A better Library.

Let us show this organization called "Friends of Youngstown Library" that we are "Friends of Youngstown," by supporting this library as simply one important element of the many which go to make our community a mighty good place in which to live.

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OHIO STATE MEDICAL
ASSOCIATION

NEIL HOUSE
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Wednesday and Thursday
May 11 and 12, 1938

SECRETARY'S REPORT

The meeting was called to order at 9:00 p. m. April 19, 1938, by the President. Meeting was held at the Youngstown Club. There were about fifty members present. The President explained that this was the regular meeting night, but as the Postgraduate Day came at the latter end of the month, he hoped this could be a business meeting to dispense with some of the business affairs that would be brought to the attention of the Society as a whole.

The minutes of the last meeting were read and approved; there were no additions or correction.

The applications of the following doctors were read: Dr. Wm. E. Maine, transferring from an associate membership to regular membership; Dr. Ralph W. Beede, 1509 Market Street; Dr. A. J. Looze, 111 W. Commerce Street. These applications were turned to the censors for investigation.

The President then requested a report from the Council of the District, who reported on the activities of a golf association and asked if the county society would not donate to this association, called the Golfers' Association of the Sixth Councilor District. Ten cents per capita is to be turned over from the treasury of each county society for prizes for the golf matches.

It was moved and seconded that ten cents per capita be drawn from the treasury and forwarded to the Golf Committee of the Sixth Councilor District, for golf prizes in the Sixth Councilor District Golf Tournament. Motion passed.

The President then explained that one of our members has practiced medicine in our vicinity for fifty years and he felt that this was an outstanding attainment and that the Society should honor such an individual. This individual being Dr. H. E. Blott.

Dr. Fuzy then moved that Dr. Blott be made an honorary member

of the Mahoning County Medical Society for outstanding service to the community. Seconded by Dr. Sedwitz. Motion passed.

A testimonial dinner was then discussed by Dr. Fuzy; to be given for Dr. Blott. The Co-Chairman of the Entertainment Committee, Dr. L. G. Coe, said arrangements had not definitely been made but a testimonial dinner would be held in conjunction with the May meeting of the County Society, if ordered by the Society.

It was moved that the entertainment committee be instructed to hold a dinner in honor of Dr. Blott at the May meeting of the Mahoning County Medical Society. Motion seconded and passed.

The President then explained that the Venereal Clinic had been operating for six months and he felt there should be some report from the Health Department in regard to its operation.

Dr. Ryall said that on May 2, 1938, the Venereal Clinic would be in operation six months. No patient was admitted to the Clinic who could pay; no patient was admitted who was on relief or on any of the subsidiaries of the Government. The Clinic was operated on Tuesday and Friday of each week. He thanked the men who had cooperated to the fullest and all the specialties who had been called and donated their services without question.

The President then explained that Postgraduate Day was "going over with a bang" and already over 100 out-of-town reservations had been received.

The President explained that one of the purposes of this meeting was the discussion, and if possible the approval of a Pre-Payment Plan for the hospitals of Mahoning County.

Dr. Allsop, Chairman of the Hospital Committee, explained in detail the workings of this plan, reading

TENTH COUNCILLOR DISTRICT MEETING
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most of the constitution and by-laws with the contract in full. There were some explanations to be made and many questions were asked about certain phases of the contract. Dr. Allsop either explained in detail or said that he would have to have a better understanding and would take the matter up with the Board.

It was moved and seconded that the plan as given by Dr. Allsop for Pre-Payment Hospitalization be approved by the Mahoning County Medical Society. Motion passed. Vote was 46 yes and 1 no.

Tellers: Dr. J. C. Hall, Dr. J. Rosenfeld, Dr. Andrew Miglets, Dr. G. A. Parilla.

As Dr. Allsop had already explained, there was a member to represent the Mahoning County Medical Society on the Board of Directors of this Pre-Payment Plan Association. Therefore, a ballot was taken and the two highest nominees were Dr. Patrick and Dr. McNamara.

On the election ballot, Dr. H. E. Patrick was elected.

Meeting was adjourned at 11:15 p. m.

WM. M. SKIPP. *Pro-Tem.*

Dr. Evans' Committee Rings Bell

After several meetings with Judge H. P. Beckenbach and his Administrator of Aid to Dependent Children, Mrs. Wendling, Dr. Evans and the Sub-Committee on Public Relations have completed plans to set up a Medical Advisory Committee, to cooperate in that work. The Committee will be appointed by Judge Beckenbach. The members of this Advisory Committee will consist of a representative of the County Commissioner of Health, recommended by Dr. Patton; a dentist to be recommended by the President of the Corydon-Palmer Dental Society; and three representatives of the Mahoning County Medical Society, recommended by the President of the Society.

The work of this Advisory Committee will consist of those matters

having to do with the medical care of those who benefit under the "A. D. C." Law.

It is most pleasing to find such a fine spirit of cooperation as that shown by Judge Beckenbach and Mrs. Wendling. This is the relationship with our public officials which will lead to better public service.

BOYS GO TO TOWN

The following committees deserve the Society's deep gratitude for their efficient work in putting over an unusually successful Postgraduate Day:

Postgraduate Day

James B. Birch, Chairman
James D. Brown
Gordon G. Nelson
Samuel Tamarkin
Paul M. Kaufman
Albert J. Brandt
Joseph F. Nagle
Chas. H. Warnock
Louis S. Deitchman
F. F. Monroe
John R. Buchanan
Joseph Rosenfeld
Samuel Schwebel
M. H. Bachman

Program

John Noll, Chairman
Albert J. Brandt
Chas. H. Warnock
A. M. Rosenblum
Ivan C. Smith
Samuel W. Weaver
Herman B. Kaufman
Samuel H. Sedwitz
J. Paul Harvey

Publicity

Louis S. Deichman, Chairman
Samuel H. Klatman
W. C. Autenreith
Herman B. Kaufman

Of equal importance, also, is the loyal support of all the members of the Society, and of our visiting friends.

Fiftieth Wedding Anniversary

Dr. and Mrs. H. E. Blott are having open house May 15, in observance of their 50th Wedding Anniversary, and they will be glad to welcome the doctors of the Mahoning County Medical Society and their families. They will receive from 3 to 5 p. m. and from 7 to 9 p. m.

ANOTHER FEATHER IN OUR HAT

1938 Postgraduate Day is now a thing of the past; but it is only fitting that we recount some of the scenes behind the scenes. Your roving reporter mingling with the crowd heard comments like these: "A great day"; "Better than any meeting I ever attended"; "I wonder how they do it." Such comments are a great satisfaction and make all the time and effort put forth by the committees worth while.

To me the biggest thrill came from the smiles of satisfaction and pride shown by every member of the Mahoning County Medical Society. Each was interested in the success of the meeting and each was saying to Jim Birch, John Noll, Lou Deitchman and their committees; "Well Done."

Statistically there were 487 physicians registered representing 87 different cities and towns covering a wide area.

With these few remarks, another chapter in postgraduate education in Mahoning County is closed. The society's activities move forward and our time and attention must be given to making these as successful as the postgraduate meeting. The committees have learned much of value to aid in making the next meeting the most gigantic, the most stupendous and the most colossal ever. We place another feather in our hat and march forward prouder than ever.

SAMUEL J. KLATMAN, M. D.

Series of Summer Golf Meets

A series of monthly golf meetings have been planned for this summer in order to promote a more sociable contact and good fellowship with the doctors in the 6th Counciller District. These meets to be held the last Wednesday of each summer month, namely; June, July, August and September, in the four different

counties; Summit, Stark, Mahoning and Wayne. These meets to be held as follows:

June 29, 1938, Summit County, Akron.

July 27, 1938, Wayne County, Wooster.

Aug. 31, 1938, Mahoning County, Youngstown.

Sept. 28, 1938, Stark County, Canton.

The essential features of these meetings will be to determine the team championship of the counties and individual championship of the district. Individual handicaps will be established so that every golfer will have a good chance to participate in the distribution of the many serviceable and useful prizes. The teams will be determined at each meeting by the five lowest gross scores from each county. This makes every one eligible for the team which may vary from meet to meet. The team championship will be determined by the seasons total of the five low scores for each of the four meetings.

Each meeting will consist of golf in the afternoon and dinner in the evening, one fee to cover all expenses. It is planned that at the last meeting of the year the district championship will be determined by the lowest gross score provided the contestant has registered at at least two of the previous meetings.

Committee 6th Counciller District:

G. D. Underwood—Stark, Navarre.

A. C. Smith—Wayne, Wooster.

D. C. Brennon—Summit, Akron.

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THE MEDICAL CRIER

A Page of Sidelights, News and Views from the Medical Field

● It used to be quite the thing to go to Vienna for Postgraduate study. Now that many of those teachers are becoming refugees and exiles it might be a good idea for them to come here for a tour of medical lectures. How about a group from Vienna for our next Postgraduate Day?

We note that the Toledo Academy of Medicine during April presented a series of ten lectures on Diseases of the Heart by Wilhelm Dressler of Vienna, Austria. Fee for the course, five dollars.

● President Roosevelt thought it a pity that the District of Columbia Medical Association opposed the group health association financed by the H. O. L. C. Yes, a pity for the Medical Association. And the old Crier thinks it a pity that the President thought it a pity.

● The motion picture as a medium for medical teaching is not being used nearly as much as it should be. When four hundred doctors can sit comfortably watching an operation, everyone having an unobstructed view clear to the depths of the open abdomen, with each step explained; there is no book, no medical magazine, no seat in the clinical amphitheatre which gives the same advantage. Four doctors viewing the same operation in the clinic would have a good view of the assistants' backs only. Moreover, the patient before operation, the operation itself, the gross and microscopic pathology in the tissues removed and the patient recovered after operation can all be shown in less than one hour—a process actually taking weeks of time. DeLee's motion picture on Caesarian Section is a masterpiece, as is Lahey's on Resection of Rectal Carcinoma. At the A. M. A. session last June many of us spent hours viewing the motion pictures in the Mayo exhibit.

Many of these films are available to Medical Societies without cost, except

transportation. The proper time and place for showing them is a matter to be considered. The personal appearance of some distinguished medical teacher is such an ingrained part of our Society program and such a strong drawing card in promoting attendance at meetings that to dispense with it is unthinkable. Yet, we could have both. Meetings are usually over by ten thirty and many members linger afterward for social pursuits. The projection apparatus and operator are usually on the job and to run a film would take only a little extra time after the speaker's paper and its discussion are finished. Such an added attraction might bring out a larger attendance at meetings and would prove a welcome addition to our educational program.

● We were agreeably surprised the other evening to hear the familiar voice of Dr. Altdoerffer over the radio on the "Man on the Street" program. The old Doc spoke right up with his usual assurance and answered the announcer's questions. We are still trying to figure out that one about the flying time between New York and Chicago. But how he can claim Scotch ancestry with a name like that is a little too much. We think he was just showing the old Dutch thrift.

● The best one we heard this month is about the lady who named the puppy Paderewski because he was the pianist dog she ever saw!

Congratulations

Congratulations are in order from the Mahoning Drug Club to Members of the Mahoning County Medical Society for their successful and interesting Postgraduate Assemblies. It is with much interest the Club watches the growth of the Society and our thirty-five members wish to thank the profession for their hearty co-operation.

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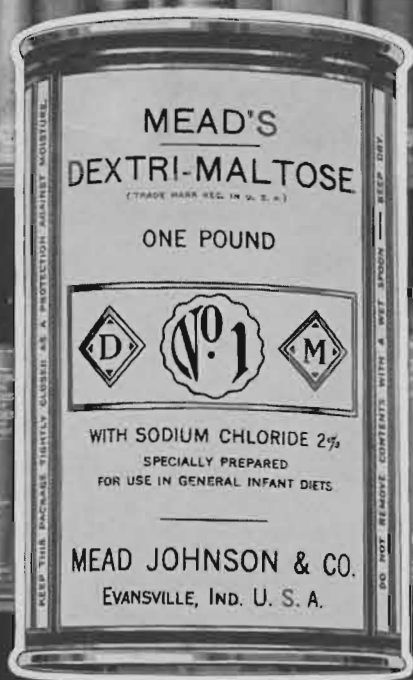
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1. "Treatment of Human Pellagra with Nicotinic Acid"—Fouts, Holmes, Lepovsky and Jukes; Proc. Soc. Exp. Biol. & Med.; 37:405: (Nov.) 1937.
2. "Relation of Nicotinic Acid and Nicotinic Acid Amide to "Canine Blacktongue"—Elvehjem, Madden, Strong and Wooley; Jrl. Amer. Chem. Soc. 59:1767; (Sept.) 1937.
3. "Therapeutic Administration of Nicotinic Acid in Human Beings During Health and Disease."—Spies, Cooper and Blankenhorn. (Read before the Central Society for Clinical Research, Chicago—Nov. 1937—To be published).
4. "Nicotinic Acid and the Pellagra Preventing ("P.P.") Vitamin"—Harris; Chem. & Ind.; 56:1134; (Dec.) 1937.
5. "Pellagra Successfully Treated with Nicotinic Acid—A Case Report."—Smith, D. T., M.D.; Ruffin, Julian M., M.D.; and Smith, Susan Cower, M.A.; Jrl. A.M.A. 109:2054; (Dec. 18) 1937.
6. "Nicotinic Acid and Vitamin B₂"—Dann, W. J.; Science; 86:616; (Dec. 31) 1937.
7. "Pellagra and Nicotinic Acid" An editorial—Jrl. A.M.A. 110:289; (Jan. 22) 1938.
8. "Relation of Nicotinic Acid to Human Pellagra," an editorial, Jrl. A.M.A., 109:1203: 1937 (Oct. 9).
9. "The Use of Nicotinic Acid in the Treatment of Pellagra"—Spies, Cooper and Blankenhorn; Jrl. A.M.A. 110:622:1938 (Feb. 26).

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