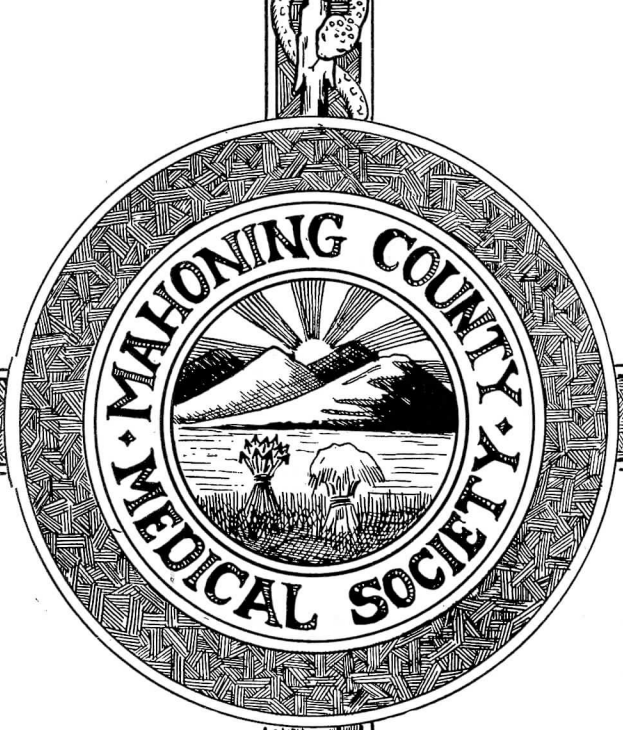

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

July • 1958
Vol. XXVIII • No. 7
Youngstown • Ohio

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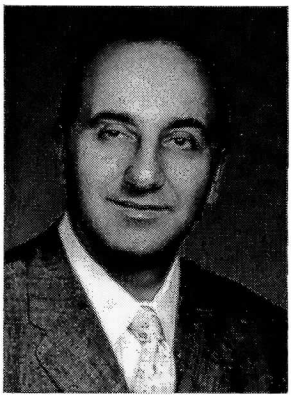
Our President Speaks



There is a great reluctancy on the part of most physicians to appear in court to give testimony. Doctors are uneasy and many times unnecessarily wary of the intent of the legal approach toward discovery of the truth. Physicians must become cognizant of certain basic and fundamental aspects of the giving of testimony.

Of all civil suits 80% reaching the courts involve suits for personal injury. Since the jury is usually composed of lay persons with little scientific knowledge, it becomes the proper duty of physicians to supply testimony to help guide the jury in its quest for the truth. It is the purpose of every doctor to help in the administration of justice by assisting in the legal determination of the nature and extent of the injuries sustained. This is the obligation we physicians assume when we engage to treat a patient.

Physicians must reconcile themselves to the fundamental differences between the law and medicine to the approach to the truth. Since the administration of justice is based on the adversary system, the lawyer is partisan and maintains his position by argument. Medicine being essentially non-contentious the physician is ill at ease in the controversial atmosphere of the courtroom. The physician also is uneasy because at times various pressures, prejudices and sympathy may result in his taking sides and causing him to loose the complete objectivity that every physician must maintain.

Doctors resent cross examination because they feel it to be an unjustified challenge to his professional judgement. The doctor must remember it is the inherent obligation of the lawyer to present the claim of his client in the most favorable light while deprecating the opposing argument.

Another source of uneasiness is conflicting medical testimony. Every physician must remember that honest and sincere differences of medical opinion can exist in the courtroom as well as in the clinical pathological conference.

Physicians are often fearful of giving testimony which may violate the privileged communication of his patient. In such a case, the testifying doctor has but to ask the judge whether he is obligated to answer.

As was illustrated in "Therapeutic Notes" each letter of the word testimony can be made to remind us what is good testimony:

Take to the courtroom the same high standards of responsibility you apply in your practice.

Establish the court's confidence in you by the dignity and modesty of your dress and bearing.

Strive to present your testimony in terms that are clear to everyone.

Testify only on matters you are qualified to discuss.

Inform the court of all pertinent facts, whether favorable to the patient or not.

Maintain an attitude of impartiality no matter what direction the trial is taking.

Observe the inviolability of your patient's confidential disclosures whenever possible.

Never engage in acrimony during cross-examination.

(Continued on Page 298)

BULLETIN of the Mahoning County Medical Society

Published Monthly in Youngstown, Ohio Annual Subscription $2.00

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial Staff or the official views of the Mahoning County Medical Society.

Volume 28 **June, 1958** **Number 6**

Published for and by the Members of the Mahoning County Medical Society

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EDITORIAL

REVITALIZATION

It is most unusual to see the rebirth of interest in the Mahoning County Medical Society by the members. There usually were a few who decided all the problems. They are very capable, and their decisions were wise ones. The only reason they decided the issues was because the others seemed to be pre-occupied with other activities—or maybe they were just complacent.

History has shown that it always takes an issue to reawaken and arouse a people. It took a King George III to arouse the American Colonies; a Hitler to unite the Allies; a Stalin to unite free democratic peoples, and a stronger A.M.A. to oppose socialized medicine.

Yes, we were quite complacent until we suddenly realized that the Mahoning County Medical Society was being deprived of the rightful leadership in the health matters of our city. Because of our increased efforts we now have a Board of Health. Although appointed by the Mayor, we should treat them like we do our patients—with tender loving care—and give them time to learn and understand the health problems. We are not politicians and do not hold forth to be politicians but we do expect fair treatment—without any threats.

The last meeting of the Medical Society was a dandy. Everyone, who wished, had an opportunity to express his views. Now that we have decided to give free polio immunizations in our offices, let us work together and do a good job, and show the public that not only are we interested in diagnosis and treatment of disease but we are also interested in the prevention of disease.

The public never responds 100% to any program even if it is a health program which benefits them, and is given free. This is a democracy and everyone has a right to his beliefs. We must continue to educate the public and advocate polio immunization until the disease is irradicated.

Some members want a change in our Constitution, so we can have a new method of electing officers. This may and may not be good. But at least it shows an interest—and it may be for the best. A thinking mind is an active mind—but an inactive one is just functioning at low ebb.

At the last meeting 38% of our members attended which is much better than previous attendance, but not good enough. Let's keep up the interest in our Medical Society, debate and discuss the issues and make it a society representative of all.

Morris S. Rosenblum, M.D.

Yield to the judge's superior knowledge and wider experience regarding legal questions.

Remembering and utilizing the above advice assures the best possible administration of justice to the physician's patient and to the lawyer's client. To coordinate the activities of the legal and medical professions on this vital issue of testimony, a code of cooperation agreeable to both parties should be adopted. This would clearly define our mutual responsibilties and obligations. Every physician-member of the Mahoning County Medical Society will shortly receive a copy of the suggested and contemplated code of cooperation. It should be studied carefully so that action concerning its adoption may be taken at the November meeting.

On the issue of testimony it may be appropriate to close by quoting E. T. Brading, "When the doctor goes into court prepared with the facts, when he is honest and fair, when he gives opinions only when he has facts and evidence to support them, when he makes a conscientious effort to make his testimony as clear as possible, he has nothing to fear from either court or lawyer, either as to embarrassment on the witness stand or as to adverse criticism outside of court."

A. A. Detesco, M.D.

FROM THE BULLETIN

Twenty Years Ago—July, 1938

The Medical Dental Bureau and Medical Secretaries Society put on a joint dinner at Southern Hills which was quite a frolic. It really rocked the joint. The Medical-Dental Ensemble provided the music and the Secretaries the dancing. Drs. Fuzy and Hayden made speeches above the din but what really brought down the house was the skit "Consolation" or "Good Night, Nurse" put on by Gertrude Flynn, Naomi Belinky, Gwyn Brown, Mae Craig, Elizabeth Hayden, Naomi Jones, Alice Larson, Martha Smith, Florence Pennell, Margaret Snyder, Olga Westerburg and Blanche Zabel.

M. H. Steinberg was trying to revive the old custom of having a ball game between the two hospitals at the annual picnic. They tried it a while but there were too many injuries.

John Renner, E. H. Young, Paul Fuzy and M. E. Conti were away taking Post-Graduate work. Dr. Joseph Keogh returned from New York to do chest surgery.

New internes that year were Herbert Hutt and Eugene Bennett.

Ten Years Ago—July, 1948

On July 4th, 1948, private practice and voluntary hospitals in England and Wales became history. On this date the government instituted a new tax on the people, the national Minister of Health took over the physicians and the hospitals with their plants, property, endowments and liabilities.

The *Bulletin* took notice of the sad event in a factual, obituary-like article. (See *Bulletin* of April 1948, Vol 18, Nov. 4).

No meeting of the Society that month. President John Noll urged the members to get caught up with their medical journals. At the staff meeting of the Mahoning County Tuberculosis Hospital Dr. M. M. Yarmy gave a paper on "The Care of Diabetes."

Many of the doctors were away on vacations. Renners declared that it was a good time to sample their product.

J.L.F.

PROCEEDINGS OF COUNCIL
June 16, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio, on Monday, June 16, 1958.

The following members of Council were present: A. A. Detesco, President, presiding; F. A. Resch, S. W. Ondash, M. W. Neidus, C. C. Wales, H. P. McGregor, A. K. Phillips, M. S. Rosenblum, A. Randell and C. E. Pichette. Also present were Messrs. Stillson & Donahay, Dr. S. F. Gaylord and Dr. E. G. Rizk.

Messrs. Stillson & Donahay submitted a report on the Loyalty Group Disability Insurance Plan that became effective for our members on February 25, 1947, which since served the financial needs of our members. The report showed heavy expenditures for the past year. Effective at the next premium due date, men under 35 will receive the benefit of a lower rate until they reach 35. They also reported on the business overhead coverage insurance. An insurance brochure will be mailed to the membership in the near future outlining a program for benefits supplemental to the Blue Cross-Blue Shield plans.

Dr. Rizk discussed the Preschool Health problem. He was directed to contact the director of the Visiting Nurses Association concerning the various issues upon the latter's return to this city.

Canfield Fair was discussed by Dr. McGregor. He called attention to a pamphlet published and obtainable from the A.M.A. entitled "The Explosive Beginning of Human Life" and requested authority to purchase a sufficient supply. Council authorized the appropriation, the quantity to be determined by Dr. McGregor.

Dr. Detesco reported on the recently completed "Polio Week". Although final figures have yet to be determined, it appears to be successful.

Considerable discussion ensued concerning third party intervention in the practice of medicine. In particular, Council discussed the request of a local organization to mass immunize their members and families.

Council was of the opinion that the matter should be openly discussed at the next regular meeting of the Society to be held June 17, 1958.

Dr. Rosenblum discussed inoculation of underprivileged children who attend the Fresh Air Camp. A motion was made, seconded, and duly passed authorizing Dr. Rosenblum to give inoculations to these children.

Meeting adjourned at 10:30 p.m.

A. K. Phillips, M.D.

MEET THE OLD PROS

JAMES L. FISHER

Dr. James L. Fisher, one of the younger "old pros" has been an outstanding M.D. in what probably requires more good judgment, knowledge and devotion than any other of the numerous branches of medicine—a skilled general practitioner.

He was born on August 14, 1895 in Carnegie, Pa. and graduated from Jefferson Medical College in 1918 (He has just returned from his 40th reunion, a little dismayed at the number of geriatric diseases that had settled upon some of his classmates). He came to the Youngstown Hospital for his internship which was finished in 1919, his fellow internes being Dr. Paul Fuzy, and the late Drs. Bill Skipp and J. A. Walker.

He started in general practice with his office at 224 N. Phelps St., and was associated with Drs. Booth and Buchanan as a surgeon at the Republic Steel Co. At this time there were approximately 30 doctors in the Wood, Lincoln and Phelps Street area, better known then as "pill alley." He started early in his Youngstown Hospital service, working in the dispensary from 1919 to 1921 and then becoming a member of the surgical service, spending many pleasant and profitable hours with Dr. Brant, Dr. Nesbit, and the late Dr. Paul Kaufman.

This was interrupted by World War II and the Fisher males, Jimmy and his two sons all eagerly applied for commissions in the U. S. Navy. The two boys were turned down because of the strict visual requirements, but Jimmy at the age of 46 was accepted as the epitomy of keen eyesight, good health, clean living, etc. He served from 1942 through the end of the war in 1945, as a Commander and Senior Medical officer, on the U.S.S. Gage, an attack transport, which among its other duties was one of the casualty receiving ships for the Battle of Okinawa, and was one of the first ships to transport personnel to the occupation of Nagasaki immediately after the armistice was signed with Japan. After this he returned to private practice and has been busy at it ever since.

Jimmy was married to Ethel Zellman of Philadelphia during his internship and they have three children and ten grandchildren. Best known to most of us, of course, is Bob who is carrying on in his father's footsteps in the practice of medicine.

Among other responsibilities Jimmy has had, he also has been president of the Mahoning County Medical Society (1935), president of the Medical-Dental Bureau (1941) and president of the local chapter of the American Academy of General Practice (1950). He is at present chief of the department of General Practice at the Youngstown Hospital.

One of the best indications as to his keen mind and good sense of humor is that he is one of the too few M.D.'s who, when commenting on some point or another at a medical meeting, is listened to with interest and enjoyment. For us doctors who usually tend to be somewhat windy, dull, and verbose when we get on our feet before our fellow physicians, Jimmy's remarks are always refreshing and to the point.

Would that there would be more people like him.

H. N. Bennett, M.D.

ADOLPHUS C. MARINELLI

Dr. Adolphus C. Marinelli has practiced medicine and surgery in Youngstown, Ohio since 1927. He was born in Hoytdale, Pennsylvania on November 8, 1897. His family moved to Youngstown shortly afterward. He attended Front Street Grade School, located where the Post Office now stands, also South Avenue and Market Street grade schools. After South High School, he attended Ohio State Pre-med and Medical School, graduating in 1924. His internship was served at St. Elizabeth Hospital from 1924-1926 and one year surgical training in 1927.

In 1929, Doctor Marinelli married Margaret Smith, a graduate nurse from St. Elizabeth Hospital. They have two daughters. One, Emma Jean, a senior at Villa Maria and Jo Ann, married to a Pan American Airline pilot and living in Verona, New Jersey.

He started practicing at 211 E. Federal Street until 1927 when he moved to the Central Tower Building, where he is practicing at the present time.

Doctor Marinelli has served his country in two world wars. In World War I, from 1917 to 1918 in the Medical Corps, as an enlisted man. In World War II, from 1942 to 1946. He entered as a Captain and was discharged a Lt. Colonel. He was Camp Surgeon at Camp Plauche in Louisiana. He made many trips to North Africa and received a Presidential citation for his work.

His hobbies are golf and his farm which he bought in 1941 consisting of 135 acres. He grows different varieties of roses—spends some time each day there all year around. He has not played golf since the war, but played considerably at one time with the so-called "cut-throat" foursome, consisting of Dr. Henry Osborne, Tom Hewitt and Dr. Sam Tamarkin.

Doctor Marinelli is a member of the Youngstown Club, Mahoning Gun Club, local, state and A.M.A. He is a 32nd degree Mason.

There is a large Marinelli family in Youngstown—one hundred twenty-six in all, consisting of five living generations. There are six brothers and six sisters living and well. The doctor's father is 90 years old and a great, great grandfather. There are three brothers in the contracting business and three in the meat business.

Doctor Marinelli is well liked by his patients and colleagues, for which there are many reasons. He is a sincere, friendly and conscientious person. He takes considerable interest in his patients. He has a warm personality and is down to earth, and above all, he is a gentleman.

L. O. Gregg, M.D.

Medicine, to produce health, must know disease; music, to produce harmony, must know discord. *—Plutarch*

—o—

Extreme remedies are very appropriate for extreme diseases.
—Hippocrates.

—o—

For the physician there is only one rule: put yourself in the patient's place. *—Lord Lister*

HIPPOCRATES

To retrace the steps of time in a search for the origins of medicine, the art or the science, carries one very far indeed into the ancients and antiquity. Here are found priests and magicians versed in special rites and ceremonies, administering mysterious potents and reciting even more perplexing incantations. These were the medics of Persia, Egypt and Syria, but it is to the Greeks, however, that the first semblance of modern medical science is to be credited. The Greeks called their medical men Physicians which means a man acquainted with the ways of nature. They found the world very real and very interesting and so began the swing away from superstition and magic to the world of scientific inquiry and factual accumulation.

Mathematics, in-so-far as pure mathematics can be regarded as science, was imported from Mesopotamia and Egypt. Both Hippocrates and Democritus are known to have spent time studying in Egypt. But, science is something more than mathematics, and the Greeks were indeed the first scientists. It is to them alone that we owe the origins of truly scientific thought based upon the observation of nature and the recording thereof.

Anaximenes was born in 588 B.C. and lived to develop the thesis that air was the most important constituent of the immediate environment of man. He regarded it as the first powers of the Universe; but, the idea had also been held by the Egyptian ancients, for the Gods of Air and Sun to them were the most important of all. So, also with the ancient Greeks, Zeus controlled the atmosphere with thunderbolts; Apollo the son of Zeus guided the course of the sun and his son was Asklepios, God of health. The healing God could prevent disease and misfortune of all types, and so was regarded as the Averter of evil, able to purify the guilty and clean the soul of sin.

This entire period was historically important. In 470 B.C. the revolt of Naxos occurred and in 468 the victories of the General Cimon with 466 bringing about the downfall of tyranny in Sicily. In 465 Thasos revolted, and Xerxes passed away to eternity. Pericles, at the request of Aspisia in 464 B.C., invited the Egyptian medic, Anaxagoras, to Athens and thus completed the link between ancient Egyptian medical art and that of fifth century Greece. Earthquakes were recorded in Sparta during that year, and the revolt of Messina was consummated. In 463 Thasos capitulated and in 462 an uprising of the populace came about in Egypt. In 461 the Aeropagus fell, and finally in 460 B.C. two of the greatest of Greek physicians were born, Hippocrates and Democritus.

It is certainly evident that this was a period of turbulence, and unrest of revolution after revolution with the constant eventual overthrow of the tyrants who had usurped the powers and prerogatives of the people. It is even so today as we watch our own modern dictators falling about us one by one. The ages have known many such men and time has healed many a draining wound; but to the grim reaper is deserved the bulk of credit, for to each man it is appointed that he shall die.

The Physician, Anaxagoras of Clazomene, exerted great influence at the Court of Pericles in Athens and was particularly interested in furthering the spirit of free inquiry and carried it to such an extent that his views of reason collided head on with the traditions of recognized authority forcing him into retirement. One finds in the Apologia of Socrates a reference to the books of Anaxagoras on the importance and significance of air, with

Socrates playing at swords by offering the air for drachma at most any while in the orchestra. Well, all of us have our critics. Air, according to Anaximenes, contained the causes of all things. It became the soul and empowered life and the powers of thought. From him comes the idea of a primordial terrestrial slime, a mixture of earth and water, which under the influence of the sun was capable of producing plants, animals and even human beings. As we all know Charles Darwin developed this theory to a more modern peak of refinement. From Anaximenes' primitive ideas on the life giving principal, the greatest of Greek philosophers, Aristotle, developed the qualities of the soul by the philosophical processes of reason and recorded his deductions in the book "De Anima" in the 4th century B.C. From this treatise and the books of Moses, St. Thomas Aquinas clarified the properties of the soul for us in the 13th century A.D., and so we know it today as the principal that gives life, "From dust thou art, and unto dust thou shalt return." Anaximenes, thus, also contributed his share to what has evolved as the wisdom of the ages.

Democritus, born in Abdera, is considered by many scholars to be the greatest of the Grecian physical philosophers. He made many contributions to the study of comparitive anatomy, and Plutarch tells us that he was monotheistic, recognizing only one God as a fiery sphere, the soul of the world. For Democritus, the good life was not the acquisition of wealth, but rather a tranquility of the soul and a well being based on the just opinions of fellow men. Here was a voice crying out against materialism and pointing toward contemplation.

Democritus studied mathematics and the physical systems in Egypt, and from these studies we owe to him the development of the atomic theory. For him, atoms were very minute and completely indivisible. They were indestructable and invisible. All space was filled with them and they were homogeneous, but they differed in position, in size, in arrangement, and in configuration. He thought of life as being maintained by inhaling new atoms to replace old ones disposed of by exhaling them. It was a purely mechanical thing for him. He devoted much time to the structure of the human body and to its life giving principal, but he failed to grasp a prime moner, an intelligent cause working toward a single purposeful end. For him, death was simply the cessation of respiration, a discontinuance of atomic replacements in the body. Hippocrates is known to have spent much time in Abdera and probably was influenced in a large measure by the thought processes of his colleague Democritus.

Hippocrates' father had also been a physician on the Island of Cos, where there was a temple to Asklepios. It was a health resort, a sort of half way station to Rhodes, Phoenicia, and Egypt, to which place the intellectually curious and wealthy Greeks came from time to time in a never ending stream. Not a great deal is known about his life, and few of the books which have become attached to him could have been written by him, although a few undoubtedly were: "Airs, Waters, Places"; "Breaths"; "Sacred Disease" (Epilepsy); "Regimen"; "The Nature of Man"; and "Ancient Medicine." It is immediately apparent on examination of these books that Hippocrates was interested in the world of fact rather than speculation, although he also permitted theoretical consideration to permeate his teachings; still, the laws of nature were his proper object.

"Diseases arising in the spring can be expected to depart in the autumn; and such diseases as arise in the autumn must leave in the spring. To know

all things, the physician must combat the established character of disease, the constitutions, and the seasons themselves, even the ages. He must make spastic what is flaccid, and make flaccid what is spastic. In this way the diseased part would receive the most rest and this, in my opinion, constitutes treatment."

It is even more interesting to note what he has to say about the study of medicine. First, Hippocrates felt that some natural ability was necessary, teaching, instruction from childhood, diligence, and time. If nature is antipathetic, then all efforts are in vain, but when nature cooperates, then teaching the art assumes first importance. The student must of course apply unusual diligence over a long period of time, so that learning may become a second nature to the intellect and thus excel at its pursuit. "There are in fact two things, science and opinion; the former begets knowledge of the medical literature was considered one of the most important branches of medical study as it is so considered today, and such knowledge does not permit one to wander too far in the practice of the Art of Medicine. Most of the writings of Hippocrates are concerned with observations on natural phenomenon, discussing the relation of the air and the environment to the human being as it affects health and disease. There is considerable discussion of the seasons, the four winds and the breath with its relationships to Anoxia. There is also a fine description of Epilepsy which is described as the Divine Disease.

Finally to Hippocrates is given credit for the Oath of Medicine; although, in its present form it probably evolved in the third century A.D., 600 years after the death of the man whose name it bears.

"I will look upon him who shall have taught me this art as one of my parents. I will share my substance with him, and I will supply his necessities, if he be in need. I will regard his offspring even as my own brethren, and I will teach them this art, if they would learn it, without fee or covenant. I will impart this Art by precept, by lecture, and by every mode of teaching, not only to my own sons but also to the sons of him who has taught me, and to disciples bound by covenant and oath, according to the law of medicine."

"The regimen I adopt shall be for the benefit of my patients according to my ability and judgement, and not for their hurt or for any wrong. I will give no deadly drug to any, though it be asked of me, nor will I counsel such, and especially, I will not aid a woman to procure abortion. Whatsoever house I enter, there will I go for the benefit of the sick, refraining from all wrong doing or corruption, and especially from any act of seduction, of male or female, of bond or free. Whatsoever things I hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be as sacred secrets."

This has been the code of Medical ethics down through the ages and is our code today. In reading it and reflecting upon the passage of time, during which it has governed the actions of our contemporaries and predecessors for so many centuries, one cannot help but recall the first of the Aphorisms, also attributed to Hippocrates:

"Art is long and life is short."

Richard D. Murray, M.D., M.Sc. (Med.)

SOCIAL NEWS

St. Elizabeth Hospital

I saw Dr. I. C. Smith out in the parking lot sunning himself while visiting with his family. He looks good and believes he'll be leaving the hospital shortly. Dr. T. K. Golden is still in the hospital but is doing well.

Walter J. Mermis and Barbara Joan Marrie were wed on June 14. He's the son of Dr. and Mrs. W. O. Mermis, and is attending Youngstown University.

Our condolences to Dr. B. Dreiling on the death of his wife, May 20th.

J. R. Sofranec, M.D.

Youngstown Hospital

The doctors continued to make news this month by becoming patients. Dr. Ralph Morrall was recently a patient in South Side Hospital for treatment of a heart condition. Dr. James L. Fisher was a patient in the North Side Hospital for diagnosis and treatment of an intestinal disorder, and had to take another week to recover from the X-ray procedures. While convalescing, he was able to attend his fourtieth class reunion at Jefferson Medical College in Philadelphia. Dr. and Mrs. Bob Wiltsie enlarged their family with the addition of a daughter on July 9th. They now have a pediatric clinic: a boy and a girl. The latest word on Dr. Bob Foster is that he is recovering nicely from his spinal fusion and is now out of his cast and into a brace.

Then there were some doctors who stayed healthy and went traveling. Dr. Harold Segal was last reported on a tour of Europe. Dr. and Mrs. Frank Gelbman spent the Memorial week-end in Bedford Springs. Dr. G. E. DeCicco and Dr. Milton Yarmy are taking a circular tour of the west, and will attend the A.M.A. Convention in San Francisco. Dr. and Mrs. Bryan Hutt have just returned from Florence, S. C. where they attended the wedding of their niece. Dr. and Mrs. Jim Smeltzer recently had as house guests Dr. David H. Smeltzer, Jr. and his family from Charlotte, N. C. Dave is doing general practice down there and likes it fine.

Much ado and many parties at the home of our editor, Dr. Rosenblum, over the forthcoming marriage of his son, Jerold to Miss Barbara Cohen, of Columbus. Jerold is a medical student at Ohio State University.

R. R. Fisher, M.D.

WOMAN'S AUXILIARY NEWS

Mrs. Cary S. Peabody, retiring president of the Woman's Auxiliary to the Mahoning County Medical Society welcomed old and new members of the Board at a tea at the Youngstown Country Club on May 16th. In addition to the delightful social hour, the members of the past year's board presented new members with helpful portfolios of instructions and suggestions for their work in the coming year.

Mrs. Earl H. Young, newly elected president of the Auxiliary, greeted members of her Board at a morning coffee at her home on May 28th. She announced that Mrs. William H. Evans and Mrs. R. B. Poling had been chosen as delegates to the California conference of the Woman's Auxiliary to the American Medical Association June 23-26 in San Francisco.

Mrs. Evans is fifth vice-president of the Woman's Auxiliary to the American Medical Association, past president of the Woman's Auxiliary to the Ohio State Medical Association, and also past president of the County Auxiliary. Mrs. Poling is a past vice-president of the Ohio State Auxiliary and is a charter member of both the County and State Auxiliaries.

New members will be welcomed at the opening meeting, September 10th, a luncheon at Squaw Creek Country Club, following a board meeting in August.

Mrs. Ben S. Brown
Publicity Chairman

ALLERGY AS A CAUSE OF GENITOURINARY SYMPTOMS

Clinical Considerations

CLYDE K. WALTER, M.D.
Canfield, Ohio

Reprinted from ANNALS OF ALLERGY, Volume 16, Pages 158-159
March-April, 1958

Presented at the Thirteenth Annual Congress of The American College of Allergists, Chicago, Illinois, March 21, 1957.

Allergy as a cause of genitourinary symptoms has been recognized and described by various workers. Several textbooks mention this briefly but rarely cite examples. It is my belief that the rank and file of physicians are not familiar with allergy as a cause of genitourinary symptoms and, hence, overlook it. In the index to the *Journal of Urology* I was able to find only four articles on allergy since 1940. After reading another article in which allergy is mentioned, I feel certain that it should be considered much more in several of the cases reported. I have discussed this problem with several urologists and only one out of three considers this possibility, although they occasionally have attributed symptoms to the acidity of certain foods. However, in biochemistry we learned that most of the fruits and vegetables they mentioned as being high in acid content are changed in the body and are eliminated as alkaline.

CASE REPORTS

Two cases are presented in which the allergic symptoms were unrecognized.

The first case is that of a seventy-four-year-old white woman who complained of soreness of the vagina for about a month. Her past history is significant in that she had frequent "kidney infections" over the past thirty to forty years. She has an almost constant watery nasal discharge with chronically red irritated nares. She has used cathartics frequently and has taken an enema almost daily for many years. While taking her history it was brought out that apples, pineapple, lemon, grapefruit, rhubarb, oranges, and tomatoes had given her a sore mouth and symptoms of cystitis. Suppositories and the use of vinegar douches had cleared the inflammation of the vault, but the vulvar irritation had become worse. Her doctor told her that perhaps pressure from her bladder or varicose veins was causing the trouble. Because of her history and the negative findings on examination, except a little reddening of the vulva, she was advised to discontinue using vinegar douches and to avoid the offending foods. Prompt improvement followed. As is the case with some older people, she will not adhere strictly to her diet and sometimes breaks over, thinking that "just this once won't hurt." She then has trouble for a day or two, as when she ate pineapple and had a litttle urinary burning for a day.

The second patient is a forty-three-year-old white woman who was first seen with the complaints of urgency, frequency, burning and dysuria. She had previously been treated on at least two other occasions with oral penicillin, which she stated relieved her in two to four days. Nothing is known of the urinary findings on the previous occasions, but when seen in my office there were no abnormal urinary findings. When the penicillin failed to relieve her within two days, allergy was considered. After an intravenous injection of aminophylline, which often relieves some allergic symptoms, she had immediate and complete relief. The next step was to

discover what was causing the attacks of cystitis. It was noted that she had several meals in succession containing tomato . . . spaghetti once, and a salad containing tomato the other times. She agreed to take a specific feeding test with tomato in the office several days later. That evening following the test she had a mild attack of cystitis. She got along quite well without tomatoes until persuaded by some well-meaning friends to eat yellow tomatoes which are said to contain less acid than the red ones. She flared up after a few days with a severe attack of cystitis and was again relieved with intravenous aminophylline. Later in the season another attack followed the ingestion of peaches. Being the wife of a country minister, she was kept well supplied with peaches during the late summer. We found out that she could eat them in spaced feedings a few days apart so that she did not get a cumulative effect from them.

I was able to follow her for about a year until the family moved several hundred miles away. She had remained symptom-free simply by omitting the offending foods from her diet or spacing them far enough apart. I had a request recently from this patient for the name of the medicine used to relieve her. She stated she had been having trouble every summer, but none of the doctors she has consulted believe that her trouble is allergic in origin and will not try to find what new allergen may be causing her trouble. They do not give her aminophylline; they simply prescribe Pyridium tablets and it takes about three weeks to recover from an attack.

Both of these patients show how allergic symptoms can recur for years without being recognized. Worse yet is the attitude of the doctor in disregarding the suggestion that the trouble may be allergic, as cited in the second case.

PUBLIC RELATIONS REPORT

(The following reports were presented at the May Business Meeting held at Tippecanoe Country Club, May 20, 1958.)

1. A different Doctor is interviewed on Adelaide Snyder's program once a week.

2. The TV program which was on once a month for 10 minutes will be headed by Doctors Schreiber, Brody and the Assistants and will be lengthened to a one-half hour show every 3 months.

3. Publicity on Medical Education Week was given to Dr. M. Rosenblum for the *Bulletin.*

4. Dr. C. E. Pichette was put in charge of a Speakers' Bureau to organize and distribute speakers as they are called for by Civic organizations.

5. A second Medical Aids Orientation dinner will be given on the 27th of May. This project is in charge of Dr. William Sovik and Assistants. This was very successful last year and a very interesting program will be presented

6. An attempt is being made to initiate a Mahoning County Medical Society sponsored Science Fair in cooperation with the high schools of this area. This project is being initiated and possibly carried through by Drs. R. McConnell and Kiskadden.

7. An attempt is being made to have a speaker, one of our Doctors in each of the high schools on Medicine as a career.

8. A combined meeting of the Administrators of both hospitals, Esther Hamilton, Dr. Detesco and myself was held about 2 month ago with regards to a Code of Cooperation between the Doctors, hospitals and press on news releases, patterned after the Code used in Cleveland. About 85% of the cards sent to the Doctors were returned and stated their willingness to cooperate.

Chairman *L. Shensa, M.D.,*

PRE-SCHOOL HEALTH

The pre-school health committee had their first meeting on May 13, 1958; the following members of the committee were present: Drs. Edward G. Rizk, chairman; D. H. Levy, E. H. Young, U. H. Boening and K. J. Wegner.

The following procedures were recommended by this committee for the pre-school child:

(I) Immunizations
- (a) Dip-Pert-Tet series completed; booster within two years prior to to entering school.
- (b) Smallpox vaccination—at least one "primary take".
- (c) Polio vaccine—three injections—which are the series requirement at the present time.

(II) Physical Examination
- (a) A complete physical examination should be done by the family physician within six months prior to entering school.
  - (1) Tuberculin test—a negative tuberculin test within six months prior to entering school, or if a positive test, a negative chest x-ray.
  - (2) Ears—audiometric examination if necessary.
  - (3) Eyes—adequate examination including some test of visual acuity.

(III) Dental Examination—within six months prior to entering school.

Edward G. Rizk, M.D., Chairman

REPORT OF MENTAL HEALTH COMMITTEE

The Adult Mental Hygiene Clinic is being established. Members of the Society have been and are working with the clinic's planning committee before the clinic is opened. Too often in the past, our Society has not been consulted to play an active role until after an organization with some medical function has been operating.

We plan to follow the policy statement of the O.S.M.A regarding such clinics—this includes getting the approval of our Society, having a member of the Society on the clinic's board of directors, and having a medical advisory committee.

The medical advisory committee is already working on a plan for referrals to the clinic, relationship with the family physician, and a fee schedule.

Frank Gelbman, M.D., Chairman

HOSPITAL COMMITTEE

The first meeting was held at the North Side Unit of the Youngstown Hospital on April 5, 1958 at the request of an interested group of farsighted citizens of this area, including Doctor A. Detesco, President of the Mahoning County Medical Society.

Many aspects of the problem of hospital beds were discussed. As a result of the meeting it was decided to seek the aid of other interested parties in promulgating a plan for expansion of hospital facilities. Another meeting will be held under the auspices of the Medical Society in the near future.

It is desirable that our Medical Society play a leading role in this endeavor.

C. Edward Pichette, M.D., Chairman

MEDICOLEGAL PROBLEMS OF SENILITY

SIDNEY FRANKLIN, M.D., LL.B., M.S.P.H.

(The following paper was delivered at the Annual Convention of the American Board of Legal Medicine in New York in June, 1957.)

Our population is growing older. Our declining birth rate, curtailment of immigration and lowered mortality in childhood and early adult life have all played a part in increasing the percentage of the 65 and over age group in the population from 4.1 per cent in 1900, to 4.7 per cent in 1920, 6.8 per cent in 1940, and 8.2 per cent in 1950. For 1955, the calculated estimate is 8.5 per cent. The increase of the percentage of population in the 55 to 64 age group is less marked. It is estimated that by 1960, there will be at least 15 million persons in the 65 or older age group in the United States.

The catabolic process begins at birth, but the process of aging begins, for some organs at least, at the age of 10 to 25 years. Some organs wear out more quickly than others, such as a congenitally weak heart, kidney, or thyroid gland. The chronological age does not matter as much as the evidence of senescence. In general, geriatrics may be considered to begin at age 40. It is not advisable to establish it as a specialty, but rather to urge that special attention be given it by men in all branches of medicine.

Factors influencing longevity include heredity, environment (chiefly home), climate, infections, and worry, often caused by insecurity and probably more harmful than disease, especially for emotional balance. Premature senile disintegration often can be traced to metabolic defects or to nutritional deficiencies. Periodontal disease, a chronic infection, may itself bring about presenile changes in the middle-aged person and thus hasten, in effect, the advent of the old age period. Extraction and replacement are preferable to permitting extensive chronic infection in the mouth.

In appraising the capabilities of older persons, the important variable to consider is not chronological, but rather functional age. A man is as old as his arteries, sense organs, and mechanisms of mental and emotional adjustment. The natural process of aging is of more significance for some occupational groups than others by virtue of differences in the demands made on individual abilities. There is little evidence to justify arbitrary retirement at 65, since each person's occupational future should be judged on its own merits. Judgment, reasoning, and other complex psychological functions are more resistant to deterioration with age.

The prejudices against older workers are being minimized because they tend to have fewer accidents, smaller labor turnover, and satisfactory rates of production; they are more stable, loyal, and responsible. There is no contradiction between declining ability of the aging person to perform extreme exercise and good maintenance of heavy industrial performance, for even in hard industrial work, the average load level is far lower than it was years ago. However, the older group do suffer more frequently from chronic illness, which probably accounts in some measure for the increase of the suicide rate among old men.

The diet of older people need contain fewer calories, less fat, and more protein, and its form should be modified as necessitated by poor dentures. Excessive use of tobacco shortens life up to age 70 and is related to cancer of the lungs.

Slow recuperation after strain is one of the early symptoms of deterioration and necessitates reduction of excessive strain. In aging there is gradual loss of intellectual elasticity and the ability to adjust; opinions crystal-

lize and evolutionary processes are resented. The diminution in the sex instinct may be compensated for by increased emphasis on the self-preservation instinct and conservatism, manifested by unwillingness to delegate more responsibility to younger men in industry. Responsibilities should be reduced after the age of 50 years, even if adjustment to different work involves a cut in salary. Older people should be encouraged to maintain a wide variety of interests, accept personal and social changes, and participate actively in community activities.

Training will counteract the effect of age on physical fitness. On the average, a trained man of 60 will run faster than an untrained man of 40. This applies to maintenance of performance through continuous training into higher age.

Since the involvement of physiological functions in different types of work varies widely, different age trends for different types of work should be expected. Not all physiological functions change with age, and wide individual differences exist in its effects. Some of the age changes in physiological functions of the total person can be ascribed to a loss of cellular protoplasm and changes of cellular functions. Our ultimate goal is to identify the cellular properties that are the basis of the biological process of aging that is common to all living animals.

In old age, the brain shows atrophy and degeneration, mainly in the cortex and most frequently in the left hemisphere. The convolutions are narrowed and the sulci widened. The fluid is increased and the lateral ventricles are dilated. The cells are atrophied, the nerve fibers thin, and the glial tissue retrogressive. There are plaques, small areas of softening, and pigmentation. The meniges are thickened, the spinal cord darker and firmer, and the spinal fluid increased. There is wasting of the ganglion cells of the anterior horn, pyramids, and posterior fibers. The peripheral nerves are degenerated from atheromatous arteries. The pronounced drop of endurance with age might be partly caused by a decreased tolerance of the central nervous system, perhaps as a protective action.

Toward the end of life, the phosphotides and steroids decrease more than the cerebrosides, with an apparent accumulation of "undefined" lipids, which may represent the lipochromes, the yellow pigment characteristic of old age. The lipoid fractions in both white and gray of the cerebral cortex fall in the 78 to 90 year group. The decline in pentose nucleic acid as the brain ages may point to a decrease in neuronal activity. The lipoid content of the basal ganglia remains high through age 76.

In the ninth decade nitrogen and phosphorus are poor and the well-defined lipid fractions and total protein are declining, but sulfur-rich substances and "undefined lipid" are increasing. Chondroitic acid is deposited in the aorta. There is lipomatosis of the sciatic nerve.

Decrease of cerebral circulation is more probably involved in the decline of cerebral metabolism, functional deterioration of the central nervous system, and their psychological correlates. Central nervous system excitability depends on its oxygen supply. The trend to slower frequency of the oscillations in the electroencephalogram of older persons may also be a related phenomenon.

The heart weight is decreased. The pericardium is opaque, and the left ventricular wall is thickened. The myocardium shows necrosis and fibrosis; the heart cavities are increased, and there are atheromatous changes with an increase in the percentage of cholesterol esters related to the fat intake,

and also calcium deposits in the thickened intima of the coronary arteries, calcerous middle coats, and hardened outer coats. The left coronary artery and its anterior descending branch show the most severe changes. The arch of the aorta is elongated and greater than the vertical diameter. There is calcification in the ascending and transverse portions of the aorta and the iliac and femoral arteries. The aortic and mitral valves are sclerotic. There may be an aneurysm of the lower abdominal aorta. Capillary permeability is diminished. During work, in older men, electrocardiographic changes include more depression of the ST segment, particularly in the V_5 lead, and a greater right shift of the T axis. Electrical potentials are decreased, causing decrease of amplitude, and the angle is increased in the direction of left ventricular ischemia. The electrocardiogram indicates that age trends may be counteracted by physical training.

As age increases, left ventricular work decreases, peripheral resistance increases, and circulation time becomes prolonged. An important objective method for the general appraisal of physical fitness is the maximum oxygen intake, since it determines the maximum load level at which sustained work can be performed and depends largely on the cardiac output. There appears to be a biological trend toward better maintenance of physical fitness, but it does decrease with age. The drop in resting oxygen consumption accelerates after age 63.

The parallelism of age effects and of cardiovascular disease is remarkable. There appears to be a gradual transition from age trends to coronary heart disease. In the general decrease of fitness with age, decrease of cardiovascular capacity and reserve appears to be a very important factor. The same degree of cardiovascular impairment will affect older persons to a greater extent. However, many with advanced coronary sclerosis do not develop coronary heart disease, and in a high percentage of cases with angina pectoris, the electrocardiogram is normal.

The possibility of training treatment in older cardiovascular patients is intriguing. Improved capillarity of the skeletal muscle will decrease the heart load, and increased capillarity of the heart will increase cardiac reserve.

The hollow organs atrophy in old age. The stomach and colon dilate. Visceroptosis occurs, especially in thin individuals. Diverticulae result from muscle atrophy and hemorrhoids from impaired circulation. The kidney, liver, pancreas, and spleen become swollen and denser, due to connective tissue proliferation. The gall bladder and bile ducts are thicker and gall stones are frequent. The urinary bladder diminishes in capacity, its muscular tissue becoming atrophic and fibrous. The ureters become stiff and hard, due to fibrosis.

The cranial bones thin and hyperostosis may occur, especially in the frontal region. In the bones, the organic matter wastes, leaving an excess of mineral matter. The marrow is gelatinous, harder, denser, and contains more fat. Osteoporosis may occur. The bones become brittle, especially in women, and the neck of the femur approaches a right angle. The mandible, teeth, and alveolar process waste and absorb; the face becomes wizened and the chin pointed.

The testes atrophy and become sclerotic, but spermiogenesis may still be possible. The female genitals atrophy. The thyroid, parathyroids, adren-

als, and pituitary, particularly in the anterior lobe, atrophy. The fibrous tissue in the prostate becomes excessive, especially in the middle lobe, and lime salts may block the ducts.

In the eyes, density increases. There is dehydration, loss of fat and elasticity, and sclerosis of the lens. The muscles of accommodation weaken. The ear drum becomes atrophic and there are changes in the auditory canal.

Physiological changes in aging include: gradual tissue deterioration, diminution in the capacity for cell growth, division and tissue repair; gradual retardation of the rate of tissue oxidation, that is, the metabolic rate; cellular atrophy, degeneration, increased cell pigmentation, and fatty infiltration. There are gradual decreases in tissue elasticity and degenerative changes in the elastic connective tissues of the body; decreased speed, strength, and endurance of neuromuscular reactions; progressive degeneration and atrophy of the nervous system; impairment of vision, hearing, attention, memory, and mental endurance; gradual impairment of the mechanisms that maintain a fairly constant internal environment for the cells and tissues, that is, homeostasis.

There is atrophy with reduction in the size of all organs and tissues, except the prostate and the lungs. The latter become emphysematous and the respiratory capacity diminishes. The solid organs increase in consistency. Muscles lose their elasticity and resiliency; they become less efficient and more easily fatigued. Fascia and connective tissue become drier and tougher; the changes in the capsular ligaments may cause immobilization.

So much for the medical aspects of the aging process.

Continued in the August Issue of the Bulletin.

MEDICAL GLEANINGS

TREATMENT OF RENAL FAILURE WITH THE DISPOSABLE ARTIFICIAL KIDNEY

RESULTS IN FIFTY-TWO PATIENTS

Aoyama, S., and Kolff, W. J. Am. J. Med. 23: 565 (Oct.) 1957

The coil kidney, which is now commercially available, is a practical and useful device for use in the treatment of uremia. Patients with severe trauma, crushing injury, fulminant infection or intoxication should, it is believed, receive the benefit of dialysis before chemical changes in the blood indicate impending danger. Dialysis every two or three days may be required. In this study, 90 dialysis were performed in 52 patients. Of 29 patients with acute renal failure, 15 recovered and 14 died. Death might have been prevented in 3 instances if dialysis had been applied earlier. Four of those who recovered might have done so without the benefit of dialysis. The other 11 probably could not have survived without it. Of 23 patients with chronic renal failure, 13 improved and 10 died. Little, if any, benefit resulted in patients with uremia complicated by severe or malignant hypertension. Two of 3 patients with polycystic kidneys fared well. Dialysis in 4 patients with chronic pyelonephritis improved the condition in 3 of them. It also improved the condition and urinary output of 1 patient with subacute glomerulonephritis. The duration of improvement after dialysis averaged 7 weeks. One patient with prostatic carcinoma and another with polycystic kidneys remained well 8 months after dialysis. Twitching, changes in sensorium and vomiting, when present, usually improved. Fever or severe hypertension sometimes prevented improvement. Decreases in blood pressure occurring in some patients during the first hours of dialysis rarely caused concern, and could be corrected by the transfusion of small amounts of blood. Increases in systolic blood pressure of more than 220 mm. Hg occurred in 44% of the dialysis. Five patients, hypotensive before dialysis, were able to maintain a satisfactorily high blood pressure thereafter without the use of pressor agents. The administration of ganglionic-blocking agents became necessary in 4 cases of excessive increases in arterial pressure. Few cardiac irregularities appeared. Hemorrhages due to heparin caused no serious problems. During the dialysis, a dose of 10 mg. of heparin was given per hour; the average dose in adults was 165 mg. The clotting time averaged 16 minutes in the 35 dialyses in which it was determined. A warning is given against the nasal administration of oxygen and the insertion of other tubes through the nose. In 6 patients with acute renal failure, a slight decrease in urinary output occurred on the day of, or on the day following, dialysis. In 4 patients with chronic uremia, the post-dialysis decrease in urinary output was marked. This decrease appeared to be more likely to take place if there were a decrease in osmolarity of the blood during dialysis of more than 5 mOsm./liter. No hemolysis occurred as a result of dialysis. In patients weighing more than 80 Kg., dialysis of 6 hours duration reduced severe uremia to a mild one; in smaller patients, the blood urea might reach normal levels at the end of treatment. The average urea clearance was 105 ml per minute. The composition of the rinsing fluid was adjusted to correct plasma eletrolytes toward normal levels but sudden adjustments were avoided. The rate of ultrafiltration with the coil kidney approximates 300 ml per hour of dialysis. It can be increased to 700 ml. Four illustrative case reports are presented. The diagnoses were: crush syndrome in 1 patient, anuria following operation in 2 patients, and chronic uremia in 1 patient.

APPENDICITIS IN THE AGED

Bradley, R. L. Gastroenterology 33: 925 (Dec.) 1957

Disease of the appendix in elderly persons is likely to be overlooked. In contrast to the fulminating disease in the young, appendicitis in the aged is likely to present vague symptoms of gastro-intestinal distress so that the true nature of the disease process does not become apparent until complications commence. The most potent diagnostic aid is the consideration of appendicitis as a possibility. Acute pathologic conditions in the young persons abdomen alert the physician to the possibility of appendicitis; but in the aged, vascular catastrophes, obstruction of the bowel, diverticulitis and diseases that have come to be identified with age, form the differential diagnosis. The lessened incidence of appendicitis in the aged may be accounted for by the fact that the appendix undergoes fibrosis; the lymphoid hyperplasia present during youth resolves. As secretion diminishes, the likelihood of obstruction and resultant distention of the appendix decreases. That the usual acute symptoms are subjectively minimized by elderly persons is partly due to the stoicism that comes with age. Because older persons may have had previous attacks of appendicitis with spontaneous subsidence, they fail to attach proper significance to a recurrent episode. In such cases, it can happen that bands from the omentum to the appendiceal area may cause a strangulating obstruction with dire consequences. The presence of peptic ulcer and prior abdominal surgery will minimize the likelihood of appendicitis being considered as a possibility. Elderly patients with cerebrovascular accidents and arteriosclerotic dementia are unable to evaluate their symptoms. In them, the disease becomes known only with the onset of complications. In 100 cases of appendiceal disease, 85 patients were below 50 years of age, and 15 above that age. Analysis showed a much higher percentage of patients with complicated appendicitis in the older age group—52% as compared with 16.2% among those under age 50. Five cases were reported.

R. L. Jenkins, M.D.

HAPPY BIRTHDAY ! ! !

July 17
E. J. Wenaas
July 18
J. L. Finley
July 19
F. H. Sassler
July 23
B. S. Brown
July 25
P. J. Mahar
E. C. Mylott
J. L. Scarnecchia
July 27
N. D. Belinky
M. M. Yarmy
July 28
W. Hardin
July 30
F. L. Schellhase
August 4
W. K. Allsop
August 6
R. S. Boniface
August 8
J. N. Gordon
August 9
R. B. McConnell
August 14
D. A. Belinky
J. L. Fisher

Vitamins, a new bow tie and a game of golf may make a man feel a lot younger, but you can't fool a flight of stairs . . .

COMNIG MEETINGS—JULY, 1958

BRITISH MEDICAL ASSOCIATION, Birmingham, England, July 10-18. For Information Address: The Secretary, British Medical Association, Travistock Squaare, London, W.C.I., England.

CONGRESS OF MEDICAL WOMAN'S INTERNATION ASSOCIATION, Bedford College, Regents Parks London, England, July 15-21. Dr. Janet Aitken, 30 a Acacia Rd., London N.W. 8, England, Secretary-General.

INTERNATIONAL PROFESSIONAL ASSOCIATION OF GYNECOLOGISTS AND OBSTETRICIANS, Brussels, Belgium, July 18-19. Dr. Geeaert, 211 Avenue Louise, Brussels, Belgium, General Secretary.

INTERNATIONAL UNION OF BIOLOGICAL SCIENCES, London, England, July 16-23. For Information address: Chairman Division of Biology and Agriculture. National Research Council, 2101 Constitution Ave., N.W. Washington 25, D.C., U.S.A.

AMERICAN SOCIETY OF FACIAL PLASTIC SURGERY, New York, July 23. Dr. Samuel M. Bloom, 123 E. 83rd St., New York 28, Secretary.

ROCKY MOUNTAIN CANCER CONFERENCE, Shirley-Savoy Hotel, Denver, July 9-10. Alexis E. Lubchenco, 835 Republic Bldg., Denver 2, Colorado.

COMING MEETINGS—AUGUST, 1958

AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION, Philadelphia, Bellevue-Stratford Hotel, Aug. 24-29. Dr. Frances Baker, 1 Tilton Ave., San Mateo, Calif., Secretary.

AMERICAN HOSPITAL ASSOCIATION, Palmer House, Chicago, Aug. 18-21. Dr. Edwin L. Crosby, 18 E. Division St., Chicago 10, Director.

AMERICAN VETERINARY MEDICAL ASSOCIATION, Sheraton Hotel, Philadelphia, Aug. 18-21. Dr. J. G. Hardenbergh, 600 S. Michigan Blvd., Chicago 5, Executive Secretary.

BIOLOGICAL PHOTOGRAPHIC ASSOCIATION, Shoreham Hotel, Washington, D.C., Aug 19-22. Miss Jane Waters, Box 1668, Grand Central P. O., New York 17, Secretary.

CHEMICAL ORGANIZATION OF CELLS, NORMAL AND ABNORMAL, Madison, Wis., Aug. 21-23. Dr. J. F. A. McManus, University of Alabama Medical Center, Birmingham, Ala., Chairman.

INTERNATIONAL COLLEGE OF SURGEONS, Regional Meeting, Western Section, The Riverside Hotel, Reno, Nev., Aug 21-23. For Information address: Dr. Leo D. Nannini, 190 Mill St., Reno, Nev.

NATIONAL MEDICAL ASSOCIATION, Hotel Schroeder, Milwaukee, Aug. 11-14. Dr. John T. Givens, 1108 Church St., Norfolk, Va., Secretary.

NORTHWEST PROCTOLOGIC SOCIETY, Sun Valley, Ida., Aug. 27-29. Dr. John McKay, 645 Medical Dental Bldg., Seattle, Secretary.

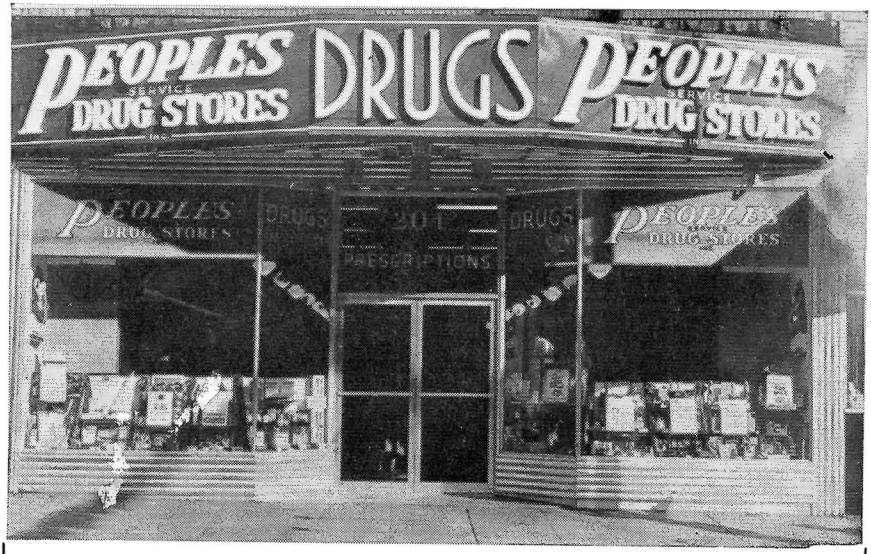
WEST VIRGINIA STATE MEDICAL ASSOCIATION, The Greenbrier, White Sulphur Springs, Aug. 21-23. Mr. Charles Lively, P. O. Box 1031, Charleston 24, Executive Secretary.

WORLD MEDICAL ASSOCIATION, Copenhagen, Denmark, Aug. 15-20. Dr. Louis H. Bauer, 10 Columbus Circle, New York 19, Secretary General.

OCTOBER MEETING—1958

AMERICAN HEART ASSOCIATION, Fairmont Hotel, San Francisco, Oct. 24-28. Mr. John D. Brundage, 44 E. 23rd St., New York 10, Secretary.

S. V. Zlotnick, M.D.



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