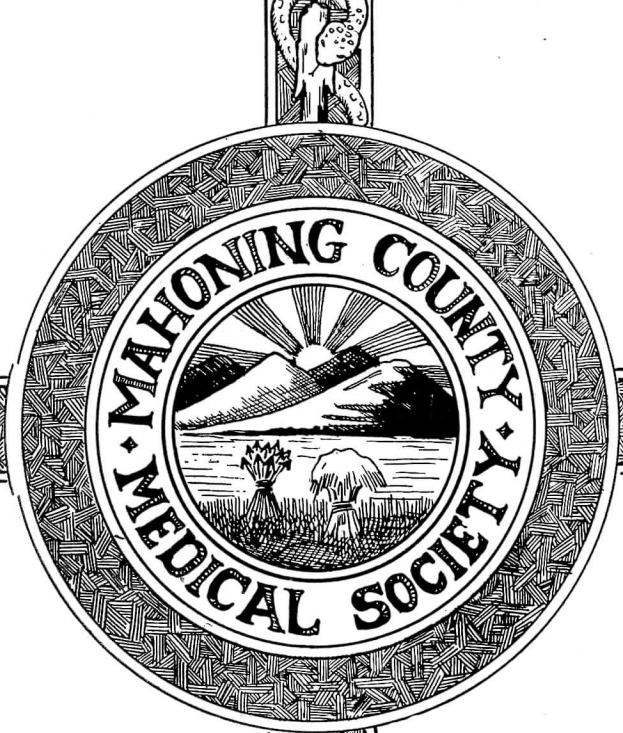

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

September • 1958
Vol. XXVIII • No. 9
Youngstown • Ohio

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Assistant to the President
American Medical Association

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W. H. Bennett	P. J. Fuzy	J. Noll
A. E. Brant	V. L. Goodwin	S. W. Ondash
J. D. Brown	C. A. Gustafson	R. B. Poling
W. H. Bunn, Sr.	J. P. Harvey	J. M. Ranz
L. G. Coe	J. N. McCann	E. J. Reilly
G. E. DeCicco	G. M. McKelvey	I. C. Smith
W. H. Evans	F. W. McNamara	A. W. Thomas
R. W. Fenton	E. H. Nagel	E. J. Wenaas

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Dinner — 7:30 p.m.

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Representative to the Associated Hospital Service

J. M. RANZ

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Vol. XXVIII—No. 9 **September, 1958**

ADVERTISERS' LIST

Our President Speaks

The most wholesome virtue that we must observe is the proper decorum to those who have preceded us in the affairs of the Mahoning County Medical Society. This decorum should be manifested by the appropriate respect, regard, and esteem to those who have with vision and courage developed the ideals by which the medical profession has become most enterprising and creative.

Our 27 living past presidents form a nucleus of knowledge and experience that should be utilized. Our policies, projects and proposals would then be initiated only after astute deliberations so that we can be decisive without delay. With this sage advice and counsel we would anticipate and face our problems with realism and reassurance. We must be cognizant of the resources of our past presidents whose achievements have opened the road by which we have reached our present position.

Dr. Joseph S. Lawrence of Washington, D. C. has suggested the establishment of a committee composed of physicians of a "philosophic turn of mind," who would, on occasion, set aside their daily tasks for a more detached look at current medical problems and their implications for the future. It was Dr. Lawrence's belief that by this process the committee could in time come up with some worthwhile recommendations. Dr. Lawrence speaks of the committee as the "Crystal Ball" Committee.

It is our suggestion that every past president consider himself a member of this committee. Each past president would meditate on the larger problems of medicine and make known to the society's council his conclusions and recommendations. How practical this is remains to be seen. A meeting of just past presidents at least once a year would be most interesting and stimulating. Many worthwhile ideas would result from such a venture.

On Saturday, September 27, 1958, the Mahoning County Medical Society plans to pay homage and honor to our past presidents. Your presence will be your overt manifestation of gratitude to these men for their contributions to the progress of the Mahoning County Medical Society. Please come and make this the outstanding social event of the year.

A. A. Detesco, M.D.

BULLETIN of the Mahoning County Medical Society

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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 **September, 1958** **Number 9**

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

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James L. Smeltzer, M.D.
James R. Sofranec, M.D.
Samuel Zlotnick, M.D.
Samuel Zoss, M.D.

HYPNOSIS

Since Hypnosis is a current topic of discussion by the medical and allied professions, there appears in this issue reports by local doctors with their expressed thoughts on the subject.

The history of Hypnosis shows that the early advocates of its use were held in disrepute. This is understandable because of the ultra conservative views held by many of the medical profession in the early days, and their reluctance in adopting new ideas. These conservative views (even as today) were mostly due to their efforts to be fully informed on any subject before using it as a plan of treatment. Also in the early days (just as today) there were many quacks and fadists. A few of the early true advocates received unjust criticism.

Many of us remember the great wave of Coueism in the early 1920's. It was designed as a form of auto-suggestion by the French psychologist, Emile Coue. The key words were "Day by day in every way, I feel better and better." How much good came of this, and for what length of time is a matter of question. At any rate, it was a form of trying to blot out pain, worry, etc.

In the past decade there have been great advances and proper recognition of Psychiatry. The public and the medical profession accept it today. The Art of the practice of medicine as advocated by some of our distinguished physicians was and still is a form of hypnosis.

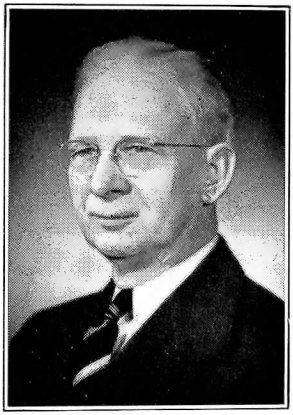
The Council of Mental Health report on "The Medical Use of Hypnosis" was approved by the House of Delegates of the A.M.A. at the recent session in San Francisco. The report stated that general practitioners, medical specialists and dentists might find hypnosis valuable as a therapeutic adjunct within the specific field of their professional competence. It stressed, however, that all those who use hypnosis need to be aware of the complex nature of the phenomena involved.

Our fast moving generation is so fully charged that a little hypnosis may do some good—if it can act fast enough—time is a very important element in our present generation. (I don't know for what—but it is important!)

Every new or renewed discovery has a place in our armentarium. It is good to have views expressed by those whom we know intimately.

Morris S. Rosenblum, M.D., Editor

COUNCILOR'S PAGE



Our proposed revised Constitution and By-Laws will be acted upon by the Council at the Granville meeting, September 12, 13 and 14th. It there are no conflicts with the State Constitution, the Council will not make any changes. However, they may make suggestions.

I was in St. Louis at the time our Society gave its approval to the Constitution and By-Laws. Since then, the Constitution and By-Laws have been printed in readable form and I have spent quite a bit of time studying it, and there are some suggestions I would like to offer for your consideration.

There must be explicit statements as to how amendments to the Constitution and By-Laws can be initiated. I would suggest that amendments can be sponsored by a special committee appointed for that purpose, by Council action, or by any regular member who has the signatures of ten regular members supporting his amendment.

To become an active member, one should have been an Associate Member for at least one year. This should apply to all. Active members, transferring from another County are no exception. Other Counties have Active members they wish they did not have. If those members move into our County and ask for transfer, as the proposed By-Laws now reads, they are eligible for full membership, if they have practiced here a year.

If we accepted them as Associate members, for one year, we can or may refuse to elect them to full membership at the end of that year. All Associate memberships should be for one year only, and the By-Laws do not provide for that. If there is no limit to the term of an Associate membership, an undesirable Associate member can continue to pay his dues, and remain a member, unless we expel him. Our present By-Laws provide for one year Associate membership. Why that was changed, I don't know. It should be kept the way it has been for 30 or more years.

I don't think we should elect noncitizens to Associate membership for a period of five years. I think they should be elected for one year, with the privilege of reapplying for a second term of four years or until they are citizens, whichever is the lesser time. Otherwise we may have on our rolls an undesirable Associate member for five years.

All transfers from other Counties where they are Active members should come in as Associate members.

Honorary members should not be required to pay dues and assessments.

An applicant who is refused membership by the Council should *not* have the right of appeal to the membership. What a mess that would be! These things should be taken care of in Council where there can be a full discussion, calm deliberation and decision. I recall a case in which the Censors reported to Council that an applicant was undesirable for membership and gave the reason and recommended that he not be given membership. The applicant has since left the County. Now tell me, what Censor is going to get up in open meeting and state that "so and so" is undesirable and give specific reasons. He will lay himself open to suit for slander. If this is accepted in our new By-Laws, I think it will be a big mistake. I hope it will be deleted.

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I feel that the Censors should report their findings of unethical conduct to the Council and have the sustaining vote of Council before they present their findings and decisions to the Society. I would go further and recommend that the decision of Council in unethical conduct be final unless the defendent specifically asks that the matter be brought before the full membership.

In dealing with lifting of censure, suspension, or expulsion by vote of the full membership, I feel that before the vote is taken by the membership, there shall have been an affirmative vote of two-thirds of the total membership of the Council. Failure to get this vote should prevent the matter being brought before the full Society. I say this because certain matters can be discussed in the privacy of the Council that can not be fully discussed on the floor of the Society meeting.

There should be no limit to the number of terms a Delegate to the Ohio State Medical Association may serve. This will give us experienced members in the House of Delegates. The Society over the years has used the position of Delegate and Alternate Delegate as the bottom of the ranks, when possibly, it should be our highest echelon, and represented by our past presidents and sages of our Society. I'm sure that you will concur with my opinion that our Delegates are often called upon to vote on vital measures at the OSMA convention—measures on which our Council or membership have not been consulted, and upon which the votes cast must represent lucid thinking, the like of which can only be gleaned from years of experience working with local medicine. A novice to medical politicking can hardly be expected to cope with the major issues confronting medicine and its economics as complicated as they are today.

A Secretary is certainly not entitled to an Honorarium. When we begin to pay our officers, we are slipping.

There should be provisions for annual audit by a C.P.A. The duties of the Executive Secretary should be stated. He should be required to furnish bond, and it should so state.

The Censors, under the proposed By-Laws, report their findings on new applicants to the Society. It is my opinion that this is wrong! I think they should report to Council, not the Society, and have the approval and advice of Council before appearing before the Society. From experience, I feel that this is the best way.

Rewriting a Constitution and By-Laws is a big task. I am sorry I had to miss the last meeting. The final form of this document lies with the membership. Once approved, it's your Constitution and By-Laws.

C. A. Gustafson, M.D.

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FROM THE BULLETIN

Twenty Years Ago—Steptember 1938

"Come and partake of the feast" was the theme of the Bulletin that month. Starting the fall activities the Program committee outlined the appetizing items on the menu: Perrin Long from Baltimore, Talbott from Boston; Russell Haden, E. N. Collins, Ernstene Carlton from Cleveland. Treatment of Infections, Treatment of hemorrhagic diseases, Treatment of Hypertension, Anemia, Peptic Ulcer, Arthritis and Disorders of the Colon. Every year the hard working program committee presents its attractive schedule. It's all paid for, all the members have to do is come and enjoy it.

The entertainment committee had its troubles that year. Dr. Harry Patrick reported that 60 members returned their cards saying they would attend the picnic but 82 showed up. Four men who had returned their cards had to go to town for their dinner while 24 who had not returned cards found places at the table.

A special session of the House of Delegates of the A.M.A. met in Chicago that month to discuss the new National Health Program which was proposed legislation for the next session of Congress. The A.M.A. was under fire from the New Deal and the situation was desperate.

Dr. E. H. Young had an article on the "Treatment of Poisoning." He emphasized the treatment of shock and anoxemia as well as specific antidotes.

Dr. S. J. Golblatt was studying obstetrics and gynecology at the University of Chicago. Fred Coombs was back from three years at the Massachusetts General. J. P. Harvey was in Boston studying heart disease with Dr. Paul White. L. W. Weller attended the interne's reunion at Henry Ford Hospital and the fellowship reunion at the Cleveland Clinic.

Lyons Physician Supply recommended Dr. Weaver's Nasal Filter for hay fever patients but McKelvey's was pushing a new Allergy Electric Mask which was sure to remove 99.4% of the pollens from inhaled air.

Ten Years Ago—September 1948

President Noll pointed out that physicians practicing in this area can have continual post graduate training by attending the County Society scientific sessions, staff meetings, clinical-pathological conferences and section meetings of our hospitals without the inconvenience and expense of distant travel.

Our coming program listed Dr. Bradley Coley of Cornell University on "Bone Tumors" and Dr. Hans Selye from Montreal on "Adaptation Syndrome."

Dr. Francis Gambrel was resident in obstetrics and gynecology and Donald Dockry was resident in surgery at St. Elizabeth's Hospital.

Dr. Eugene Elder, superintendent of the Receiving Hospital announced that doctors sending patients to the Receiving Hospital would be notified within five days after the arrival of the patient, their condition and the probable method of treatment. Upon discharge, patient will be advised to return to the referring physician. At the same time the referring physician will be notified by the hospital as to the patient's treatment and advice for further treatment.

Dr. Harold Reese had an interesting article on "Hycodan" the first codeine derivative.

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*Finnerty, F. A. Jr.: New York State J. Med. 57:2957 (Sept. 15) 1957.

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The American Nurses Association was concerned about the critical shortage of nursing service and recommended that professional nurses not be assigned duties that should be performed by auxiliary personnel.

At the golf meet with the Corydon Palmer Dental Society, Dr. Frank Bellino won with a score of 79. Dr. E. J. Wenaas was second with 84. Prizes were won by G. M. McKelvey, Sam Tamarkin, W. H. Welsh, W. H. Bunn and S. J. Ondash.

J. L. Fisher, M.D.

DR. JOSEPH W. TANDATNICK
THE NEW ASSOCIATE PATHOLOGIST AT ST. ELIZABETH

Dr. Tandatnick assumed his new duties as the associate to Dr. Taylor, Director of Laboratories, at St. Elizabeth on July 1, 1958. He was born in Brooklyn, N.Y. where he attended grammar and high schools. He then obtained a B.S. degree at Columbia University in 1934 and followed this with medical school at Anderson College, University of Glasgow in Scotland. After internship at the Bronx Hospital and several residencies in Pathology, Surgery and Gynecology, he was thoroughly prepared for a few years at General Practice. However, in 1947, he returned to his first love, Pathology, which he studied at Bronx Hospital until 1953 when he entered the U. S. Army. He served as Pathologist to the Ryukyus Army Hospital on Okinawa for most of his two year tour of duty. After his discharge, he occupied the positions of Associate Pathologist at the Sinai Hospital in Detroit for two years and subsequently was Director of Laboratories at the Olean General Hospital and St. Francis Hospital in Olean, N. Y. before coming to Youngstown, Ohio.

He is board certified in both Pathologic Anatomy and Clinical Pathology, is a member of numerous Medical Societies and has published a number of articles in the medical literature. His hobbies include photography, music, literature and golf.

Joe is married and the exceedingly proud father of a 1½ year-old girl who is just beginning to talk. His adjustment to the local situation has been so rapid that he's already acquired a house on the North Side. He's made an exceedingly favorable impression because of his willingness to pitch into any task with the utmost enthusiasm. He, in turn, is similarly impressed by Youngstown, its level of medical practice and the cordiality with which he has been received. Welcome to our midst—may your unusual combination of Brooklynese and Scottish culture be with us for a long time.

Bernard Taylor, M.D.

WOMAN'S AUXILIARY NEWS

The first Auxiliary meeting of the year will be a luncheon at Squaw Creek Country Club, on Tuesday, September 9th at 12:30 P.M. All new members are urged to attend.

On Saturday, September 27th the Mahoning County Medical Society will have cocktails and dinner at the Pick-Ohio Hotel honoring all Past-Presidents of the Society. Let's get our husbands to take us and make it a big turnout.

Mrs. Earl H. Young, President

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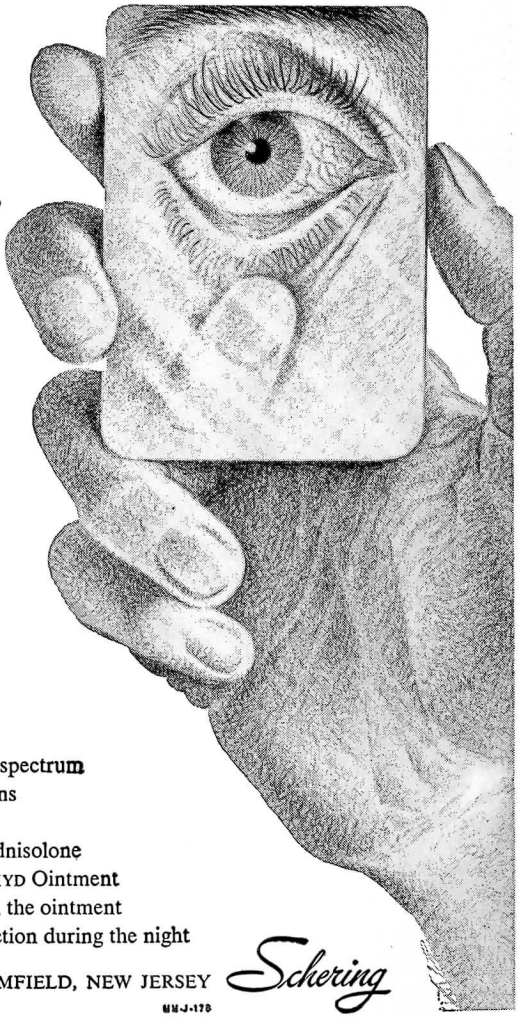

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MEET THE OLD PROS

W. H. EVANS, M.D.

Dr. W. H. Evans has been a leading Eye, Ear, Nose and Throat physician in Youngstown for many years. It all started in January 1926, when he became associated with Doctors Gibson and Beard at 510 Dollar Bank Bldg. Doctor Gibson retired shortly, thereafter, and Doctor Beard died in 1935. He was then joined by Doctors Wenaas and Odom, the same year. Doctor Wenaas left the office in 1946 for a solo practice. Dr. Odom is practicing ophthalmology in Asheville, North Carolina, leaving the office in 1950. At present he is associated with Doctor Paul E. Ruth and Doctor L. O. Gregg.

Doctor Evans was born in Rockport, Indiana, on December 25, 1897, while his family was visiting there. His home was actually in Hardinsburg, Kentucky, where he attended grade and high school. Both his parents are dead. His mother died in 1955 at the age of 82, and his father, who was in the insurance business, died in 1937. He has a brother living in Dallas, Texas.

His undergraduate and graduate work were done at the University of Louisville, Kentucky. He interned at Louisville City Hospital and then was physician from 1921 to 1922 for the Kentucky State Reformatory, Frankfort, Kentucky.

His residency in E.E.N.T. was served at Massachusetts Eye and Ear Infirmary from 1923 to 1924 and the New York Eye and Ear Infirmary from 1924 to 1926. He has done additional postgraduate work at the Graduate School of the University of Pennsylvania, Indiana University and Northwestern University.

In 1942 he entered the Navy, became a Commander and served until 1946. He was stationed at the Great Lakes Naval Training Station for a few months. Later he was hospital transport ship surgeon for 2 years, and spent 11 months at the Norfolk Naval Hospital.

He is a member of the Youngstown Country Club and the Youngstown Club. He is also a 32nd degree Mason and a member of Alpha Kappa Kappa Medical Fraternity.

In 1942, he married Dena Frederick, who is a past president of the Ohio State Medical Auxiliary and Vice President of the Woman's Auxiliary to the American Medical Association. They have no children.

His hobbies are: the medical profession, fishing, bridge and golf. He has given up golf since the war and devoted his vacations to attending medical meetings.

Doctor Evans is a member of the Mahoning County Medical Society, the Ohio State and the A.M.A. He is also a member of the Pittsburgh and Cleveland Otolaryngology Societies; American Society of Ophthalmology and Oto-laryngological Allergy; American Laryngological Rhinological and Otolaryngological Society; American College of Allergists; Trustee of the Hansel Foundation for Research in Allergy; American Academy of Ophthalmology and Otolaryngology; Pan American Society of Ophthalmology and International Academy of Medicine. Incidentally, to be a member of the American Laryngological, Rhinological & Otolaryngological Society is a real honor, as it is by invitation only and limited to a few top-flight otolaryngologists in the country.

He was Secretary-Treasurer of the Section of Ophthalmology and Otolaryngology of the Ohio State Medical Association, 1940, 1941 and Chairman

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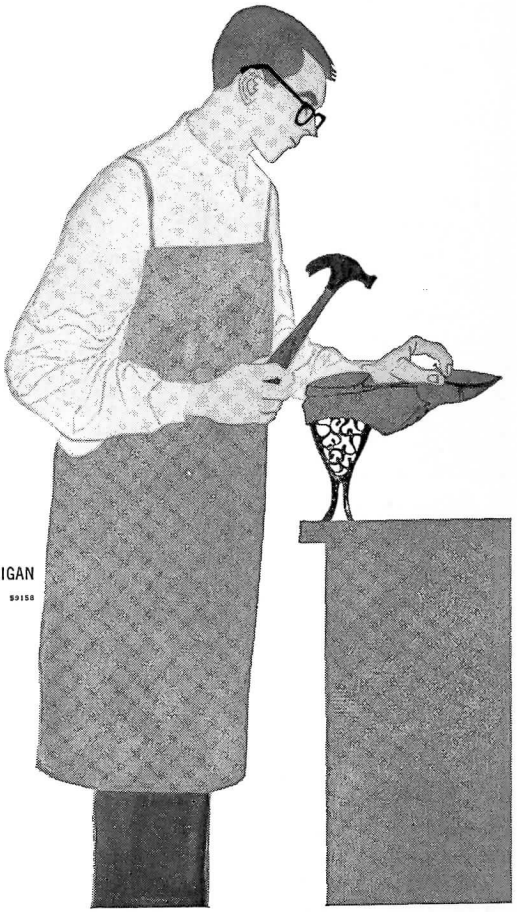

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of the Section, 1942. He was president of the American Society of Ophthalmologic and Otolaryngologic Allergy in 1948. He was President-elect of the Mahoning County Medical Society in 1942, but did not serve due to entering the Service. He was president of the staff of St. Elizabeth Hospital from 1952 to 1956. He was president of the Alumnae Association of the New York Eye and Ear Infirmary from 1955 to 1956, and Trustee of the New York Eye and Ear Infirmary. He has been Vice-President of the Cleveland Ophthalmological Society for the past two years.

Doctor Evans has contributed 18 papers to the medical literature and most were presented at International, National and State Medical Societies, the latest few being: The Use of Cortisone and Chlor-Trimeton Locally in the Treatment of Allergic Rhinitis; Local Treatment of Allergic Rhinitis and Management of Nosebleed.

Doctor Evans has built a large practice through hard work, ability and interest in his patients. He has tremendous drive and energy, going all out in everything he does, whether it is work or play. He is what you might call a perfectionist, everything he does has to be as exact as it is humanly possible to obtain. He enjoys much success in his profession, which he richly deserves.

He is dedicated to his profession and devoted to his patients. He is fair and square with everyone he contacts, whether it be patient or associate.

It is no wonder then, that he has obtained the success he has.

L. O. Gregg, M.D.

HAPPY BIRTHDAY!!!

September 16
P. H. Fuscoe
R. G. Mossman

September 17
J. Dentscheff

September 18
J. A. Renner

September 21
R. G. Warnock

September 23
W. J. Flynn
M. Halmos

September 25
V. G. Herman

September 27
R. J. Scheetz

September 29
D. H. Levy

September 30
D. Stillson

October 2
J. Dulick

October 3
G. M. McKelvey

October 4
G. Delfs

October 5
B. Katz

October 6
J. L. Calvin

October 8
J. N. McCann

October 9
E. J. Gluck
J. F. Stotler
W. P. Young

October 12
B. I. Firestone
J. R. Gillis

October 13
A. Goudsmit

October 14
E. L. McCune
J. H. Smith

October 15
R. V. Clifford

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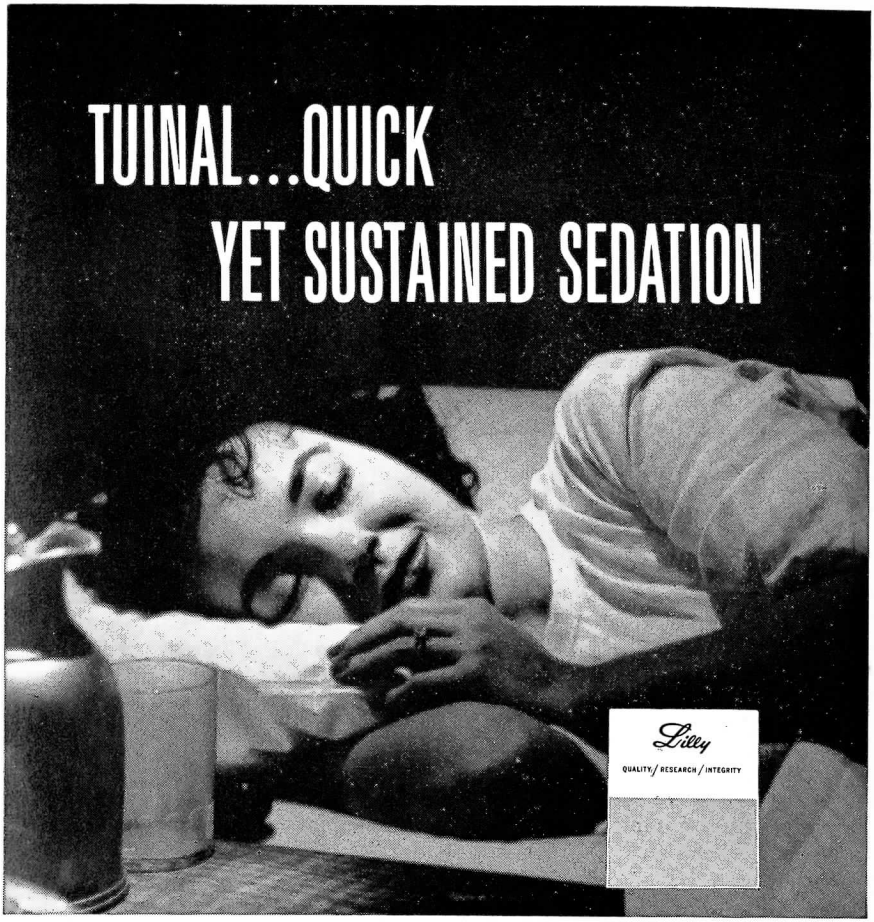

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PRACTICAL APPLICATION OF HYPNOSIS

by

Earl H. Young, M.D. and Simon W. Chiasson, M.D.

To apply hypnosis sensibly and practically one must know its shortcomings and its advantages. Anyone who would try to replace chemical analgesia or anesthesia with hypnosis would show that he had little or no knowledge of its application. The exact mechanism by which hypnosis and hypoanesthesia works is not known, but research has proved that sleep (hypnos) is not a part of hypnosis.

Medical relaxation, good patient rapport, or alleviation of fear would be better terms for this phenomenon. Those patients who can hear, see, remember and be more mentally alert under "hypnosis" become confused if the word sleep is used. Only the uninformed use sleep in this connection; only the superstitious think of "stealing the will," only the charlatan would try to "force" someone to obey him.

Unless the teacher or "hypnotist" convinces this more alert person that he will accept a lie, the patient may accept or reject any suggestion given to him.

The anesthesiologist, who uses the relaxation of hypnosis will find that he can relieve fear; will need less premedication; will have smoother inductions; will find a small percentage of true somnambolists who need no chemical anesthesia; will find little or no need to relieve post anesthesia nausea and vomiting. Fifteen to twenty percent of patients can have surgery without chemical anesthesia; i.e. the hip pinning operation at North Unit and the Caesarian section at St. Elizabeth's Hospital. Minor procedures and office procedures are more easily performed.

In Medicine, relaxation or hypnosis is most useful in psychosomatic disorders. This mechanism can cause tension or relaxation of muscles over which most people have no control and can help to alleviate pain. There must be a positive diagnosis of psychosomatic disease. There relief of pain of an acute gangrenous appendix or gall bladder could cause a fatal postponement of surgery; the relief of headache, the postponement of needed neurosurgery.

In Obstetrics, medical relaxation (hypnosis) reaches its greatest potential, whether the pregnant woman is a "good subject" or just a frightened woman, there is none who would not benefit from practical hypnosis. Has anyone known of a serious complication of pregnancy in a normal spontaneous delivery without "professional" attendance?

To try to use hypoanesthesia for every delivery would be so time consuming that it would be absurd. Among the conditions, which can be alleviated in the pregnant woman are insomia, hyperemesis, ptyalism, heat intolerance, emotional disturbances and minor aches and pains. During labor, nervousness and fear, the discomforts of being shaved, and the distress of rectal examination can be eased. Those who need medication and anesthesia need less, and will recover more quickly.

The goal in the use of hypnosis should be to make the patient more comfortable and to eliminate fear and pain. A common error is to try to prove that the "hypnotist" can do something that others cannot.

Relaxation is an important tool to add to the physicians armanentarium.

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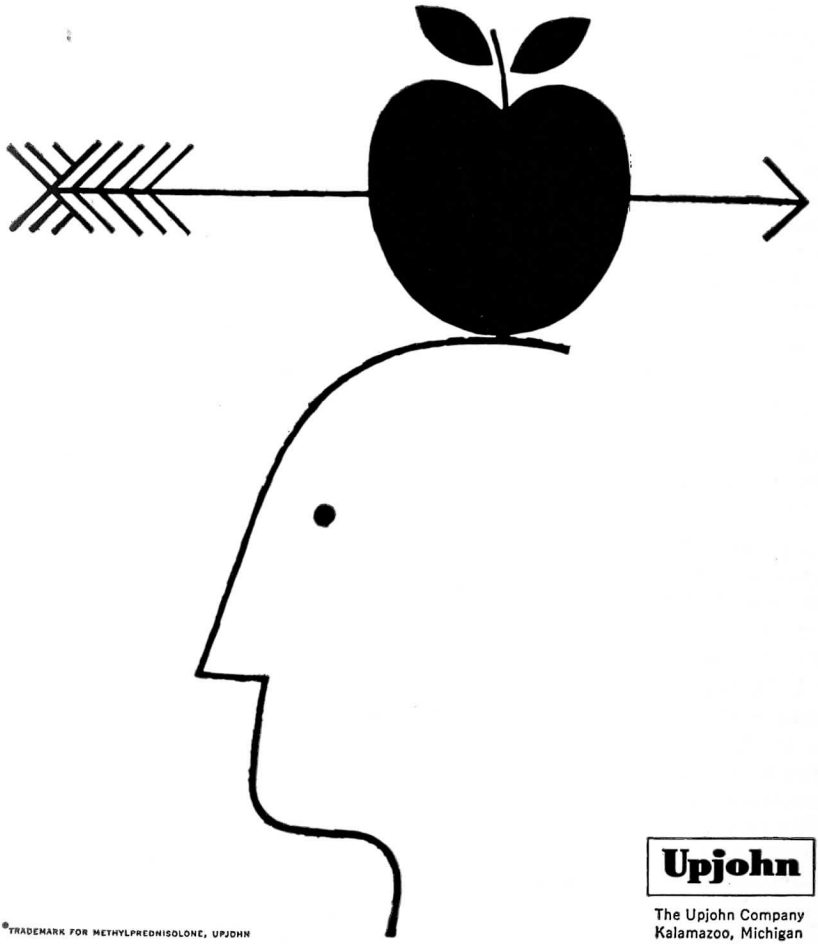

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CLINICAL NOTE—A NEW MEDICAL EMERGENCY

A fellow physician recently asked my advice regarding his receiving an emergency call to treat a person who had failed to awaken from a hypnotic trance.

Since hypnosis is becoming more and more fashionable as well as finding increased application, this type of emergency may become more frequent.

I have studied my rather extensive library on hypnosis, but have been able to find nothing concerning this complication. This indicates that such a complication is very rare. Rare or not, we must be prepared.

The following recommendations are based upon logic rather than clinical experience or reading.

The physician could do nothing. The person will recover from his trance within a short time to a few days. This therapy of doing nothing is probably applicable in theory only. The patient will be surrounded by an emotionally disturbed environment, the physician will be pressured to "do something," having the person hospitalized to await spontaneous awakening is not practical.

An intravenous barbiturate given slowly and with considerable suggestion that the person is awakening should be given. It is an interesting speculation whether the physician who is called or the hypnotist should do this suggesting. I suppose the physician should try first. There is definitely no indication for an intravenous stimulant (such as an amphetamine, coramine, metrazol) because hypnosis is physiologically quite different from sleep.

Perhaps some physician who has more training in hypnosis can offer more about the proper therapy of this and other possible complications of hypnosis.

Frank Gelbman, M.D.

MEDICAL GLEANINGS

BRONCHOGENIC CARCINOMA COMPLICATING PULMONARY TUBERCULOSIS

Annals of Internal Medicine
July, 1958
John M. Carey, M.D., and Allen E. Greer, M.D.

1. One hundred forty cases of bronchogenic carcinoma complicating pulmonary tuberculosis found in the English literature between 1932 and January, 1957, have been reviewed, together with eight cases treated by the authors.

2. The combined diseases occurred in males in over 95% of the cases, and the patients were of the age group and distribution of bronchogenic carcinoma alone.

3. There were no unusual pathologic features of the tuberculosis in these patients. The tuberculosis is most often bilateral, apical or superior in location, and is most often (65%) chronic fibroid or caseonodular in type. Twenty-eight per cent of the cases were moderately far advanced, 47% far advanced. Seventy five per cent of patients demonstrated acid-fast bacilli within one year of the diagnosis of the combined diseases.

4. The location of the bronchogenic carcinoma in these patients bore no relationship to the tuberculosis. The lung cancer was of the usual variety and frequency of primary lung tumors.

5. There are no specific clinical differences between pulmonary tubercu-

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References: 1. Welch, H.; Wright, W. W., and Staffa, A. W.: Antibiotic Med. & Clin. Therapy *5*:52 (Jan.) 1958. 2. Carlozzi, M.: Ibid. *5*:146 (Feb.) 1958. 3. Shalowitz, M.: Clin. Rev. *1*:25 (April) 1958. 4. Stone, M. L.; Bamford, J., and Bradley, W.: Antibiotic Med. & Clin. Therapy *5*:322 (May) 1958. 5. Cornbleet, T.; Chesrow, E., and Barsky, S.: Ibid. *5*:328 (May) 1958. 6. West, R., and Clarke, D. H.: J. Clin. Invest. *17*:173 (March) 1938. 7. Jimenez-Diaz, C.; Aguirre, M., and Arjona, E.: Bull. Inst. M. Res. Madrid *6*:137 (Oct.-Dec.) 1953. 8. Lerman, S.; Pogell, B. M., and Lieb, W.: A.M.A. Arch. Ophth. *57*:354 (March) 1957.

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SCIENCE FOR THE WORLD'S WELL-BEING

losis and bronchogenic carcinoma. Quantitative differences in symptoms and findings do occur which suggest the diagnosis of either disease alone, or of their combination.

6. Failure to achieve or maintain general improvement during present-day treatment of tuberculosis in a middle aged man should suggest the possibility of complicating bronchogenic carcinoma.

7. Radiographic signs of help in the diagnosis of bronchogenic carcinoma complicating pulmonary tuberculosis are (a) unilateral prominence of the lung hilum, (b) paratracheal lymph node enlargement, (c) atelectasis, (d) nodular densities greater than 3 cm. in diameter, or (e) bony destruction.

8. Only 21 of these patients have had definitive treatment for bronchogenic carcinoma. Only by alert diagnosis and aggressive treatment can this unfavorable combination of diseases be improved.

CURRENT CONCEPTS IN THE MANAGEMENT OF OSTEOPOROSIS

American Geriatrics Society Journal

August, 1958

David C. Schechter, M.D. and Charles K. Mervine, III, M.D.

The pathogenesis of osteoporosis stems from impoverished bone matrix. What distinguishes the limits of variation in composition of normal osseous tissue from deviations leading to osteoporosis is the maintenance of optimum conditions of all the metabolic and mechanical influences concerned with osteogenesis.

In its fully developed form, osteoporosis offers little difficulty in the way of diagnosis. It is the incipient lesser grades which are likely to be overlooked, particularly when attention is distracted by the presence of other coincident disorders. The detection of osteoporosis in its nascent and most remediable stage depends almost exclusively on an awareness of the situations in which it may occur. Early diagnosis, then, is anticipatory for the most part.

All possible factors contributing to the clinical picture of osteoporosis must be ferreted out before the condition may be ascribed to a single disease entity. Moreover, in advanced cases one often faces indeterminate types so irregular that they defy classification. Accordingly, an exact estimation of the nature of the specific disorders accounting for osteoporosis in a given patient can only be achieved when a chain of evidence, both positive and negative, points unequivocably toward such a conclusion.

Since in most cases of osteoporosis multiple factors are operative, it is generally difficult to evaluate the precise part played by each. Treatment needs to be formulated according to the circumstances of the individual case. In a particular instance, therefore, more than one of the following measures will be instituted: mobilization and exercise, high-protein diet, fluids, vitamins, minerals, and gonadal hormones. In addition, albumin and strontium have come under scrutiny recently as therapeutic adjuncts.

Prolonged immobilization and recumbency result in deprivation of the stresses necessary for the stimulation of osteoblastic function, and in profound metabolic disturbances. Maximal mobility, weight-bearing, and exercise must be applied, in conjunction with restrained calcitherapy, in order to offset such serious consequences as multiple fractures and nephrolithiasis.

Gonadal hormones act by virtue of their general tissue anabolizing effect and their influence on calcium and phosphorus metabolism. Their beneficial action in different types of osteoporosis is manifested by abolishment of pain,

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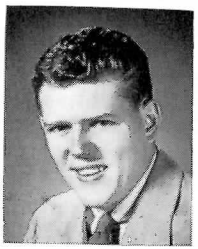

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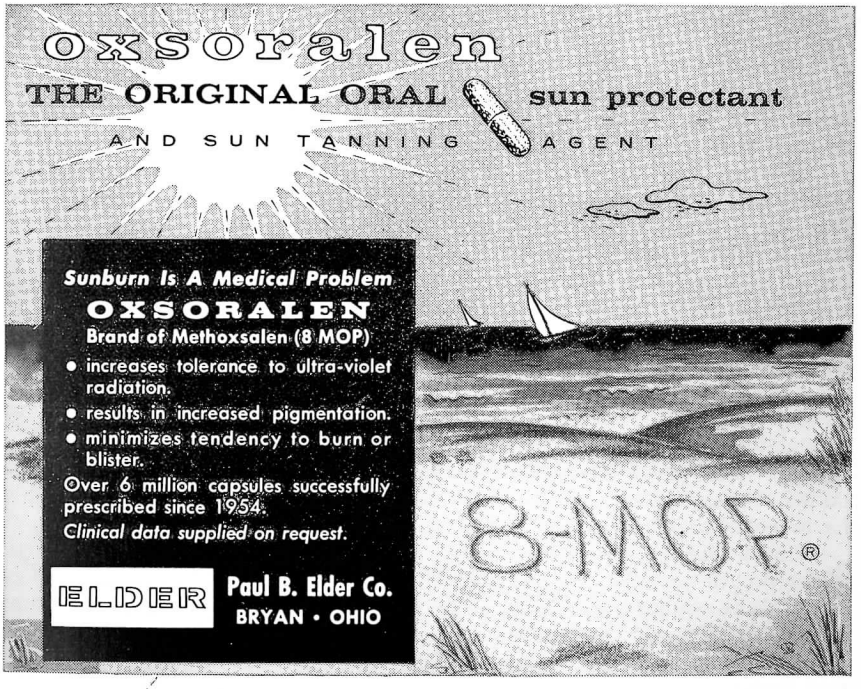

pronounced subjective improvement, and reinstatement of tissue mass and strength.

Dietetic considerations involve replenishment of attenuated protein stores to provide osteoblasts with material for matrix production. The incorporation of minerals and Vitamin D in the diet should be executed with reservation. Fluids and other vitamins enhance the therapeutic regimen.

Serum albumin (intravenously) is the single substance effective in idiopathic osteoporosis. It is presumed to be the possible immediate precursor of bone matrix. Its effect in other types of osteoporosis awaits trial, and its precise relationship to osteoid remains to be clarified.

Much more investigation is needed with reference to the metabolism of strontium. Its seeming mineralizing potentiation, delicately influenced by phosphorus levels, deserves particular attention in view of the interesting possibilities it has to offer in the therapy of osteoporosis and other disorders of bone.

A keen awareness of possible complications is required in the administation of such agents as sedatives, narcotics, local heat, and transfusions in the geriatric patient with osteoporosis.

Robert L. Jenkins, M.D.

MEET THE EXECUTIVE SECRETARY

HOWARD C. REMPES JR.

With his appointment on August 1st, Howard C. Rempes Jr. became the first full-time Executive Secretary for the Medical Society. The Society's office is now located in the Bel-Park building.

Mr. Rempes is a Youngstown man. He was born here on Nov. 28, 1915. His father was a pharmacist, now retired, with a store on Market St. near Myrtle Ave., later working as the staff pharmacist at Youngstown Hospital, South Side, before becoming president of the Beil and Rempes Drug Co.

Howard, Jr. went to Elm, Hayes, Rayen schools, and Youngstown University. He was interested in music, and played piano and clarinet. At college, he was a cheerleader, Editor of The Jambar, the college newspaper, and Production Manager of The Neon, the college yearbook. He was a member of Sigma Delta Beta social fraternity, and is a past president of the University Alumni Association. He has a B.A. degree in Fine Arts.

His interest in art, photography, and advertising let him into a variety of jobs that include radio promotion, television production, motion picture production, and advertising art teaching.

He was with WKBN for nine years as radio Promotion Manager and TV Production Supervisor. As television director, he has directed every type of program from news to cooking. He is especially proud of a teen-age series called "Rumpus Room," that he wrote, directed, and produced, and for which he received an award from TV Guide.

Since 1956, he has been engaged in the production of industrial and television motion pictures. He has shot film in most of the large industrial plants in our three county area. He has also done a great deal of still photography, specializing in architectural photography.

During the war, he was a first lieutenant with the Air Force in England and France, serving as a Photo Officer.

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His hobby is collecting player piano rolls. He has over 500 rolls. He also finds time for painting, gardening, and golf.

Mrs. Rempes is the former Eleanor Grince, and they have two sons, Charles, age 5, and Richard, age 3. Their home is at 139 Clarencedale Ave. on the South Side.

With a family background of pharmacy and an individual background of public relations work, he should do well as our Executive Secretary.

Good luck!

SOCIAL NEWS
St. Elizabeth Hospital

Happy to hear that Dr. Golden left the hospital, on crutches, but Dr. Michael Sunday is a patient, sporting a cast on his left ankle.

This was the time for vacations. Dr. Kurt Wegner spent his vacation in the Adirondacks with his wife and older son. Swimming and fishing took up his time, as it did for Dr. Mike Galose up in Jackson, Michigan. Dr. Randell and his wife and two children drove to Northhampton, Mass., as well as New York City, Philadelphia and Atlantic City. Dr. Shorr and his wife were at Atlantic City, too, as well as at Buffalo. Dr. Wasilko and family went by train to Denver, Las Vegas, and California. Took a month to tour all of those places.

Dr. Bruchs was beaming as of July 18, because Diane Margaret joined her three brothers in the Bruchs household.

Dr. George Altman spoke to the Mahoning Valley Chiropody Society and discussed X-ray interpretation of the pathology of the foot.

Our condolences to the family of Dr. Waldo Baker, and to Mrs. A. K. Phillips on the death of her father.

J. R. Sofranec, M.D.

SOCIAL NEWS
Youngstown Hospital

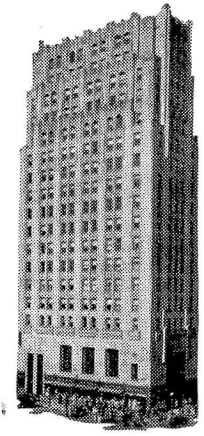
August was the month for vacations. and although we were unable to hear about all of them, here are some fragments that we did piece together. Dr. Fred Resch and Dr. Fred Friedrich went (with families) to a cabin in Canada for two weeks. Friedrich claims he caught the biggest fish in the lake. Art Shorten played it smart; bought a house trailer and took off for a three week tour of the west, pulling his own private hotel behind him. Dr. Stanley Curtis took a western trip, too, without trailer.

The most talked-about trip was made by Doctors J. P. Harvey, W. B. Turner and D. A. Gross. They attended the AMA meeting in California, then on to the Hawiian Medical Association meeting in Honolulu. On the way home Dick Gross came down with meningitis (H. Influenza) and spent several weeks in the hospital in California. He is home now, and completely recovered.

Dr. Ray Lupse spent two weeks at Lake Chautauqua swimming and, of course, boating. Dr. Paxton Jones and Dr. Cal Kunin took trips through New England, the Kunins going on up into Canada.

The Dr. Harold Segalls moved into their new home at 4069 Lockwood Blvd. We hear that the Dr. J. J. Turners have a new baby boy at their house. No vacation for them.

R. R. Fisher, M.D.



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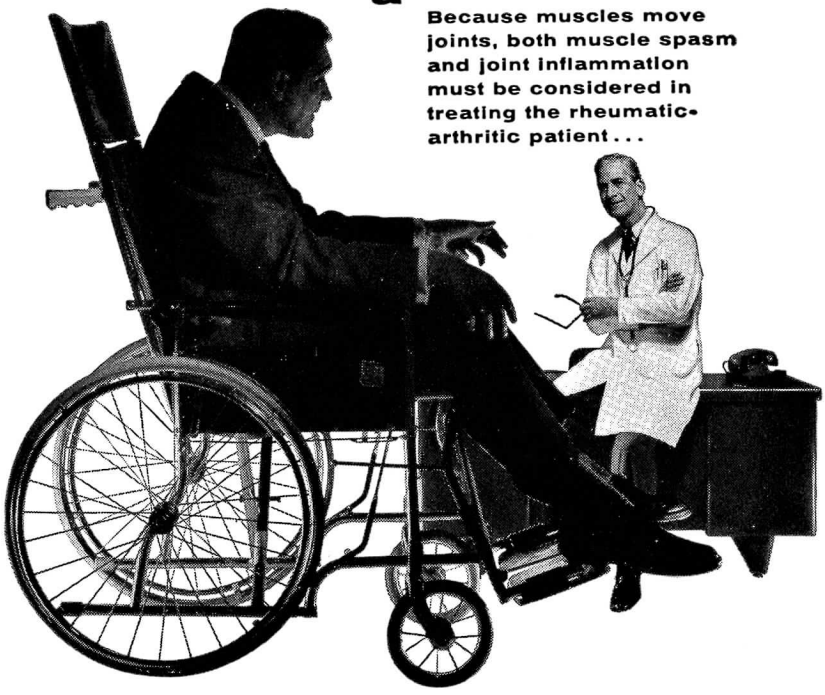

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LECTURE GIVEN AT THE ALUMNI REUNION—YOUNGSTOWN HOSPITAL ASSOCIATION

July 10th, 1958

Alumni of The Youngstown Hospital Association, Medical Staff and guests:

I wish first to express my appreciation for the distinct compliment in addressing you on this gala day. Several weeks ago when your chairman asked me to speak to you on the subject of hypnosis my immediate reply was, "What! That abused subject! I don't know." Whereupon he replied, "If you don't tell us, how can we know." I accepted his challenging reply with its' concomitant responsibility for the presentation of that subject in an informative and untheatrical manner.

The first portion deals with the historical background. When did hypnosis first begin? Did it begin in the Garden of Eden, with the suggestion that the eating of the apple would increase one's awareness in the significance of living? Was it pertinent in the lion's den, in the saving of Daniel's life? Certain it is, that thousands of years ago when primitive man developed speech and with it the resultant means of communication, a form of hypnosis ensued. (It may be assumed that when the latter failed—resort to the use of the proverbial heavy club was also in vogue.)

HISTORICAL BACKGROUND

Hypnosis definitely was in use by witch doctors, tribal medicine men, shamans, high priests, and religious leaders, although never admitted as hypnotism but rather as miracles performed by the deity who was at that moment in power. Even today it still exists within the rituals of many oriental, African and Polynesian races, as well as among some of the American Indians. The"sleep temples" in ancient Egypt were specified areas where types of hypnosis were practiced. In some of the documentary descriptions of three thousand years ago there was set forth the procedure for hypnosis similar to a degree with that performed today. In Greece pilgrimages were made to the Temple of Aescuplapius, the god of medicine, where the sick were put into a hypnotic trance by the high priests and through suggestion saw visions of the gods, with frequent apparent cures resulting.

In some of the folk lore of India hypnotism is described in the ancient Sanskrit and probably reached its pinacle of development among the Yogas of today, whose methods may still prove to be a fruitful source of stimulating information.

The modern history of the phenomenom of hypnotism begins with Franz Anton Mesmer, about the year 1770. Mesmer was a Vienese physician in the late 18th and early 19th centuries and he observed the faith cures of a Father Gassner, who lived and practiced near the Swiss border. While Mesmer took little stock in Gassner's explanation, which in effect emphasized his cures as a form of exorcism, Mesmer reasoned that the body had two poles, like a magnet, with an invisible magnetic fluid substance thrown off by the body. Thus, disease was merely an improper flow of this fluid—and illness could be cured by re-directing the flow. Mesmer performed many successful demonstrations in Vienna but his ideas were not well received by his medical colleagues as too many of their patients were visiting him! He was urged by the medical authorities to discard "such unorthodox methods" and he became

very disgusted and moved to Paris about 1778. Very quickly a craze for Mesmeric treatment spread among the French aristocracy. A typical therapeutic session would reveal patients in a large hall gathered about an enormous tub, from which projected a number of iron rods which they could touch. The water in the tub was magnetized by Mesmer and the magnetic fluid reached the patients through the rods. The great physician in a long and flowing robe would then dramatically appear, carrying an iron staff with which to tap the afflicted individual. When the sufferer became sufficiently magnetized a convulsive seizure, termed a "crisis," would come on; and he would at once be cured of his ailment. Mesmer reaped a fortune—much to the envy of his fellow physicians. Under pressure of the latter, the French government set up a commission of inquiry, which included the United States ambassador to France, Benjamin Franklin. The official report (most undeservedly in the opinion of many today) rendered Mesmer as a fraud, although it is interesting to note that a favorable minority report was filed but not publicly published. Thus, professionally discredited, the unfortunate physician moved first to England and then to Austria, where he died in relative obscurity in 1815.

Retrospection shows Mesmer's methods spectacular and smacking of charlatanism, but no unbiased investigator has even questioned Mesmer's sincerity. As you know, many great discoveries in medicine have been received with similar skepticism and the unorthodox physician has frequently become an object of scorn. Certainly Mesmer was unorthodox and a showman but numerous physicians today—especially in the capital cities—do not disdain the comparable use of some similar front. Developments and changes in Mesmerism (the name given to Mesmer's theories) resulted with the passing of time. So, after Mesmer's death, the practice to stare intently into the eyes of the subject, concentrating and willing them to go to sleep, simultaneously making long passes with the hands along the subject's body, which supposedly passed magnetic fluids from the magnetizer to the person being Mesmerized, was the established procedural form of that age. Strangely enough, even today some practitioners of the art find the use of similar gestures helpful toward the development of the trance state.

Effects of magnets on the human body, particularly in a trance state, became widely accepted by such scientific savants as Charcot and Babinski, the neurological greats of the latter part of the past century, even though all the phenomena of so-called animal magnetism and the alleged influence of the magnet came as a direct result of suggestion. Popular belief in the strange form of animal magnetism continued for many generations and even now the term Mesmerism is frequently misunderstood by the intelligent as being synonomous with hypnotism. It is essential to emphasize that as a fact or phenomenon it is the same, but the theories of each are vastly different.

Toward the latter part of the past century in Manchester, England, Braid experimented and found that a trance-like state could be induced by holding any bright object above and in front of the subject's head so as to strain the eyes and thus readily fatigue them. He found that the distance of approximately one foot from the eyes was best and it is one of the numerous ways today which is utilized to obtain fixation of attention. Braid concluded that animal magnetism and the trance he produced were similar and, moreover, that suggestion was the real explanation for the phenomenon. He coined the Greek word hypnos, meaning sleep, from which the words hypnosis and

hypnotism are derived, to describe the science and trance condition produced. For many years he practiced suggestion therapy latterly in London, performing many operations by the use of hypnotic anesthesia and publishing several books, one in 1899 called Neuro-Pnology.

About the middle of the last century in India, there was a Dr. James Esdale, who was employed by the British East India Company. Esdale performed more than 300 major operations using hypnotic anesthesia. Since this was the era prior to gas and chemical anesthesia, pain was the usual and accepted accompaniment of surgery. Thus, Esdale became very popular with his patients, but not so with his professional colleagues. Esdale finally suffered a fate similar to Mesmer's and returned to England where he was ultimately barred from practice by the British Medical Society and died in relative obscurity.

Meanwhile in France the effects of Braid's writings and experiments were not wasted. There in the town of Nancy, Liebault developed and carried on some of Braid's work and, thus, the Nancy School of Hypnosis was founded. Liebault's theory, which was essentially Braid's, again emphasized suggestion as the key to everything in hypnotism. Liebault's success was realized when he finally interested one of the great men of that time in French medicine, Dr. Bernheim, who had a flawless reputation. Because of Bernheim's status in the medical community, scientific circles became more actively interested in his hypnotic therapeutics and more participation and experimentation developed; thus, aiding in the emergence of hypnosis on a firmer and somewhat more scientific basis.

It was not long before a tremendous controversy, of more than national dimensions, arose between the Nancy School of Liebault and Bernheim, and the so-called Saltpetriere School, the name of the hospital in which the famous Charcot worked and where he occupied the world's first university chair in neurology. Charcot believed and propounded the theory that there are three distinct stages in hypnosis: first, the stage of lethargy, in which the eyes are closed and the subject cannot hear or speak; second, that of catalepsy, in which the eyes are open and the limbs remain in any position that they may be placed, with the subject still unable to speak or to hear; and finally, the stage of somnambulism, into which the subject was induced by the rubbing of his head by the practitioner. While Charcot's theories ultimately were conclusively proven to be erroneous, the controversy itself focused attention to the subject, which further stimulated progressive interest particularly over the European continent and active participation by prominent neurologists, psychiatrists and neuroanatomists.

The first reported use of hypnosis in this country was by Dr. Albert Wheeler, who excised a nasal polyp of a patient about 1860, while the magnetizer, Phineas Quimby, served as the hypno-anesthetist. It should be mentioned that Quimby was the most famous practitioner of his time and treated Mary Baker Eddy in 1862 for a neurotic condition, prior to her development of Christian Science as a new religious approach.

THEORIES:

There are numerous concepts which explain the trance state which is hypnosis and to further the understanding of the scientific art which is hypnotism. It has been held by some that hypnotism was suggestion and, there-

fore, there was no marked difference between normal acts carried out under suggestion and acts brought about hypnotically, except in terms of the degree. Moreover,all the phenomena of the trance state can be evidenced to a certain extent in the waking state as well; thus, hypnotism would be defined as the control of thought and action through suggestion. This would include every form of suggestion, whether verbal or graphic or however presented. Hypnotism would include the mother lulling her child to sleep, singing softly while cradeling it in her arms. It would incorporate the numerous suggestions acting on our daily lives eminating from government and other propaganda agencies, newspapers, radio, television, authors, orators, preachers and politicians—since by definition all these are hypnotism in some mild form. Suggestion is the basis of all faith healing; the deity may work the cure but suggestion is the means and the mechanism. Even the most orthodox physician employs it constantly in daily practice, although he may not be versed with the intricacies of its formulation and although trance is not involved.

In the past some distinguished scientists believed that hypnosis was a form of modified sleep, presumably because the appearance of the hypnotized subject resembled that of a sleeping person in many respects: but as the matter is due to eye closure and sleep suggestions given during induction and such appearance can be removed by additional suggestion, the theory becomes untenable. It has been definitely demonstrated without any equivocation that the electroencephalogram done during hypnosis resembles that of a waking individual and that there is an absence of the characteristic "sleep spindles" when the E.E.G. is done on a person in a trance state. While consciousness is suspended in natural sleep, it is definitely present in hypnosis—to which anyone who has had the experience of going through the trance state will readily agree. Moreover, respiration and heart action in hypnosis are found to be the same as in the waking state. Even the patellar reflex in hypnosis is the same as in the waking state; whereas, in sleep there is usually a marked diminution of that reflex.

The school of Charcot and also the famous neuro-psychiatrist, Pierre Janet, believed that hypnosis was an artificially induced hysteria; furthermore, they stated that anyone who was hypnotizable was a hysteric and inferred that no normal person could be hypnotized. It was argued that in hypnosis, as in hysteria, there was a narrowing or restriction in the field of consciousness; while we admittedly today accept the fact that such restriction is a phenomena of hypnosis as well as of hysteria but it does not imply that because of its occurence in hysteria the conditions are, therefore, the same. It should be emphatically stated that numerous experimental and clinical tests have repeatedly demonstrated the fact that perfectly normal people are excellent hypnotic subjects; furthermore, that some hysterics and some neurotics cannot be hypnotized.

Another important theory is one by the contemporary psychoanalyst Ferenczi, to which many of the analytically oriented subscribe. This is the "parental theory" which explains that a hypnotized person has accepted the hypnotist as occupying the place of one of his or her favored parent. If this were absolutely true, a women practitioner could be expected to hypnotize only those who favored the mother, and a male practitioner only those partial to the father.

Another point of view is that the trance state results only from brain fatigue caused by monotonous stimulation; however, since the trance in some instances can be induced almost instantaneously, with the subject fresh mentally and physically, this idea is not foolproof.

The theory of dissociation is one which is still very active and approved by many today. The normal act of recalling memories is the result of the association of ideas. If there is a failure of the power to recall events, which normally should be remembered, this is termed dissociation—an interruption or repression of the memory. Amnesia, therefore, is an essential element in the theory. It has been postulated that the mind is made up of two component portions; the conscious, which can be considered as awareness; and the subconscious. The subconscious part of the mind seems able to perform many acts of the conscious, such as thinking, computing, etc., as well as serving to control or to be intimately working with the "automonic nervous system." This can be demonstrated through automatic writing or speaking or drawing. In automatic writing, one can consciously converse intelligently on a topic while at the same time his hand holding a pencil will write automatically and coherently on some entirely unrelated subject—the person having no knowledge of what the hand writes. This is not necessarily a rare ability, for numerous individuals are able to do it in the waking state, and during hypnosis it can often be invoked even in others. From this it has been reasoned that the mind is dual or even multiple; and strange cases of such multiple personalities have been recorded in the literature, even before the authors of "The Three Faces of Eve" publicized their own case. One of the most eminent of the neuropsychiatrists of the past quarter century, Morton Prince, reported one of his cases under treatment in which the patient, an unmarried woman, had four different personalities, which all became conscious or in control at one time or another. It has been claimed that hypnosis produces a similar splitting of personalities, the subconscious part of the mind becoming the dominant one. Thus, with the primary neural mechanism inhibited, the autonomic mechanism becomes more amenable to suggestion. So the dissociation begins with light hypnosis, is completed when a deep trance is reached, and the boundary line for the depth of the trance being amnesia for the events therein. This seems a reasonable conjecture because one can difinitely reach and influence the subconscious to a much greater degree during hypnosis; however, in hypnosis the two portions of the mind cannot be regarded as having changed in any way since consciousness is continuously retained, although the power to reason and to think is restricted within the confines of the suggestive stimuli. When questioned, the subject is able to think, to compute, to reason, and events normally not possible of recall can then be brought out. The dissociation theory is based mainly on the amnesia subsequent to the trance; and since amnesia may be removed entirely by suggestion and often is not present even after the deepest trance unless there is a suggestion of amnesia and since automatic writing can be carried on equally well in the waking state, it would appear that it is the original consciousness which in hypnosis thinks, reasons and computes. The subject of dissociation, which has been grappled with by the great minds of psychophysiology, is difficult of explanation but has some logical and satisfactory aspects. In its entirety, it does not appear to be completely acceptable, yet cannot be wholly refuted.

Pavlov and his followers believed that the hypnotic trance was nothing but a conditioned reflex and that suggestion was the simplest form of such

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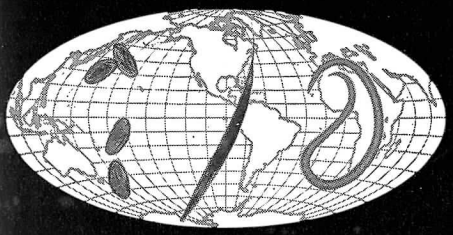

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a reflex. According to this concept, the suggestion of sleep acts as a stimulus similar to Pavlov's bell, which caused the flow of saliva in the mouths of dogs on which he experimented. As you all know, a bell was rung at the same time the dog was given food and after several such feedings, accompanied by the ringing of the bell, saliva would flow when the bell was rung whether or not any food was actually given. Hypnosis does follow the laws of habit formation in induction and training makes hypnosis appear more quickly and the trance deeper but hypnosis cannot be regarded simply as a conditioned reflex because of the fact that there are some individuals who respond to sleep suggestion almost instantly and become hypnotized when induction is first attempted without any previous conditioning experience. Thus, the absence of conditioning would suggest the absence of a conditioned reflex. Such a situation could be compared to Pavlov's dog experiment, in which the animal would salivate the very first time he heard the bell rung, without ever having had the experience of simultaneously being given food.

Another theory proposes that hypnotic behavior be regarded as a meaningful, goal-directed striving—its most general goal being to behave like a hypnotized person as this is continually defined by the practitioner and understood by the subject. Thus, the subject is ruled by a wish to behave like a hypnotized person and his ultimate motive is submission to the operator's demand. By understanding at all times what the operator intends, the subject's behavior is continuously striving to put these intentions into execution.

This theory is weakened by the experimental fact that subjects in hypnosis could tolerate without discomfort electric currents ten times as strong as those tolerated in the waking state. This theory also fails to consider the behavior of the person who has no conception of hypnosis, such as a three year old child. It is obvious that our present knowledge of human behavior is still inadequately developed to formulate a complete and ultimate theory of hypnosis. By the continued experimental and clinical investigations of many, greater understanding will accrue to this scintillating facet within human behavior.

REGARDING THE USE OF HYPNOSIS IN MEDICINE:

Sir William Osler, in an address in 1902, remarked, "Faith in the gods or in the saints cures one. Faith in little pills another. Hypnotic suggestion a third. Faith in a plain common doctor a fourth."

In the field of dentistry, hypnosis has become a most valuable adjunct, where it is applied for relatively short periods of time for the relief of apprehension and pain. In general medicine and in some of the medical specialties, the use of hypnosis assumes a greater significance because of the increased magniture of the problem to which the phenomenon is applied for therapeutic reasons.

While it is important to stress the absence of any esoteric or magical constituent within the practitioner of this art, hypnotherapy should not be applied without the practitioner not only having an awareness of the basic techniques (of which there are many) but also the therapist should have an adequate background within the overall neuropsychiatric field to be able to detect the patient in whom hypnosis is definitely contraindicated. For example, there are a considerable number of borderline psychoneurotics, who have made adequate compensation and are functioning at a reasonable level;

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however, in such a case the use of hypnosis, which permits the uncovering of some of the concealed pathology, may become more explosive than the practitioner and patient can both handle; thus, resulting in a patient who requires the immediate attention of a more formal psychotherapeutic approach.

Recently factual reporting regarding the utilization of hypnosis found its way into all of the non-medical periodicals and daily papers. The report of the presumably first obstetrical case under hypnosis in this community came to our attention some months ago. Without attempting to minimize the significance of such a report, it should be at the same time mentioned that at a well known clinic in a nearby city hypnoanalgesia has been utilized in several hundred obstetrical deliveries during the past few years.

Constantly one must recall the very cogent fact that hypnosis at no time should ever be used as an attempt to short-cut psychotherapy in its most formal aspects; not only would such an attempt be doomed to failure but in addition there is the serious hazard of aggravating symptoms already present.

PERSONAL CASE REPORTS:

My serious interest in hypnosis began 11 years ago with the following case:

Case No. 1—Mr. H. P., age 49

First seen in October of 1947, at Topeka, Kansas

Diagnosis—Intractable thalamic pain, left face, left arm, left chest wall, following a stroke in May of 1947.
Additional past history included hypertension and mild diabetes.

Hypnosis was begun in December of 1947, in an attempt to relieve the extreme pain. The patient was found to be a good subject and obtained relief of pain for some hours. Post-hypnotic suggestion, however, did not produce a satisfactory result. On January 2nd, 1948, pneumoencephalography was done under hypnoanesthesia. A total of 210 cc. of oxygen was introduced and 225 cc. of cerebrospinal fluid removed. In spite of the almost complete replacement of cerebrospinal fluid with oxygen, none of the usual clinical signs of autonomic disturbance and shock were noted. The blood pressure, pulse and respirations all remained strikingly unaltered. In February of 1948, using hypnoanesthesia, bilateral prefrontal lobotomy was performed. When approximately more than three-fourths of the operation was completed and coincident with the completion of the incision of the right frontal lobe and the beginning of the incision in the left frontal lobe, the patient came out of hypnosis and could not be returned into the hypnotic state and the last bit of surgery was completed with a small amount of chemoanesthesia.

In this case it is important to note that prior to surgery the patient was an excellent subject for hypnotherapy, which was done on numerous occasions. Following the surgery, however, he was never hypnotized again, even as long as one and one-half years after the operation. While the neuroanatomical and neurophysiological pathways related to the production of this phenomenon are not definitely known, the findings in this case would suggest that certain frontothalamic and fronto-hypothalamic connections are essential, without which hypnotherapy is impossible.

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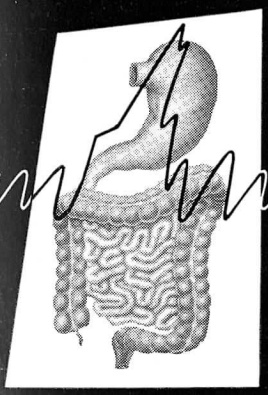

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A more recent case that portrays the use of suggestive relaxation is:

Case No. 2—Mrs. V. A., age 50

First seen on April 6th, 1957

Diagnosis—Very severe degenerative central nervous system disease, of 10 years' duration.

On April 10th, 1957, the first session of hypnosis was given, to which the patient responded well. The following day hypnosis was used for anesthesia to permit lumbar puncture with intrathecal injection of steroid compound. The patient tolerated this well, without any of the previous post spinal puncture symptoms. Within the next week the patient was given hypnoanesthesia on four occasions, prior to receiving lumbar puncture and intrathecal injections. The patient returned to the hospital on September 30th, 1957, for a repeat course and within the subsequent ten days, on six occasions hypnoanesthesia was used prior to the performance of the lumbar puncture and intrathecal steroid injections; on one occasion this was done by telephone. Post-hypnotic suggestions were given, which were satisfactory for the prevention of any post lumbar puncture disturbance.

On January 26th, 1958, the patient returned to the hospital because of an injury received the previous night, resulting in an intratrochanteric fracture of the left hip. After discussion with the department of anesthesia and the orthopedic surgeon, hip nailing was performed on January 30th, 1958, using hypnoanesthesia alone. The hypnosis was started at 8:30 A.M. in the patient's room and was continued until 9:00 A.M., when the patient was taken to surgery and positioned on the special fracture table and then pursued during the actual surgery from 9:30 A.M. to 10:30 A.M. The hypnoanesthesia was then continued with post-hypnotic suggestion until noon, when the patient was returned to her room and was permitted to awaken and enjoy a cup of tea. The patient is very intelligent and well educated. Her subjective feeling when she was permitted to awaken was that she felt very unhappy because she thought she was to be given some chemical anesthesia since she had not felt the slightest amount of pain and since she was aware that the department of anesthesia was standing by to immediately change over to chemoanesthesia should that prove necessary during any portion of the operation.

CONCLUSION:

I should like to conclude this brief survey of a vast and still unresolved subject with a pertinent quote from a recent Lancet: "Science is now a discipline in which impartial inquiry may be assumed as a matter of course—and it is agreed by all concerned that if observations are accurately made and experiments are well designed—as well as being capable of repetition by other workers—then their scientific validity is quite independent of the temperament, motives, religious beliefs, taste, or any other personal quality of the investigator, except perhaps his sagacity."

Leon L. Bernstein, M.D.

A physician may possess the science of Harvey and the art of Sydenham, and yet there may be lacking in him those finer qualities of heart and head which count for so much in life.

—*Osler.*

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THE FLAW IN THE VENUS DE MILO

The Palace of the Louvre, residing on the right bank of the Seine, contributes no mean value to the cultural skyline of Paris. Despised by the Sun King, it was he who rejected it and began construction on the Palace of Versailles after the death of his father, Louis XIII. The Louvre, one of the most magnificent of European Royal Households then became the repository of even more magnificent treasures, affording roof to what have become some of the most famous objects of Art that the world has ever collected. A visitor, after entering the main entrance, purchases his ticket or admission for a few francs, and then takes the left corridor down a broad hallway lined with sculpture, past the grand staircase at whose summit there reposes, enthroned, the Winged Victory of Samonthrace, to a gallery in the center of which his eyes find the Venus de Milo. Here is one of the most admired torsos in the world; a work of ancient art discovered on the Isle of Melos in a Grotto in 1820 by a peasant farmer.

As we know it today, it is an imperfect work of art for the arms are missing, and yet it is appreciated as much without its arms as it would be were its arms still attached. Its value lies in its age and the fact that it represents a culture known only by what it was able to leave behind it. Some casual observers may wonder why the arms have never been reconstructed and grafted onto the original. No one knows what the original position of the arms was. Therefore, any attempt to reconstruct them would merely detract from the value of the original, created by the sculptor. This is not so with the live human being, for we all know what the Creator intended. We also know that deformities and disfigurements can be corrected by surgical procedures. So, one consults the general surgeon, the orthopedic surgeon, or the plastic surgeon, depending upon what type of deformity he wishes to have ameliorated. After all, it is the desire of all mankind to appear attractive to each other, and this desire cannot be confined to one or the other sex.

There is no simple, easy way to wave a wand, and to bring about the accomplishment of perfection, and this is very often so difficult for patients to understand. Only the Creator, Himself, produces the perfect specimen, and thus we must very often be satisfied with improvement or an end result a little less than ideal. Medicine still is not an exact science and the efforts of the physician are still dependent upon individual variations, upon conditions of the tissues and upon inherited tendencies to healing. The end result also is dependent upon the reaction of each individual patient as well as postoperative accidents which occasionally occur, but are not really under anybody's absolute control. As a matter of fact, the more one sees of his own end results, the less critical he is of the results of others.

As an example, an incision always leaves behind it a scar. Now, some incisions leave behind them better scars than do others, but there is always a scar. There is no possible way of making an incision and of not leaving a scar. The lay public and even some medically trained men often feel that the scar can be erased and the skin left free of any evidence of trauma. This is sheer folly, for what we aim to accomplish by revision and abrasion of the scar is not perfection, but rather improvement. Ideally, the scar becomes so well blended with the rest of the surrounding skin that it is not visible except upon close inspection. Even though the average individual may not be able to detect its presence, it is none the less still there.

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be necessary before any final evaluation can be made of the amount of improvement obtained. Judgements cannot and should not be made in haste, for often first impressions are false ones. The man who makes too hasty a judgement of his own or his confrere's efforts may later wish he had been more silent. Perhaps this is why no arms have been added to the Venus de Milo, for Nature is often the best physician in the repair of flaws.

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

IN MEMORIAM

DR. LOUISA S. CERVONE

An era ends with the passing of Youngstown Area's first woman physician, Dr. Louisa S. Cervone. Dr. Cervone thought that she was the first practicing woman physician in the State of Ohio but never verified this.

Our female colleagues are an integral part of our medical community at present and we no longer think of the difficulties of the first women physicians, as pioneered by Dr. Cervone.

Louisa Cervone was born in Mantua, Ohio April 17, 1878. With considerable persuasion and perseverance she was accepted into Wesleyan College and Medical School and was graduated in 1900 from this school. Her internship was completed in 1901 at Mothers and Babies Hospital in New York City. Her first offices were on East Federal Street, followed by Wood Street, and the Hippodrome Arcade. She then moved to the Home Savings & Loan Building where she stayed until retirement in 1951.

Dr. Cervone was one of the first physicians to do work in the Planned Parenthood Free Clinic 20 years ago. She was also physician for the Y.W.C.A for many years. She was an officer in the Federation of Women's Clubs in 1926.

Impaired health following gall-bladder surgery in 1928 forced her to confine her medical activities to office practice of gynecology alone, which she continued until 1951. She retired in 1951 after receiving her certificate for fifty years of active medical practice.

Dr. Cervone is survived by her husband Joseph, and one daughter, Josephine, of Canfield, Ohio.

J. L. Smeltzer, M.D.

WALDO ZIMMERLY BAKER, M.D.

Dr. Baker was born in New Sheffield, Penna., June 11, 1891. His father was Daniel Warnock Baker, M.D. and his mother was Sarah J. Baker. At the time of his death, he was 67 years old. He lived at 4047 Sampson Road.

Dr. Baker moved to Youngstown as a child and attended Elm Street School and was graduated from Rayen School. He received a Bachelor of Science degree from Wooster College in 1914 and in 1918 received his M.D. degree from Ohio State University. He was a member of Phi Alpha Gamma Medical Fraternity.

He interned at St. Elizabeth Hospital in 1918 and 1919 before opening his office at 214 W. Rayen Ave. for the general practice of medicine. At the time of his death, Dr. Baker had just completed his 40th year of medical practice at this address.

Dr. Baker was a member of the Mahoning County Medical Society, the Medical-Dental Bureau, the staffs of both Youngstown Hospitals. He was a member of the First Presbyterian Church, active in Boy Scouts of America and a member of the Western Star Lodge of F & M. He was also a member

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of the Ohio State Medical Association and the American Medical Association. For many years he was chief regional surgeon for the Pennsylvania Railroad. For the past 25 years Dr. Baker was the attending physician for the Child Welfare Bureau.

Dr. Baker was an avid sportsman and was well known among local dog fanciers for his breeding and showing of fine Irish Setters. He was an enthusiastic fisherman and his annual treks into the northern regions of Ontario Province were a family affair.

Besides his wife, the former Kathryn Dyer, whom he married in 1922, he leaves a daughter, Sally, at home; three sons, Dr. Norman Henry Baker, a surgeon, studying on a fellowship at the Mayo Clinic in Rochester, Waldo Edward of Los Angeles, California, and Robert, at home; a sister, Mrs. E. J. Shirley of Gainesville, Georgia and three grandchildren.

Norman H. Baker, M.D.
Waldo Baker

MEET THE NEW INTERNES
St. Elizabeth Hospital

DR. BENJAMIN E. IMPERIAL was born in Dermaguete City, Philippines. He attended high school and pre-med at Silliman University Dermaguete City, Philippines. He is a graduate of the College of Medicine, Manila Central University, Class of 1953.

During World War II, he served under his father in the Resistance movement of the Free Philippine Government.

His favorite sports are swimming, basketball and bowling. His hobbies include reading and outdoor activities.

DR. VINCENT DONALD LEPORE was born November 5, 1928 in Youngstown, Ohio. His parents are now deceased.

His elementary education was received at Stambaugh School in Youngstown, Ohio and attended high school at a private school of the late Henry Ford in Dearborn, Michigan. He graduated from Youngstown University with a B.A. in 1951. He attended the University of Pittsburgh School of Pharmacy and University of Rome, School of Medicine receiving an M.D. Degree in 1957.

He is married to the former Mary Louise Hayes from Burghill, Ohio and has a son, Vincent Donald Lepore Jr. born March 30, 1955 in Rome, Italy. He served his internship at St. Elizabeth Hospital, Youngstown, Ohio in 1957.

DR. FRANCIS SOON was born on September 25, 1932 in Honolulu, T. H. He is one of four children, two sisters and one brother. He was raised in Honolulu and received his education at St. Louis High in Honolulu. He attended the University of Hawaii and received his B.A. and graduated from St. Louis University, St. Louis, Mo. in 1958 with an M.D. His hobbies include roller skating and bowling. He is single and presently serving his internship at St. Elizabeth Hospital, Youngstown, Ohio.

DR. GILBERTO URQUIZA WANDERLY was born November 4, 1931 in the City of Palos Dali of Paroiba, Brazil. He attended high school at Qiuqsio Diocesano di Patos followed by Junior College at Coliqio Nobrega, Recife Pernambueo. He graduated December 8, 1955 from the University of Recife Pernambueo, Brazil. He served his internship at Hospital dos Sevidnr or Eotadn, Rio in 1956 plus six months of residency in OBGYN department in the same hospital. Also one year of G.P. residency at William Booth Hospital, Couhyton, Ky. (July 1957 to July 1958). His hobbies include dancing and movies.

L. P. Caccamo, M.D.

MEET THE NEW INTERNES

Youngstown Hospital

DR. HECTOR TORRES of Tampico, Mexico. Dr. Torres did his medical training at University of Tamaulipas, where he graduated in June, 1958. Dr. Torres is married, they have no children. His hobbies include playing chess.

DR. GERMAN VIOLANTE of Veracruz, Mexico. He is 27 years old, graduated from the Mexico City National School of Medicine in 1957. Dr. Violante's wife is a chemist. They have no children. This fair skinned, blond doctor looks more like a Swede than a native of Mexico. His hobbies are photography, chinese checkers, and he likes to putter with electricity.

ARNOLD J. FUNCKES of Holland, Michigan. Dr. Funckes did his premedical work at Hope College in Holland, Michigan. Following this he attended the Graduate School where he obtained his Ph.D. in Biochemistry. He also taught Biochemistry at Hope College for one year before entering the University of Missouri where he received his M.D. degree in June, 1958. Dr. Funckes is married, and they have two children, Cynthia age 6 and Carol aged 4. They are expecting a new addition soon.

JOSEPH P. BRAUD (pronounced Bro) of Springmill, Louisiana. He received his premedical training at Southern University, Baton Rouge, La. and attended Howard University where he received his M.D. degree June, 1958. Dr. Braud is married and they have two girls, Brownsyn, 11, and Brenda, 9. Dr. Braud's wife is a dietitian, currently employed at the North Unit. The doctor's hobbies include photography and leather craft.

R. R. Fisher, M.D.

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"Ah Doctor, does it matter who writes the prescription?"

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COMING MEETINGS

OCTOBER 1958

AMERICAN ACADEMY OF OPTHALMOLOGY AND OTOLARYNGOLOGY, Palmer House, Chicago, Oct. 12-17. Dr. W. L. Benedict, 100 First Ave. Bldg., Rochester, Minn., Secretary.

AMERICAN ACADEMY OF PEDIATRICS, Palmer House, Chicago, Oct. 20-23. Dr. E. H. Christopherson, 1801 Hinman Ave., Evanston, Ill., Executive Secretary.

AMERICAN ASSOCIATION OF MEDICAL CLINICS. Palace Hotel, San Francisco, Oct. 2-4. Dr. John R. Hand, 1216 Southwest Yamhill St., Portland, Ore., Secretary.

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA, Drake Hotel, Chicago, Oct. 2-4. Dr. William T. Fitts, Jr., 3400 Spruce St., Philadelphia 4, Secretary.

AMERICAN COLLEGE OF GASTROENTEROLOGY, Jung Hotel, New Orleans, Oct. 19-25: Mr. Daniel Weiss, 33 W. 60th St., New York 23, Executive Secretary.

AMERICAN COLLEGE OF SURGEONS, Oct. 6-10. Dr. Michael L. Mason, 40 E. Erie St., Chicago, Secretary.

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

AMERICAN OTORHINOLOGIC SOCIETY FOR PLASTIC SURGERY, Conrad Hilton Hotel, Chicago, Oct. 12. Dr. Joseph G. Gilbert, 75 Barberry Lane, Roslyn Heights, N. Y., Secretary.

AMERICAN PUBLIC HEALTH ASSOCIATION, Kiel Auditorium, St. Louis, Oct. 27-31. Dr. Berwyn F. Mattison, 1790 Broadway, New York 19, Secretary.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS, Penn-Sheraton Hotel, Pittsburgh, Oct. 19-24. Dr. J. Earl Remlinger, 802 Ashland Ave., Wilmette, Ill., Secretary.

AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGERY, Drake Hotel, Chicago, Oct. 12-17. Dr. Kenneth L. Pickrell, Duke Univ. Hosp., Durham. N. C., Secretary.

CENTRAL ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, Hotel Leamington, Minneapolis, Oct. 2-4. Dr. Edwin J. DeCosta, 104 S. Michigan Ave., Chicago 3, Secretary.

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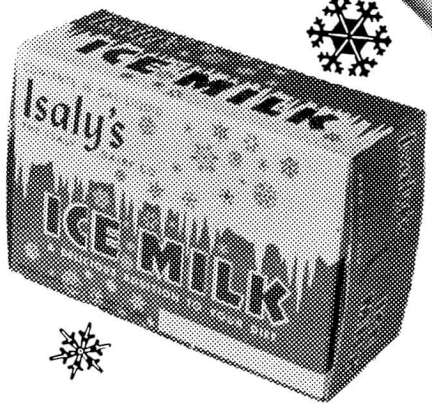

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