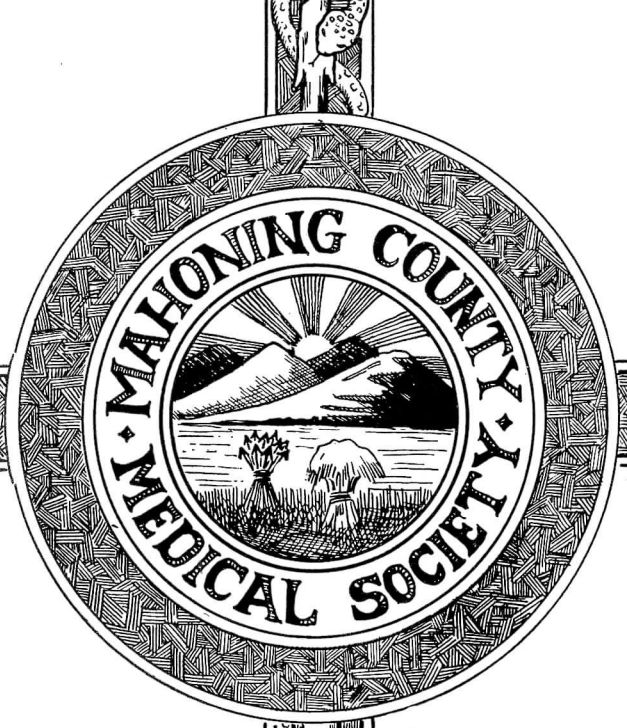

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

April • 1959
Vol. XXIX • No. 4
Youngstown • Ohio

ANNUAL MEETING

Ohio State Medical Association

•

APRIL 21-24

COLUMBUS, OHIO

See the March issue of the Ohio State Medical Journal for the complete program.

Medical Secretaries & Assistants DINNER-MEETING

THURSDAY, APRIL 30

MURAL ROOM

6:00 Pre-dinner social hour
7:00 Dinner
SPEAKER: Detective George Krispli
SUBJECT: Narcotics

DOOR PRIZES • **MUSICAL PARODY**

$7.50 PER RESERVATION

Send check to: Mahoning County Medical Society
245 Bel-Park Bldg.
1005 Belmont Ave.
Youngstown 4, Ohio

MAY MEETING

TUESDAY, MAY 19

ELKS CLUB

•

RELIGIOUS PANEL

OFFICERS AND COUNCIL

OFFICERS

M. W. NEIDUS, Pres. 318 Fifth Avenue
F. G. SCHLECHT, Pres.-Elect 2218 Market Street
A. A. DETESCO, Imm. Past-Pres. 2921 Glenwood Avenue

A. K. PHILLIPS, Secy. 1005 Belmont Avenue
C. W. STERTZBACH, Treas. 3610 Market Street
L. O. GREGG, Editor Dollar Bank Building

Council		Delegates	Alt. Delegates
H. P. McGREGOR	G. E. DeCICCO	P. J. MAHAR (1959)	C. C. WALES
S. W. ONDASH	P. J. MAHAR	H. P. McGREGOR (1960)	J. J. McDONOUGH
M. S. ROSENBLUM	C. E. PICHETTE	G. E. DeCICCO (1961)	R. R. FISHER
H. J. REESE	F. A. RESCH	A. RANDELL (1962)	S. W. ONDASH

Representative to the Associated Hospital Service: J. M. RANZ

Executive Secretary: H. C. REMPES, JR.

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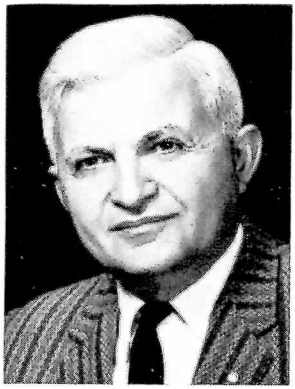
Our President Speaks



Your president has been invited by many organizations to attend their meetings. It has been a very interesting experience. I have found that all groups in our community have similar problems, namely how to survive under these trying times without losing our democratic way of life. I have listened to many diagnosis and types of treatment, but somehow you have the feeling that most people want the government to solve all their annoying economic problems.

The report that doctors do not rank high in voting, should shame us all in doing our duty as citizens, if we want to preserve our freedom.

M. W. Neidus, M.D.
President

BULLETIN of the Mahoning County Medical Society

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Volume 29 **April, 1959** **Number 4**

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

EDITORIAL

HEALTH INSURANCE

Most people today are interested in providing security for themselves and their families. The financial security is represented by pension plans, life insurance and health insurance.

There are many types of health insurance. Most of it is written by insurance companies — approximately 70%. Benefits vary considerably with various contracts. Some are good and many are just the opposite. All can be improved. I am sure that this will take place as time goes on. It will be initiated by pressure from groups demanding more benefits which they feel they need and deserve, and by insurance companies themselves, who want to provide the maximum benefits for the least possible cost.

This can be seen by what is happening at the present time. In the past two years, insurance programs limited to 65 years and older have been introduced into one-third of the States. At the present time, about 35% are covered by some form or other. We hope great strides will be made to cover more of this important part of our citizenry.

Many legislative proposals, right or wrong, have been submitted to Congress this year. Several are designed to expand the social security program to include insurance for old people. Another is designed to provide programs for federal employees and for retired members of the armed forces.

The cost of this type of insurance is rising, but good medical care is expensive. Services and equipment are costly. Hospital payrolls account for 60% of all hospital expenses. This information should be kept before the public eye to defend these rising prices.

Benefits must and will continue to improve. Extension should cover people over 65, individuals and groups not now covered and the physically impaired. Chronic illnesses not now covered and mental illnesses, I feel, will eventually be included, and rightfully so. We have come a long way with health insurance, but it is just the beginning.

L. O. Gregg, M.D. Editor

DR. FYNN CHAIRMAN FOR COLUMBUS MEETING

Dr. William J. Flynn of Youngstown is Conference Chairman for the Second Annual Ohio Cancer Conference, which will highlight the opening day of the Ohio State Medical Association Annual Meeting in Columbus, April 21st.

The Cancer Conference is expected to attract up to one thousand Ohio physicians. Last year's Conference in Cincinnati had an attendance of over 600.

Nine out-of-state and three Ohio physicians will present papers covering the following subjects:

"Treatment of Uterine Cancer." "Thyroid Cancer," "Control of Pain in the Cancer Patient." "Leukemia in Childhood," "Should the Cancer Patient be Told?," and "Cancer of the Gastrointestinal Tract."

Dr. Flynn points out that attendance at the Conference is acceptable for Category II Credit by the American Academy of General Practice.

Here is the opening day program:

9:00 A. M. Registration
WILLIAM J. FLYNN, M.D., Youngstown, Ohio, Presiding.

9:10 Welcome — ARTHUR G. JAMES, M.D., Columbus, Ohio, President, American Cancer Society, Ohio Division, Inc.

9:15 — Treatment of Uterine Cancer—Panel Discussion
Moderator: RICHARD L. MEILING, M.D., Columbus, Ohio.
Collaborators: C. BERNARD BRACK, M.D., Baltimore, Maryland
ALEXANDER BRUNSCHWIG, M.D., New York
GILBERT H. FLETCHER, M. D., Houston, Texas

10:45 — Intermission for Review of Exhibits

11:15 — Thyroid Cancer—EDGAR L. FRAZELL, M.D., New York.

11:45 — Control of Pain in the Cancer Patient
RAYMOND W. HOUDE, M.D., New York

12:15 P. M. — LUNCH

1:30 — Leukemia In Childhood
C. A. DOAN, M.D., Columbus, Ohio

2:00 — Should The Cancer Patient be Told?
EDWARD M. LITIN, M.D., Rochester, Minn.

2:30 — Intermission for Review of Exhibits

3:00 — Cancer of the Gastrointestinal Track—Panel Discussion
Moderator: ROBERT ZOLLINGER, M.D., Columbus, Ohio.
Collaborators: MICHAEL R. DEDDISH, M.D., New York.
SAMUEL P. HARBISON, M.D., Pittsburgh, Pa.
EDWARD J. JUDD, Jr., M.D., Rochester, Minn.

POST GRADUATE COURSE

The Akron Academy of Opthalmology and Otolaryngology announces a Post-Graduate Course in Allergy and the Endocrinological Aspects of Allergy by Herbert J. Rinkel, M.D. of Kansas City, Missouri and Z. Z. Godlowski, M.D. of Northwestern University, Chicago, Illinois, May 4-6, 1959, at the Akron City Club, Ohio Bldg., Akron, Ohio.

Registration fee is $35.00. A.A.G.P. credit will be given if desired. For further information, contact A. L. Peter, M.D., 656 W. Market St., Akron 3, Ohio.

THE LABORATORY — A SOURCE OF IATROGENIC DISEASE ?

The laboratory has long assumed the burden of inexplicable result of a determination when, in fact, the error is much more frequently one of interpretation. Clinical pathology is a relatively new specialty and dealing as it does with exact electronic instruments and logtables, it is expected to produce results as accurate as the 4 place accuracy of the instruments. However, like the clinician, the pathologist deals with the complex, poorly understood human. With the rapid development of new procedures and the equally rapid expansions of facilities to meet the increased demands, the difficulties of procedures and interpretations become compounded.

True laboratory error i.e. of performance due to inaccurate techniques and improperly prepared reagents are kept to a minimum by vigilance supplemented by the use of blanks, controls and standards. These are charted on scattergrams as averages to discover trends and initiate investigations. One such trend may result in a gradual lowering of a Hemoglobin standard of about 1 Gram in a month due to a weak spectrophotometer tube.

However, the classic example of patient Jones in the washroom answering "Yes?" to a poorly understood inquiry "Mr. Smith?" is still all too frequent and dangerous. It should disappear with wrist band identity tags. Other common errors are the use of hemolyzed blood; failure to time and calculate accurate dosage of function tests; inaccurate collection of 24 hour specimens; specimens obtained after meals and non-basal BMR's.

Physiologic variations may be quite wide and depend not only on time of day, relation to food, manner in which specimen is obtained, but also on inherited characteristics. Thus the normal hemoglobin may vary as much as 2 or 3 Grams depending on whether it was taken from arm vein, finger or ear, edematous heel or umbilical cord. The average Hgb. in a 2-day-old infant is 19 Grams, in a 1-year-old infant 11.2 Grams and in a pregnant female 11 Grams. A white count taken after a meal, muscular activity, fright or during pregnancy may be double normal values. The Cephalin Flocculation test is 3 to 4 plus in about 15% of normal people. Constitutional hyperbilirubinemia may be a normal finding and acid fast organisms in sputa, gastrics and urines may be normal saprophytes.

Errors Inherent in the Procedure are considerably more widespread than generally recognized. In the case of routine chemical determinations 10% error is usually acceptable. This is the result of limitations of the instruments; balances, pipettes, photometers and even electrical currents vary considerably. Should, in addition to these constant errors, a sudden drop in line voltage occur such as commonly causes T.V. flicker or a tube weaken or an unnoticed chip be present in a pipette tip, the results may vary as much as 50%. With the use of microtechniques, the errors are compounded many times.

It has been calculated from standard deviation formulae that a true hemoglobin of 15 Grams will give in 19 of 20 determinations a result of 13.5 to 16.5, the 20th being beyond this. Thus differences less than 10% are not significant. Yet in one large laboratory the raising of a standard Hemoglobin solution 1 Gram resulted in a 30 per cent decrease in the number of blood transfusions. In the case of erythrocyte counts, an RBC of 5 million varies in 19 of 20 determinations from 4.07 to 5.93 and a difference of less than 1.31 million is not significant. Thus the procedure becomes so inaccurate that both RBC's and indices based on its use have been given up by most teaching institutions.

In standard blood grouping procedures there is such variation in avidity of typing sera that a recent survey series revealed a 30 per cent error. Fortunately, acceptable procedure today requires checking with a minimum of two different lots of sera, as well as, a variety of cross-matches. It is not unusual to find a specimen positive with one serum and not with another, while another specimen of the same type will react with the 2nd serum and not with the first. This may explain why a D patient will be called Du by a second laboratory and Rh negative by a third.

The vagaries of antibiotic sensitivity tests are too well known to require much in the way of illustration. Discs are not produced in accurate stable concentrations; antibiotics vary in their sensitivity; antagonists may be present, etc. A staph may fail to produce its yellow color for several days and may then be misinterpreted as a commensal. Gram negative diplococci in the vagina may not be gonococci.

Errors of Interpretation have become exceedingly common with the advent of newer therapeutic measures. Most clinicians recognize that very few tests are diagnostic, that new laboratory procedures require prolonged statistical evaluation and that old laboratory tests need constant re-evaluation especially when new factors are introduced.

The anamnestic rise in titre of "specific" bacterial agglutination reactions in other non-specific disease is well known. Streptomycin may cause non-sugar reducing substances in the urine and may result in decreased urobilinogen excretion. False positive serologies for syphilis are caused by many diseases, not the least of which is Lupus Erythematosus. The L. E. phenomenon is found in many diseases, notably other collagen diseases, hydralizene therapy, serum sickness, penicillin therapy, etc. Cortisone or sensitivity induced eosinophilia, iodine contrast media resulting in raised P.B.I.'s, chlorpromazine "jaundice" are among the more recent malefactors. Serum amylase may be elevated after morphine (given for myocardial infarction?) and acid phosphatase levels may go up after manipulation of the noncancerous prostate.

As recently as 1940 in the pre-Rh days, the laboratory was blamed for transfusion reactions despite "proven" compatibility based on simple ABO groupings and a saline cross-match.

SUMMARY

Because of ever-greater reliance being placed on laboratory tests, the pathologist must take the blame for a growing liability in contributing to erroneous diagnosis. However, he shares this burden with the clinician with whom co-operation is imperative. Both must recognize the lack of specificity of tests, as well as, the reasons for error—both real and fancied. The clinician must continue to doubt results not in keeping with his clincal impression.

Bernard Taylor, M.D.

RECENT COMMITTEE APPOINTMENTS

Medical Society members appointed to the Advisory Board of the Multiple Sclerosis Society are: Dr. J. P. Kalfas, Chairman; Dr. Charles Waltner; and Dr. W. L. Agey.

Dr. R. V. Clifford was appointed as the Mahoning County Medical Society representative to a Sixth District Committee to study third party medical plans and formulate inter-county action.

PROCEEDINGS OF COUNCIL
March 9, 1959

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, March 9, 1959, at the office of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio.

The following physicians were present: M. W. Neidus, President, presiding, J. J. McDonough, P. J. Mahar, H. J. Reese, H. P. McGregor, M. S. Rosenblum, S. W. Ondash, A K. Phillips, C. C. Wales, G. E. DeCicco, C. W. Stertzbach, F. G. Schlecht, A. A. Detesco, comprising council, also C. K. Walter, S. F. Gaylord, and S. D. Goldberg. Guests present were: Dr. M. C. Beyer, Mr. John B. Morgan, Jr., and Mr. Franklin B. Powers.

Meeting was called to order at 9:12 p.m. The minutes of the previous meeting were read and approved.

Dr. Neidus introduced Mr. Morgan, Executive Vice President of the Associated Hospital Service. Mr. Morgan spoke in regard to extended Blue Cross coverage for mental and nervous disorders. He announced that both he and the Board of the Associated Hospital Service were anxious to give complete comprehensive coverage. He said that it was the feeling of his board that it would be included in the next change of contract. Following discussion, Mr. Morgan gave a resume of the Blue Cross operation.

Dr. Neidus introduced Mr. Powers and asked Dr. Stertzbach to review the Society's incorporation activities to date. Mr. Powers then discussed the advantages and disadvantages of incorporation. He said that the Society would be better off incorporating than not incorporating. Following discussion, the motion was made, seconded and duly passed to have the Mahoning County Medical Society incorporated.

Dr. Neidus introduced Dr. Beyer, of the Summit County Medical Society, candidate for the office of Councilor of the Sixth District. Dr. Beyer spoke, giving a background of the offices he held in the Summit Society, and spoke of his concern with state-wide problems. There was a discussion of voting plans for the office of Councilor, following which Dr. Beyer answered questions asked by members of Council. Dr. Beyer was thanked and commended for coming over from Akron under hazardous driving conditions. After Dr. Beyer left, there was a general discussion about all four candidates for the office of Councilor.

The executive secretary was asked to read a letter from Dr. C. A. Gustafson, Councilor of the Sixth District asking Dr. Neidus to appoint members to two district committees. The first committee is one to study third party medical care plans in the Sixth District. The second committee is one to study the problem of pseudo-professional groups making false claims on television regarding ability to treat ailments which are strictly within the realm of medicine. Following discussion, the motion was made, seconded, and duly passed to have the executive secretary write to Mr. Charles Nelson, Executive Secretary of the Ohio State Medical Association, for advise in regard to the second named committee.

Dr. McDonough discussed the results of his meeting at the Ohio State Medical Association in regard to the resolution on a Retirement Plan for Physicians. He stated that one of the difficulties would be to endeavor to set up a plan that would be better than any plan that the individual doctor could buy himself. He said that insurance companies are interested in such a plan, and thought that a group plan might be ten percent better than an individual plan.

Dr. Wales spoke on the Keogh Simpson Bill, H. R. 10, which will come up for a vote in the House of Representatives on Monday, March 16. He pointed

out that the American Medical Association and the Ohio State Medical Association recommend writing to your congressman. The motion was made, seconded and duly passed that a telegram be sent from Dr. Neidus, representing the Medical Society, to our representative in Congress, the Honorable Michael J. Kirwan, asking him to support the Keogh Bill.

Dr. Stertzbach reported that, on behalf of the Opthalmologists of the Medical Society, he has directed a letter to the Aid for the Aged Committee of the Ohio State Medical Association calling their attention to dissatisfaction with the handling of the Aid for the Aged program in Mahoning County. He read the letter, a copy of which is attached to the minutes. During the discussion that followed, Dr. Neidus reported favorably on a recent meeting with Mr. I. L. Feuer, Director of the Mahoning County Welfare Department. The motion was made, seconded, and duly passed that the Society send a letter of thanks to Senator Charles J. Carney of the Ohio State Senate for helping raise the age limit for Aid for the Aged.

Dr. DeCicco introduced discussion concerning liability and industrial commission insurance to cover the Executive Secretary, the Bookkeeper-secretary, and the office of the Medical Society. The motion was made, seconded, and duly passed that the Executive Secretary take the necessary steps to secure such insurance.

Dr. Gaylord, Chairman of the Lay Education Committee, asked permission of Council to plan a Public Medical Forum, bringing in a prominent speaker and making it free to the public. The motion was made, seconded, and duly passed that Dr. Gaylord proceed with his plans for a Medical Forum.

The question of whether to hold a Medical-Dental Dance this year was brought up. Following discussion, no motion was made to hold the dance.

Discussion was introduced concerning the awarding of a 50-year certificate to Dr. A. H. Hendricks, who is not a member of the Mahoning County Medical Society. The motion was made, seconded, and duly passed that Dr. C. A. Gustafson, Sixth District Councilor, proceed with arrangements for the presentation.

Discussion was introduced concerning the purchase of a mimeograph machine for the Society office. The motion was made, seconded, and duly passed instructing Mr. Rempes, Executive Secretary, to purchase a machine and adequate maintenance.

Dr. McGregor, speaking as a delegate, asked Council's opinion on two resolutions that will come up at the Ohio State Medical Association Annual Meeting. On the resolution that the AMA sponsor one National Health Research Drive, the motion was made, seconded, and duly passed that the delegates support the resolution. On the resolution concerning bed taxes for physicians, the motion was made, seconded, and duly passed that the delegates oppose such a tax.

Dr. Gaylord advised the Council that he will propose a resolution at the next meeting to oppose compulsory reexamination of physicians.

The following application was presented by the Censors and read by the Secretary:

NON-RESIDENT MEMBERSHIP

William T. Martin, 26 E. Wilson Ave., Girard, Ohio.

Unless objection is filed in writing with the Secretary within fifteen days, the above applicant will become a member of the Society.

Bills were read. A motion was made, seconded, and duly passed to pay each one. A list of bills is attached to the minutes.

A. K. Phillips, Secretary

Medical - Legal Banquet

One hundred and twenty physicians and attorneys attended the Fifth Annual Medical-Bar Banquet, held at the newly decorated Mural Room Ballroom, on Thursday, March 19.

Col. Robert J. Welsh, Commanding Officer Air Defense, for the Cleveland District, spoke concerning the NIKE missile system of defense. Following his

talk, he showed a movie on maintenance and firing of the missiles.

Atty. Robert L. Tatman, president of the Bar Association, introduced officers of both the Bar Association and Medical Society. Dr. Neidus, President of the Medical Society spoke of the common cause of both professions in giving service to the community.

Chairman for the banquet was Attorney Leonard Olson.

INTERPROFESSIONAL CODE

The following is the National Interprofessional Code for Physicians and Attorneys.

PREAMBLE

The provisions of this Code are intended as guides for physicians and attorneys in their inter-related practice in the areas covered by its provisions. They are not laws, but suggested rules of conduct for the members of the two professions, subject to the principles of medical and legal ethics and the rules of law prescribed for their individual conduct.

The National Interprofessional Code of Physicians and Attorneys was adopted by the American Medical Association at its annual meeting, June 26, 1958.

This Code constitues the recognition that, with the growing interrelationship of medicine and law, it is inevitable that physicians and attorneys will be drawn into steadily increasing association. It will serve its purpose if it promotes the public welfare, improves the practical working relationships of the two professions, and facilitates the administration of justice.

MEDICAL REPORTS

The physicians upon proper authorization should promptly furnish the attorney with a complete medical report, and should realize that delays in providing medical information may prejudice the opportunity of the patient to either settle his claim or suit, delay the trial of a case, or cause additional expense or the loss of important testimony.

The attorney should give the physician reasonable notice of the need for a report and clearly specify the medical information which he seeks.

CONFERENCES

It is the duty of each profession to present fairly and adequately the medical information involved in legal controversies. To that end the practice of discussion in advance of the trial between the physician and the attorney is encouraged and recommended. Such discussion should be had in all instances unless it is mutually agreed that it is unnecessary.

Conferences should be held at a time and place mutually convenient to the parties. The attorney and the physician should fully disclose and discuss the medical information involved in the controversy.

SUBPOENA FOR MEDICAL WITNESSES

Because of conditions in a particular case or jurisdiction or because of the necessity for protecting himself or his client, the attorney is sometimes required to subpoena the physician as a witness. Although the physician should not take offense at being subpoened the attorney should not cause the subpoena to be issued without prior notification to the physician. The duty of the physician is the same as that of any other person to respond to judicial process.

ARRANGEMENTS FOR COURT APPEARANCES

While it is recognized that the conduct of the business of the courts cannot depend upon the convenience of litigants, lawyers, or witnesses, arrangements can and should be made for the attendance of the physician as a witness which take into consideration the professional demands upon his time. Such arrangements contemplate reasonable notice to the physician of the intention to call him as a witness and to advise him by telephone, after the trial has commenced, of the approximate time of his required attendance. The attorney should make every effort to conserve the time of the physician.

PHYSICIANS CALLED AS A WITNESS

The attorney and the physician should treat one another with dignity and respect in the courtroom. The physician should testify solely as to the medical facts in the case and should frankly state his medical opinion. He should never be an advocate and he should realize that his testimony is intended to enlighten rather than to impress or prejudice the court or the jury.

It is improper for an attorney to abuse a medical witness or to seek to influence his medical opinion. Established rules of evidence afford ample opportunity to test the qualifications, competence, and credibility of a medical witness; and it is always improper and unnecessary for the attorney to embarrass or harass the physician.

FEES FOR SERVICES OF PHYSICIAN RELATIVE TO LITIGATION

The physician is entitled to reasonable compensation for time spent in conferences, in preparation of medical reports, and in courts or other appearances. These are proper and and necessary items of expense in litigation involving medical questions. The amount of the physician's fee should never be contingent upon the outcome of the case or the amount of damages awarded.

PAYMENT OF MEDICAL FEES

The attorney should do everything possible to assure payment for services rendered by the physician for himself or his client. When the physician has not been fully paid the attorney should request permission of the patient to pay the physician from any recovery which the attorney may receive in behalf of the patient.

IMPLEMENTATION OF THIS CODE AT STATE AND LOCAL LEVELS

In the event that similar action has not already been taken this Code should, in the public interest, be appropriately implemented at state and local levels for the purpose of improving the interprofessional relationship between the legal and medical professions.

CONSIDERATION AND DISPOSITION OF COMPLAINTS

The public airing of any complaint or any criticism by a member of one profession against the other profession or any of its members is to be deplored. Such complaints or criticism, including complaints of the violation of the principles of this code, should be referred by the complaining doctor or lawyer through his own association to the appropriate association of the other profession; and all such complaints or criticism should be promptly and adequately processed by the association receiving them.

"Here, sonny, you shouldn't hit that boy when he's down."
"G'wan! What do you think I got him down for?"

FROM THE BULLETIN

Twenty Years Ago—April, 1939

Leading the group from the University of Pennsylvania who came to us for Post-Graduate Day that April was our old friend Charlie Wolferth, then Clinical Professor of Medicine. Charlie was Pathologist at the Youngstown Hospital in 1916 and went with Base Hospital 31 to France. When Dr. C. R. Clark was elevated to Consultant, Charlie took over as Chief of Medicine. After the war he went to Philadelphia to study at the University and soon became known as a national authority on heart disease. He is Emeritus Professor of Medicine now but still comes to Youngstown occasionally to visit his old friends.

Dr. Wolferth was succeeded in the laboratory by David L. Farley who also left to join our Base Hospital. After the war he too went to the University of Pennsylvania and became an authority on blood diseases. He is the co-author of the book "Practical Hematological Diagnosis" by Pepper and Farley.

Excerpts from a paper on "Medical Management of Peptic Ulcer" by Dr. L. S. Shensa: "Despite some opinions to the contrary, belladonna or atropine are the most satisfactory antispasmodics . . . Among the many forms of treatment, Sippy diet, alkali regimen together with the use of sedatives still ranks the highest . . . Treat the patient together with the ulcer . . . Do not temporize with hemorrhage or perforation.

New members that month were Milton M. Yarmy, John S. Goldcamp and M. M. Szucs. J. P. Harvey was recovering from an appendectomy.

The Youngstown Symphony Orchestra announced for its 1939 to 1940 season in addition to three local soloists (Carmine Ficocelli, Jacob Huebert and Herman Gruss) the following attractions from out of town: The Don Cossack Male Chorus, Silvio and Isobel Scionti (duo-pianists) Moriz Rosenthal (pianist), Helen Jepson (soprano of the Metropolitan Opera) and Albert Spaulding, America's foremost violinist.

Ten Years Ago—April, 1949

Another old friend came to us with the group from the University of Buffalo for our twenty first Post-Graduate Day. Dr. John Talbott was well known here for his work with the Harvard team which solved the riddle of heat cramps in our mills. Now he is Professor of Medicine at Buffalo and spoke that day on "Treatment of Hypertension."

It was an outstanding program, John R. Paine's lecture on "Carcinoma of the Lung" alerted every doctor to the increasing frequency of the disease. Dr. Earl Osbornes talk on "Common Skin Diseases" was entirely practical and still remembered by many of us.

The Youngstown Hospital was conducting a drive for funds to rebuild the old South Side Unit. President McCann urged the doctors to help educate the community in regard to the need to keep our hospitals up to the highest standards.

Excerpts from an article by Milton Yarmy on "Practical Diabetes Management": "The most important factors in the control of the patient are the relief of symptoms and avoidance of coma or shock—with shock the more likely to occur . . . Emotional outbursts and personality changes in diabetic children should be attributed to insulin until proven otherwise . . . Too much insulin is a more serious hazard than too little.

New members that month were: Durbin T. Yoder, Arthur E. Rappaport, James A. Patrick, Charles W. Stertzbach and Francis J. Gambrel.

J. L. Fisher, M.D.

MEDICAL GLEANINGS

TRENDS IN CANCER DEATH RATES AND CURE RATES

By E. Cuyler Hammond

Annals of Internal Medicine Vol. 50, No. 2 February 1959

SUMMARY AND CONCLUSIONS

Among females, the age-standardized cancer death rate has been on the decline in the United States and several other countries for the last decade or longer. On the other hand, the rate for males is still increasing. Most of this increase among males is due to the phenomenal rise in the death rate from lung cancer.

The death rate from cancer of the uterus is declining quite rapidly in this country, presumably as a result of control activities. The death rate from stomach cancer is declining, apparently as a result of a decline in incidence rates. The reason for this unknown.

There is evidence that the five-year survival rate for cancer has markedly improved during the past decade or two. The greatest improvement has apparently occurred for cancer of the colon, rectum, cervix uteri, corpus uteri, prostate and, to a lesser degree, cancer of the bladder.

It is estimated that about one third of those who develop cancer in the United States today will be five-year survivors, this being a considerable improvement over the one quarter being saved a decade or two ago.

Unless some practical method of prevention is discovered and applied, the annual number of new cases of cancer per year in the United States will almost certainly rise steadily during the next 50 years as a result of the growth and aging of the population. This means that the need for medical growth and care as well as facilities for cancer patients will inevitably increase. On the other hand, there is reason to believe that the cure rate can be improved (perhaps up to as high as 50%) by more effective use of present knowledge for the detection, diagnosis and treatment of cancer. This can be achieved only through the cooperative efforts of practically all branches of the medical profession. It is also apparent that effective application of preventive measures, as they are discovered by research, will depend upon the combined efforts of the medical profession as a whole.

MAGNESIUM DEPLETION IN MAN

By Russell E. Randall, Jr.—Elsie C. Rossmeisl—Kenneth H. Bleifer

Annals of Internal Medicine Vol. 50, No. 2 February 1959

SUMMARY AND CONCLUSIONS

1. Observations in 12 patients suddenly developing psychiatric and neuro-muscular symptoms have revealed evidence suggesting a relationship between these symptoms and a depletion of the total body magnesium.

2. Nine patients demonstrated significant depressions of the serum magnesium concentrations, and all demonstrated low serum calcium values.

3. Administration of magnesium by the parenteral route or in the diet was associated with clinical improvement. This, on occasion, was dramatic. In several instances, abnormal electroencephalograms and electrocardiograms improved following therapy. Calcium administration *alone* failed to correct the neuromuscular disorder in two of these patients, and may actually have intensified the symptoms.

4. Magnesium administration usually resulted in a markedly positive magnesium balance, on occasion associated with significant increases in the serum calcium concentration and in the renal excretion of calcium.

5. Underlying clinical features, probably concerned in the etiology of

the presumed magnesium depletion, were severe malnutrition and usually some source of fluid and electrolyte loss, such as vomiting or diarrhea. Excessive renal excretion of magnesium, observed in one patient, is thought to have been related to a state of potassium depletion.

6. While it is not clear how magnesium depletion produces symptoms, considerable evidence suggests that an intracellular depletion of this ion is of primary significance.

7. Increased awareness of the clinical importance of magnesium and improved technics for studying the distribution and function of this ion will undoubtedly clarify the precise role of the magnesium ion in disease states. At the present time, however, it is clinically important to recognize the possibility of magnesium deficiency as a causative factor in disturbances of neuromuscular and central nervous system activity, particularly in patients with malnutrition due to any cause.

NEW DRUGS FOR THE TREATMENT OF HYPERTENSION

by Robert W. Wilkins

Annals of Internal Medicine Vol. 50, No. 1 January 1959

As one looks back over the development of antihypertensive drugs to this point and attempts to judge the significance and implications of their actions, the following impressions (table 8) are gained:

Table 8

Drugs for Hypertension

Comments

1. "Nonspecific" except for Diuril
2. Reducing blood pressure is helpful
3. Combinations are more active
4. Trait to hypertension persists
5. Overshoots occur on stopping treatment
6. Less treatment necessary to hold blood pressure down
7. Role of serotonin questionable
8. Blockers less used today
9. Long persistent trial necessary
10. Treatment should be given whenever prognosis is poor

1. All the antihypertensive drugs, with the exception of chlorothiazide, appear to be "nonspecific" in that they cause similar hypotensive responses in normotensive and in hypertensive individuals.

2. Reduction of arterial pressure, even by such "nonspecific" agents, appears to be a beneficial if not a life-saving procedure in many hypertensive patients, particularly those with an accelerated phase or a "malignant" crisis.

3. Additive if not synergistic effects can be produced by combining antihypertensive drugs, or by using them in combination with splanchnicectomy.

4. A tendency—if not an innate trait—to hypertension seems to exist in most hypertensive patients, since almost uniformly they become hypertensive again when all therapy is stopped.

5. This trait or tendency apparently is the explanation for the mobilization of counteracting mechanisms to the hypotensive effects of drugs, and explains why the blood pressure overshoots when some of the drugs are suddenly stopped.

6. Although several drugs in combination or larger doses may be necessary to lower a hypertensive's blood pressure to satisfactory levels, it is often possible after some months to maintain such lower levels on considerably less medication than was required to obtain them initially.

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7. Serotonis may play a role in hypertension; but it is not clear whether and how the antihypertensive effects of reserpine, BAS or iproniazid are connected with their effects on serotonis. This matter needs more study.

8. Ganglionic blocking agents are slowly being replaced in the drug treatment of hypertension except as a last resort in very critical or very resistant cases.

9. For the usual ambulatory hypertensive patient a persistent, long-term trial of conservative doses of Rauwolfia, veratrum, hydralazine and chlorothiazide in combination if and as necessary, will be reasonably successful.

10. High blood pressure of serious degree is harmful, and it can and should be moderated in almost every case. After rarer causes of hypertension (such as coarctation of the aorta, renal disease, and adrenal tumors with hyperadrenalism or hyperaldosteronism) have been ruled out, antihypertensive drug treatment should be given with determination to lower blood pressure gradually in every patient in whom the family history and the course of the disease indicate that a shortening of life or a period of invalidism is likely without treatment.

R. L. Jenkins, Jr., M.D.

DR. MC CANN RENAMED TO STATE BOARD

Dr. John N. McCann, president of the Ohio State Medical Board, has been reappointed to his third seven-year term on that Board by Governor Michael V. DiSalle.

Dr. McCann was first appointed in 1945 by Governor Frank J. Lausche and was reappointed in 1952. He will serve until March 18, 1966.

A native Youngstowner, Dr. McCann has practiced here for thirty years. He is a former chief of the medical service at St. Elizabeth Hospital and a former trustee of the Mahoning County Tuberculosis Sanitorium, as well as a past president of the Mahoning County Medical Society.

He was recently honored as a recipient of the Frank Purnell Award by the Youngstown Junior Chamber of Commerce.

HAPPY BIRTHDAY ! ! !

April 16
F. W. Dunlea
P. G. Giber
April 18
V. L. Goodwin
April 19
C. C. Wales
C. H. Beight
April 21
M. E. Conti
April 22
B. M. Brandmiller
W. D. McElroy
J. A. Rogers
April 23
A. A. Detesco
A. Randell
S. Zlotnick
F. E. Shaw
April 25
D. Shapira
April 26
A. T. Laird
April 27
G. A. Parillo
April 28
S. G. Patton, Jr.
May 1
A. Lutz
May 3
C. Waltner
May 5
F. J. Biercamp
May 6
J. A. Hyland
May 7
E. E. Kirkwood
May 9
A. Bayuk
G. E. DeCicco
May 11
G. W. Cook
May 12
H. S. Banninga
J. N. Thanos
W. J. Tims
May 13
E. R. McNeal
May 14
W. E. Sovik
E. J. Reilly

SOCIAL NEWS

Youngstown Hospital

This was the season for winter vacations. I don't know what all you fellows were doing because I went to Florida, and if I don't have much news, that's the reason. This is a treatment that I heartily recommend to you especially at this time of year, when the patients' complaints are beginning to sound like your own. If you haven't tried it, do it now. The rates go down April 1st.

Some have already taken this advice. The Paul Robsons departed about March 18th by plane for Ft. Lauderdale, where they intend to look up the junior P. J. Fuzys. Dr. and Mrs. Brack Bowman (recent grandparents) are already down there lapping up the sunshine. And the Bob Fosters went to Sebring, Florida, to attend the Sebring Twelve-Hour Grand Prix of Endurance, which, of course, is a sports car event.

The A. E. Rappoports have returned from their jaunt to Acapulco, Mexico. No sooner did Rappy return than he ended up in the hospital here with acute tonsillitis. I guess he couldn't stand the climate. The latest report is that he will have a T & A. (Hope the lab doesn't lose the surgical specimen.)

Congratulations to Dr. Al Geordan, who recently "passed the board" of American Board of Urology.

Dr. William Welsh is presently in the North Side Hospital recovering from an eye disease.

Now the rest of you get on down to the land of sunshine before it's too late.

AUTOMOTIVE CRASH INJURY RESEARCH CONTINUES

The Automotive Crash Injury Research program is reaching the one year mark in Youngstown. As this issue of the Bulletin went to press, 41 weekly accident reports have been processed with a total of 206 accidents. The program is scheduled to continue until 500 accidents have been reported.

Working with Cornell University Medical College to complete this study are the Mahoning Medical Society, the Youngstown Police Traffic Department and the city's two hospitals.

Each accident is reported in detail, with diagrams, photographs, and disposition of victims, by traffic patrol officers. The information is assembled by Roy Welsh and Tom Grady of the Traffic Department, and is then delivered to the Medical Society. Medical reports on every accident victim is made out at the hospitals. Dr. P. B. Cestone is in charge of this at St. Elizabeth Hospital. Dr. F. L. Schellhase is in charge at Youngstown South Side Hospital. These medical reports are also delivered to the Medical Society.

Once the material is collected, it includes statistics about each automobile involved in the crash, the damage to each auto, the seat position of each occupant, and the specific injuries to each victim. The Medical Society forwards this to Cornell. Medical Coordinator for the Society is Dr. S. W. Ondash.

By analizing this information, the crash injury investigators hope to accomplish their aim "to reduce the epidemic frequency of traumatic injury and fatality sustained by occupants of passenger automobiles involved in accidents."

DR. DE CICCO IS MEDICAL-DENTAL PRESIDENT

Dr. G. E. DeCicco was elected president of the Medical-Dental Bureau at a recent meeting of that organization. Also elected to office were: Dr. V. L. Goodwin, vice president; Dr. H. B. Hutt, secretary; Dr. R. A. Hall, treasurer; Dr. W. T. James, assistant treasurer, and Carl M. Wolter as representative of the Credit Bureau of Youngstown.

New board members were also elected. They are: Dr. S. L. Davidow, Dr. J. L. Fisher, and Dr. R. V. C. Carr. They will serve three years.

INTERNAL MEDICINE SOCIETY ELECTS OFFICERS

The Northeast Ohio Society of Internal Medicine held a dinner meeting at the Colonial House on February 26, 1959. Dr. Farr, of the University of Pittsburgh, department of Allergy, held a very interesting and informal discussion on "Some newer aspects of Allergy."

Dr. Hugh Bennett was elected President, Dr. Leonard P. Caccamo, Vice-President and Dr. James Calvin, Secretary-Treasurer, officers for the coming year. Dr. Arnoldus Goudsmit and Dr. John Noll were elected to the Executive Committee. New Associate members were elected.

Leonard P. Caccamo, M.D.

WOMAN'S AUXILIARY NEWS

The Woman's Auxiliary to the Mahoning County Medical Society held the annual tea for prospective nurses March 12th at South Side Hospital Nurses' Home. Over 200 Junior and Senior high school students, scholastically qualified to enter the nursing profession, were present to tour the hospital.

The Auxiliary annually offers one scholarship each to Youngstown Hospital and St. Elizabeth Hospital school of nursing. Miss Virginia Markulin and Miss Dorothy Pearson, who are now in training on Auxiliary scholarships, poured at the tea. Mrs. Frank Inui is scholarship chairman for Youngstown Hospital and Mrs. Edward Pichette for St. Elizabeth Hospital. Mrs. Paul Dobson was program chairman for the day. Mrs. James Calvin headed the social committee, assisted by Mrs. Wayne Hardin.

Mrs. Earl H. Young presided over the short business meeting. Plans were announced for a combined meeting with the Woman's Auxiliary to the Columbiana County Medical Society on Wednesday, April 15th. The meeting will be a luncheon at 12:30 P. M. at Tippecanoe Country Club.

Mrs. Ben S. Brown, Publicity Chairman

ST. ELIZABETH RECEIVES CANCER GRANT

The Pathology Department of St. Elizabeth Hospital announces that it has received a grant of $15,700 from the National Cancer Institute after approval from the Surgeon General to develop and expand its School of Cyto-Technology. This grant is renewable for two or more years and additional funds are available if required. The school was started this January with the aid of a grant from the American Cancer Society.

For twenty-five years there has been an intensive search for a general cancer detection test which would screen large groups of people. As yet this quest for a universal divining rod has produced over 100 tests with the simplicity of the blood test for syphilis—but none have proven reliable except for examination of cells. This is the most nearly ideal method of cancer detection yet developed and in the case of the uterus and lungs can detect it before it can even be seen and long before it has caused symptoms. Thus it has become capable of detecting in a curable stage the most frequent cause of cancer death among women.

To be used to its maximum potential so that it may detect the 50,000 cases of cancer of the uterus that develop each year all of which can be cured if caught early enough, requires examination of 50 million women at least once a year. Thus thousands of trained personnel must be developed who will be capable of the highly skilled task of separating the normal from the cancerous cell. At present, there is a great shortage of schools in the United States and it becomes urgent to develop and expand these training facilities—a feat made possible for St. Elizabeth Hospital by this grant.

To many young people looking for a career of service in science, but who can't afford or don't want to take advanced degrees, cytology offers a career with a future. The demand is great and will increase rapidly. The opportunities are proportionately great and the rewards are satisfying. In many locations, positions will be available on a part-time basis.

Applicants should have a patient temperament and the same concern for detail and precision required of all scientific endeavor. Before entering the six-month training course, they must have completed high school and two years of college or the equivalent. Scholarships are available to cover basic living costs, books and tuition. For further information, write or phone the School of CytoTechnology, St. Elizabeth Hospital, 1044 Belmont Avenue, Youngstown 4, Ohio. Telephone RIverside 6-7231.

Bernard Taylor, M.D.

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