

It takes two to speak the truth—  
one to speak, and another to hear.

—Thoreau

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Youngstown, Ohio  
MARCH • 1948  
VOL. XVIII NO. 3

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# THE MAHONING COUNTY MEDICAL SOCIETY

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## MEDICAL CALENDAR

1st Tuesday	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
8:30 p. m.	Monthly Staff meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home
8:30 p. m.	Monthly Staff Meeting—Youngstown Receiving Hospital Auditorium
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Hotel Pick-Ohio.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
	Weekly Surgical Conference, Youngstown Hospital—Nurses' Home
Every Friday 11:00 a. m.	Urological Section, Library—S. Side Unit, Youngstown Hospital
	Clinico-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinic—Pathology Conference, Auditorium Nurses' Home South Side Unit Youngstown Hospital
Alt. Saturdays 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital

## COMING MEETINGS

Ohio State Medical Association, Cincinnati, March 30—April 1, 1948.

American Medical Association Annual Meeting, Chicago, June 21-25, 1948.

American Association for the Study of Goiter, Toronto, Canada, May 6-8, 1948.

American Urological Association, Boston, May 17-20, 1948.

Mahoning County Medical Society, 20th Annual Postgraduate Assembly, Youngstown, April 14, 1948.

Northern Tri-State Medical Association, Findlay, April 13.

# PRESIDENT'S PAGE

The Annual Conference of the Presidents and Secretaries of County Medical Societies of the Ohio State Medical Association was held February 22, 1948 at the Fort Hayes Hotel, Columbus, Ohio. All of the proceedings were taken down by a wire recorder and will be published in one of the near future issues of the Ohio State Medical Journal. There were five formal papers as follows:

- 1—"MEDICAL LEADERSHIP IN SCHOOL HEALTH PROGRAMS", Thomas E. Shaffer, M. D., Columbus, school physician, University School, Ohio State University.
- 2—"ROLE OF THE COUNTY MEDICAL SOCIETY IN CANCER CONTROL", John H. Lazzari, M. D., Cleveland, Chairman, Cancer Committee, Ohio State Medical Association.
- 3—"SOME THINGS YOU SHOULD KNOW ABOUT THE A.M.A.", Mr. Thomas A. Hendricks, Chicago, Secretary, Council on Medical Service American Medical Association.
- 4—"WHAT CAN BE DONE TO IMPROVE OHIO'S LOCAL AND STATE HEALTH DEPARTMENTS?", John D. Porterfield, M. D., Columbus Director, Ohio Department of Health.
- 5—"POLICIES AND PROCEDURES OF THE VETERANS ADMINISTRATION MEDICAL CARE PROGRAM", Peter A. Volpi, M. D.

The paper by Mr. Hendricks was very important and there were two points stressed which every member of the medical profession should know. The first was that there will be a National Health Conference held in Washington, D. C., May 1st to 4th, 1948. This is the second such conference. The first was held in 1938. Each doctor should watch for reports from this conference. The second point he made was that in the January 24, 1948, issue of the Journal of the American Medical Association, Volume 136—No. 4.—pages 261 to 267, is a report of the progress made on "THE TEN POINT NATIONAL HEALTH PROGRAM OF THE AMERICAN MEDICAL ASSOCIATION". He urged each doctor to read this.

In the paper by Dr. Volpi, definite progress is being made in the expediting of paper work in the medical department of the Veterans Administration. Errors made by practicing physicians frequently cause delay in the payment of physician's bills. Some of these are as follows:

- 1—Failure to get authorization for non-emergency cases and authorization for special treatment such as x-rays before an examination or treatment is made. In requesting authorization a diagnostic term should be submitted, not just symptoms.
- 2—Even though an authorization has been obtained a voucher (a bill) must be submitted to the V. A. before payment can be made. It is very important that the physician describe what has been done for the patient in the way of treatment etc. in this voucher.

At the January Meeting of the Mahoning County Medical Society it was announced that Mr. R. G. Ingersoll and Dr. Sidney I. Franklin of our Local Veterans Administration, have offered their assistance in dealing with any of these medical problems and it would be advisable for all members who have such problems to contact them directly. Their offices are 910 Union National Bank Building. Telephone 45161.

JOHN NOLL, M. D.

MARCH



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

C. A. GUSTAFSON, *Editor*

101 Lincoln Avenue

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**RESOLUTION\***

- WHEREAS, The members of the Mahoning County Medical Society are fully conscious of the most effective and continuously progressive program of the N.P.C. for the extension of Medical service in its dissemination of factual information on values, methods, and accomplishments of American medicine, and
- WHEREAS, the public, as a result has not only been generally enlightened on contributions, achievements, and true aims of the Medical profession of the U. S., but has also been warned of the dangers to the public health implied in the subtle campaign which would discredit the doctor, therefore be it,
- RESOLVED, that the members of the Mahoning County Medical Society give its approval to the activities of the N.P.C. and recommends that all members of the profession of this County give adequate financial and moral support to the N.P.C.
- BE IT FURTHER RESOLVED, that the delegates of the Mahoning County Medical Society meeting in Annual Session in Cincinnati, Ohio, March 30-31—April 1, be instructed to present this resolution for the approval of the House of Delegates of the Ohio State Medical Association.

\*The above resolution was passed by the Mahoning County Medical Society on February 17, 1948, without a dissenting vote.

## Half Century Club

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Western Reserve University

RAYMOND EDWARD WHELAN, M. D.

Western Reserve University

DAVID RICHARD WILLIAMS, M. D.

Ohio State University



## ONE OF THEM SPEAKS

Something significant has happened to old men. How those old fellows, whom we knew in our youth, stood out conspicuously! We, who have lived an equal number of years, are without their accoutrements of dignity. We stand exposed. We wear no battered hat which may have sheltered years of ripened thought from heartless inclemencies. We must endure the rebuffs of the immature and the ordinary, without long white whiskers to hide our confusion, our chagrin or our disgust. We are even without a cane by which we might foil the shafts of insolence.

The gods of the vanities have stripped us bare, have left us to stand in pathetic defiance while the force of accumulating knowledge beats mercilessly upon us. We lack graciousness in defeats which we are slow to acknowledge. Our receptacles lack the elasticity necessary for expansive and then selective additions to our fixed and inadequate conceptions. We are conscious of these discrepancies; and we sometimes wonder if those who were old when we were young were also conscious of disturbing limitations.

At least, this seems to be true that, at that time, unauthenticated experience bore much weight. We who now are old insist that disconcerting additions to our inflexible structures must have the sanction of those who, through experimentation, are best qualified for judgment. This determined attitude of ours toward retaining all that is possible within reason, need not elicit sympathy for our incapacity, nor amused tolerance for our obstinacy. There are satisfactions enough for us in the rebounds that follow over-extension and which restore temporary respectability to our antiquated notions.

It is likely that most of us are not as belligerent as our appearance would indicate when we are under the obligation to defend the few remaining possessions which we had thought needed no defense. For when we sometimes catch ourselves repeating a thought, we are uncertain as to the increased importance of the thought, or a corresponding decrease in the importance of us who have repeated it. Some of us would be willing, under proper circumstances, to admit that we have felt chafing of the shackles of fixed ideas.

And Omar 'evermore coming out by the same door wherein he went' was no more disappointed than some of us are when we find everything from whatever source converging toward one point of exit. Though we belatedly find this to be true of ourself, we more readily recognize it in our companions in age. Of their queerness, we grow tolerant; perhaps in order that our own eccentricities may be more appreciated.

There is also abiding satisfaction to us who must yield so much with so little that we are able to use in replacement, that most of our losses are in details and not in principles. We are thus enabled to surrender much without becoming impoverished. We are willing to admit, without embarrassment, the possibility that some of these principles which remain embedded discourage companionship in ways now quite in vogue.

We have not been discomfited because much of that which we have held has been abandoned for the reason that it had not been proven. How little may we really prove! Accepting the questionable in its stead, is no greater psychic triumph, though ultimately it may be advantageous, and remain unproved.

It is true that some of us, if we can find a listener, like to review what has passed away. In this, regret may sometimes be detected. And yet, we

will admit that this has an emotional and not a reasonable basis. It may have value as a counter-weight to the present exuberance that reminds us of that with which we greeted the old. And this enthusiasm for the new is being accepted as though there was no resemblance to previous experience. Some of our old men, through enterprise of the younger and more active men, have learned of their limitations as their long-held ideas have been called into question, and while they are yielding as best they can, they should be permitted occasionally to raise an eyebrow when someone rediscovers something that to them has never been lost.

Now it would not be fair to these older men to leave the impression that their reluctance had passed over the limit into resistance. There is not opposition to the source of knowledge because it is extraneous. They have developed caution against their own hasty conclusions. They have welcomed the best, and much of this they have outgrown. Their experience may have been limited, but it has been fruitful of judgment.

What is the position of our elderly men with respect to their own discrepancies?

When on the evening of the third Tuesday of the month, you had gone to the thirteenth floor and forward to the parlor, you must have seen in a corner, out of the line of traffic, a number of men, whom time has not spared, engaged in conversation which seemed to be interesting to themselves, but which younger men are certain to avoid. This is not an exclusive group and you would be as welcome as is the wrinkled old fellow with the shiny dome, looking out over the top of bifocals which should not ride so far down on his nose. And you might hear him insisting upon the importance of ultimately recognizing the evanescence of the recent and the persistence of the evanescent.

He doesn't get far. Another old fellow, as an illustrative incident, tells of washing his face and then reaching behind the bathroom door for a roller-towel that hadn't existed for him since he left his boyhood home a half-century ago. While one old fellow who had been leaning forward and cupping his ear avers that he is more sure of spelling words if he lets his right hand do it without too much conscious interference, another will admit how inadvertently there had escaped from his lips a localism which he hadn't heard since he had left his boyhood haunts. And one rather determined-looking old fellow takes the opportunity to say that there are recompenses which are not at first apparent, in that he could re-read his favorite books and experience the same enjoyment in discovery.

So these old men of ours are aware that nature makes man pay for longevity. They learn to adapt themselves to their losses. They expect less of themselves in accomplishment, but do not like alibis. They know that physical deterioration may long precede the inability to perceive, to select and to think to a logical conclusion.

But they also recognize that they must continually rediscover else they become hopelessly lost and reach that state wherein they have excluded themselves from the companionship of great thoughts. And while they recognize what is taking place within themselves, they are disposed to endure, and not to question the wisdom of the process. And as they yield to this inexorable demand, they are not without recompense as they find constructive thoughts still rising from the vestiges of their forgotten experiences.

No, this is not an exclusive or an exceptional group, without interest in

the problems of the times or in the efforts for their solution. They are not unduly appreciative of their own contribution. Yet, if some of you, who are at the summit of your usefulness, should snuggle into their midst in order that you might get a closer preview of yourselves, you should be tactful in your appreciations, lest some old fellow need to wipe his eyes surreptitiously.

As we old fellows see these younger men at their work and listen to their expositions, we marvel at their efficiency and share with them the satisfactions of their accomplishments. Nor is this entirely vicarious. We can still remember our own early efforts to follow the paths of thought through intricate ways into an understanding. We can still remember the difficulties that were to be overcome. We can recall but indistinctly our successes, while our failures seem to have been burned into our consciousness.

And we look at these young men as if they were ourselves once more looking into the future with its problems and its promises, a future which seemed to delay in its coming. But oh, how fleet was that wing-footed messenger! He has come and gone again! And thus have gone so many of our later acquisitions, leaving with us some of the psychic fruits of yesteryear, leaving them that we might still find music in the ebb and flow, leaving them lest we mourn.

W. D. C.

214 N. Seventeenth Ave.  
Phoenix, Arizona  
Jan. 27, 1948

Dr. C. A. Gustafson  
101 Lincoln Ave.  
Youngstown, Ohio

Dear Doctor:

The honoring of we "hasbeens" would be a very nice gesture on the part of the Mahoning County Medical Society of which I was a member since 1902. I will not be able to attend but will be with you in spirit. I would appreciate if you would let me know the date also a copy of the Bulletin containing report of same.

I am enjoying myself in the hot sun. Temperature has varied between 70 and 80 for past three weeks. Dr. Deitchman and I have been picking oranges in our shirt sleeves and the doctor is getting quite a tan on. Can you "top that"?

Very truly,

DR. H. M. OSBORNE

## THE SCHOOLS ACTIVITY IN THE TUBERCULOSIS SURVEY

By E. R. THOMAS, M. D.

There is no denying that the detection of hidden tuberculosis depends on surveys covering large masses of the population. Unfortunately individuals and families in large numbers will not apply for x-rays and testing unless a positive case has been found in their immediate family. Hence it becomes necessary to bring the equipment essential for examination into locations where a great percentage of our population can be checked without too much inconvenience to the individual. The school system is probably one of the most important locations for such examinations since both children and adults alike can be contacted. So far we have been very well satisfied with the response of the parents and physicians in our effort to add our bit to the general program.

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3. **SODA**, an important acid neutralizer.
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5. **PHOSPHORUS**, repairs and tones cell tissues.
6. **LIME**, builds strong bones and white, pearly teeth.
7. **CHLORIDES**, needed by the stomach to make digestive fluids.
8. **IRON**, makes red blood.
9. **BUTTERFAT**, contains Vitamins A, and D, the sunshine vitamin.
10. **MILK SUGAR**, makes Galactose or food for the brain.
11. **CASEIN**, the best of all the proteins for rich blood and lithe muscles.

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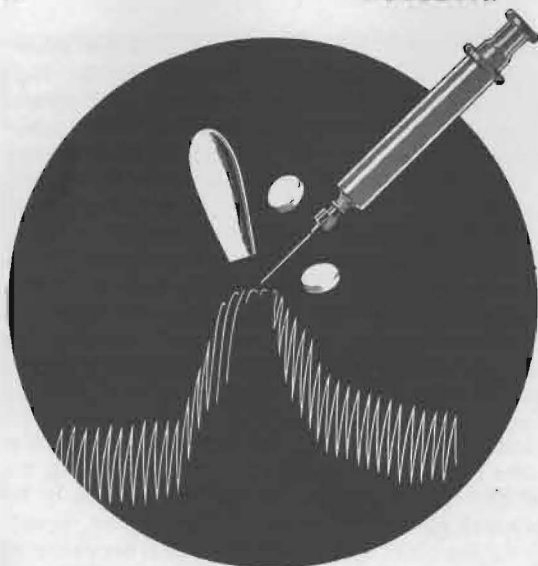
We are handicapped somewhat by a lack of personnel in the school health department and consequently must limit our campaign to the high schools and the youngest scholars, namely, kindergarten and first grade. These are certainly the most important age groups for the detection of tuberculosis and in a few years we will have on record the results of tests comprising practically all of our school children. Beginning with the two young grades each year patch testing is done. We all know that sensitivity tests cannot be relied on one hundred percent at all times. But certainly in tuberculosis it has been demonstrated to be about ninety percent accurate in young children. A negative reaction necessarily does not completely rule out sensitivity but a positive test must be considered absolute evidence of infection. It is with the latter groups that we are so very much concerned knowing that the child has been exposed to tuberculosis and that the most likely source of exposure is in the immediate household.

Our procedure from this point is to have the school nurse make a call at the home and inform the parents of our findings and recommending that the family physician be consulted and a check-up of the rest of the family be made. The nurses do not emphasize the importance of the patch test regarding the activity of tuberculosis in the child but rather stress the necessity of checking all those in contact with him. The follow-up on those positive or suspicious x-ray reports is the same. We do a patch test on all of these and the results with the x-ray reports is given to the family physician for further study. Our nurses are well trained to handle most all problems pertaining to infectious diseases and having an intimate acquaintance with most of the families in her school district does receive almost perfect cooperation from those she must advise about the follow-up studies.

The result so far (completed investigations not available at present) of our x-rays and patch testing done this school year is as follows:

Number of x-rays done _____	7,087
Number showing lung pathology _____	100
Number showing scoliosis _____	7
Number showing enlarged heart _____	13
Number showing active tuberculosis _____	2
Number of Patch Tests done _____	3,051
Number showing positive reaction _____	72
Number showing suspicious reaction _____	23

So far only about 50% of those with positive patch tests came from homes where tuberculosis is known to exist. Without doubt this part of the survey can become the most important method of case finding if proper follow-up is obtained. Of course, the ideal would be to do a tuberculin test on all infants at one and two years of age, hence finding the contact much earlier but that does not seem possible at the present time. Therefore, the schools offer the most practical source for this information. We wish to stress the important part the family physician can play in the program by a thorough check-up of all those referred to him by our nurses and we would appreciate being informed when a positive diagnosis is made. The plan at present also includes an annual screening of all employees. In the last few years the case finding of definite active tuberculosis of the hidden type certainly proves the value of the method used. Our hope is that in the near future we can include greater numbers in our survey.



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MARCH



## PORPHYRIA

Congenital porphyria occurs usually in males in infancy and early childhood. There is a great sensitivity to light and uroporphyrin Type I is excreted in large amounts in the urine. In the acute form, the onset is usually in females in the third to fifth decades. There is little or no light sensitivity and uroporphyrin is found in the urine in excessive amounts. In chronic porphyria either Type I or Type III, uroporphyrin or coproporphyrin is excreted. The skin is moderately photosensitive and there are usually gastro-intestinal symptoms present.

In the congenital form which is probably an "inborn error of metabolism," usually the earliest and most important sign is reddish urine. This may precede the skin changes by weeks or years. The excretion of colored urine may be intermittent or continuous. The photosensitivity usually is noticeable early in life. Generalized pigmentation of the skin is common and frequently accompanied by hypertrichosis. The mucous membranes are not involved.

The acute form of porphyria begins with abdominal pain which is colicky, severe, and accompanied by nausea and vomiting. There is lack of muscle spasm which aids in the differential diagnosis of the surgical abdomen. The urine is dark brown or reddish. Temperature 100° F.-102° F. with a white blood count of 15,000-20,000. About one-half of these cases die of central nervous system involvement of the ascending or Landry type paralysis. Large amounts of uroporphyrin I and III are excreted.

In the chronic form of porphyria is demonstrated an increased excretion of coproporphyrin III and uroporphyrin I and III. The skin is somewhat sensitive to light and symptoms arising from the intestinal tract are present.

### Chronic Porphyria

ARNOLD W. POHL and JOHN R. ROBERTS

Annals of Internal Medicine, Dec. 1947

J.D.M.

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## MAHONING COUNTY SANATORIUM STAFF MEETING

A symposium on the various forms of therapy in the management of pulmonary tuberculosis was presented by the resident staff of the Mahoning County Sanatorium at the regular monthly meeting of the Hospital on January 26, 1948.

The three house residents each presented a typical case history, representing a particular lesion, demonstrated X-ray findings and discussed the method of therapy employed in management of each case. Dr. Irvine Levitz presented and discussed a case in which simple pneumothorax treatment was used in therapy. Dr. Graciano Gutierrez presented a case of left basal tuberculosis and discussed combined collapse therapy that featured treatment by pneumoperitoneum and phrenic crush. Dr. Frank Innui, a Curtis resident in thoracic surgery at the hospital, presented a case requiring pneumothorax and thoracoplasty.

The cases were well presented and were illustrative of some of the types of therapy used at the local sanatorium for various stages of pulmonary tuberculosis. Dr. Newcomer, Director of the Sanatorium, led the discussion. Dr. Joseph P. Keogh, President of Staff, presided.

S. W. O.

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## ARTHRITIS

Dr. Murrill M. Szucs presented a discussion on "Succinate-Salicylate Therapy in Arthritis" before the combined Staffs of the Alliance City and Salem City Hospitals on the evening of January 20th. This paper was given at the request of Dr. Rutledge, President of the Ohio State Medical Society.

The basis of Dr. Szucs' discussion was his article which was published in the Ohio State Medical Journal in October of 1947. After a discussion of various forms of arthritis and in consideration of the absence of known etiology of the major groups of arthritis he concluded that the objectives of the present therapy are best directed to effective relief of symptoms and control of the systemic metabolic disturbances associated with arthritis.

In a series of 396 cases comprising the various arthritides, treated with a combination of calcium succinate or succinic acid and acetylsalicylic acid, these objectives were found to be gratifyingly accomplished. Succinate therapy is predicated on its role as a physiological respiratory catalyst correcting the impairment in tissue oxidation which is a major aspect of the systemic disorder in arthritis. Succinate, furthermore, obviates the toxic effect of salicylate. Salicylate is the acknowledged agent of choice in controlling rheumatic symptoms; in addition to its analgetic effect, biochemical, immunological, and clinical evidence has been adduced recently indicating that its action on the rheumatic process is more specific than formerly was supposed. The combined use of calcium succinate or succinic acid with acetylsalicylic acid makes possible the use of salicylate for protracted periods as is frequently necessary in the treatment of arthritis.

S. W. O.

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## SILICOSIS\*

By. DR. PAUL G. BOVARD

Silicosis is a disease caused by prolonged inhalation of silica, resulting in nodular pulmonary fibrosis, which may be disabling in varying degrees in some cases and may be asymptomatic in others. The disease itself is becoming less prevalent with the improvement in the methods for handling silicious materials in industry due mostly to improved ventilation and closed operations.

Silicosis was first described in the seventeenth century but widespread prominence was not given this disease until rapidly fatal cases occurred in a tunnel digging operation at Gauley Bridge, West Virginia, about twenty years ago. The net result of these incidents was the establishment of various laws by many states, to provide compensation for disabled workmen.

The silica particle must be small enough to enter the pulmonary air sac. There is evidence that particles of silica become aerosols with a negative static charge, surrounding by an envelope of air with a positive charge. These aerosols when inhaled have less tendency to be lodged in the upper respiratory tract, but terminate in the alveolus where the heat of the body neutralizes the static charge. Once the silica comes in contact with the body fluids, it forms a toxic solution which renders the migrating monosite impotent and causes the alveolar wall to lose its elasticity, consequently fibrosis is produced and the alveolar wall becomes thickened. It must be remembered that only silica dust can cause silicosis. A few of the occupations in which

\*Abstract of the talk given at the February meeting of the Mahoning County Medical Society.

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free silica is a hazard are sand blasting, furnace building and repairing, brick working, mining and pottery making.

The symptoms of silicosis may be few and can be simulated by many illnesses. The most common complaints are dispnoea on exertion, heaviness or pressure beneath the sternum, expectoration and loss of strength.

A diagnosis of silicosis can only be established, after careful consideration of the occupational history, the physical findings and the appearance of the x-ray of the lung. It is well to remember, that an occupational history must establish the fact, not that the patient works at an occupation that involves a hazardous dust but that the atmosphere in which the patient works contains silica. It is unusual for silicosis to occur in less than ten years after onset of exposure. X-ray findings usually reveal nodulation, but these findings are not at all characteristic. The type and amount of pulmonary change depends, to a great degree, on the amount of silica in the inspired air, the size of the particles and the tissue response. There are many pulmonary lesions which may stimulate silicosis. In the differential diagnosis, one must consider atypical pneumonia, emphysema, bronchiectasis, vascular lesions, fungus infections, miliary tuberculosis, mitral-stenosis, pulmonary malignancy, polysithemia vera, and organic and inorganic dust.

An estimation of disability in patients with silicosis is very difficult and depends mostly on the completeness of the physical examination and its correlation with the symptoms and the x-ray findings. Such factors as normal tidal volume, maximum unit ventilation, pulmonary reserve and exercise tests are of the greatest importance.

Treatment is useless, unless the patient is removed completely from the dust laden atmosphere. The process is usually a progressive one and may continue to advance, even after the patient has been removed from the dusty atmosphere. Active therapy consists in the inhalation of aluminum powder which tends to neutralize the toxin formed by the silica in the lung.

G. Y. SMITH, M. D.

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## THE RESULTS OF EXPERIMENTS AND CLINICAL INVESTIGATION OF THE NEWER AGENTS IN THE TREATMENT OF CANCER

Louis C. Kress, M. D.

For the January meeting of the Mahoning County Medical Society, Dr. Kress gave a splendid presentation of the newer developments in the study of and treatment of cancer. He stressed the new developments which have apparent clinical application rather than those of purely scientific study. Dr. Kress called attention to the fact that many people have endeavoured to isolate changes or substances in the body fluids which might lead to early diagnosis of cancer. He called attention to the basic difficulty of detecting by chemical means the changes incident to an early cancer with its small group of cells. These cells do not show appreciable change early enough to be very helpful at the present time.

Beard, Liberl and Halperin, in the University of Chicago, have tried to develop a biological test for early detection of cancer. The present test uses concentrated extract of urine from the patient to inject into the peritoneum of young rats. It has been possible in a reasonably high percentage of cases to show a change in the ratios of weights of the gonads and the spleen in

*(Continued on Page 103)*

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Meeting of the Staff members of

**Mahoning County Tuberculosis Sanitarium**

March 23, 1948

**Speaker: George M. Curtis, M. D.**

Professor of Research Surgery  
Ohio State University

**Subject: "The Role of Iodides in Tuberculosis"**

Preceding the meeting will be a dinner at 6:30 P. M. in the dining room of the Sanitarium. For reservations call Dr. Stotler's office, Phone 33668, before March 19.

20th ANNUAL

*Postgraduate Assembly*

Wednesday, April 14th, 1948

PICK-OHIO HOTEL

*Program*

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**ROBERT W. KEETON, M. D.**

Professor and Head of the Department of Medicine

**ERIC OLDBERG, M. D.**

Professor and Head of Department of Neurological Surgery

**JOHN T. REYNOLDS, M. D.**

Assistant Professor of Surgery

**WILLARD O. THOMPSON, M. D.**

Clinical Professor of Medicine

**MORNING SESSIONS**

9:30 A. M.—Medical Clinic at St. Elizabeth's Hospital  
 Doctors Youmans, Keeton and Thompson

9:30 A. M.—Surgical Clinic at Stambaugh Nurses' Home, South  
 Unit Youngstown Hospital  
 Doctors Oldberg and Reynolds

★ ★ ★

**REGISTRATION, BALLROOM PICK-OHIO HOTEL**

12:30 P. M.—1:30 P. M.

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**AFTERNOON SESSIONS**

1:30 P. M.—4:30 P. M.

Anemia of Nutritional Origin .....	Dr. John B. Youmans
Feeding the Sick Patient .....	Dr. Robert W. Keeton
Protruded Intervertebral Discs .....	Dr. Eric Oldberg
Intestinal Obstruction .....	Dr. John T. Reynolds
Uses and Misuses of the Sex Hormone .....	Dr. Willard O. Thompson

★ ★ ★

**DINNER—6:30 P. M.**

★ ★ ★

8:00 P. M. Current Problems Facing Medicine—Round  
 Table Discussion led by \_\_\_\_\_  
 Dr. Willard O. Thompson



## Health Department Bulletin

REPORT FOR JANUARY, 1948

	1948	Male	Female	1947	Male	Female
Deaths Recorded .....	168	94	64	171	102	69
Births Recorded .....	280	149	130	394	218	176

### CONTAGIOUS DISEASES:

	Cases	Deaths
Chicken Pox .....	67	0
Diphtheria .....	0	0
Measles .....	104	0
Whooping Cough .....	29	0
Tuberculosis .....	1	3
Amebic Dysentery .....	1	0

### VENEREAL DISEASES:

New Cases .....	Male 19	Female 10
Syphilis .....	Male 6	Female 7
Gonorrhoea .....	Male 13	Female 3
Total Patients .....	62	
Total visits to clinic (patients) .....	547	

W. J. TIMS, M. D.

*Commissioner of Health*

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## WOMEN'S AUXILIARY

TO THE

MAHONING COUNTY MEDICAL SOCIETY

BENEFIT BRIDGE

WEDNESDAY, MARCH TWENTY-FOURTH

1:30 P. M.

ISALY'S AUDITORIUM

CHAIRMAN .....

MRS. V. C. HART

CO-CHAIRMEN

Mrs. Paul Mahar

Mrs. R. W. Rummell

Mrs. Samuel Epstein

Mrs. W. K. Allsop

Mrs. E. H. Hake

Mrs. W. O. Mermis

Mrs. F. W. McNamara

Tickets may be obtained from the chairman.

Members of the Auxiliary have given 552 volunteer hours of work at the Youngstown Receiving Hospital up to February first of this year.

The student nurses fund was amply increased by the addition of 241 dollars. This amount was netted from the recent raffle conducted by Auxiliary members.

MARCH



(Continued from Page 97)

these animals. Basically, the test is difficult and probably has little application in the very early diagnosis of cancer.

Another test which is studied is the ultra-violet phenomenon. When sera from a cancer patient are studied after exposure to ultra-violet light with filtering through Corning glass, the malignant sera are turbid and fluorescent while normal sera remain clear. False positives are obtained during pregnancy.

Dr Kress discussed the work of Dr. Papanicolaou in the early diagnosis of tumor from body fluids and smears. This method has proved a distinct aid in diagnosis but is a real problem to the pathologist for it requires a great deal of time and considerable experience in interpretation. It, however, is not intended to replace biopsies but is an auxiliary in the early study for tumor. Dr. Kress is of the opinion that this is an important aid in early diagnosis.

New methods of therapy are tried in various ways. Most afford palliation and not permanent cure. Testosterone and stilbesterol have been used to aid in certain types of tumors. The latter has been used for carcinoma in older women and for cancer of the prostate in men.

Nitrogen mustards have been prominent in recent studies following the chemical warfare study. These substances cause atrophy of lymphoid tissue and of rapidly growing tissues. In some cases the administration of nitrogen mustard seems to make the tumor radio-sensitive after it has become radio-resistant. The best results appear to be in Hodgkin's disease and lymphosarcoma. However, nitrogen mustard offers no more basic help than does roentgen ray therapy.

Dr. Mohs, of the University of Wisconsin School of Medicine, has developed a method where he applies zinc chloride to superficial malignancies and apparently has been able to irradiate many of these by controlled application. He has found that there are frequently finger-like processes of tumor extending around the ulcerated zone into the soft tissues. He reports 93% of cures from skin cancers treated by this method.

The Russian scientists have developed what is called the K-R substance. They claim to have tested it on human beings. The principle of the substance is found in the so-called specific toxins as secreted by *trypansomia cruzi*. This is a flagellate which is frequently seen in South America and it has been found to be antagonistic to cancer growth in animals. They have prepared a "endotoxin" from the heart blood of the mouse and injected this into the cancer patient or animal. They claim improvement in more than half of the patients treated. This substance has not been used in America as yet.

Folic acid has been tested but so far has not been encouraging in treatment of cancer.

Several drugs have been studied for the relief of pain in various types of tumors. Stilbamidine, amidon, dolophine or adanon all have been tested in various places. To date, none of these seems to offer great improvement over morphine.

Something new in diagnosis and case finding is the cancer detection clinic. This is to be distinguished from the tumor clinic, in that the detection center is for well people who have no symptoms but wish to have careful study for possible early cancer. Many cities and states have established such clinics and they have available funds for paying physicians who are working in these projects. In general, about 2% to 3% of patients have been found to

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have cancer in such survey studies. It does offer an opportunity to study early cases and probably will continue to develop.

In closing, Dr. Kress called attention to the fact that our medical literature often shows laboratory experimentation which does not have clinical application. Patients do not understand this and frequently our lay publications are misleading as far as patients are concerned.

HORACE K. GIFFEN, M. D.

## HERPES GESTATIONES

W. R. Hubler, M. D.

Herpes gestationes is a very rare disease of pregnant women. It begins in the first or second trimester of pregnancy with itching, blisters and patches of redness. Within a short time the eruption spreads to cover much of the body with blebs. Many of these coalesce to form annular lesions with normal centers. As the lesions become older they become pustular, crusted and often denuded. Healing is slow and large areas of denudation may be present making any position uncomfortable. As the earlier lesions heal crops of new ones appear in groups which is characteristic of this disease. The eruption is often so closely spaced that it has to be viewed from a distance to appreciate the grouping. The patient is quite uncomfortable as the lesions itch and burn but is not severely toxic. The eruption usually clears with completion of pregnancy only to recur earlier and in a more severe form with each succeeding pregnancy. There is danger that the disease will fail to subside after recurring with two or more pregnancies. The disease is seldom fatal to the mother but according to Mueller and Lapp—A.J. OB Gyn Aug. '44—the prognosis for the child is poor. A high percentage of abortions, stillbirths, and monstrosities occurs.

Therapeutic abortion is the treatment of choice. Otherwise, the patient has a good chance of suffering for 6 to 8 months only to give birth to a still-born or monstrosity, whereas, the eruption subsides rapidly after therapeutic abortion. Subsequent pregnancies are probably inadvisable. Local treatment is only symptomatic. Penicillin and sulfonamides are of benefit only in controlling secondary infection.

Differential Diagnosis: Pemphigus resembles the bullous phase of Herpes Gestationes very closely. More oral and vaginal bullae and severe toxicity occur with pemphigus. Erythematous and annular lesions are not found in pemphigus and the Nicholsky sign is positive. Pemphigus is usually fatal. Erythema Multiforme and bullous drug eruptions have to be differentiated. Dermatitis Herpetiformis is very similar to Herpes Gestationes except that it is chronic and occurs in both sexes. Many authors including Montgomery and Ormsby feel that Herpes Gestationes is a form of Dermatitis Herpetiformis.

### CASE REPORT

M. K., a white woman aged 30, noticed some annular vesicles on her chin 3 weeks before admission. These continued to spread. A diagnosis of impetigo was made and she received the usual local therapy for that disease with no benefit. There was no history of drug ingestion. Clear dew-drop-like vesicles began to appear on her body. She was hospitalized for further study May 8, 1947. Grouped moderately, pruritic vesicles and bullae continued to appear over most of the body in spite of penicillin injections and oral sulfonamide therapy. A few annular vesicular and erythematous areas also developed. Only 2 tiny erosions occurred in the mouth although the vulva was ex-

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tensively involved. She felt somewhat debilitated and had daily fever up to 101 degrees F. Her last menstrual period was 2 months before the onset of her disease.

A physical examination revealed no abnormalities except for some hard pea to bean sized lymph glands in the right inguinal region, slight enlargement of the uterus, and the skin changes. An extensive eruption consisting of clear bullae of .5-1 cm. diameter was present over much of the body. The mid trunk anteriorly and the neck were extensively involved with bullae, crusts and denuded areas where bullae had ruptured. On the shoulders and elbows a few annular bullous lesions and erythematous irregular macules 1-3 cm. in diameter with raised thread like borders were also seen. The mouth was free of lesions but the vulva was covered with many bullae. The vagina and cervix were normal. The uterus was slightly enlarged.

Laboratory: The Kahn test of the blood was negative. Repeated urinalyses were normal. Her hemoglobin was 75% and her total white count 8600 with 83% neutrophils and 17% lymphocytes. The plasma protein values were 5.7 gm/100 cc. with 3.6 gm albumin, 2.1 gm globulin, (A.G. ratio 1.71:1). (This is an interesting point—rare blood so no transfusion. The blood sugar was 100 mg.%. She did receive cysteine and other amino acid fractions. The Friedman test for pregnancy was positive.

Treatment: Penicillin and sulfonamides failed to halt the course of the disease. Daily oral doses of carbarsone brought about slight improvement.

This patient was presented before the Cleveland Dermatological Society and they agreed with the diagnosis and intended treatment of therapeutic abortion. This procedure was done May 28, 1947 and she began to improve. She was discharged on the 8th post-operative day and has been followed in the office since. Her eruption subsided rapidly at first then slowly cleared over a period of about 3-1/2 months. Nicotinic acid, a new therapeutic approach for dermatitis herpetiformis was tried and seemed to hasten the involution of the lesions.

The etiology is unknown but we have wondered about a possible relationship to the Rh factor as the patient was Rh negative and her husband Rh positive. Her Rh titer had risen slightly shortly before her therapeutic abortion, 3 months later when her eruption had subsided it returned almost to 0. There are no reports in the literature on this aspect.

#### Invitation

The Ashtabula County Medical Society will hold its first annual Postgraduate Day to be held at Hotel Ashtabula on Tuesday, April 13, 1948. Lake and Geauga County Societies are joining with us and since your society has extended us invitations on your Postgraduate Days, the committee extends a cordial invitation to all of your members.

The meeting starts at 3:00 P. M. and two speeches will be given in the afternoon followed by cocktail hour, dinner and two more speeches after dinner. We have secured Dr. George W. Crile, Jr., and Dr. Rossmiller of the Cleveland Clinic. Two state men will speak on topics of interest concerning the state society in the doctors room.

We hope that many of the doctors from your society can attend. Later I will ask for an approximate number coming. In the meantime I trust that you will talk this over with your members so that when I call upon you for reservations you can give me a rough idea.

William Millberg, M. D.  
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### JOSIAH KIRBY LILLY DIES

Josiah Kirby Lilly, chairman of the board of directors of Eli Lilly and Company, died on February 8, 1948. He was 86 years old.

Mr. Lilly was born in Greencastle, Indiana. His father, Colonel Eli Lilly, founded the company on May 10, 1876. Josiah Kirby, as "a boy with a wicker basket," delivered the first pound of a Lilly product to a near-by wholesale druggist. He was then 14 years old.

In 1880, he entered the Philadelphia College of Pharmacy and Science, from which he graduated in 1882. Upon returning to Indianapolis he became superintendent of the plant, in which capacity he continued for about sixteen years. When Colonel Lilly died in June, 1898, his son was elected president, of the company. After thirty-four years as president, Mr. Lilly became chairman of the board of directors in 1932. He retired from active service with the company on January 1, 1945.

Under his management Eli Lilly and Company became one of the outstanding organizations in the pharmaceutical field, with international distribution.

In recognition of his services in civic, scientific, educational, and cultural organizations, eight colleges and universities conferred honorary degrees upon him. Among his active hobby interests were his apple orchards, the music of Stephen Foster, and the growing of orchids.

Mr. Lilly's relations with those who worked for his company were singularly happy. He was generous in giving credit to his associates for accomplishments and promoted harmony that brought teamwork in the organization. His sympathetic interest in the individual problems of company personnel employees.

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### AMERICAN MEDICAL ASSOCIATION

February 16, 1948

Dear Doctor:

"Patients all over the country are voicing bitter criticism of the medical profession because of their inability to obtain the services of a physician at night. Scores of letters are being received at A.M.A. headquarters each week from patients who complain that doctors decline to make night calls.

"My baby became quite ill at 11 o'clock and I called a doctor," one letter said, adding: "But the doctor told me that he never made night calls and urged me to call another doctor, whose name he gave me. That doctor didn't come either."

The writer urged the A.M.A. to "do something about this."

At the National Conference on Medical Service, held in Chicago, February 8, someone told the audience that a state legislator whose child was seriously ill called five doctors and got five turn downs.

These complaints, piling up at an alarming rate, present a grave problem. Every doctor knows that a hasty turn down of a phone call at night creates ill feeling toward the medical profession as a whole. Some medical societies are solving this problem by setting up a special phone service. When a patient phones a doctor anytime during the night and the doctor declines to make the call, he gives his medical society phone number to the patient. By calling the number, the patient is assured that a doctor will call.

An editorial covering this subject is scheduled to appear in the A.M.A. Journal soon."

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## PLASTIC SURGERY SYMPOSIUM AT ST. ELIZABETH'S STAFF MEETING

A symposium on plastic surgery featured the February Staff meeting of St. Elizabeth's Hospital held on Tuesday, February 3, 1948.

Dr. Vernon Goodwin presented a paper on, "Some Indications for Nasal Plastic Surgery". He mentioned nasal deformities, congenital and acquired, and discussed the role of plastic surgery in their treatment. The treatment of acute traumas of the nose and an emphasis on proper immediate and follow-up care was emphasized.

Dr. J. B. Kupec then presented a paper on "Plastic Surgery—General Scope". After a preliminary discussion of indications for various plastic procedures and the various operative techniques employed he presented a large series of slides illustrating technical features of his discussion. The cases were from a series seen by himself and Dr. Blocker, of Texas University, with whom Dr. Kupec was associated in the Military Service. Many of the cases were of World War II and demonstrated the role of plastic surgery in the reconstruction and repair of disfiguring wounds. The dramatic results of plastic procedures in seemingly hopeless cases indicated the huge strides taken in plastic surgery in recent years. In the ensuing discussion Dr. Kupec cited the efficacy of early skin grafting in burns, particularly those involving large areas.

Considerable general discussion featured the excellent program presented by the essayists.

S. W. O.

### UNCLE DUDLEY

"When a country is well governed, poverty and a mean condition are things to be ashamed of. When a country is ill governed, riches and honor are things to be ashamed of." When reading this, one is apt to think someone had been watching the political antics of modern America and had made this pertinent observation. But the Sage of Lu had thought this out before the Persians had been defeated at Salamis, over a century before Alexander the great was born.

\* \* \*

A follower of wishful thinking is being led along a highway to vanity.

\* \* \*

We agree in principle that everyone should have a room in his home in which to do his thinking. One room may serve for more than one person, if they are well versed in traffic laws and will observe them strictly. No reasonable person expects to be constantly in another's thoughts. There must be space in them for all the world besides. That room will be so occupied that each must know his way around.

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**COUNCIL MEETING****February 9, 1948**

The regular Monthly Council meeting of the Mahoning County Medical Society was held at the office of the Society, 125 W. Commerce St., Monday, February 9, 1948. The following doctors were present: Drs. J. A. Noll, V. L. Goodwin, W. M. Skipp, J. K. Herald, E. J. Reilly, W. J. Tims, G. G. Nelson, R. E. Odom, G. M. McKelvey, Dr. John Goldcamp Chairman of the Social Committee and Dr. Stephen Ondash, Chairman of the Postgraduate Committee were guests.

Meeting was called to order at 9:00 P. M.

Minutes of the previous meeting were read and approved.

Dr. John S. Goldcamp reported on progress of his committee's plans for the Annual Banquet to be held March 18, 1948. It was suggested that the Fifty Year Club eligibles to be presented with some memorial. The Secretary was instructed to write to the A.M.A. and get information on gold 50 year pins. The tickets for the banquet are to be \$6.00, same as last year.

Dr. Stephen Ondash, Chairman, Postgraduate Committee reported progress to date. He submitted a type written brochure and was commended highly for his efforts. Council instructed him to proceed in whatever way was necessary to secure the program as early as possible.

The following applications were returned by the censors.

**FOR ACTIVE MEMBERSHIP**

Dr. Nathan Belinky, 1077 Wilson Ave., Youngstown, Ohio  
 Dr. R. V. Clifford, 19 Lincoln Ave., Youngstown, Ohio  
 Dr. O. A. Turner, 226 N. Phelps St., Youngstown, Ohio  
 Dr. U. A. Melaragno, 804 Dollar Bank Bldg., Youngstown, Ohio  
 Dr. Louis Bloomberg, 604 Central Tower, Youngstown, Ohio  
 Dr. John R. LaManna, 2912 South Ave., Youngstown, Ohio

**FOR INTERNE MEMBERSHIP**

Dr. S. G. Patton, 5532 Mahoning Ave., Youngstown, Ohio  
 Dr. R. J. Scheetz, St. Elizabeth's Hospital

Unless objection is filed in writing with the secretary within 15 days, they become members of the Society.

Dr. Skipp reported on the activity of the Allied Professions Committee.

Bills were read. A motion was made seconded and duly passed to pay each one.

Meeting adjourned at 11:15 P. M.

V. L. GOODWIN, M. D.  
 Secretary

**LAURA CLARK HEADS NURSES OF DISTRICT**

Miss Laura Clark was elected president of District No. 3, Ohio State Nurses' Association, at the annual business meeting held at Jeanne Mance Hall, St. Elizabeth Hospital. Miss Emma Modeland presided.

Elected to serve with Miss Clark were Miss Audrey Short of Warren and Sister Germaine, first and second vice presidents; Miss Margaret Sullivan, secretary; Miss Nellie Grant, treasurer; and Mrs. Edna W. Viets, Miss Modeland and Mrs. Ruth Aubrey, trustees. Annual reports were presented, revealing a highly successful year under Miss Modeland's leadership.

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## STOP! LOOK! LISTEN!

The following list of causes of malpractice claims appeared in The Bulletin of the Alameda County (Calif.) Medical Society. It seems appropriate to reprint them here as a reminder to our members.

1. Criticizing colleagues to patients.
2. Making too optimistic prognosis.
3. Failure to keep proper records.
4. Failure to secure consent to operate.
5. Failure to employ x-ray and clinical laboratory diagnosis.
6. Failure to call qualified consultants when necessary.
7. Failure to maintain equipment in safe condition.
8. Failure, when possible, to consult colleagues respecting previous treatment of patient.
9. Concealment from patient of injury resulting from treatment.
10. Abandonment of patient.
11. Delegation of duties to unqualified assistant.
12. Telephoning prescriptions.
13. Undertaking cases when not qualified by understanding and experience.
14. Discussing physician's malpractice insurance with patient.
15. Use of threatening collection methods.
16. Charging excessive fees.
17. Testifying at inquests, autopsies or giving depositions without legal counsel.
18. Thoughtless remarks to patients respecting previous treatment by other physicians.
19. Failure to consult your association, claims attorneys or your insurance company on any matters touching on malpractice.

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### NEWS

Recent additions to the Intern Staff of St. Elizabeth's Hospital are Drs. Leonard P. Caccamo and Arturo Gomez Escalera.

Dr. Caccamo is a graduate of Bowman Gray School of Medicine of December 1947. He resides at 3641 Beechwood Road, Youngstown, Ohio.

Dr. Escalera is a graduate of the Medical University of Havana, Class of 1947.

---

### BAL

BAL is particularly effective in preventing tissue damage by arsenic and mercury but also in reversing moderate degrees of tissue injury after the metals have been at work for some time. BAL is itself a poison. It is an irritant to the skin and mucous membranes and in large doses causes death with capillary paralysis and shock. It causes lacrimation, blepharospasm, salivation, vomiting, muscular cramps, unrest, apprehension and weakness. Small doses increase the blood pressure by arteriolar constriction. The unpleasant side effects occur at a level much below those which may cause serious damage, a fact that gives an element of safety against overdosage. Doses may be repeated in 3-4 hours. It is best given in 10% solution in peanut oil. There is considerable evidence that BAL is effective in reversing the toxic reaction of lead, antimony, vasadium, bismuth, codinium, mercury, zinc, gold and arsenic.

Editorial.

Harry Gold

American Journal Medicine  
January 1948

J. D. M.

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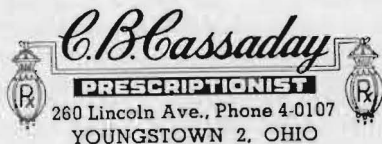
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## THE MEDICAL CRIER

Speaking of Bulletins, we have one that compares favorably with the best of them. I think the last one was the best number that was ever put out. Editing the Bulletin is a hard job, and most of the work is done when the Editor should be sleeping. Gus is doing a grand job, and if you think so, too, why don't you tell him? It is all the pay he gets.

Some Bulletins just consist of announcements, business transactions, and news notes. Others try to be scientific journals and fill their pages with long dry articles. Ours contains everything. It saves the Society many dollars in sending out announcements, and its scientific articles are by local men. It reports accurately the presentations of our guest speakers. It supports itself and pays our Executive Secretary. Its flavor is strictly local, and it is all ours.

The advertisers deserve a break, too. They pay the hard cash that pays the printer. If you think that selling advertising is easy, just try it some time, or ask Mary Herald. Business people don't buy advertising for sentimental reasons. It is your job to let them know that their advertising pays. All you need to do is to mention the Bulletin where it will do the most good.

One time during the depression I was downtown trying to sell some space to our local merchants, and the going was tough. I stopped in to see one of our biggest haberdashers, and the proprietor cried a big wet spot on my shoulder because business was so bad.

"Charlie," I said, "if you will take a little ad in our Bulletin, I am willing to spend an equal amount right now in your store, cash money."

Well, he couldn't see that and the next day I was telling Dr. Elsæsser my troubles.

"I will speak to him personally, myself," said A. E., and he must have done it very well for we got the ad, and they have been good customers ever since.

You see what I mean?

J. L. F.

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### 17 KETOSTEROIDS

Material with the activity of gonadal hormone can be extracted from human urine. Among normal men the 17 KS have a dual source, namely the testicle and the adrenal cortices. Among women, most, if not all of these steroids are derived from the adrenal cortex. Apparently, then the determination of the 17 KS level is an index of the combined activity of the adrenal cortex and testes in the male and the adrenal cortex alone in the female. Boys and girls excrete essentially no 17 KS from birth until they are 7 or 8 years old. The normal excretion of 17 KS for adult women is about 7 to 10.2 mgm and for adult men about 15 mgm. Taking the average of these figures it may be assumed that 9 mgm. are derived from the adrenal cortex in both men and women and 5 mgm. from the male gonads. It would seem that determination of 17 KS levels would be of value as a laboratory aid to differential diagnosis in special cases of glandular dyscrasia.

CHARLES H. INGRAM

—Bulletin of the School of Medicine,  
University of Maryland, October 1946

J.D.M.

**NEWS ITEMS**

Dr. John A Rogers presented a paper for the Tuscarawas County Medical Society on Thursday, Feb. 12, 1948 on "The Prophylaxis and Treatment of Pulmonary Embolus".

At the annual meeting of the Youngstown Eye, Ear, Nose and Throat Society, the following officers were elected: W. H. Evans, M. D., President; John Goldcamp, M. D., Vice President; V. C. Hart, M. D., Secretary and Treasurer.

**FOR RENT**—2 professional offices on Lincoln Avenue. Call 43456.

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**com-plete'** (kôm-plēt'; 2), *adj.* [L. *completus*, past part. of *complere* to fill up, fr. *com-* + *plere* to fill] 1. Filled up; with no part lacking. Brought to an end; complete.

Protein synthesis has long been held to be a case of "all or none." To form a body tissue, every component must be available. Amino acids traced with isotopes evidence, too, that when the anabolic action starts it is rapid.

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## The Interim Session of the House of Delegates of the American Medical Association, Cleveland January 5 to 8, 1948

The midwest regional conference of the Council on Medical Service was held at Hotel Cleveland on Sunday, January 4, 1948. Dr. R. L. Rutledge, President of O.S.M.A. in his address of welcome stressed the importance of getting more general practitioners and of stopping the ever increasing tendency towards specialization. He asked that the boards give credit to men who have had three to five years of general practice and that hospitals and medical schools produce fewer specialists. Mr. A. W. Stack brought out that all members of county medical societies are members of the AMA but that to become a fellow it is necessary to apply for fellowship. Dues are charged but are paid when subscription to one of the publications of the association are paid; But if you receive a publication of the association you are not necessarily a fellow. If you are not a fellow, you can attend the scientific sessions of the association only as a guest. You cannot hold office, read or discuss a paper, or be a delegate. If you are not a fellow, you should write the secretary of AMA for an application blank at once. Mr. Creer announced that there are a great number of motion pictures with sound in the AMA library and explained how they are catalogued. They may be obtained by State and County Societies, Hospital Staffs and lay organizations, but their use must always be sponsored by a medical society. Records on public health also are available for broadcasting. They must be delivered to a member of the profession, never to a broadcasting station. When asking for this service please specify what field is desired. Displays for all types of meetings such as County fairs, County health meetings, District P.G. meetings, etc. are also available.

There was much discussion on how to get more general practitioners and how to prevent the boards from making so many young men into specialists. The general opinion was that boards should give credit for general practice and that men who take this training (G.P.) should be permitted to return for further training in some special field.

Dr. R. R. Sayers, Chairman, Medical Advisory Board Mine Workers Welfare and Retirement Fund reported on the work of coordinating the various factions and how much is being done to get better health conditions for the miners of our country. Labor, employer and government are working for improved health of the miner and his family. Health conditions in the mining sections are deplorable. None of the fund has been spent to date but when the setup is completed it will give the miner, his family and his community better living conditions.

Dr. J. S. Lawrence, Director of Washington Office explained the workings of that office and how members of Congress use this service and get much information from it. Many bills will be introduced during this session of Congress but few will be considered with the exceptions of the S545 Taft Bill, and S1380 Wagner Murray Dingle Bill. These will be brought to a vote so be on the alert!

Public relations are very important and the man back home is the best public relations man. If he is a good M.D. he will try to understand all the

problems related to the public and our profession and will help lay organizations to understand our problems also. He will not bring unnecessary strain on the profession by being unfair in his charges or split fees or take "Kick-backs" from manufacturing companies. The G. P. will be the mainspring of all public relations if he will try to spread good will throughout his community and endeavor to be its leading citizen.

Health councils were discussed. They are organizations sponsored by the medical profession guided by the society but should not be dominated by the doctors. They are made up of all types of organizations—labor, P.T.A.'s, Chamber of Commerce (SR. & JR.), welfare, charity, and all civic organizations that are interested in public health improvements.

#### HOUSE OF DELEGATES MONDAY MORNING, JANUARY 5, 1948

Committee on Credentials reported a quorum registered and on roll call this was confirmed. Carl Lincke of Ohio was appointed a member. The House was then presented names of three G.P.'s one of which was to receive a medal for outstanding service in his community. The names presented by the Board of Trustees were: Dr. Pressly of South Carolina, Dr. Olephant of Indiana, and Dr. Sudan of Colorado. Dr. Sudan was elected. He is a very nice fellow practicing in a small community and he also takes care of all people within a radius of 80 miles.

The speaker appointed committees to carry on the work of the session. Seven delegates received appointments. Three were from Ohio.

President Bartz told of the great work of our Association and how it has been stepped up in the last year. We have more employees, more office space etc. A great deal of time and effort has been expended on this session for the G.P. and that he should and will take his proper place in the organizations. He is the principle support of all medical organizations and is regarded as the backbone of the profession. Medical students are being instructed as to their relations at the State and Local Society levels. Public relations have been improved by revamping the council, hiring a new Director, well qualified and by employing more personnel. The Woman's auxiliary is doing a magnificent job by bringing to the attention of the public the worth while work of physicians in local, state and national organizations. Each doctor and employee must understand his position so that he can better improve and educate the public in vital medical public relations. He should know all the facts so he can answer questions asked regarding his various organizations. He should be familiar with all critical issues facing the profession and be willing to go out and discuss these issues wherever possible. He should be willing to do a good job so that private enterprise will continue and thus prevent the government from taking over the practice of medicine. The nursing problem is acute but is being solved by our profession and other interested organizations putting their all to the wheel. The problem has not been solved yet, but we are making progress. The profession should join with all allied professions in preparation for problems arising in atomic warfare. This is an immediate problem and cannot wait. Much work has already been done.

State medicine is not to be overlooked. Medical leadership must be strong so that we are not made a servant of the government. Public health is

important and as a medical organization we must plan and give leadership in this field also. The G.P. should interest himself in all medical and civic organizations and make himself a part of them and give guidance. It is important that all medical schools direct more students into the field of general practice. Woman's auxiliary, under direction of the County Society, should be leaders among women's organizations in their community.

The Board of Trustees reported that it is necessary to raise subscription rates and fellowship dues in the AMA. There is an increase of over \$100,000 for paper alone in the Journal. All other costs have mounted in proportion.

World Medical Association was reported as set up and given support by the AMA. \$50,000 was pledged. Four members were delegates at the Paris meeting in 1947;—Drs. Irons, Henderson, Bouer and Sensenick. Some of the objects of the Association are to maintain dignity of profession, assist all peoples to get good medical care, promote world peace. Monies will be supplied by Physicians, drug industries. Headquarters will be in New York City. The official languages will be English, French and Spanish.

#### RESOLUTIONS

Resolution condemning hospital for the practice of Medicine. Should not hire M.D. for Pathological Laboratory, Anesthesiology, Physiotherapy, X-ray. M. D.'s in these positions should collect own fees. This was a re-affirmation of former findings of the house.

Alabama moved that the dues with subscription to AMA Journal be \$12.00. \$170,000 in the red 1948.

Streamlining House for quicker and better service.

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- 4—All resolutions have 8 copies.
- 5—Post where and when committee meetings are held with name of chairman. Any member of the Association may appear before any committee for or against any resolution.
- 6—No address of the president elect.
- 7—No address by guests.

This was at once broken by permitting Sec'y. Canadian, Medical Association to address House but he is an Honorary Fellow of the AMA. He told of the good work of the AMA Delegates to the World Association and how much good would come in better health and promoting world peace.

Resolutions to form new section on Diseases of Chest. Turned down.

Resolution that Virginia nurses training be simplified and if necessary train more than one kind of graduates. Referred to Committee on shortage of nurses who advised getting nurses out of retirement. More money for nurses. Relieve them of paper work etc. Scholarships or inducements to train. Train other types of help such as nurses aids.

Resolution on interne training and distribution. Ohio; committee be appointed to study shortage report. How to relieve situation and get students



and also find out what hospitals are offering in work. Net, pay, etc. 5,600 internes to fill 8700 positions. Medical colleges blamed for some of the shortages in not instructing students where to locate. Passed.

Resolution to stop use of tax money for propaganda for State Medicine Propaganda being used on armed forces. Resolution then approved and sent to all departments concerned.

Resolution that mass x-ray of chests be continued in an attempt to stamp out TB. Approved.

Resolution that all immigrants be examined and x-rayed for any disease particularly TB before leaving home country or before entering into U.S.A. Approved.

Resolution to set up how long a delegate may serve in AMA house; This is a function of State. Not approved.

Resolution setting up method whereby members of the Board of Trustees shall be selected geographically. Not approved.

Resolution Congratulating Representative Harness of Indiana for bringing to the attention of the Attorney General and Public how money was being spent by Social Security Employees for advancement of State Medicine. Approved.

Grass Roots meeting was held at the Hotel Statler, at 7:30 P. M., Jan. 6, 1948. Well attended by G.P.'s from entire country. General opinion was that the G.P. does not need any help but through his numbers he must assert himself. Get into all organizations including politics; do not let the specialist push him around as the specialist needs him. Make himself felt in County and State Medical organizations. His prestige is established, all he needs to do is hold it, make himself a leader and no one or any organization, including hospitals can upset his need and standing in any and all communities. He is the bedrock of all the practice of medicine.

WILLIAM M. SKIPP, M. D.  
Delegate

### BACTEREMIA FOLLOWING DENTAL EXTRACTION

The administration of large doses of Penicilin for 24 hours prior to dental extraction caused a significant decrease in incidence of bacteremia following extraction but failed to prevent it in a large number of cases. The agent was particularly effective in decreasing bacteremia after extraction of teeth from infected fums. It is recommended that Penicillin be used in all patients with rheumatic and congenital heart disease before and after dental extraction.

Glaser, Robert J. et al  
American Journal of Medicine  
January 1948

J. D. M.

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22 East 40th Street, New York 16, N. Y.

# It Can Happen Here

LET US NOT FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between  $37^{\circ}$  and  $42^{\circ}$ , where the average amount of fall and winter sunshine is equal to that in the major portion of the United States. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.



Example of severe rickets in a sunny climate.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepoll for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children.

#### OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL

Potency, 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10 cc. and 50 cc. bottles; and as capsules in bottles containing 50 and 250.

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