



In times of crisis we must avoid both
ignorant change and ignorant opposi-
tion to change.

—John Stuart Mill

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown - Ohio
VOL. XXI No. 1
JANUARY • 1951

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1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129: 619, Oct. 27, 1945.

2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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PRESIDENT'S PAGE



After a post-war period of unrest and readjustment it was hoped that the year of 1951 would be one of orderly procedure and progress. That hope however, appears doomed. Instead we have a new national and international crisis which again will call for many sacrifices from every member of our profession. Demands will be made on us whether it be in our own community or elsewhere. This crisis automatically creates two major problems.

First: Military branches will require many men and these will have to be volunteers, or men selected through the draft boards, as the necessity requires, keeping in mind a proper force to meet the homefront requirements which will be tremendously increased because of the military demand. We are, of course, obligated to provide adequate local service needs as it has been traditional for us to set the example for all from the standpoint of sacrifice and patriotism.

Second: The civil defense program is greater in scope than originally anticipated and it will, of necessity, demand full cooperation and imbued spirit on the part of all medical personnel. I have the utmost confidence that we can and will meet the demand based on past experience of the profession. This will be explained more fully as the over-all plan is perfected.

In addition to the above, we must not forget our all important objective of being constantly aware of the trend towards socialistic ideologies in all phases of our American way of life. We have by our recent strong stand rightfully won the admiration of all concerned and in order to continue to merit this confidence we must resolve ourselves to give satisfactory service and diligently follow the creed accepted by each of us.

ELMER J. WENAAS, M.D.
President

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DR. WENAAS HEADS SOCIETY IN 1951

Dr. Elmer J. Wenaas accepted the gavel of senior officer of the Mahoning County Medical Society from Dr. Gordon G. Nelson, its retiring president, at the annual election of officers on December 19, 1950 at the Elks Club.

Dr. Wenaas, diplomate of the American Board of Ophthalmology, fellow of the American College of Surgeons and member of the American Academy of Ophthalmology and Otolaryngology, has been a member of council and identified with numerous committees for the past many years. He will be officially installed as president at the annual banquet of the membership to be held on January 16, 1951.

DR. GUSTAFSON BECOMES PRESIDENT-ELECT

New president-elect is Dr. C. A. Gustafson whose record of service in the Society has been noteworthy for the past many years. He served as chairman of the Lay Education and Speakers Committee for several years, was on the editorial staff of the *Bulletin*, then became its editor for four years. In 1948-1949 he served as chairman of the special committee for the Preservation of the Voluntary System of Medical Practice and as chairman of the committee to defeat Plan 27. He has been a member of council for the past seven years.

OTHER OFFICERS ELECTED

Dr. G. E. DeCicco was re-elected secretary and Dr. A. K. Phillips was elected treasurer. Dr. I. C. Smith was named to continue as delegate to the Ohio State Medical Association. Drs. W. M. Skipp and V. L. Goodwin continue their terms as delegates to the Ohio State Medical Association. Alternate delegates to the Ohio State Medical Association for one year terms are Drs. J. D. Brown, Asher Randell and J. C. Vance. Dr. H. E. Patrick was re-elected as the Society's representative on the board of directors of the Associated Hospital Service.

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JANUARY

BULLETIN MARKS 20th YEAR

J. L. Fisher, M.D.

(Editor's Note—Notably qualified to recount the origin of the *Bulletin* on occasion of its twentieth anniversary, is its first editor and a past president of the Mahoning County Medical Society, Dr. J. L. Fisher).

The first issue of the *Bulletin* appeared twenty years ago this month. It was a modest thing of twelve pages and this is how it was started. I know because I was there.

Dr. Arthur Thomas was the newly elected president and he was full of fire and ideas. A tireless worker himself, he expected nothing less of those about him. He called me up one day and said, "Jimmie, the Society is going to have a *Bulletin* and you are going to run it!"

I said, "What do you mean a *Bulletin*, something to pin up on a bulletin board?"

"Not on your life," he replied. "I want something worthy of the best County Society in Ohio, a monthly booklet with all the news and meeting announcements so that every member will know what is going on and everyone will take more interest. You can sell enough advertising to make it pay its way."

Well, that seemed like a large order and all I could think of was to gasp, "If you want something like that, I want Skipp to help me."

So I got not only Skipp but Morris Deitchman and Colin Reed and Boyd Schaffner and we all met for lunch at the Y.M.C.A. I took several sheets of typewriter paper and folded the top down to the bottom, turned them half-way around and wrote on the front: "Bulletin Of The Mahoning County Medical Society." "Here," I said, "is the dummy of the first issue." Now let us see how much advertising we can sell and meet here day after tomorrow." That was the way the size of the pages was determined and it is the same today.

What a struggle we had. It was in the depth of the great depression and the price of advertising was twenty-five dollars a page. We visited the business places which the doctors patronized and pleaded, cajoled and threatened. It was like pulling impacted third molars but when we met again we had four pages sold. Skipp was mad; he considered it a personal insult when anyone refused. We made him the Business Manager and started in on the arrangement of the contents.

It seems fitting to mention here the names of the ones who helped us get started. In the first issue appeared advertisements of the Lyons-Laeri Company (now the Lyons Physicians Supply), The Co-Operative Adjusting Company (Earl Huffman), James, Calvin and Weaver (now James and Weaver), Fred Blewitt, the Tailor, The Youngstown Printing Company, Goodman Bros. Pharmacy, Lembke's Ethical Pharmacy, The Bloom Drug Co., and Laeri's Apothecary Shoppe. Most of these good people are still in business and certainly deserve the kindest consideration from the members.

Material was not hard to find. Arthur Thomas wrote a lengthy President's Page, hunted up medical news and thought up the jokes. Later on when the *Bulletin* became larger as more advertising came in, the Editor was often pushed for copy and had to think up new features, but that is a story to be told later.

It was fun those days; we were young and enthusiastic and thought we were doing big things but when I compare the first *Bulletin* with its later development, I am glad you can't all see it. Anyway, it was better than the penny post card announcements we used to get and it was the beginning of a very necessary medium to help cement our fine organization.

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INTRA-ARTERIAL TRANSFUSION

Patrick B. Cestone, M.D.

In the past decade the treatment of severe hypotensive shock has progressed rapidly with the institution of new procedures to replace blood volume. Of these, the intra-arterial transfusion representing infusion of blood or other fluid under controlled pressure into an artery, is one which can be carried out in the average hospital as it requires no elaborate equipment or especially trained teams.

The intra-arterial replacement of fluids was first used in this country by Halsted in 1883 following the work of Landois who preferred intra-arterial to intravenous routes for transfusions. Davis, in 1937, found a transient rise in the systemic arterial pressure following the intra-arterial infusion of hypertonic saline solution but Kendrick and Wakim showed this to be deleterious. It wasn't until 1943 that the conclusive advantage of intra-arterial over intravenous transfusion was shown by Kohlstaedt and Page who demonstrated a ratio of 75% recovery with the intra-arterial method and a 30% with the intravenous, in a series of dogs in which profound hypotensive shock was induced by blood-letting.

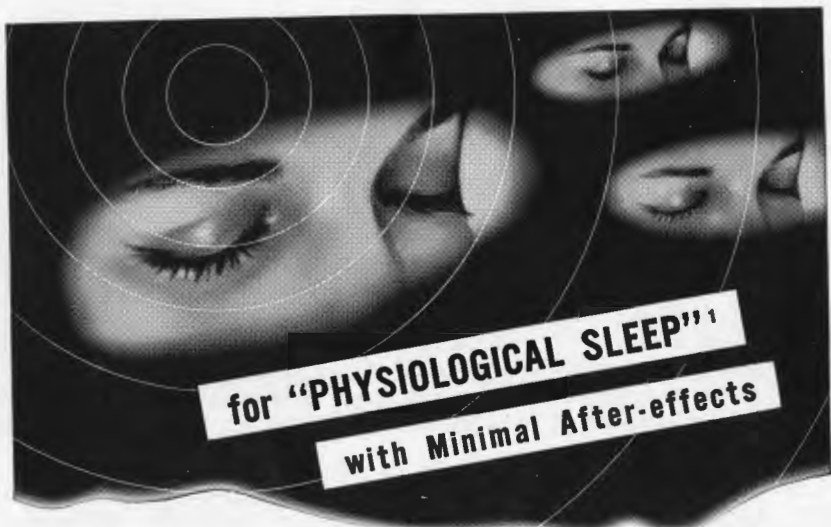
Recently Robertson et al demonstrated that intra-arterial transfusion produced adequate results four times as rapidly as equivalent intravenous methods. Mallet Guys showed that intravenous transfusions under pressure may provoke dilatation of the right side of the heart with compression of the left leading to complete collapse, for in severe shock 66% of the total blood volume is contained in the large collecting veins.

Shock, as we well know, is a condition in which there is a lowered blood pressure, decreased blood volume and a reduced tissue perfusion. As it progresses and the compensatory mechanisms prove inadequate, cardiac output becomes very low and the arterial pressure is no longer maintained in spite of peripheral constriction. Thus the vital centers are affected and death is an impending threat.

The physiological principles involved in the treatment of shock depend, as in hemorrhage, on the restoration of a more normal blood volume and the restoration of a normal capillary wall. As in hemorrhage time is an important element and in the intra-arterial method, this factor is utilized in that the above requisites are brought about in a matter of minutes.

Jones et al demonstrated the return of a normal cardiac cycle in less than ten seconds because of the prompt perfusion of the coronary arteries and the concomitant rise in the intra-aortic pressure which causes a decrease in the peripheral vasoconstriction brought about by the sensitive sino-aortic pressure receptors, thus leading to a restoration of a normal hemodynamic relationship. They also demonstrated that an increased blood flow through the vertebral arteries resulted in a marked respiratory stimulus probably initiated through the replacement of the static and deoxygenated blood in the capillaries of the medulla. This also occurred when the vago-sympathetic trunk on each side was completely severed. Chase, in his monograph on anoxia, fully discusses the chemical factors of the blood which bring about this stimulus in initiating respiration.

Practical application of the intra-arterial transfusion has shown its advantages to be: the rapid restoration of blood volume, the specific stimulation of



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¹N.N.R., 1947, p.398.

²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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respiratory and cardiac cycles and a rapid return of a more normal blood pressure, all within a matter of minutes as time is a very essential factor.

The apparatus needed in intra-arterial transfusions is simple and easily assembled from the materials which are a standard part of any operating room. Roberto, in his recent illustrated article, discussed the equipment needed as well as the technique.

A few points in the technique should be emphasized. An initial pressure gradient of 50 to 100 mm. of mercury should be established i.e., the pressure in the apparatus should exceed that of the patient by 50 to 100 mm. of mercury, this gradient being maintained by raising the infusing pressure at an equal pace with the recovering arterial pressure.

Usually blood is run into the radial artery with the canula always pointing toward the heart, but any easily located artery will suffice. Kay and Hacker described a method using direct intra-aortic transfusion during a thoracotomy. Jones et al from their experiences point out that plasma and hypertonic saline will also initiate rapid recovery but the effects are transitory and must be followed by whole blood. Thus, plasma or hypertonic saline can be used until the blood is available.

If the radial artery is used, it is best to ligate and divide the vessel at the termination of the transfusion in order to prevent sympathetic vaso-constriction resulting in ischemia and possible gangrene distally. In our series of cases gangrene of the tips of the thumb and index finger occurred in the one case in which ligation in continuity was carried out instead of division of the vessel. Those in which division was done showed no untoward effects.

Brief abstracts of two of a series of cases in our experience indicate the efficacy of this life saving procedure. The first case was a 23 year old white female in labor and at term who was admitted for delivery. Application of forceps was necessary and a cervical tear occurred which resulted in a severe hemorrhage uncontrollable by repeated packing. Severe hypotensive shock ensued with a blood pressure of zero and a pulse of 200. Estimated blood loss was 3,000 cc. and an equivalent amount given intravenously gave no appreciable response; hence an intra-arterial transfusion of 1,000 cc. of blood was started in the left radial artery. Within 15 minutes the blood pressure was 100/60, the pulse 180; within 45 minutes the blood pressure was 130/70, the pulse 150, full and regular. A total hysterectomy was done and the specimen showed a deep high cervical tear. Her post-operative course was uneventful.

The foregoing case represents one of a severe hypotensive shock due to marked blood loss with excellent response from an intra-arterial transfusion enabling procedures to be carried out to effectively control the bleeding.

The second illustration is the case of a 30 year old white female in whom splenectomy was done because of hypersplenism. The operative procedure took two hours and during that time she was given 1,500 cc. of blood and 1,500 cc. of 5% glucose in saline intravenously. Post-operatively her condition was fair and during the next five hours she was given 1,000 cc. of blood I.V. Six hours post-operatively she went into severe secondary shock with a blood pressure of zero and an imperceptible pulse due to post-splenectomy hemorrhage. An intra-arterial transfusion was started at the bedside and within five minutes 500 cc. of blood was given resulting in a perceptible pulse but no blood pressure. After an additional 1,000 cc. of blood and 500 cc. of

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plasma given within 18 minutes, the blood pressure was 90/80, pulse 130 and respirations deeper. During the next 40 minutes 500 cc. of blood and 500 cc. of plasma were given intra-arterially as well as 1,000 cc. of saline intra-venously. The patient regained consciousness, her blood pressure was 110/80, pulse 130, respirations 20 and an exploratory laparotomy was begun. During and immediately after the procedure in which two bleeding vessels in the gastrocolic omentum were ligated, she was given 1,000 cc. of blood and 1,500 cc. of plasma intra-arterially and an auto-transfusion of 2,000 cc. intra-venously. Post-operatively the blood pressure was 120/70, pulse 110, regular and full. There were some manifestations of the anoxia suffered during the shock such as disorientation, memory loss and blurring of vision, all of which cleared up completely by the 18th post-operative day. No impairment of the circulation of the left hand was noted although the radial artery was ligated and divided.

The value of the intra-arterial replacement of fluids is clearly demonstrated in this case in which prompt replacement of blood volume was imperative to compensate for the continued loss which was causing the severe shock. Because of this procedure secondary exploration to control the hemorrhage was made possible.

In conclusion, it would be well to remember the value of arterial infusion in patients in whom there is cardiac arrest or greatly diminished cardiac output with indiscernible pulse and absence of blood pressure. In such event, intra-arterial infusion enables blood to go directly into the aorta and there to the myocardium and brain which require resuscitation immediately if life is to be preserved. One should also remember that when the systolic pressure is 50 mm. or above intra-venous infusion particularly through major veins, such as the femoral, is still a satisfactory procedure.

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DR. W. H. EVANS HEADS ST. ELIZABETH HOSPITAL STAFF

Dr. William H. Evans was elected president of the staff of St. Elizabeth Hospital at the annual election held on December 5, 1950. He succeeds Dr. R. B. Poling, who retired to the consulting staff after serving as president for the past three years. Dr. I. C. Smith was elected vice-president and Dr. Asher Randell elected secretary-treasurer.

Elected as heads of the various services were the following: Dr. L. G. Coe, Director of Surgery; Dr. P. L. Boyle, Director of Obstetrics-Gynecology; Dr. M. W. Neidus, Director of Medicine, and Dr. V. L. Goodwin, Director of Ear, Nose and Throat. Dr. B. J. Dreiling was elected Director of the newly created General Practice Service. Named as staff representatives to the Executive Committee were Drs. R. V. Clifford and C. E. Pichette. Dr. C. D. Hauser was re-installed as Hospital Representative to the Board of Directors of the Associated Hospital Service.

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KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

(Editor's Note—Dr. William Skipp, Ohio delegate to the A.M.A. and participant in the Third Annual Medical Public Relations Conference held during the interim sessions of the A.M.A. in Cleveland December 3-4, 1950, presents the following notes on the conference. It will be the first of his periodic reports on proceedings of the A.M.A.)

..... President Elmer L. Henderson says that no Public Relations Program is a success unless it is carried on by the County Society; that it is necessary for each and every member of the Society to be an active member of the Public Relations Team.

It is the duty of each member to see that every patient is given the best medical attention possible at any time, day or night. It is his duty, also to see that the cost is no more than he is able to pay. It is his duty to advise and counsel his patients on the best way to budget by a voluntary insurance method, rather than have the government take away his freedom to give him something for nothing which he must pay for by taxation.

..... President-Elect John W. Cline, who covered the groundwork necessary for the success of the Public Relations Program, pointed out that it is our duty to our profession to serve as a public relations agent. Each individual physician should see that his patients are treated at all times to the best medical care possible, at the lowest possible cost. Over-charging should be cut out. There should be no need for complaints against physicians if each one of us will make himself an individual public relations agent; each one seeing that his practice is covered at all times.

..... The A.M.A. has set up a Legislative Committee at the direction of the House of Delegates. This committee, according to Dr. Dwight H. Murray, Napa, California, Board of Trustees, Chairman of Committee, explains that the committee membership is set up geographically so that a member comes from each section of the country. Each bill that has a medical bearing after printing is picked up by the Washington office, then sent to the chairman and a review made. If the chairman finds that a certain congressman or senator is in his district, the bill is sent at once to the committeeman with instructions to contact the family physician to get in touch with that congressman, setting forth our views on that piece of legislature (the same procedure that is followed in the State of Ohio) explaining why it should or should not be enacted into law, and in many instances the advice of the physician at the county level is taken and followed.

..... Dr. Joseph S. Lawrence, Director of the Washington A.M.A. Office, reports that all legislation will die with this Congress, but that all bills introduced by the Social Welfare Group will be re-introduced, perhaps, in a little different form.

..... According to Dr. Eugene A. Ockuly, President, Toledo Academy of Medicine, it is the duty of every county medical society to see that every family in its county has a family physician. The Toledo Academy decided that this was one of its principal public relations activities, so a program was outlined by the council which included listing all physicians that would accept an emergency at any time of the day or night. The exchange operators were instructed not to ask questions but to just get a doctor.

A newspaper and radio (paid) campaign was set up so that every one in the county was informed of the program. Newcomers were advised to contact

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the medical bureau when in need of a physician; also were advised to contact a physician before he was needed so when their call came in, the physician would know he was not meeting a stranger.

..... Community health projects are all of vital importance to the county medical society as reported by Dr. Fred Sternagel, Chairman, Medical Service and Public Relations, Iowa State Medical Society. It is the duty of the Society to see that there is a medical member on every board that deals with the health of the community, hospitals, T.B. Association, Visiting Nurses, Red Cross or any organization dealing with medical services.

The medical board member should not try to dominate the activities of the organization and should attempt to direct the service in such a way that the community will receive the most for its money invested; all drives should have medical direction.

..... So that the public will receive better and adequate medical care, the Society should direct the sale of all types of voluntary health insurance. This is the duty of every member of the medical profession, according to Dr. Carl F. Vohs, President, Missouri Medical Service.

Patients should be urged to buy a good coverage at a fair price. It does not have to be Blue Cross or Blue Shield.

The policies should be reviewed by the physician and discrepancies pointed out.

Reports filled out promptly for each case and every physician's secretary should be instructed in proper fill in.

..... The A.M.A. started a fund of \$500,000.00 to be used for the aid and support of medical schools which are in need of additional financing. The amount is small, but it is hoped it will grow so that it will not be necessary for the Federal Government with its controls to bring our medical schools out of the red. This fund has to date been added to by physicians and other business organizations. With the help of all interested, it will grow so that the schools will not be told what and how to teach our young men that will be the future physicians of our country.

..... Labor is now realizing that it is not all rosy with federal controls of medicine, as Mr. Hutchison, President of the Carpenters and Painters Union, A.F.L., says, "Socialized Medicine is no Bargain".

..... Mrs. Leone Baxter Whitaker reported on our recent nation-wide radio, newspaper and magazine advertising campaign which we spent \$1,200,000; hook-up advertising by people of all walks of life and business along Main Street, U. S. A., amounted to twice that amount. Something like over 65,000 separate ads appeared supporting the medical profession in its campaign for freedom in these United States and opposed to regimentation of free enterprise.

TUBERCULOSIS SANATORIUM ANNOUNCES 1951 OFFICERS

Dr. Harold H. Teitelbaum, Director of the Mahoning County Tuberculosis Sanatorium, announced the results of mail balloting for medical staff officers to serve for the year 1951.

Dr. Joseph P. Keogh was re-elected president of staff, Dr. M. W. Neidus was elected vice-president, and Dr. John Renner, secretary-treasurer. Drs. C. S. Lowendorf and Benjamin S. Brown were elected as representatives to the executive committee to serve for a three year term.

Roster of Mahoning County Medical Society

(As of December 31, 1950)

ACTIVE

- Alden, A. H.
 Allgood, John Evans
 Allsop, W. K.
 Altofferer, J. A.
 Askue, C. M.
 Autenreith, W. C.
- Badal, S. S.
 Baker, E. C.
 Baker, W. Z.
 Banninga, H. S.
 Basile, J. M.
 Bayuk, A. J.
 Beede, R. W.
 Belinky, D. A.
 Belinky, N. D.
 Benko, J. M.
 Bennett, W. H.
 Berkson, M. I.
 Bierkamp, F. J.
 Birch, J. B.
 Bloomberg, Louis
 Bowman, Brack M.
 Boyle, P. L.
 Brandmiller, B. M.
 Brandt, A. J.
 Brant, A. E.
 Brody, E. R.
 Brown, Ben S.
 Brown, J. D.
 *Buchanan, J. R.
 Buchanan, J. U.
 Bunn, W. H.
 Burrowes, B. B.
- Camp, K. E.
 Campbell, C. H.
 Cavanaugh, J. M.
 Cheviens, I. H.
 Clark, C. R.
 Clifford, R. V.
 Coe, L. G.
 Colla, Joseph
 *Collier, W. D.
 Conti, M. E.
 Cook, George W.
 Coombs, F. S.
 Coy, W. D.
 Cukerbaum, A. R.
 Curtis, W. S.
- *Davidow, S. H.
 Davidow, Sidney L.
 DeCicco, G. E.
 Delis, Genevieve
 Detesco, A. A.
 Dilorio, Enrico
 Dreiling, B. J.
 Dulick, John F.
- Elder, E. E.
 Eiscaesser, Armin
 Epstein, Samuel
 Evans, W. H.
- Fenton, R. W.
 Firestone, B. I.
 Fisher, J. L.
 Fisher, A. J.
 Flynn, W. J.
 Franklin, Sidney I.
 Fusco, P. H.
 Fusselman, H. E.
 Fuzy, P. J.
- Gelbman, Frank
 Getty, L. H.
 Giffin, H. K.
 Goldberg, S. D.
 Goldblatt, L. J.
 Goldcamp, John S.
 Goldcamp, E. C.
- Goldcamp, S. W.
 Golden, T. K.
 Goldstein, M. B.
 Goodwin, V. L.
 Goudsmit, Arnoldus
 Gustafson, C. A.
- Hall, J. C.
 Hall, Ray
 Hart, V. C.
 Hartland, Wm. C.
 Harvey, J. P.
 Hathhorn, H. E.
 Hauser, C. D.
 Heaver, R. J.
 Heberding, John
 Herald, J. K.
 Herman, V. G.
 Hinman, A. V.
 Hutt, H. B.
- Ipp, Herman
- Jones, E. H.
 Jones, W. L.
- Kaufman, P. M.
 Kendall, M. M.
 Kennedy, P. H.
 Keogh, J. P.
 Keyes, J. E. L.
 Keyes, Sidney
 Kirkwood, E. E.
 Kiskaddon, R. M.
 Klatman, S. J.
 Kocialek, M. J.
 Kravec, F. G.
 Kupec, J. B.
- LaManna, J. R.
 Lander, T. A.
 Lawton, O. M.
 Leimbach, P. H.
 Levy, D. H.
 *Lewis, John S., Jr.
 Lowendorf, C. S.
 Lupsse, R. S.
- Mahar, P. J.
 Mahrer, M. P.
 Maine, W. E.
 Marinelli, A. C.
 *Mariner, J. S.
 Mathay, H. E.
 Melaragno, U. A.
 Mermis, W. L.
 Mermis, W. O.
 Metcalf, D. M.
 Meyer, N. N.
 McCann, J. N.
 McConnell, P. R.
 McCune, E. L.
 McDonough, J. J.
 McElroy, W. D.
 McGregor, H. P.
 McKelvey, G. M.
 McNamara, F. W.
 McNeal, E. R.
 McOwen, P. J.
 McReynolds, C. A.
 Middleton, R. H.
 Mignets, A. W.
 Miller, Frances
 *Miller, H. C.
 Miller, J. D.
 Miller, R. R.
 Monroe, F. F.
 Montgomery, D. E.
 Morrall, R. R.
 Mossman, R. G.
 Moyer, L. H.
 Meyers, Stanley
 Mylott, E. C.
- Nagel, E. H.
 Nardacci, N. J.
 Neel, V. A.
 Neidus, M. W.
 Nelson, Gordon
 Nesbit, Dean
 Newcomer, Wm.
 Noll, John
- Odom, R. E.
 Ondash, S. W.
- Parillo, G. A.
 Patrick, H. E.
 Patrick, James A.
 Patton, S. G.
 Patton, S. G., Jr.
 Patton, Thomas E.
 Phillips, A. K.
 Pichette, C. E.
 Piercy, F. F.
 Piercy, Robert Lee
 Poling, R. B.
- Randell, Asher
 Ranz, J. M.
 Rappaport, A. E.
 Raupple, M. C.
 Reed, L. K.
 Reese, H. J.
 Reilly, E. J.
 Renner, J. A.
 Rogers, John A.
 Rosapepe, A. R.
 Rosenblum, Morris S.
 Rothrock, D. M.
 Rummell, R. W.
 Russell, J. M.
- Scarnecchia, J. L.
 Scheetz, R. J.
 Schmid, Henri
 Schwebel, Sam
 Scofield, Charles
 Secars, C. W.
 Segal, Lawrence
 Shensa, L. S.
 Sherk, A. B.
 Shorten, E. A.
 Siseck, Henry
 Skipp, William
 Smeltzer, D. H.
 Smith, I. C.
 Smith, John H.
 Smith, P. B. H.
 Smith, W. R.
 Sotranec, J. J., Jr.
 Sovik, W. E.
 Speck, M. H.
 Stechschulte, J. B.
 Stefanski, Clarence
 Steinberg, M. H.
 Stertzbach, C. W.
 Stewart, C. C.
 Stillson, Dean
 Stotler, J. F.
 Sunday, Michael J.
 Szucs, M. M.
- Tamarkin, Samuel
 Tamarkin, Saul J.
 Tarapowicz, John W.
 Thomas, E. R.
 Tidd, A. C.
 Tims, W. J.
 Turner, O. A.
 Turner, W. B.
- Vance, J. C.
- Wagner, C. F.
 Wales, Craig C.
 *Walker, O. J.
- Wallace, J. H.
 Walter, C. K.
 Waltnor, Charles
 Warnock, G. C.
 Wasilko, J. J.
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 Welsh, W. A.
 Welter, J. A.
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 Wenacs, E. J.
- Yarmy, M. M.
 Yauman, C. F.
 Yoder, Durbin T.
 Young, E. H.
 Young, W. P.
- Zervos, M. S.
 Zewe, H. S.
 Zlotnick, Sam
 Zoss, S. R.

INTERNES

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 Brant, Earl Evans
 Breesmen, William
 Catoine, R. N.
 Cestone, P. B.
 Donley, Robert S., Jr.
 Fisher, R. R.
 Friedrich, F. A.
 Fuzy, Paul J., Jr.
 Gambrel, F. J.
 Goldcamp, R. R.
 Hovanic, K. J.
 Inui, Frank K.
 Jones, Paxton L.
 Kay, Sidney A.
 Lerro, Sam A.
 Munson, H. B.
 Resch, F. A.
 Schellhase, F. L.
 Schlecht, Fred G.
 Segall, Harold
 Shorr, Henry L.
 Thomas, Edward M.
 Willoughby, J. R., Jr.

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 Tingwald, Fred R.

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 Chalker, H. E.
 Clark, Wm. A.
 Fry, Gene D.
 Giber, P. B.
 Gross, D. A.
 Krupko, Marie
 Krupko, Paul
 McGowan, J. F.
 Schneider, B. M.
 Thomas, J. H.
 Williams, D. R.

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 Blot, H. E.
 Cervone, Louisa
 Clark, C. R.
 Goldcamp, E. C.
 Hayes, M. E.
 Hinman, A. V.
 *Lindsay, J. F.
 *McClenahan, H. E.
 Monroe, F. F.
 Norris, C. B.
 Osborne, H. M.
 Rydall, W. W.
 Whelan, R. E.
 * Deceased

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DR. G. G. NELSON HEADS YOUNGSTOWN STAFF

Dr. Gordon G. Nelson, past president of the Mahoning County Medical Society, was elected president of the staff of the Youngstown Hospital Association, according to Dr. R. W. Rummell, Medical Director. Balloting was conducted by mail.

Dr. Nelson succeeds Dr. W. K. Allsop who was elected to the Board of Trustees. Dr. John Noll was elected vice-president and Dr. E. C. Baker was named to continue as secretary-treasurer.

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Y.A.H.A. ACTS TO COMBAT RHEUMATIC FEVER

The Youngstown Area Heart Association is organizing a campaign in the schools designed to combat rheumatic fever, according to a statement by Dr. W. H. Bunn, its President. The plan outlined is directed toward the following groups:

1. Prevention of recurrence of rheumatic fever in those who have already had an attack of rheumatic fever.
2. Prompt treatment by the family physician of school children with sore throat.
3. Prophylactic treatment of those who have had rheumatic fever or congenital heart defects and are to have dental extractions, removal of tonsils and adenoids. This also applies to women with rheumatic or congenital heart disease at the time of delivery.

In essence, the plan should work as follows:

- a. The Youngstown Area Heart Association representative, working through school physicians, will lecture to school nurses and teachers in grade schools and will alert these individuals to the necessity of recognizing the early stages of sore throat. Those children who have sore throats will be sent home from school with a note supplied by the Heart Association, telling the parents the importance of having early administration of penicillin in order to prevent the possibility of the development of rheumatic fever. This note will urge the parents to call their physician without delay, pointing out that the first few hours of infection is the ideal time to prevent possible serious after effects.
- b. Through the Parent-Teachers Association, the parents will be instructed as to the necessity of prompt attention to sore throats. If the streptococcal infection is so severe that the child is unable to go to school, the family doctor should be called promptly.

The suggested plan for treatment of the acute attack and the preventive regimen has been presented to every physician in a communication from the local Heart Association.

MAHONING ACADEMY OF GENERAL PRACTICE ELECTS OFFICERS

The December meeting of the Academy of General Practice was held jointly with the Youngstown Area Heart Association. Dr. Charles Rammelkamp, Professor of Preventive Medicine at Western Reserve University, spoke on "Streptococcal Diseases and Rheumatic Fever." Excerpts from Dr. Rammelkamp's lecture are printed elsewhere in the *Bulletin*.

Following the lecture, the annual business meeting of the Academy was held for election of officers. Dr. Howard Mathay was installed as President. Dr. David Levy was made President-elect, and Dr. Kenneth Camp was elected Secretary-Treasurer. Dr. Reilly was elected delegate to the state convention and Dr. J. L. Fisher was made a member of the Board of Directors.

It was voted to contribute \$100.00 to the St. Elizabeth Hospital Building Fund. The retiring President, Dr. E. J. Reilly, expressed his thanks to the committees and the membership for their splendid support during a very successful year.

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DR. RAMMELKAMP DISCUSSES RHEUMATIC FEVER

Speaking before a joint meeting of the Academy of General Practice and the Youngstown Area Heart Association, Dr. Charles H. Rammelkamp, Professor of Preventive Medicine at Western Reserve University, discussed Rheumatic Fever and Streptococcal Diseases.

Dr. Rammelkamp pointed out that streptococcal infections in the pharynx, tonsils and elsewhere are often the prodromes of rheumatic fever which develops in about three weeks, following a latent asymptomatic period. At the time of development of rheumatic fever antibody titre against the streptococcus is high.

Nearly everyone gets one or more streptococcal infections in a lifetime and some people have many of them. The "attack rate" of rheumatic fever following streptococcal infections is about 3%. Each case of rheumatic fever costs the community about \$30,000.00. This makes rheumatic fever a disease of paramount importance from a standpoint of financial loss, crippling illness and human suffering.

He declared that tonsillectomy does not prevent rheumatic fever. The sulfonamide drugs do not prevent it. Penicillin shortens the course of streptococcal infections and does not prevent rheumatic fever.

The criteria for the recognition of a streptococcal infection, according to Dr. Rammelkamp, are:

1. Sore throat especially on swallowing.
2. Symptoms most severe in the first 24 hours, sudden onset with fever and chills.
3. Tender cervical lymph nodes.
4. Exudate present in 60% to 70% of cases.
5. Leucocytosis over 10,000.

About 50% of streptococcal infections are found in the schools. A campaign is about to be started by the Heart Association among school nurses, visiting nurses and teachers to have every child with a sore throat seen at once by a physician.

When a child is seen with a streptococcal infection as defined by the criteria above, the physician should administer intra-muscularly 600,000 units of Procaine-Penicillin G with Aluminum Monostearate and repeat the injection in three or four days. The second dose is important to eradicate the streptococcus and prevent rheumatic fever. Oral penicillin is not recommended.

ST. ELIZABETH FUND DRIVE MARKS PROGRESS

Dr. F. W. McNamara, chairman of the medical division of the St. Elizabeth Hospital Building fund campaign, reports that excellent progress is being made in securing contributions from local physicians. The medical division expects to complete its part of the program by January 10, 1951. The returns to date have been most gratifying. Dr. McNamara desires to thank his co-workers on the committee and the many area physicians who have generously contributed to the campaign.

Associated with Dr. McNamara in directing the medical section of the drive are Drs. R. B. Poling, W. H. Evans, J. B. Birch, S. J. Tamarkin, J. N. McCann, A. E. Brant, D. H. Levy, H. E. Mathay, and W. K. Allsop.

Satisfactory progress in the two million dollar fund drive has also been announced by leaders of other divisions in the civic move to provide additional hospital facilities for the community.



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OCCUPATIONAL THERAPY

Ivan C. Smith, M.D.

One of the activities of the Youngstown Hospital which is probably not familiar to all the practitioners in the county—and so not utilized to its fullest extent, is the occupational therapy department. While this department has been open for several years, it has been without a trained therapist a considerable part of this time.

During the present year the hospital has secured the services of Miss Norma Jean Doctor, O.T.R., to direct the therapy in this department. It is now possible to offer "functional" procedures in addition to the "diversional" activities which were carried on by the volunteer workers while the department was without a trained therapist. Miss Doctor is a graduate of the University of Kansas, class of 1949. Before coming to Youngstown she was with the Veterans' Administration.

Occupational therapy is any activity mental or physical, definitely prescribed and guided for the distinct purpose of contributing to the hastening of recovery from disease or injury and of assisting in the social and institutional adjustment of individuals requiring periods of hospitalization.

This form of exercise is of particular value in restoring function to extremities damaged by injury or disease. While its use in medical treatment is not new, its specialized application is of comparatively recent development. Well organized and directed departments of occupational therapy are assuming an important place in general hospitals everywhere. Although this form of therapy is separate from physical therapy, the two forms of treatment are usually given concurrently so that there must be close co-ordination of the two departments. Usually the part undergoing treatment is given preliminary heating and perhaps massage in the physical therapy clinic, then, while the muscles are still warm and supple, the patient starts his occupational therapy.

PROGRAM IS MORALE BUILDER

It has become common usage to divide this form of treatment into two great subdivisions, namely, "diversional" and "functional". These divisions are self-explanatory but they are not good terms as the "diversional" activities are definitely "functional" treatments in many diseases. Also, activities which are definitely "functional" in some patients might make excellent recreational activities for patients who do not need the specific exercises provided.

A well organized diversional or recreational program plays an important role in maintaining the hospitalized patient in a good state of morale. This is particularly true of those patients who require a long period of hospitalization. It also proves very valuable in those patients with severe injuries, such as amputations, who are worried about loss of earnings and future earning power. It helps to keep the patient's mind diverted from his troubles and thus helps to hasten his recovery.

In those patients with mild psychoses or psycho-neuroses, such as would be encountered in a general hospital, this program becomes functional and may well be the most important factor in the ultimate recovery of the patient. There have also been instances in which patients, who had to change their occupations due to severe disabilities, were able to select a new occupation through activities first learned in an occupational therapy program.

Perhaps the more important purpose of occupational therapy is the improvement of specific functions. The value of purposeful exercise as is given by this modality is well recognized for two reasons:

1. Occupational therapy provides resistance in an easily graduated

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form, which type of exercise is of the most value in restoring function in joints and muscles which are limited by injury or the side effects thereof, such as prolonged immobilization and non-use.

2. Exercises are given in such a way as to minimize the attention of the patient to the affected parts. This permits the natural flow of nervous impulses to both the involved muscle and its antagonist which is normal in reciprocally innervated muscles. This helps to relieve the spasticity which is present, in some degree, in every injury, and is probably part of a protective mechanism.

Another way of stating this would be to say that occupational therapy aids in the re-establishment of co-ordination between the parts with impaired function and those parts whose function is normal. For example, it would be difficult for most anyone to contract the opponens pollicis muscle on request. It would be easier if somebody demonstrated its action with their own hand but it would occur automatically if one were told to pick up an object such as a pencil. Those actions with which a person was familiar before the disability will be most useful in restoring function rather than purposeless exercises.

THERAPISTS SKILLED

Too many of us think of occupational therapy in the terms of the knitting done after World War I which was commonly used to treat the neuroses which resulted. Present day methods employ skilled therapists who have completed a special college course and a period of practical supervised training. Their course covers the study of anatomy, physiology, kinesiology, physics, psychology and related subjects as well as courses in the arts and crafts.

Some disabilities lend themselves naturally to this type of therapy. Others tax the ingenuity of the therapists. Often it is desirable to exercise a hand, for example, before the patient is able to hold the extremity in position to work against the force of gravity. Here the therapist must provide a sling to suspend the arm in position to work. It may be desirable for a patient to use a hammer before his fingers will flex enough to grasp the handle. The therapist supplies an oversize handle. As the finger flexion improves the handle is gradually reduced in size until the patient is able to use the regular handle.

The therapist must, in many instances, continually supervise the position of the part being exercised as many muscles change function in different positions. It is also necessary for the therapist to continually increase the resistance of the exercise to assure the continuing increase in strength of the involved muscles. This may be done in many ways. For example, more resistance is provided in sawing a board one inch thick than one a half-inch thick. Various devices and plans are utilized to overcome any difficulties encountered.

One great difficulty is in finding means to increase the resistance to the point of equalling the effort expended in heavy work. Usually this is accomplished by returning the individual to a lighter job than he is accustomed to and gradually working him into his usual heavy occupation. Some clinics, however, have endeavored to bring the heavier occupations to the hospital. Doctor Storms in Toronto has a small section of railroad track which some of the patients tear up and put down again and a miniature mine pit in the clinic grounds.

In conclusion, occupational therapy has much to offer the patient confined to the general hospital today. It should receive the consideration of the physician in the treatment of his patients and be utilized in all instances where it offers possibilities of improving the end results of injury and disease.

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LOCAL HOSPITALS GET ACS APPROVAL

St. Elizabeth Hospital, Youngstown Hospital Association and the Mahoning County Tuberculosis Sanatorium are included in the thirty-third annual list of hospitals approved by the American College of Surgeons, as of December 31, 1950. Of the 4,021 hospitals under survey during 1950, 2,980 were fully approved and 310 were provisionally approved. Full approval was granted the local institutions.

The American College of Surgeons also announced its 1950 approved list of hospitals conducting graduate training programs in general surgery and in the surgical specialties in civilian and government hospitals as of December 31, 1950. St. Elizabeth Hospital and The Youngstown Hospital Association were both fully approved for graduate training programs of four or more years in general surgery. The list included 558 hospitals of the United States and Canada, each of which is conducting graduate training programs approved by the College or is collaborating with another hospital in giving an approved program.

Cancer detection centers at St. Elizabeth Hospital and The Youngstown Hospital Association were also approved by the College.

Health Department Bulletin

REPORT FOR NOVEMBER, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded	168	98	70	151	98	53
Births Recorded	464	224	240	466	248	218

	1950		1949	
	Cases	Deaths	Cases	Deaths
CONTAGIOUS DISEASES:				
Chicken Pox	35	0	53	0
Measles	0	0	12	0
Scarlet Fever	0	0	3	0
Tuberculosis	5	*9	11	3
Whooping Cough	7	0	62	1
Gonorrhea	18	0	40	0
Syphilis	19	0	30	0

* Incl. Deaths in Sanatorium

VENERAL DISEASES:

New Cases:	Male	Female
Syphilis	5	5
Gonorrhea	10	3
Total Patients		23
Total Visits to Clinic (Patients)		240

W. J. TIMS, M. D.

Commissioner of Health

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FLUORIDES IN PUBLIC WATER

Walter J. Tims, M.D.

Fluoridation of public water supplies on mass control basis evidently has come of age. Numerous reports on studies of mass control of dental caries through fluoridation of public water supplies have been made available recently. On the basis of studies made by numerous workers, most important of whom are: Dean and his co-workers in the United States, Ockerse in South Africa, Murray, Wilson and Weaver in Great Britain; that when children are born and raised on water supplies which naturally contain fluorides at a level of about 1 part per million a 60 per cent lower caries experience rate, and a 75 per cent reduction in first permanent molar loss can be expected. At this level mottled enamel is not a deleterious factor.

Experience in the last five years has shown where fluorine has not exceeded 1.0 part per million, that the low dental caries experience is not associated with an objectionable degree of dental fluorosis. When the fluoride concentration exceeds about 1.5 parts per million water, increasing amounts of white opaque type of enamel become evident. Users of water containing over 2.0 parts per million of fluorine show sufficient disturbance in enamel formation known as mottled enamel. Even under the highest concentrations found naturally in water supplies in the United States, no untoward systemic effects have been reported of consumption of such water over long periods of time. It is reasonable to assume, on the basis of all these studies of presumptive evidence, that the artificial adjustment of fluorine in water supplies now having less than 1.0 part per million would reduce the future dental caries rate and have no adverse or undesirable results.

The results are those tested by studies made in Grand Rapids, Michigan, and Newburgh, N. Y., and Evanston, Illinois. The studies show that Grand Rapids had a decrease in D.E.F. of from 23.8 to 38.9% (D.E.F.—Decayed, extraction indicated, or filled deciduous teeth) in the five year period ending 1949. These findings indicate that the reduction in dental caries is most pronounced in younger age groups whose dentition was largely calcified following the addition of 1 part per million of fluoride. Sufficient time has not elapsed to evaluate water fluoridation in the older age groups.

Approvals have been coming from various leading groups whose interest lies in dental caries and public health journal of the American Medical Association has come out for water fluoridation as a tremendous step forward in the fight against dental caries. The December, 1950, issue of the Journal of American Medical Association states that the house of delegates approved the resolution presented by the council of dental health and dental therapeutics recommending the fluoridation of municipal water supplies (When the fluoridation procedure is approved by the local dental society and utilized in accordance with the standards established by the responsible health authorities.)

Michigan Department of Health has now formed a new policy, the application of fluoride to public water supplies, which are deficient in this element. New York State Department of Health now gives full approval to water fluoridation in communities after consultation with the local medical dental societies, and under direct supervision of a qualified engineer. Just recently and close to home, the Cleveland Academy of Medicine Committee on public health went on record recommending the fluoridation of public water supplies in Cleveland.

Locally in our city of Youngstown, the water is obtained from the Mahoning Valley Sanitary District, which supplies the City of Youngstown and Niles and their respective suburbs. Our water normally contains 0.1 part of fluorine

JANUARY MEETING

ANNUAL BANQUET

(Dress Informal)

Installation of Dr. E. J. Wenaas as President

Speaker:

Attorney Jack Landsdale
Cleveland, Ohio

Subject:

"Corporate Practice of Medicine"

TUESDAY, JANUARY 16, 1951

6:30 P. M.

Elks Club, 220 W. Boardman St.

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FEBRUARY MEETING

TUESDAY, FEBRUARY 20, 1951

Elks Club, 220 W. Boardman St.

8:30 P. M.

Speaker:

Dr. Willis M. Fowler
Professor of Medicine,
Iowa State University
School of Medicine

Subject:

"Modern Treatment of Anemia"

per million parts of water. We would require an addition of 0.9 parts fluorine per million parts of water to bring it to the recommended concentration of 1 part per million. Locally, it would be required to use 16.7 pounds of fluorine per million gallons of water. The cost of which is five cents per pound or 83½¢ per million gallon, or \$10,000 per year. The Mahoning Valley Sanitary District normally uses thirty million gallons of water per day, for which the cost would be approximately \$25.00 a day for fluoridation. The City of Youngstown uses approximately seventy-five per cent of the water from the Mahoning Valley Sanitary District, for which our cost for fluoridation would be about \$7,500.

With the above facts at hand the Health Department and the City of Youngstown is strongly recommending to Mayor Charles P. Henderson that he in turn recommends to the Mahoning Valley Sanitary District that our local water supply be fluoridated to the concentration of 1 part fluorine per million parts of water in the interest of public health in the City of Youngstown.

MEMBERSHIP VOTES DUES INCREASE

At the regularly scheduled meeting in December, the membership of the Mahoning County Medical Society voted a dues increase of \$15.00. The dues now are \$50.00. The proposal for the amendment to the Constitution and By-Laws with reference to dues was made by Dr. John Rogers, Chairman of the By-Laws Committee.

UNCLE DUDLEY

How readily do we proclaim, glorify and build up individuals; how equally ready are we to denounce and destroy them! Yet a nation at any time is a composite of its great men, and these are to become historical personages. They also are composites; and should be considered as the ideals of their times, with interpretation changing by the increment of the years.

★ ★ ★

Those who have not reached the age when they may look backward at what they have done, and not forward to what is expected of them, can have no idea how one feels when, if he chooses, he can do just nothing for awhile without having the sense of being delinquent.

★ ★ ★

Frequently we hear the advice that in order to be successful we must change with the times. That is quite an indefinite statement and needs many qualifications. Those who have switched with the times in the ethical sphere often find themselves in need of help from some old fellow who kept on behaving according to some old principle which does not lose its value by either use or age.

MILITARY NOTES

Registration . . . Only a part of Ohio physicians who will be subject to the Doctors' Draft Act were required to register on October 16. The Selective Service Director will soon set a Registration Day for those who were not in priorities Nos. 1 and 2 — those who registered on October 16.

At the time of the next registration all other male physicians who are under 50 years of age at that time will be expected to register.

These physicians comprise priority groups Nos. 3 and 4. Group 3 consists of those who did not have active service in the armed forces or U. S. Public Health Service after September 16, 1940. Group 4 consists of all other physicians under 50 years of age regardless of the amount of service after September 16, 1940.

Questionnaires . . . In order to obtain very important data for its responsibility in advising the military and Selective Service on the medical needs of local communities, hospitals, medical schools, etc., and at the same time advise on the availability of physicians for service with the armed forces, the military advisory committee of the Ohio State Medical Association sent out three sets of questionnaires. One of these is designed to obtain biographical and professional data on every doctor of medicine in Ohio. These, along with information obtained from questionnaires to hospitals and medical schools will be indispensable to the Military Advisory Committee in deciding situations in all areas and in various institutions. *Send in your questionnaire.*

Local Military Advisory Committee . . . Has been appointed. It is expected to establish a close working relationship with local Selective Service Boards. If this is done, an equitable distribution of physicians between civilian needs and military demands can be worked out.

Local boards and local committees may not always agree on the classification of physicians, or they may agree too readily on an unsound solution. When such situations arise, the member of the State Military Committee representing the area will be alerted. He will be expected to evaluate the situation, obtain facts, etc., and bring the matter to the attention of the state committee for study and recommendation. The state committee can then present the arguments to the State Director of Selective Service and even to the National Advisory Committee to Selective Service.

Reserve Officers and Duty . . . Recently Secretary of Defense Marshall issued an "orderly procedure" directive regarding calls issued to reserve officers. This will give reserve officers advanced warning and more time to get ready before reporting for duty.

The Army and Navy are continuing to call some medical reserve officers who have had active service, primarily to fill specialized categories. The Army has followed the policy of conferring with and obtaining clearance from the State Medical Advisory Committee before ordering its medical reserve officers to active duty. The Navy has not done so but it may adopt the same policy in the near future.

Mayors Urge Speed in Medical Stockpiling . . . A group of mayors, testifying on civil defense before the Senate Armed Services Committee, urged the federal government to take immediate action aimed at building up regional stockpiles of medical supplies. Under the proposed program this is a federal responsibility, but until creation of the Federal Civil Defense Administration

no U. S. agency had either money or authority to make the purchases. Mayor John B. Hynes of Boston made the appeal before the committee. He also urged that medical supplies be standardized.—*Capitol Clinics*.

AEC Offers Fellowships . . . Among 325 fellowships offered by Atomic Energy Commission for next year, 45 are post-doctoral fellowships in the biological and medical sciences. The program will be administered by Institute of Nuclear Studies, Inc., of Oak Ridge, with National Research Council screening applicants. The biological and medical fellowships pay \$3,000 in addition to dependency allowances. Some type of security clearance is required of all AEC fellows.—*Capitol Clinics*.

HERE AND THERE

Dr. Harold Segall became the first area physician to enter the military service when he was re-called to active duty by the U. S. Navy. Dr. Segall, a Lieutenant J.G. in the active Naval Reserve, was assigned to the Army and is on duty at Station Hospital, Fort Belvoir, Virginia.

Dr. J. N. McCann, fully recovered from recent surgery at St. Elizabeth Hospital, has now returned to his office.

Born: to Dr. and Mrs. Nathan Belinky, a boy, David Allan, at St. Elizabeth Hospital on December 9, 1950.

Home for the Christmas holidays were Doctors R. E. Odom and Morris S. Rosenblum, who are enrolled in the University of Pennsylvania Post-graduate School of Medicine. Dr. Odom is engaged in the study of Ophthalmology, while Dr. Rosenblum is pursuing study in Internal Medicine.

Dr. W. M. Skipp participated in the Public Relations Conference held at the Hotel Statler in Cleveland on December 4 preliminary to the interim sessions of the American Medical Association. His subject was "Working with Other Professions".

Dr. C. S. Lowendorf and Dr. Rollis R. Miller were practical demonstrators at the interim sessions of the American Medical Association held in Cleveland from December 5-8. Dr. Lowendorf demonstrated technique of cast application in compression fractures of the spine. Dr. Miller gave manikin demonstration of the management of difficult deliveries.

Attending the interim sessions of the American Medical Association were the following area physicians: Doctors R. R. Miller, C. S. Lowendorf, W. M. Skipp, D. H. Levy, I. H. Cheylen, H. P. McGregor, W. H. Bunn, A. A. Detesco, P. J. Mahar, B. I. Firestone, A. J. Fisher, and J. C. Vance.

Dr. J. J. McDonough announces the association of Dr. Robert Rodin in his office. Dr. Rodin came from Louisville, Kentucky where he was instructor in obstetrics and gynecology at the University of Louisville School of Medicine.

Dr. William T. Breesmen announces the opening of his office for the practice of Internal Medicine at the Boardman Post Office Building at 6900 Market Street. Dr. Breesmen completed his internship at St. Elizabeth Hospital in 1950.

Dr. E. C. Baker and Dr. E. E. Brant, radiologists with the Youngstown Hospital Association, were in Chicago attending sessions of the Radiological Society of North America from December 10 to 15.

Dr. Sidney Franklin, formerly of the local Veterans Administration office, has been transferred and has become assistant chief medical officer of the Akron Veterans Administration office. Dr. Franklin and his wife will continue to make their home in Youngstown.

DOCTOR GIFFEN ASSUMES NEW POST

Dr. Horace K. Giffen, former director of laboratories and pathologist of the Youngstown Hospital Association, was named to a similar position at the Immanuel Deaconess Institute Hospital in Omaha, Nebraska. He will also do some teaching at the hospital which is affiliated with the University of Nebraska Medical School.

Coming to Youngstown in February, 1945, Dr. Giffen reorganized and modernized the laboratories and headed the department of pathology of the Youngstown Hospital Association. His record has been one of outstanding achievement. Recently, superintendent David A. Endres named him as an outstanding member of the Youngstown Hospital Association Staff.

Dr. Giffen was an associate editor of the *Bulletin* for the past several years. His timely reports and personal contributions in the fields of laboratory medicine and pathology have been noteworthy and provided color to *Bulletin* makeup.

The editorial staff of the *Bulletin* and County Society colleagues regret his departure from the local scene and wish him every success at his new post.

AUXILIARY NEWS

A benefit Dessert Card Party and Bake Sale was held by the Auxiliary to the Mahoning County Medical Society Tuesday, November 14, in the Y.W.C.A. Three hundred women attended the affair which was an outstanding success. The chairman, Mrs. W. O. Mermis, her co-chairman, Mrs. W. E. Maine, and their committee added nearly five hundred dollars to the Nurses Scholarship Fund. Door prizes were donated by the druggists and pharmacists of Youngstown. The baked goods were donated by members.

A representative of the Mahoning County Mental Hygiene Association spoke informally to the group explaining the work of this active organization. Membership in the Association was given by the Auxiliary members to the amount of twenty-five dollars.

The Auxiliary was also represented at an all-day institute sponsored by the Ohio State Nurses Association. The study of Geriatrics was the day's subject.

Letters of thanks were received by the president, Mrs. W. H. Evans, for the assistance rendered the committee on Diabetes in preparation for Diabetes Week November 12-18 and from Mayor Charles Henderson for the cooperation given in observing World Wide United Nations Day.

1950-A YEAR OF DECISION

As never before the past year presented a time for decisive action — the provision of an answer to an insidious threat to medical freedom suddenly catapulted into startling significance to a medical fraternity too busily engaged in the endless task of preserving health and saving life.

American physicians were faced with a challenge demanding positive action representing a revolt against the threat to the American way of life. Complacency in the past produced a situation demanding that medical men squarely face their responsibility if they were to prevent their profession from becoming the time honored inroad to a socialistic state. Furthermore, the challenge presented an opportunity for American medicine to assume a leadership in the fight for preservation of a freedom to men of all endeavours.

The events of the past year indicate that the challenge has been met — that a drowsing medical fraternity finally awakened itself to an action that not only appealed to the hard core of common sense of the American people but more importantly, rallied them to their support in a task opposing grim reality to all.

Timely resuscitation of our impassive interest in Government has, thanks to leadership in our ranks, proved effective. As a result countless new friends have joined our rebellion to a protection of individual rights — to the blunt insistence of the individual freedom of every man. Let us be mindful, however, that our success has not ceased our responsibility. Let us not only continue to provide the best medical care in the world but be constantly aware of our citizenship and our individual responsibility in government the structure of which must conserve the inalienable rights of all. Let us be mindful too, that this responsibility begins at the local level and reflects itself in the conduct of each and every one of us.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on December 11, 1950. The following doctors were present: G. G. Nelson, presiding; J. Noll, E. J. Wenaas, C. A. Gustafson, V. L. Goodwin, L. H. Getty, G. E. DeCicco, W. M. Skipp, F. S. Coombs, I. C. Smith, W. J. Tims, S. Ondash and G. W. Cook.

The following applications were presented by the Censors:

FOR ASSOCIATE MEMBERSHIP

Dr. John LoCricchio, St. Elizabeth's Hospital, Youngstown, Ohio.

FOR ACTIVE MEMBERSHIP

Dr. Edward M. Thomas, 520 Home Sav. & Loan Bldg., Youngstown, Ohio.

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

Dr. W. J. Tims, Chairman of the Public Health Committee, presented a report of his committee with reference to fluoridation of the local water supply. His detailed report appears elsewhere in the *Bulletin*. Dr. Tims, as Commissioner of Health, stated that the Health Department has recommended the fluoridation of the water supply to the local municipality. He asked for the consideration of Council and referral to the membership for approval.

G. E. DeCICCO, M.D.

Secretary



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