There is no aggressor who does not color his crime with the pretext of justice.

—*Voltaire*

BULLETIN

of the
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COUNTY
MEDICAL
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oungstown • Ohio
OL. XXI No. 2
EBRUARY • 1951

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Brewers' Yeast Extract	100 mg.

plus other factors of the B-Complex present in Whole Liver.

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:6[illegible] Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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Vol. XXI—No. 2 **February, 1951**

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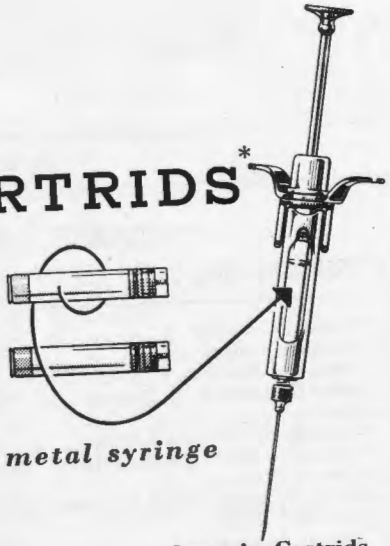

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MEDICAL CALENDAR

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.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Elks Club, 220 W. Boardman St.
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 Tuesday 3:30 p. m.	X-ray Conference, South Side Unit, Youngstown Hospital
Every Wednesday 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Clinical-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinical-Pathological Conference, Auditorium Nurses' Home, South Side Unit Youngstown Hospital
Every Friday 2:00 p. m.	Conference—X-ray Dept., St. Elizabeth's Hospital

COMING MEDICAL MEETINGS

National Conference on Medical Service, Palmer House, Chicago, Illinois, February 11, 1951.

Central Surgical Association, Chicago, Illinois, February 22-24, 1951.

Annual Congress on Industrial Health, Biltmore Hotel, Atlanta, Georgia, February 26-28, 1951.

Annual Clinic Conference, Chicago Medical Society, Palmer House, Chicago, Illinois, March 6-9.

American College of Physicians, Annual Session, St. Louis, Missouri, April 9-13, 1951.

Ohio State Medical Association, Annual Meeting, Netherland Plaza, Cincinnati, Ohio, April 24-26, 1951.

PRESIDENT'S PAGE

★ ★ ★

In this age of atomic threat to human life, the problem of civil defense creates an immediate need for planning in all services necessary to preserve human life.

While the use of A bombs or other special weapons will influence the type of casualty treatment, there will be many problems created in case of disaster. The role of medical men in caring for civilian sick and wounded and more importantly, their education of civilians in medical matters prior to disaster, will constitute a fundamental service of any civil defense program.

We are faced with a problem of the immediate moment. An educational program extending first to the physician and then to all civilians is a primary requisite. The provision of medical personnel trained to treat casualties is still another matter.

Your Society has taken definite steps in assuming its responsibility to the community in the matter of civil defense. A medical civil defense committee has been set up and is mapping a program which will incorporate local ideas in conjunction with a pattern set by State and Government officials. Each and every one of us therefore, should face our individual responsibility in the matter. We will be called upon to work with the Committee in elaborating a professional training program for medical personnel and the preparation of medical information to our civilians to indicate some pattern of behavior medical-wise.

Our Society will not shirk its responsibility. Let us all give freely of our time and effort in meeting our role in any threat to the physical economy of our families and neighbors.

E. J. Wenaas, M.D.
President

BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio — Annual Subscription, $2.00

VOLUME 21 — FEBRUARY, 1951 — NUMBER 2

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

S. W. ONDASH, *Editor*
2710½ Mahoning Avenue

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INAUGURAL ADDRESS

E. J. Wenaas, M.D.

First of all I want to thank the members for the honor and privilege of being your president and I gladly accept the responsibility that goes with the office. Like every president must have thought before, the success of any term does not fall entirely on me but on the cooperation and work done by the various committees. You responded generously when you were asked to signify your choice of committees and in-so-far as possible, each member was assigned to a committee of his choice. There are many new committee chairmen this year and that was done in order to give the younger men an opportunity to assume responsibility and demonstrate their abilities.

In a Society of this type there are always a few work horses who do far more than normally expected. We have several such men but I wish to single out one who has expended energy, time and money for years in the interest of the Mahoning County Medical Society, Medicine as a whole, and to his community. I wish to pay tribute to Dr. William Skipp for his loyalty and hope that we, as a medical organization, can continue to enjoy his services.

It has been said that there has been a gradual decline in the enthusiasm and spirit of our County Medical Society over the past 15 years. When one tries to analyze why—your thoughts run into a dead end. It may be that the depression followed by World War II had something to do with the change if it really is present. I am hoping for a renascence of the spirit of the Mahoning County Medical Society and I believe that the past year may have given us the stimulus we needed. With powerful forces at work which would change our method of practice forcing us to fight for our beliefs, something has been done to unite the Society. The united effort put forth by every member and his family and the fact that you gave something of yourself has made the Medical Society mean more to every one of you. In taking a firm stand of fighting for a principle instead of passively accepting defeat we have gained many friends and raised our individual stature as members of a

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dignified profession. I do not mean to imply that we fight alone—every thinking man or woman is fighting with us with the realization that if the Medical profession is socialized, it is but the first step in a change which would affect every profession. We must not forget the Press which has been consistently and with great benefit, on our side.

In assuming that our efforts have met with some success, it does not mean that the forces which oppose us have given up the field. We must continue to preach our concept of individual practice as unregimented free men and women. More important than talk is the example we set in our consulting and treatment rooms to the patients, whether they be wealthy or poor. The kindness and consideration shown to every person of any color or creed does more to build good will than any other effort; so let it be, as in the past, the goal of every member of the Mahoning County Medical Society to give the best service to the community so that no one may say they have suffered because of lack of medical care and in getting attention still retain their self respect as a dignified human being.

Let us be humble in our privilege of serving the public and although our scientific knowledge combined with the modern drugs and appliances do much good for a big percentage of cases there are still many, many more who are not helped because of our lack of knowledge. The healing process is so complicated that we, as physicians, are but intermediaries in the chain of events that must be controlled by a Higher Power of which we cannot but stand in awe and reverence.

LOCAL GENERAL HOSPITALS GIVE REPORTS FOR 1950

A sharp increase in hospital activity during 1950 is indicated in a review of annual reports released by superintendents of the two local general hospitals. Significant features embodied in the respective reports are as follows:

YOUNGSTOWN HOSPITAL ASSOCIATION

The Youngstown Hospital Association, comprising the North and South Side Units, treated 24,499 patients with a total day occupancy of 222,727, according to the annual report of Mr. D. A. Endres, superintendent.

The average bed occupancy per patient was ten at the South Side Unit and 8.5 days at the North Side for an average of nine days. The highest number of patients in the two units on any one day was 683, the lowest 432, for an average daily census of 620.

A total of 9,802 operations was done in both units with 4,614 being done in the South Unit and 5,188 at the North Unit. 5,081 transfusions were given with 2,253 for the South Unit and 2,828 for the North Unit.

18,048 patients were treated in the emergency departments of the two units with the bulk of them, 17,519, being treated at the South Unit. There were 3,580 deliveries with 3,036 being done at the North Unit.

There were 725 deaths with an autopsy percentage of 51%. The laboratories of the two units performed a total of 235,172 tests.

ST. ELIZABETH'S HOSPITAL

A total of 16,486 patients were treated in St. Elizabeth's Hospital during 1950, according to the annual discharge analysis of hospital service released by Sr. M. Adelaide, superintendent. This represents an increase of 1,000 patients over the preceding year.

Other significant features of the yearly report were an average daily census of 343.9 patients, a bed occupancy of 7.7 days as compared to a 7.9

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average during 1949, a bed occupancy at 90.3% and a total number of 125,518 patient days.

6,218 patients were treated in the emergency department; 2,685 patients were delivered and 6,470 operations were performed.

6,414 tissue examinations were done and 124,332 varied tests were performed in the Department of Laboratory Medicine and Pathology. 11,030 treatments were given in the physiotherapy department. There were 437 deaths during the year; autopsy percentage was 35.2%.

The X-ray department made X-ray examination of 18,945 patients and gave 1,881 X-ray treatments.

OSTEITIS PUBIS

C. Edward Pichette, M.D.

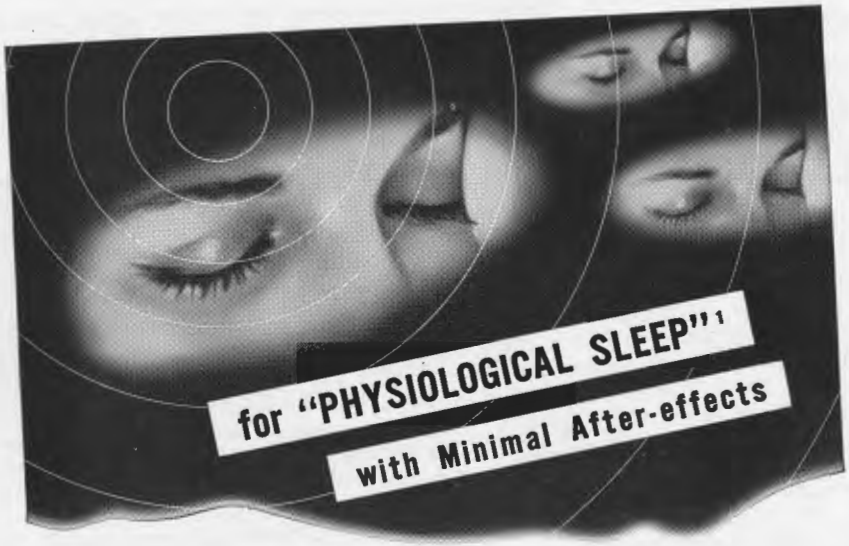
This condition has been variously reported in the past under the headings of periostitis, osteochondritis and osteitis pubis. It was first described by Beer in 1924. The most comprehensive review to date has been that of Muschat who in 1945 added two cases to the twenty-three he reviewed from the literature. Since then Cohen has added two more cases in 1946; Owell one more in 1947; and Kirz ten more in the British literature in 1947. Lavelle and Hamm found forty-one reported cases prior to 1949. The number of reports in the more recent literature has sharply increased due to retro-pubic prostatectomies.

In most instances, this clinical entity has followed operations involving the opening of the bladder. Symptoms make their appearance usually within three to eight weeks following the original lesion. Most writers agree that the condition is due to infection. The clinical course is quite characteristic and follows the spread of the pathologic process as it involves successively the body of the pubes, the symphysis, the inferior rami of the pubes, the rami of the ischii, and the ischial tuberosities.

The signs and symptoms are due to the bony involvement primarily and secondarily to the effect on the muscles attached to the involved bone. The disease is extremely painful and incapacitating. Symptomatic relief is the only treatment of value that has as yet been demonstrated. The diagnosis is not difficult if it is kept in mind. X-ray studies are quite typical and sufficiently characteristic to corroborate the impression. Recovery is certain to take place in a variable length of time that may extend up to twelve months. After-effects are not usual.

Originally it was thought that the one constant factor in these cases was that the bladder be opened supra-pubically. Since then, other reports have been presented which would seem to indicate that this may not be the only predisposing cause. Instances are on record as having followed a perineal prostatectomy (Barnes); a hernia operation which became infected, a prostatic abscess and an occupational trauma to the lower abdomen (Kleinberg). Three cases are reported to have occurred in women. One followed a symphysiotomy (Wilensky); the second a so-called "normal" delivery (Wilensky) and the third complicated an attack of colon-bacillus pyelonephritis (Kleinberg). The last report is unusual in that the retro-pubic space was in no way traumatized and fever of 103 to 105°F with chills was reported. X-rays and the response to non-operative management were quite "typical", however. With the possible exception of this last case mentioned, one thing does seem to have been present in the beginning of all the other cases. That is an insult to the tissues of the space of Retzius whether it was by cystotomy, trauma, prostatic abscess, delivery or perineal prostatectomy.

Two theories have been set forth as the actual cause. The first is that the condition is one of infection. The other is that that is due to a trophoneurosis



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[1]N.N.R., 1947, p.398.
[2]Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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following nerve injury. Most contributors to the literature, on this subject agree that it is due to infection (Muschat, Silver, Wilensky, Kleinberg, Powell, Friedenberg and Kirz).

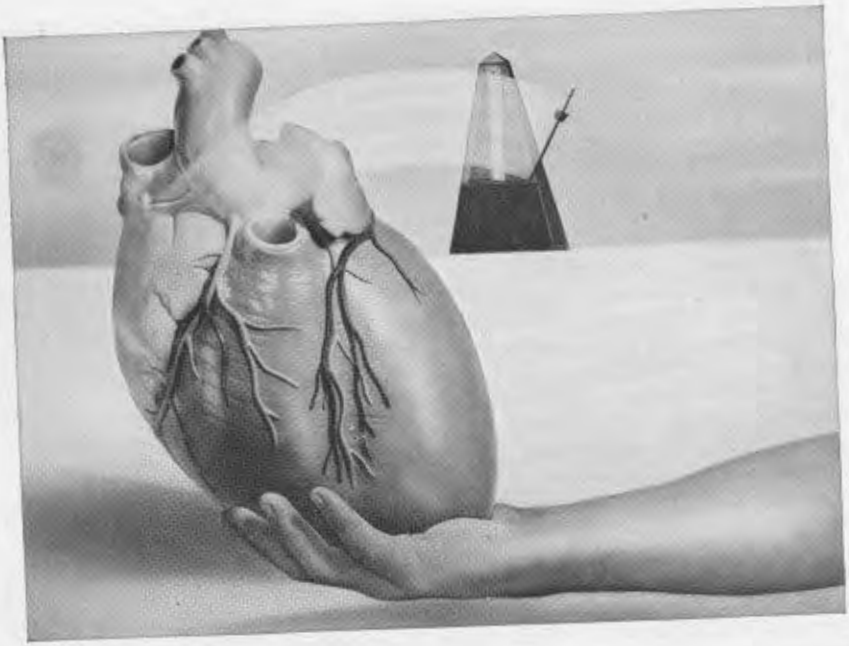
Where such studies as biopsies and cultures have been made, various organisms have been isolated. Staphylococci and streptococci were isolated from cultures taken from sinus tracts leading to the ischial tuberosities by Kretschmer and Sights. Cultures of scrapings of a biopsy in a case presented by Muschat showed a pure culture of B. Proteus. Others have mentioned B. Coli, staphylococcus aureus hemolyticus, staphylococcus aureus non-hemolyticus and pseudomonas. The finding of osteomyelitis on microscopic study of biopsies would seem to favor the theory of bone infection also. Because most of the cases recover under conservative, non-operative management, however, bacteriological and pathological evidence is limited.

The theory of a trophoneurosis as the cause has been advanced by Wheeler. He felt that the findings could not be reconciled with periostitis. The reasons for his stand were two-fold. The first was that extensive rarefaction of bone, as is present in many of these cases, was at variance with the behavior of periostitis elsewhere in the body where deposits of cortical bone is the expected result. Secondly, he felt that healing without bone formation was inconsistent with a diagnosis of periostitis. In an attempt to further disprove the infective theory, Wheeler experimentally injected sterile urine, urine with cultures of hemolytic staphylococcus aureus, and mixed cultures of organisms under the periosteum of rabbits' pubes. In no instance did an infection result.

Wheeler contended rather that this condition could be classified as an example of Sudecks' atrophy. He believed that there was injury to the nerve supply with a consequent trophoneurosis with atrophy of the bone. He quoted a case of a Dr. Riaboff which came to autopsy, in which sections of the involved pubes definitely proved "that there is no inflammatory process of the bone or periosteum." This is the first case with this condition upon which an autopsy is reported to have been performed.

From the standpoint of pathology, this disease is pictured by most men as beginning in the space of Retzius which has been traumatized and infected. The infection spreads from here to the periosteum. It may stop here as a periostitis and resolve. It may, however, progress, necrotizing the periosteum, baring the bone, and producing an osteomyelitis of the pubes as well as destruction, partial or complete, of the cartilage of the symphysis. Frequently the process stops at this point and regresses. Once again, however, it may go on to involve the rami and ischii in the lytic process even extending at times to the hip joint (Silver & Friedenberg). Suppuration may occur at any point. Healing, according to Kleinberg, results in the "restitution of normal bone or by periosteal new-bone formation resulting in osteophytes and bony spurs of different sizes and shapes." This latter contention is at sharp variance with the opinion expressed by Wheeler in which, it will be recalled, he stated that healing took place within bone formation.

In contra-distinction to the obscurity of the other aspects of this disease, the clinical course is usually quite definite. About ten to sixty days after the original procedure symptoms occur. They may develop is late as eight months later. Their delayed appearance has been explained as being due to the predominance of the symptoms of the primary procedure and to the slow extension of the infection through the tissues to the periosteum and the bone. Inasmuch as the pubes are first involved, the beginning symptom is referred to that locality as pain of an insidious, dull, aching character. It is accentuated by bending, coughing, or in any other motion that involves the use of the recti abdominis muscles which are attached to the pubic bones.



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Later, as the disease spreads to involve the rami and ischial tuberosities, the pain extends to the perineum and the inner aspect of one thigh or both.

The involvement of the attachments of the adductor groups of muscles makes motion of them extremely painful. Spasm of the involved muscles produces excruciating pain. According to Aschner's vivid description, the pain is "intense and disabling in its effects. It forces the sufferer to lie down, and when he cannot get up nor turn from side to side except in fear and agony." Terminal dysuria and painful defecation are late manifestations of the disease.

Tenderness of the pubes is constantly present. Sensitiveness to pressure over the rami and ischial tuberosities is present if they are involved. Fever of a low grade character may be present for several weekss. Anemia may or may not be found.

This state obtains for weeks or months. In time, it usually disappears completely. Kretchner and Sights, however, reported persistent stiffness of the adductors for two years after the onset in their case.

Unless one is aware of the possibility of such a lesion, the diagnosis may be quite difficult and disturbing. The clinical course and x-ray evidence are so definite, however, as to make the diagnosis relatively simple if it is considered. In the early states, the first two or three weeks, roentgen examination may be entirely negative or show only a fuzziness or inconclusive fraying of the edges of the pubic bone or bones. Rarefaction, spotty at first, later becomes extensive. The danger at this stage is in the interpretation of this as malignancy. If the x-ray is interpreted in the light of the clinical history, no mistake can be made unless the two lesions co-exist which is conceivable. As the process spreads, rarefaction of the rami and ischii takes place. After about eight to ten weeks, healing begins with rather rapid reconstruction of the bony structure. The final result may be: complete restitution of normal bone; restitution with apparent widening of the symphysis; bony ankylosis of the symphysis; and periosteal new-bone formation, especially over the ischial tuberosities.

Presumably, this condition could be prevented if opening, traumatizing, and infecting the retromuscular space and the space of Retzius could be avoided. The nearest thing to an approach to the problem from this aspect has come from Kirz who advocates the usual course through the phase of separation of the rectus and pyramidalis muscles. Then "about three cm. above the level of the symphysis, a five cm. long transverse incision is made through the anterior and posterior layers of the (continuation of the) transversalis fascia, prevesical fat and vesical layer of the pelvic fascia. The lower flap is dissected downward off the anterior bladder wall for about four cm. and approximated with two or three interrupted sutures to muscle at the lower angle of the wound. The two spaces are there-by securely shut off." To this, the suggestion of a transverse bladder incision might be added as further helping to keep those spaces intact. To anyone who hass once seen one of these cases, these ideas ar well worth trying.

To date, the treatment in most cases has been non-surgical and supportive. Therapy consists of sedation, bed-rest and assurance of a satisfactory result. Benefit from the use of a plaster spica has been reported (Kleinberg). There have been other cases in which it has been used less successfully (Muschat, Lazarus). X-ray, diathermy, massage and bathing have been tried with equally poor results. Sulfa-drugs and penicillin have been used without any apparent beneficial effects. Passive and too early active exercise are mentioned only to be condemned. Surgery has no place unless suppuration occurs.

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The prognosis is extremely good with only one death reported to date (Wheeler). The exact cause of that death was not apparent from the report.

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KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

. . . . . The Student American Medical Association has come into existence. It was first set up and approved for study in July, 1950 at San Francisco and authorized at the Cleveland Meeting December, 1950. Delegates from forty-eight medical schools elected Warren R. Mullen as president; he is a student of the University of Michigan. Total membership of the newly created S.A.M.A. is 15,955. The organizational meeting was held in Chicago December 28-29, 1950.

There must be two delegates to the A.M.A. House of Delegates. The change in A.M.A. Constitution will be made at Atlantic City in June, 1951.

The organization's objectives are "advancement of Medicine, contribution to the welfare and education of medical students, familiarization with the purposes and ideals of the medical profession and preparation of its members to meet the social, moral and ethical obligations of the profession."

The new Executive Secretary of the organization is Leo E. Brown who is well trained to handle this work.

. . . . . The new A.M.A. Education Foundation was incorporated in the state of Illinois, December 20, 1950.

Purposes of the Foundation are 1) To promote the art and science of medicine, and the betterment of public health in the provision of financial aid to recognized schools or institutions of medical education responsible for the education and training of medical manpower of the United States. 2) To distribute monies collected to medical schools, etc. 3) To determine the need of eligible medical schools for financial assistance, and 4) To determine the amount, manner and condition in which available funds will be distributed.

The Board of Directors will all be from the medical association. (Note: This is an undesirable feature; they should have others besides physicians on the Board.)

Funds made available will be distributed to schools without strings attached. The A.M.A. has asked Internal Revenue to declare all donated funds be tax exempt.

Any physician who would like to give monies to a good cause may do so by sending same to the Foundation.

. . . . . The National Association of Science writers whose members interpret medical science news for the public have met annually at the same time as the American Association for the Advancement of Science. They have now resolved to meet at the same time with the American Medical Association because of the fact that there was a bigger representation of its membership at the A.M.A. conventions.

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The medical lobby presents no constructive alternative to the doctor shortage. Furthermore, the committee charges the A.M.A. of "using its high resources to defeat federal aid to train more doctors".

One Washington writer reported that out of 166 charter members of the Committee for the nation's health at least 92 have subversive records, according to the House Un-American Activities Committee. Certainly, money could be used better if sent to the A.M.A. Medical Education Fund.

PHYSICIANS HEAR ATOMIC DEFENSE TALKS

Nearly 250 area physicians heard discussions of atomic bomb defense by Drs. E. C. Baker and E. D. Scudder at a joint meeting of the St. Elizabeth and Youngstown Hospital staffs and the Mahoning Academy of General Practice held at the Nurses' Auditorium of St. Elizabeth Hospital on January 9, 1951. The meeting was sponsored by the Mahoning Academy of General Practice.

Dr. Scudder, Professor of Chemistry at Youngstown College, discussed the physical properties of the bomb and gave the principle of an atomic explosion saying that "the blast of an atom bomb is brought about by the splitting of a central mass of uranium atoms by bombardment of the mass with neutrons. The resultant energy," he added, "is equivalent to about 20,000 tons of TNT and yet the estimated weight of an atomic bomb is allegedly about two pounds." Another example of its power is that if the cohesive force of the atom could be applied to atoms in a piano wire the wire would be strong enough to support the whole pre-war Navy. He also gave notions on how the bomb is exploded or "fired" over its target.

In discussing the medical aspects of atomic warfare Dr. Baker, radiologist at the Youngstown Hospital Association, stated that the effects of the bomb will be divided into three types of injuries, namely, those from a) the explosive blast, b) the thermal element (burns) and c) radio activity. He emphasized that proper peace time planning with a well organized civil defense against possible atomic attack, added to an efficient military defense, is the best possible deterrent against such an attack. He indicated the tremendous number of casualties that would result if disaster struck a city such as Youngstown in pointing out that the results of conventional warfare differed vastly from atomic warfare. He gave estimates of the medical needs necessary to handle casualties and added that stockpiling of esential supplies is absolutely necessary in any program of preparedness. He gave an excellent diccussion of the radioactive effects of the bomb and the various measures which can be used in measuring radioactivity.

Both Drs. Baker and Scudder emphasized that we should seriously consider what the bomb can do to us rather than what it can do to the other fellow. Statistics of the Hiroshima and Nagasaki bombing were applied to the Youngstown area and it was pointed out that with no civil defense program, 40,000 to 60,000 would be killed or missing and the same number would require medical attention were an atomic bomb to strike here. However, with a proper civil defense and an educational program in force, the number could

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be markedly reduced. For example, in comparing the havoc raised in the German cities of Duesburg and Hannan where the former had a program and the latter did not, the difference in casualty rates and destruction was startling.

In concluding, Drs. Baker and Scudder urged that medical men unite in preparing a program for coping with the medical aspects of civil defense under atomic attack. They warned against undue alarm about the atom bomb and pointed out that while an atomic bomb holds more death and destruction than man has ever wrapped in a single package, its total power is definitely limited and our chances of survival under atomic attack are better than we may have thought—if we prepare ourselves.

Dr. W. K. Allsop, past president of the Youngstown Hospital Association, presided.

MILITARY NOTES

H. J. Reese, M.D.

Area Physicians and Draft Registration . . . 136 area physicians registered at the local Selective Service headquarters at the Leedy Bldg. on January 15, 1951. In addition, 49 dentists and five veterinarians also registered under the provisions of Public Law 779, the Doctor Draft Law, enacted by the Congress last September. Those registered at the second registration fell into priority groups No. 3 and No. 4. Priority group No. 3 consists of those who did not have active service in the armed forces, Coast Guard or Public Health Service subsequent to September 16, 1940. Group No. 4 consists of those who did have active service subsequent to September 16, 1940, in the services referred to and who are not members of a reserve component or the federalized National Guard.

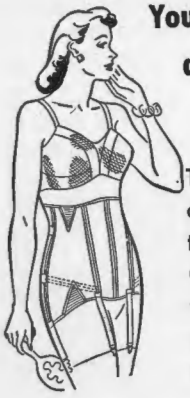
Professional and Biographical Questionnaire . . . About two-thirds of the physicians in Ohio have returned the Professional and Biographical Questionnaire mailed to them by the Columbus Office of the Ohio State Medical Association.

There must be a 100 per cent return on this questionnaire. This data is becoming increasingly vital to the state and local military advisory committees in efforts to maintain an equitable balance between civilian needs and the need of the armed forces for physicians.

Each Ohio physician who received a questionnaire should return it to the Columbus Office at once. This should be done regardless of age to give the true picture of the situation in the community as to how many physicians can be counted on for civilian practice should younger physicians leave the area for military service.

Any physician who did not receive a questionnaire, or who has mislaid the one sent to him, will be sent a duplicate if he will get in touch with the Columbus Office. *Send in your questionnaire.*

Army Physician Call-Ups to Total 1,733 By March . . . Physicians added to Army's rolls by men called up on mandatory orders and draft-eligible volunteers since the outbreak of the Korean War will reach 1,733 by mid-March. Army hopes its latest call for 980 company grade medical officers will be filled by volunteers now classified "Priority I" under the doctor-draft-government-educated physicians with less than 90 days' active duty. A Selective Service spokesman said they are not to come through Selective Service, except as a last resort. Army hopes the men will volunteer for active duty



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with the reserves. The 980 physicians will go on active duty on two dates—February 5 and March 13. At the same time 850 dental officers, also classified "Priority I" are expected to report for duty.

Before this call for volunteers went out, Army had involuntarily called 208 reserves since July 1 and had requisitioned 545 draft-eligible physicians. All 545 are expected to be on active duty by February or March.—*Capitol Clinics.*

One Out of Five Doctors Failed to Pass Physical Tests . . . Of the doctor-draft physicians examined so far, about one out of five failed to pass Army's physical examination. The rate for physical or neuropsychiatric reasons is 19 per cent for doctors as against 17.4 per cent for regular draftees. Army lists the major causes for physician rejections as tuberculosis, duodenal ulcers, neuropsychiatric ailments, hypertension and severe asthma. Six per cent of those found below par are being taken into service on a waiver of their disability, lowering the per cent not eligible to about 13 per cent.

All cases of physicians rejected for physical reasons must be reviewed by a special military medical board here in Washington, which has greater authority in accepting questionable cases than the induction stations.

An Army spokesman expressed the opinion that the rejection rate for physicians was about what might be expected. It was pointed out that the induction examinations the men now are undergoing actually are more severe than those they had to pass in World War II before being admitted to the Army as ASTP students. Also, the men are from five to ten years older than the average draft registrant, a factor which would tend to increase the rejection rate.—*Capitol Clinics.*

C. D. A. RELEASES HEALTH SERVICES HANDBOOK

Civil Defense Administration recently released its health services handbook on which National Security Resources Board and other experts have been working for almost six months. It is the product of extensive conferences and reviews, in some of which American Medical Association representatives participated. The booklet, "Health Services and Special Weapons Defense," is paper bound, 250 pages and contains numerous graphs and diagrams to facilitate preparations for handling atomic bomb casualties.

This presentation is described as an outline "of functional needs rather than an administrative blueprint," but it is the closest thing to a national directive on the subject that can be expected for many months. Information contained is essential to all persons involved in civil defense health services planning, as well as to physicians who will play the major role in treating victims of any possible atomic attack.

Individual copies may be purchased from Superintendent of Documents, Government Printing Office, Washington 25, D. C., for 60 cents each, with a 25 per cent discount for purchases of 100 or more. A few copies now are going out from CDA to state and local civil defense officials, but the supply is limited. Various plans now are under consideration for more widespread circulation.

Almost every phase of health service preparation is discussed—radiological and biological poisoning, training and first aid, hospital expansion, public health aspects, laboratory services, etc. Of particular interest to physicians are the handbook's paragraphs on treatment of burns. Because federal medical stockpiles must be somewhat standardized, one particular burn treatment is singled out as "an effective method which could be used for all cases

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and would be adaptable to mass-treatment methods . . . and would not predetermine subsequent treatments." This dry-dressing treatment is described as follows: "The dressing consists of a cellulose pad, one inch or more in thickness, faced and backed with gauze . . . each pad must be sufficiently large to cover the entire burned area . . . two sizes available, 12 by 24 inches and 24 by 36 inches . . . pad is held in place by means of a tensile yarn roller bandage, applied firmly and evenly but with only gentle pressure . . . rubberized bandages are neither necessary nor desirable."

The handbook recommends that first aid stations have some 75 different items on hand, stocked and maintained locally. As a reserve, U. S. will maintain regional stockpiles of about 50 items which can be shipped into a community in a matter of hours. The handbook emphasizes, however, that the community must have available enough supplies to handle the first wave of injured. When a first aid station's supplies run out, U. S. will be prepared to ship in a complete, standardized new stock. For later use, Civil Defense Administration has worked out a formula based on requirements for each 1,000 patients. This calls for shipment of certain specified supplies, including 15,000 packages of penicillin in 200,000 units, 3,000 morphine tablets or syrettes of ¼ grain and 25 sets of surgical instruments (26 optional instruments included). —*Capitol Clinics.*

HERE AND THERE

Dr. Robert Fisher, a Lieutenant (j.g.) in the U. S. Navy Medical Corps, has reported for duty at the Minneapolis office of Naval Officer Procurement, Minneapolis, Minn.

Home for a short leave during the New Year holiday was Lieutenant (j.g.) Harold Segall. Lieutenant Segall is stationed at Station Hospital, Fort Belvoir, Virginia.

Dr. Charles Waltner attended a symposium on Psychiatry and Neurology at Columbia University from October 2-8, 1950. Dr. Walter recently received his certification as a diplomate in Psychiatry from the American Board of Psychiatry and Neurology.

Dr. A. J. Bayuk, director of the Department of Anaesthesia, and Dr. J. K. Herald, chief of the section of Proctology at St. Elizabeth Hospital, attended the Cardiac Resuscitation course conducted by Dr. Claude Beck in Cleveland, January 25-27.

Drs. C. S. Lowendorf and W. D. McElroy attended the meeting of the American Academy of Orthopedic Surgery at the Palmer House, Chicago, from January 27 - February 1.

Dr. W. H. Bunn attended the meeting of the Board of Directors of the American Heart Association in New York in December.

Dr. W. J. Flynn is doing post-graduate work on the surgical division at Memorial Hospital in New York City. Dr. Flynn will return to his surgical practice in the offices of Drs. A. E. Brant and G. G. Nelson, in June.

Several Society members are prominent in Alumni associations of their schools. Among these, Dr. Paul J. Mahar is president of the local Ohio State

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"

Lest you forget!

Meetings of the Mahoning County Medical Society are held on the third Tuesday of each month and are announced in the BULLETIN. Be present and be active in the proceedings of your Society. Were you at the last meeting? If not, there is one coming up.

MARCH MEETING

TUESDAY, MARCH 20, 1951

Elks Club, 220 W. Boardman St.

8:30 P. M.

Speaker:

DR. PAUL C. BUNN

Associate Professor of Medicine,
University of Syracuse School of Medicine
Syracuse, New York

Subject:

"Recent Advances in Anti-bacterial Therapy"

Alumni Association, and Dr. James D. Brown heads the Michigan Alumni Group. Dr. Harold J. Reese, past president of the local Michigan Alumni Association, is now vice-president of the national Alumni Association.

Born: to Dr. and Mrs. W. H. Bennett, a boy, Robert Hugh, at North Side Hospital on January 9, 1951.

Born: to Dr. and Mrs. E. A. Shorten, a boy, Scott Douglas, at North Side Hospital on January 16, 1951.

Dr. Bryon Hutt spoke to members of the Struthers P. T. A. on January 18, 1951. He discussed behavior problems at school age and presented a few remarks on the prevention of rheumatic feer with penicillin.

Perennial contributor to the pages of the *Bulletin* has been Dr. W. D. Coy of the editorial staff. His editorials, *Cynical Sam* and *Uncle Dudley* are familiar to *Bulletin* format. He has also made the verse selections for the front cover during the past several years. The editorial staff appreciates his support in adding flavor to our publication.

Bouquet: to Dr. Frederick S. Coombs who turned over *Bulletin* chores to the present editor at the turn of the year. The quality of format, lucidity of expression and informative character of the *Bulletin* under his guidance should merit high tribute from all of us. Further, he gave unstintingly of his time to initiate his successor to the task of the coming year.

Dr. Charles Waltner reviewed the history of psychiatry in a talk to the Lions Ladies' Club at Shady Lawn Tea Room on January 15.

Dr. Hubert S. Banninga attended a seminar on "Survival Under Atomic Attack" conducted by the Hamilton County Academy of Medicine in conjunction with the University of Cincinnati Medical School, U. S. Public Health Service and Civil Defense Leaders, at Cincinnati, Ohio on January 14. Dr. Banninga states that Cincinnati had a detailed pattern for civil defense outlined as early as 1948.

Dr. William T. Breesmen discussed "Socialized Medicine" at the Communion breakfast of the Holy Name Society at St. Patrick's Church on January 14.

Dr. A. E. Brant, woodcrafter extraordinaire, fashioned a hand turned gavel in cherry wood for presentation to Dr. E. J. Wenaas during his installation as president at the annual banquet held at the Elks Club on January 16, 1951.

YOUNGSTOWN HOSPITAL STAFF MEETING

The regular monthly meeting of the Youngstown Hospital Staff was called to order at 8:30 p. m. on January 9, 1951, by Dr. W. K. Allsop. The meeting was a joint meeting of the St. Elizabeth Staff, the Mahoning County Academy of General Practitioners and the Youngstown Hospital Staff. The subject was "Atomic Bomb Defense". The meeting was addressed by Dr. Scudder of the Youngstown College, and Dr. Baker of the Youngstown Hospital Staff. There was considerable discussion following the two talks. Dr. Gordon Nelson and Mr. Keller of the Civilian Defense talked briefly. The meeting adjourned at about 10:15 p. m.—*E. C. Baker, M.D., Secretary.*

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GLOMUS TUMORS

*Albert A. Luchette, M.D.**

In recent years the recognition of glomus tumors as definite pathological entities in the field of surgery has caused the report of an increasing number of cases. Despite this fact, these tumors which are sometimes disabling, are not always recognized. In reviewing the surgical files of St. Elizabeth Hospital there are only five cases described histologically over a period of eighteen years.

William Wood of Edinburgh first described the clinical picture associated with glomus tumors in 1840. In 1920, Barre clearly defined their clinical manifestations and demonstrated that local excision of the tumors gave complete relief. However, it was not until 1924 that Masson established the histolocical characteristics of these tumors and proved their derivation from specialized arterio-venous anastomoses.

The glomus body appears as a normal organ in the skin and is concerned with heat regulation by changing the flow of blood in the capillary bed. The most constant sites are in the hands and feet and on the ventral surfaces. They are found at the tips of the fingers, palmar surfaces, on the first, second and third phalanges, on the thenar and hypo-thenar eminences of the hand and on the foot near the heel. Twenty to forty percent occur beneath the nails. Many investigators have disclosed them to be present within the bones of terminal phalanges, in the prepuce, on the eyelids, on the tip of the tongue and even within joint cavities as reported by the Mayo group. More than one tumor may be found in the same member of the body and as many as four have been removed from beneath one nail. They are not present in the fetus, but they were demonstrated by Popoff as early as in the first two months of postnatal life.

The normal glomus is made up of a skein of anastomatic, vascular channels which act as a shunt between pre-terminal arteriole and venules without passing through capillaries. Essentially it is made up of smooth muscle, vascular tissue and non-myelinated nerve fibers which is under control of the sympathetic system and acts as an arterio-venous shunt between arteriole and venuole. The afferent artery divides into from two to four branches which have been named Sucquet-Hoyer canals. The interior of these canals are lined by endothelium which is surrounded by a layer of smooth muscle. Among the muscle fibers are large cells with a round nuclei and clear cytoplasm which are termed epitheliod cells or glomus cells. These cells are innervated by a rich network of non-myelinated nerve fibers.

The pathological glomus may be regarded simply as a benign overgrowth of the normal cutaneous glomus. Grossly, the appearance of glomus tumors is rather characteristic. They usually do not measure more than two centimeters in diameter. The color varies from deep red to purplish-blue. The purplish-blue is seen most often whenever the painful syndrome is present. The light blue color is most common. Cold may cause blanching of the tumors and therefore a change in their color. Their surfaces are usually covered by a layer of skin or nail, and show no signs of ulceration or erosion. The tumor is sharply demarcated from the surrounding tissue and if the surface is cut or injured, the blood flows rather freely from the incised part of the lesion.

Histologically, the glomus tumor is characterized by dilatation of the lumen of the Sucquet-Hoyer canals and hyperplasia of the glomus cell. Dilatation of the arterial lumina accounts for the hemangiomatous appearance of the tumors. Nerve trunks are numerous in the connective tissue about the tumors and nerve filaments pass through glomus cells in large numbers.

Occasionally elongated smooth muscle cells are seen in large solid masses which are adjacent to the vascular lumina. Overgrowths of the entire arteriovenous anastomosis and cells show the presence of nerve fibers. The tumor is surrounded by a fairly definite collagenous capsule. The glomus cells of the tumors are larger than normal but definite evidence of malignant change has never been demonstrated.

The incidence of glomus tumors is about equal in male and female. They occur most frequently between the ages of 20-80, although they may exist from the first or second month of post-natal life until the demise of the individual. The pathological glomus is usually secondary to trauma in about 50% of cases. A single severe injury is followed directly by a development of a glomus tumor in half of the cases. They undergo considerable alteration with age and show atrophic changes even in those elderly individuals who are fortunate enough to escape arteriosclerotic disease. It is found frequently among Jewish racial mixtures and this is felt by some authors to be due to the fact that sympathetic imbalances are more common in this group.

Despite the fact that the tumors are usually visible, they sometimes are so small that they must be located by the prick of a pin point. On X-ray, a minute crater-like depression of cortex of bone or erosion of terminal phalanges can sometimes be seen. The pain is out of all proportion to the size of the lesion, although painless tumors have been reported. The severe paroxysms of pain may affect half of the body causing hemiparesis, hemianesthesia, or a Hornes syndrome due to the sympathetic connection between the tumor and the central nervous system. Pressure of trauma is usually the trigger mechanism which sets off the pain reaction. This pain may be intermittent or constant in type. It may be spontaneous or may start off by the mere pressure of clothing, bed clothing, brushing of a hard object against the lesion or by passing from one room in which the temperature is high into one in which it is lower in temperature.

The pain is described as stabbing, burning in character and patients develop curious protective postural changes and poses in an effort to shield this tumor from an offending stimulus. In Masson's review of the literature, the average duration of pain was 14 years. The pain increases slowly over the years but despite this fact, patients do not always seek medical advice. They may accustom themselves to the excruciating pain or they may assume postural changes which are sufficient to protect themselves against the stimulus which usually sets off the trigger mechanism of the pain or they may accustom themselves to the knife-like pain for years since the focal point may never be recognized. The pain is thought to be due to the pressure on adjacent pacinian corpuscles and this is generally the accepted view. Mistaken diagnosis is made due either to inability to locate the tumor or to lack of knowledge concerning its symptoms. Many patients are branded as neurotics and treated as such. Others are given treatment for neuritis, arthritis, neuralgia, etc.

Tlthough the diagnosis is simple to make, certain other small tumors must be differentiated. Neurofibromata are generally much larger and less tender, while angiomas are indistinguishable on inspection but on palpation the severe pain is not produced. Melano-epithelioma are not nearly so painful and are usually a different color. Other lesions are subungual fibromas, nevi and lipoma et al.

The treatment of these tumors is entirely surgical. Radiation is ineffective in treatment. Local nerve block of the area is only palliative. Excision is usually done under local anaesthesia but a caution is added that too much adrenalin must not be added to the solution, lest the lesion is "marked" by causing blanching and sometimes loss of the site of the lesion. A good portion

of the normal skin is excised with the tumor and if this is routinely done total excision gives permanent relief.

A case of an unusual glomus is presented below inasmuch as it was not preceded by trauma and the histological picture was unusual. A 66 year old white laborer first sought medical advice because of severe, excruciating pain in the right supraclaviclar area. Later the pain became so severe that the slightest pressure of clothes or bed clothing caused him to almost scream with pain. On physical examination a small bluish-purple tumor was found in the skin over the right shoulder. Slight pressure reproduced the painful syndrome. Total excision under pentothal anaesthesia gave complete relief and one year later the patient was still asymptomatic. Below is the pathologist's report of the tumor. The morphology of the tumor was so unusual that a section was submitted to Dr. C. F. Geschickter who confirmed the diagnosis of glomus tumor as first established by the late Dr. W. Dean Collier. His report follows:

The majority of the tumor mass is made up of definite lobules of solidly packed cords of small quite hyperchromatic epithelial cells separated by very thin lines of connective tissue stroma. Sometimes, tiny capilliaries can be seen running in these fine lines of connective tissue between the epithelial cords but the picture is definitely that of solid epithelial growth throughout majority of the lobules of the tumor. They grow as cords of the closely packed cells as any ordinary histoid type of epithelium. Hunting about the periphery of the tumor there are a few more loosely combined cords of cells which are smaller, have more abundant cytoplasm and less hyperchromatic nuclei which have a distinct relationship to vascular structures. These epithelial cords lie immediately next to endothelial-lined blood vascular spaces and hold the relationship of glomus to the vessels they surround. This glomus tumor is much more solid and contains less vascular elements than is reported in a number of discussions of this tumor which were consulted.

An unusual case of glomus tumor is presented with a brief clinical history. Because of the high percentage of cases associated with trauma, the painful syndrome associated with glomus tumors should be borne in mind in the differential diagnosis of conditions for which the etiology cannot be found, especially in this industrial area.

*Assistant Chief Surgical Resident: St. Elizabeth Hospital.

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Proc. Staff Meeting Mayo Clinic 1944 1 9: March 11-3-116

★ ★ ★ **EDITORIAL STAFF CALLING** ★ ★ ★

Short scientific papers, news and views, attendance at meetings, membership in associations, new borns in your family, etc., all constitute material to personalize your publication. Send your contribution to your editor. The *Bulletin* is published by the Society to reflect activities and news of its members to its membership. If it's news—send it on! Help make *your Bulletin* with *your* contributions.

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YOUNGSTOWN HOSPITAL TO RECRUIT NURSES

The Youngstown Hospital Association has undertaken an expanded promotion program designed to recruit additional nurses.

There is an acute need in all hospitals for additional graduate nurses. They are needed by this hospital, this community and the nation.

One out of every twelve young women who graduate from high school next June must enroll in a school of nursing if there are to be sufficient nurses for the community.

In addition to hospital duty, registered nurses are also needed in increasing numbers by the military services and in industry and public health programs. The military services are now calling for approximately 1,000 graduate nurses each month.

By means of an organized recruitment program, Youngstown Hospital Association hopes to focus attention on nursing as a career during these days of competitive recruitment programs of industry, public health and the military services.

DR. PATTON RESIGNS AS COUNTY HEALTH COMMISSIONER

Dr. Stewart G. Patton, Sr., health commissioner of Mahoning County for the past 14 years, resigned recently after an illness. However, he will return to his private practice in February.

Dr. Patton has been associated with the county health board since its organization 29 years ago. He was a member of the board for 15 years before being named health commissioner 14 years ago. As commissioner he performed outstanding service to the community. He was instrumental in cutting down the number of rabies cases in the county during his first years in office. He set up pre-school health clinics and worked closely with health association officials in having school children X-rayed for tuberculosis.

County officials were high in praise of Dr. Patton's achievement during his tenure of office. His medical colleagues salute him for a "job well done."

G. P. ACADEMY TO HEAR DR. BAYUK

Dr. Anthony J. Bayuk, director of the Department of Anaesthesia at St. Elizabeth Hospital, will address members of the Mahoning Academy of General Practice at their regular monthly meeting to be held at the St. Elizabeth School of Nursing at 8:30 p. m., Tuesday, February 13, 1951.

"Local Anaesthesia in Office Practice" will be the subject discussed by Dr. Bayuk.

The meeting is one of the regular monthly meetings conducted by the Academy and held on the second Tuesday of each month. Dr. Howard Mathay is president of the local Academy.

FOR RENT—Building suitable for doctor's offices at 2536 Market St. Parking space, garages in rear, gas furnace.

Inquire, I. Bernstein, 259 W. Federal. Phone 3-1681.

VENEREAL DISEASE CLINIC — REPORT FOR 1950

Henri Schmid, M.D. and M. E. Hayes, M.D.

The following represents an analysis of the Venereal Disease Clinic service for the year 1950.

Number of persons examined during the year		774
Not infected and not admitted	221	
Referred to other agencies for other causes than V.D.	16	
Admitted for Syphilis	201	
Admitted for Gonorrhea	320	
Admitted for Chancroid	1	
Admitted for Granuloma Inguinale	1	
Under investigation as of December 31, 1950	14	

SYPHILIS

Number of cases treated this year		311
Carried over from 1949		110
Re-admitted (previously delinquent or arrested)		61
New cases admitted this year		140
Primary sero negative	1	
Primary sero positive	5	
Early	57	
Late	21	
Neuro	14	
Latent	33	
Congenital	9	
Males admitted		77
Females admitted		63
Discharged as cured or arrested		77
Transferred		7
Delinquent		40
Remaining		185
Died		2
Number of blood tests taken		1683
Positive	740	
Negative	943	
Number of spinal punctures		59
Positive	11	
Negative	48	
Number of intravenous injections administered		435
Number of intramuscular injections administered		2176
Number of chest and eye examinations		125
Number of patients sent to Rapid Treatment Center		71

N.B.—Eight patients in various stages of syphilis who could not go to the R.T.C. were treated with penicillin at the Clinic or partly at the Clinic and partly at home, by the Visiting Nurses. Procaine penicillin G in peanut oil containing 2% aluminum monostearate was used in these cases, 600,000 Units twice or three times a week in various schedules. One young pregnant woman who was referred to the Clinic at the very end of her pregnancy was treated at home by the Visiting Nurses for 16 consecutive days with excellent result.

Number of clinic visits	3633

GONORRHEA

Number of cases treated this year		346
Carried over from 1949		26
Admitted this year		320
Acute G.C. in males	234	
Acute G.C. in females	13	
Chronic G.C. in males	7	
Chronic G.C. in females	66	
Discharged as cured or arrested		142
Transferred		10
Delinquent		159
Remaining		35
Number of penicillin injections given (not less than 300,000 U. per injection)		437
Number of cultures for gonorrhea in females, both for diagnosis and tests of cure		264
Positive	86	
Negative	178	
Number of clinic visits		895

CHANCROID

Admitted this year	1
Discharged as cured	1
Number of clinic visits	4

GRANULOMA INGUINALE

Number of cases	1

N.B.—The sole case of granuloma inguinale (also infected with lues) was referred to the R.T.C. and was returned cured of her lesion.

Number of visits made by persons not infected or transferred to other agencies for other causes than V.C.	975
Grand total of clinic visits	5507

ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth Hospital was held January 2, 1951 at 8:30 P. M. Dr. W. H. Evans, President of Staff, presided.

Presentation of three recently hospitalized cases was made by the House Staff following which there was considerable discussion as to therapy and prognosis of the conditions discussed.

A letter advising the staff that the Ohio State Medical Association was desirous of having them present exhibits at the coming OSMA convention was read. Members having interesting material were urged to contact Dr. Lee at the University of Cincinnati with a view to presenting the matter in an exhibit.

Attention of the Staff was called to the fact that anyone is eligible to make a memorial gift to the hospital building fund and those members who had given amounts approximating that necessary for a memorial were encouraged to increase their pledges to the necessary minimum for a gift.

Dr. Evans advised the staff that he would be pleased to have members state upon which committees they would like to serve in order that the committees may be composed of persons interested in the work and desirous of being of service.—*Asher Randell, M.D., Secretary.*

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PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society on January 8, 1951. The following doctors were present: E. J. Wenaas, presiding; A. K. Phillips, J. C. Vance, J. D. Brown, G. G. Nelson, I. C. Smith, C. A. Gustafson, Asher Randall and S. W. Ondash.

Mr. W. C. Fisher, Auditor, submitted his report for the fiscal year ending November 30, 1950.

Dr. Gustafson and Dr. Ondash asked Council's opinion regarding an essay contest this year. They felt that the contest should not be held at this time in view of the more crying need for participation in a medical civil defense program.

Council was of the opinion that the time and energy that must be spent to successfully carry out a Civilian Defense Program and the possibility of many of our members being called into Military Service shortly, that an essay contest at this time would impose a heavy burden on those conducting it and that it would be impossible to do justice to both.—*G. E. DeCicco, M.D., Secretary.*

FROM THE BULLETIN

J. L. Fisher, M.D.

20 YEARS AGO — FEBRUARY 1931

The President urged the members to give more attention to the business side of medical practice. He called attention to the need for a business office to handle all the Society business and act as a clearing house for accounts.

Dr. P. Brooke Bland, Professor of Obstetrics at Jefferson Medical College, addressed the Society on the "Treatment of Leucorrhea." He was then doing pioneer work on trichomonas vaginitis.

After the meeting the members were served a buffet lunch and spent the rest of the evening playing cards, pool or just visiting.

10 YEARS AGO — FEBRUARY 1941

The Ohio Enabling Act was passed by the Legislature as the first step for the Society to sponsor a non-profit voluntary medical service plan.

Theophrastus Bombastus (Louis Deitchman) was running a column full of wisdom and witty sayings. The Medical Crier took note that the general practitioners were getting class conscious.

Dr. William Dean Collier became an active member, Drs. M. M. Kendall and B. B. Burrowes associate members, and Dr. Nathan Belinky an interne member.

Mention was made of an influenza epidemic which had been active for several weeks.

McKelvey's advertised men's two-trouser suits for $28.50.

RESULTS OF MAHONING PLAN OF CHEST X-RAY PROGRAM ANNOUNCED

E. J. Reilly, M.D.

(Editor's Note—Dr. E. J. Reilly, President of the Mahoning County Tuberculosis and Health Association, presents the following review of results of the Mahoning Plan of Chest X-Raying of all adults of the County, in its first year of operation).

In taking stock of the Mahoning Plan to chest x-ray every adult in Mahoning County, the following facts have been assembled to determine the relative success of the procedure. In the first place, the idea is to give every family an opportunity to secure a chest x-ray for the adult members of the family, and in the second place we have attempted to create an interest and desire to secure an annual chest x-ray as a good health habit.

For ten years the TB Association has promoted the tuberculin testing and chest x-raying of all students and teachers in the high schools of Mahoning County, and for five years has chest x-rayed all students and faculty members of Youngstown College as part of this health educational program. The Mahoning Plan is an extension of the tuberculosis detection and control program to the general public.

From March 1st to September 15th, 1950, the Tuberculosis and Health Association mailed out 500 chest x-ray appointments daily, to a total of 77,427 homes in Mahoning County. Every family that we could secure a correct name and address for was included in this list. 1,512 persons or families moved before they received their appointment cards which were returned. 75,915 families received an appointment for a specific day inviting the adult members over school age to come to the Chest X-Ray Center, 100 Dollar Bank Building, Youngstown.

The Chest X-Ray Center as you know is part of the Downtown Branch of the Mahoning Tuberculosis Sanatorium and is under the direction of Dr. Harold H. Teitelbaum, Superintendent of the Sanatorium and Controller of Tuberculosis for Mahoning County. The Chest X-Ray Center is co-operatively financed by the Sanatorium and the Tuberculosis and Health Association. If the appointed day is not convenient, the recipient is urged to come in at any time at his own convenience.

Out of the 75,915 families who received a chest x-ray appointment, 8,181 responded with an average of 2.1 persons per family, for a total of 17,181 persons x-rayed. 11% of the families receiving appointments responded to the invitation for a free chest x-ray, while 89% did not. We know that many persons asked their doctors whether or not it was advisable to get a chest x-ray, and we know that most doctors advised their patients to take advantage of this opportunity.

Out of the total 17,181 persons who came in for chest x-rays in response to their appointments, 730 persons were found to have suspicious pathology indicated on the 70mm screening film. These 730 persons were all advised to see their doctors who were sent the report by mail, of the interpretation of the 70mm film. The interpretations were made by the six radiologists of the city who serve on the staff of the Sanatorium and operate on a rotation basis. The family doctor was supplied with an order form with which he could refer the person to the Chest X-Ray Center for a large 14 by 17 film on his written order, or he could refer them to a private radiologist as his judgment indicated.

Of the 730 persons whose 70mm films indicated suspicious chest shadows, 77 persons have not been heard from, nor have reports been received from their family doctors, although there may well have been further action taken. 130 were checked on large film and found not to have significant pathology. 52 who had the large films taken had sufficient suspicious pathology to war-

rant further study which is still in the process of being completed. 25 persons were discovered to have inactive tuberculosis previously unknown to them and they have been requested to have a periodic check-up with their family doctor including a periodic chest x-ray. Ten persons were found to have active tuberculosis.

In the group of ten with active disease four had far advanced tuberculosis, three had moderately advanced tuberculosis, two had minimal tuberculosis, and one had tuberculosis in an undetermined stage at the time that the report was made. All ten are now patients at the Mahoning Tuberculosis Sanatorium. These ten persons were found to have active tuberculosis among the 17,181 apparently healthy persons who voluntarily presented themselves for a chest x-ray.

In addition to the tubercular pathology detailed above, 382 persons were discovered to have enlarged heart shadows on the 70mm film. These persons were advised to see their family doctor to get the report on their chest x-ray, and in addition, their names were referred to the Youngstown Area Heart Association at their request, so that appropriate follow-up measures could be taken. 36 persons had scoliosis, and five had silicosis, all of whom were referred to their family doctor for their x-ray report and consultation. 13 persons were found to have cancer of the lung, and in addition to their being referred to their doctor for treatment, their names were referred to the Youngstown Cancer Society to see that remedial steps were taken where possible.

The program as conducted in 1950 has been satisfactory in so far as it has reached 17,181 adults in the community and has assisted in the detection of previously unknown disease. It is not unreasonable to believe that the effort was worthwhile in that it succeeded in a modest way in detecting disease in persons who thought they were healthy and for whom the consequences would have been even more serious if allowed to develop until symptoms became evident. From the Public Health point of view, the finding of even 10 persons with tuberculosis helps to bring that disease one step nearer control. It was satisfactory in being able to advise 95% of the persons x-rayed that their chests showed no apparent pathology at the time of their x-ray.

For the first year of a long-time program of health education, the fact that 11% responded to a new idea, is heartening. We are naturally concerned this year, 1951, in reaching an even larger percentage. We hope to re-x-ray most of those who responded last year, and an additional group from the 89% who did not respond last year. The members of the Mahoning County Medical Society have been very helpful in advising their patients to have an annual Chest X-Ray. We realize that the program has not been perfect, and we welcome any comment or criticism from the members of the Medical Profession at all times. We feel that the family doctor is the keynote of family health and we have made every effort to cooperate with him and his patients at all times. We also appreciate the valuable assistance of the specialists as well.

We have urged all doctors to refer all of their patients for a screening x-ray film. Any person may come in for a 70mm chest x-ray on their own initiative. In either event, all reports of suspected pathology are sent to the family doctor. The judgment of the family doctor is respected in regard to the need for a large diagnostic film. Diagnostic films are taken at the Chest X-Ray Center only on the written authorization of the family doctor. No charge is made for any x-ray made at the Chest X-Ray Center. If in the judgment of the family doctor, the patient can afford to pay for a diagnostic film, the patient should be sent to a private radiologist.

We believe that this cooperative program is a valuable service to both the doctors and the people of this community. It is made possible through the cooperation in the first place, of the Mahoning Tuberculosis Sanatorium and the Mahoning County Tuberculosis and Health Association. In the second place, it is successful because of the cooperation of the doctors of the Mahoning County Medical Society in referring their patients for chest x-rays and of their generous support of the Annual Christmas Seal Sale which provides the funds for the operation of the Tuberculosis and Health Association.

★ ★ ★ NOTICE TO SERVICEMEN ★ ★ ★

Members entering the armed forces are requested to notify Mrs. Mary Herald, executive secretary of the Mahoning County Medical Society, regarding date of entry, rank, component of armed forces, and immediate destination. Servicemen will be placed on the inactive roster, and the State Association will be notified of their status.

The *Bulletin* will be mailed each month to servicemen whose address is known to the Executive office.

CORPORATE PRACTICE OF MEDICINE

Attorney John Lansdale from Cleveland, Ohio, gave a very unusual and thought provoking talk before the annual banquet of the Mahoning County Medical Society held at the Elks Club Tuesday, January 16. Attorney Lansdale has been busy the last year in Cleveland investigating in conjunction with Cleveland Academy of Medicine, the corporate relationship of the radiologist, pathologist, and anesthesiologist with the hospitals.

He reviewed the basic principles of medical practice pointing out that the practice of medicine is a learned profession and is based on service to the public in contra-distinction to a trade which is based on profit. Therefore, the corporate practices are comparable to socialized medicine in that they tend to destroy the doctor-patient relationship and break down professional standards and ethics.

Attorney Lansdale asked this question, "What is wrong with the doctor working for the hospital?" He answered it this way, "The doctor is working for the hospital, therefore by law, logic and all other standards his primary duty is to the hospital and not to the patient, and since the hospital is a corporation, he is a corporate member".

Another interesting point discussed by Attorney Lansdale was the paying of internes and residents by the hospital when in reality they are giving their services to the doctors, not the hospital. The suggestion was made, therefore, to have this group paid directly by the staff doctors and dentists.

This subject was entirely new to the Mahoning County Medical Society and certainly should create some discussions in this group.—*E. R. McNeal, M.D.*

FOR RENT—2 office suites, one four rooms suitable for a physician, one two rooms suitable for a dentist. Building new, rent reasonable, plenty of parking. Inquire, Jos. Vericolli, 42 W. Midlothian. Phone 8-3668.

AUXILIARY NEWS

Mrs. W. H. Evans, president of the Auxiliary to the Mahoning County Medical Society, was hostess at a luncheon when an Executive Board meeting was held Tuesday, December 15, 1950 at the Youngstown Club.

Reports of the various committees were submitted by the chairmen. The Scholarship committee chairman reported on the six girls being trained as nurses; their report cards showed excellent grades. The first two girls sponsored by the Nurses Scholarship Fund of the Mahoning County Auxiliary will graduate during 1951, the first one in July, the second one in September.

Delegates and alternates to the State Convention in April were appointed and notice of this action was mailed to the State president on December 20th.

A silver table lighter was sent to Dr. Fred W. Dixon in appreciation for his outstanding talk on socialized medicine given in October of 1950 to the Auxiliary members and all Federated Women's Clubs of Youngstown.

Officers and standing committee chairmen subscribed 100% to the National Bulletin.

"Community Services for the Hearing Handicapped" was the theme for study at the January 9th meeting of the Auxiliary. Miss May Vetterle, Executive Secretary of the Youngstown Hearing Society, gave a most informative talk on the above subject. Mrs. Harold Ristle, a teacher from Bennett School, and two pupils gave a remarkable demonstration of methods used in teaching deaf mutes the art of speech.

The February meeting will be a style show and benefit tea to be held at 2:00 p. m. on Tuesday, February 20th at Rodef Sholem Temple. This meeting is open to the public. Proceeds will be used for the Nurses Scholarship Fund.

Mrs. Herman Ipp, Legislative Chairman, reported on "The Doctor at War" and the draft status.—*Mrs. J. L. Fisher.*

CYNICAL SAM

Being suspicious of everybody you meet isn't good for your peace of mind. You will probably develop into a much nicer character if you will assume that every one you meet has the best intentions. This will also enable you to understand why your wallet isn't where you thought it was.

★ ★ ★

When you have noticed that people have ceased flattering you for your little accomplishments and have ceased opposing your favorite ideas, you may be quite sure that you have ceased to be important.

★ ★ ★

For time out of memory older men have encouraged young men to be diligent and progressive so that they may make their mark in the world. These advisers may have been thinking of Galileo, Newton or Benjamin Franklin; but the youngsters knew that Alexander, Genghis Khan, Caesar, and Napoleon also left some foot-prints in the sands of their times.

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Health Department Bulletin

REPORT FOR DECEMBER, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded	188	111	77	165	100	65
Births Recorded	689	350	339	520	268	252

CONTAGIOUS DISEASES:	1950 Cases	1950 Deaths	1949 Cases	1949 Deaths
Chickenpox	35	0	51	0
Measles	2	0	31	0
Mumps	1	0	8	0
Polio	0	0	0	0
Scarlet Fever	4	0	2	0
Tuberculosis	2	0	7	3
Whooping Cough	1	0	18	0
Gonorrhea	18	0	18	0
Syphilis	20	0	32	0
Ep. Meningitis	0	0	1	0

VENERAL DISEASES:	Male	Female
New Cases:	33	15
New Cases	8	8
Syphilis	25	7
Gonorrhea		

Total Patients	48
Total Visits to Clinic (Patients)	302

W. J. TIMS, M. D.
Commissioner of Health

THE PHYSICIAN AND CIVIL DEFENSE

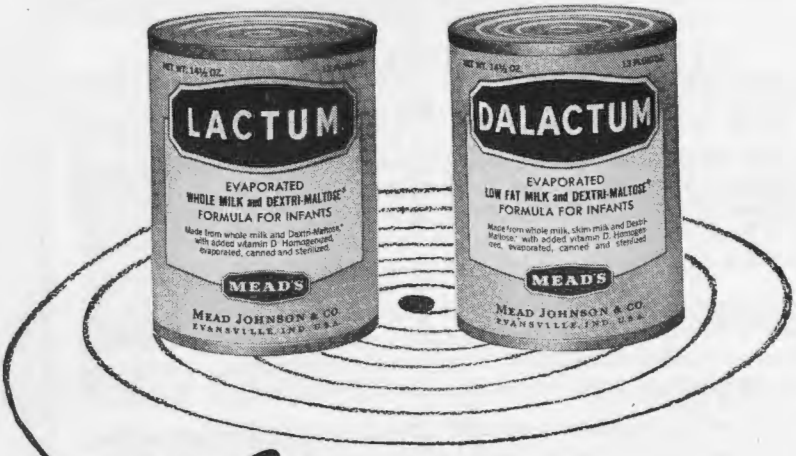
Current epoch making events in the international picture are spurring municipality heads to plan for extensive civil defense programs. Havoc raised by recent local severe snow storms, causing only minimal menace to health and life have raised the question "what could we have done had the threat imperiled life and limb to hundreds?"

The answer poses a sober reminder that thoughts of civil defense must assume concrete form — that organized effort must be used in some over-all plan for civilian behavior in meeting a catastrophe of any type let alone the ominous threat of atomic attack.

The role of the organized medical fraternity in such event is clear cut. Physicians will, of course, form an all-important role in the protection of the civilian population; they will be required to respond with speed and definity gained only by prior purposeful planning particularly in view of the fact that the number of patients per physician will, in great catastrophe, exceed those he can handle. The tragedy will be greater if physicians are confronted with medical problems peculiar to atomic warfare of whose nature they do not have fundamental knowledge. Every physician will be called upon so that each must be trained in the fundamentals irregardless of his type of practice. This indicates the immediate need for a professional training program such as will reach every physician.

It is well, therefore, that local medical manpower is being prepared for such exigency. The utilization of medical war veterans well schooled in the rapid processing, treatment and evacuation of wounded would constitute good judgment. It is also apparent that there should be free consultation with the members of the profession employed in civilian defense during the past war; their prior planning and organization should provide sound basis to the preparation for the more severe threats of atomic warfare. The pooling of knowledge gained from the two types of experience together with the active prosecution of an educational program instructing every individual what to do for himself and what he can do for others medical-wise, should serve to help prepare our citizenry to response to catastrophe. Obviously, such an educational program supercedes even the plan of treatment by physician teams because their integrity may be destroyed by loss of life in their group. Therefore, civilians must have some knowledge of what to do medically for themselves and others about them.

The responsibility of each and every one of us is clearly evident. The recent conclave on the medical aspects of atomic warfare which attracted nearly 250 area physicians, constituted a good beginning. The activation of a sound civil medical defense program, the prosecution of a satisfactory educational program on medical matters to civilians and the preparation of each and every one of us in our defense role, constitute the mammoth tasks facing us at the immediate moment.



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