Liberty exists in proportion
to wholesome restraint.
—*Daniel Webster*

BULLETIN

of the
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COUNTY
MEDICAL
SOCIETY

Youngstown • Ohio
VOL. XXI No. 7
JULY • 1951

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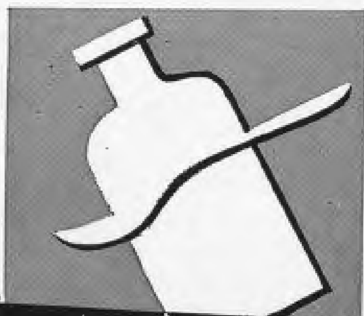

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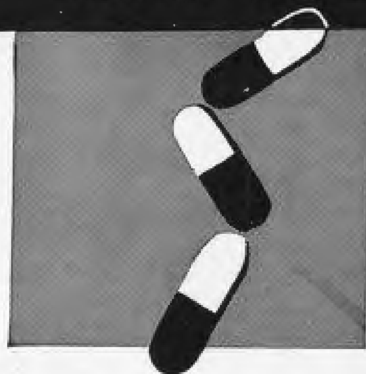

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1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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PRESIDENT'S PAGE

Officers of the Mahoning County Medical Society and in particular, the program chairman, have been concerned with the poor attendance at the regular monthly meetings. The introduction of a prominent guest speaker to a small audience proves quite embarrassing when one considers that the speaker has inconvenienced himself considerably to make the scientific engagement. After all, our speakers are not paid an honorarium. They come willingly to enhance the medical calendar of our Society and for that reason, at least, should command a sizeable audience.

Doubtless, there are too many meetings of one type or another that crowd our calendar. It would appear that the number of these meetings could be materially reduced by combining certain of them to distinct advantage. For example, the General Practice Academy, the County Society and even the Hospital Staffs could very well combine certain of their meetings throughout the calendar year. In that manner the limited number of sessions would attract greater assemblage and offer good instruction material to the greater number. The reduction of meetings must not, under any circumstance, involve the Society meetings; rather the Society meetings should absorb certain of the other meetings. It is quite obvious that our Society meetings must command a pre-eminent station on our medical calendar . . . after all, they represent the real organization of the medical fraternity here at the County level.

The cause of poor attendance has never been expressed. Be what it may, each of us should appraise our own conduct in the matter and should make it a point to attend. Once at the meeting we can air the problem and by making our suggestions, provide a remedy to a matter that needs forthright treatment. The next meeting will be in September. Make it a must on your calendar.

E. J. Wenaas, M.D.

BULLETIN of the Mahoning County Medical Society

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

S. W. ONDASH, *Editor*

2710½ Mahoning Avenue

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GOLF MEET ON AUGUST SOCIAL CALENDAR

The yawning fairways of the Tippecanoe Country Club, scene of the Ohio Amateur Tourney, will greet members of the Society, the Medical-Dental Bureau and members of the Corydon Palmer Dental Society, in the annual golf roundup to be held on Thursday, August 9.

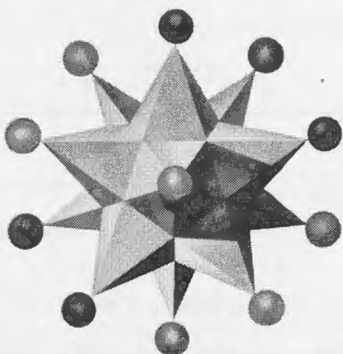
Always a pleasant social event and a welcome departure from scientific and business sessions—the golf roundup should attract a large field of golfers. Attractive prizes will be awarded to the more successful shot-makers and numerous blind bogey and door prizes should provide the soothing balm for the less fortunate.

Dr. J. J. Wasilko, social chairman, and his committee are out to re-duplicate the success achieved at the eventful dinner-dance party held in May. They plan the sport carnival to top all previous affairs.

The golf meet will be a stag affair and dinner will be served non-participants and those successful in negotiating the course, at 7:00 P. M. The after dinner smoker and social will take care of itself.

Plan to attend the meet. If you don't golf—come out for the afternoon, kibitz the golfers and stay for the dinner. Make your reservations now.

Golf Meet . . . Tippecanoe Country Club . . . August 9



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HOSPITAL EX-INTERNES HOLD REUNIONS

Ex-interne Associations of the St. Elizabeth and Youngstown Hospitals held reunions on Thursday, June 28. Internes, residents, area medical students and staff members of the respective hospitals participated in open house at the respective hospitals, scientific programs and afternoon and evening entertainment.

ST. ELIZABETH HOSPITAL

Dr. Rienhoff, associate professor of surgery at Johns Hopkins Hospital, addressed over 125 ex-internes, residents, staff members and medical students at the scientific portion of the program held at the Nurses' Auditorium at 10 A. M. Speaking on the clinical manifestations, pathology and treatment of lung tumors, Dr. Rienhoff emphasized the importance of early diagnosis and prompt surgical treatment if appreciable strides are to be made in the morbidity and mortality of the disease. He urged that relentless effort be made to track down every suggestion of lung pathology and that all diagnostic aids be used and repeated if necessary in order to make for early diagnosis of carcinoma.

In the golf tourney held at the Mahoning Country Club following a luncheon at St. Elizabeth's, Dr. Tim Kable fired a 74 to take medalist honors. Joseph Newsome, an externe at the hospital, took second honors with 81, while Drs. William Breesemen and S. W. Ondash tied for third with 85's. A banquet culminated the day's activities. During the business meeting, Dr. Richard V. Clifford was re-elected president of the association while Dr. S. W. Ondash was named as secretary-treasurer.

YOUNGSTOWN HOSPITAL ASSOCIATION

The reunion of the Ex-interne Association of Youngstown Hospital began with a scientific session held in the auditorium of the Stambaugh Nurses' Home. Following a luncheon at the hospital the group of over 134 registrants gathered at Millikin's Farm in Springfield Township and participated in an afternoon of sports and entertainment.

Following an address of welcome by Dr. F. J. Bierkamp, retiring president of the association, the scientific session began with a talk on "Radioactivity" by Dr. A. E. Brant. Dr. William M. Skipp then spoke on new aspects in the treatment of hyperthyroidism, and Dr. J.. P. Keogh discoursed on "Isolated Intra-thoracic Lesions." Dr. Schlect spoke on "Cardiac Resuscitation."

Dr. R. R. Morrall gave a report on the Youngstown Hospital expansion program and outlined plans for new construction and remodeling. He stated that actual new construction of the South Side Unit would begin in the early fall.

Dr. H. E. Patrick was elected president of the association in the election of officers which followed the business meeting. He succeeds Dr. F. J. Bierkamp. Dr. Fred G. Schlect was elected secretary-treasurer, succeeding Dr. G. E. DiCicco. Dr. Schlect was chairman of the scientific program, while Dr. J. D. Brown was in charge of the entertainment.

Another good reason. . . why doctors should file fee bills promptly with the Industrial Commission: When lump-sum settlements are made in disputed cases allowed on rehearing or by court action, Commission will pay physician direct if his bills are on file and up to date . . . otherwise total compensation agreed upon is paid to claimant and physician would have to look to claimant for payment for pending medical charges . . . Doctor should continue to file fee bills until case has been finally settled.—*O.S.M.A. Journal.*

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COMMISSUROTOMY, A TREATMENT FOR RHEUMATIC FEVER

Henry L. Shorr, M.D.

Intracardiac surgery is in its infancy but in its infancy surgical procedures on the mitral valve have certainly produced great benefit to patients suffering from rheumatic mitral stenosis. It has been estimated that from 0.5 to 1.0% of a community is affected where rheumatic fever is endemic. Of these 85% are affected by chronic valvular heart disease. These important figures may explain the interest of surgical investigation of the effects of surgery on the mitral valve which certainly is the most frequently involved in this dreadful disease.

Surgery of the mitral valve is usually considered to have been born in 1946. However, in 1902 is was suggested that direct surgery of the mitral valve be attempted. In 1925 the first case of intra-cardiac surgery was attempted with success by digital dilatation of the mitral valve. This was termed finger-fracturing of the mitral orifice. This was again attempted in 1946 with varying success. However, at the autopsy table it was found that death was caused by clotting at the torn commissures. It was then postulated that there may be the possibility of cutting the mitral valve commissure into flexible tissues just beyond the fibrotic structures. This procedure is termed "commissurotomy". This procedure is designed to reestablish a considerable amount of valvular function by substituting regurgitation for stenosis.

In mitral stenosis, the valve cusps become thickened, shortened, and fibrotic. These cusps appear to fuse at the commissures, so that the opening becomes a slit in a thickened fibrotic placque. A localized involvement may obstruct two-thirds of the normal valve openings, so that the two halves of the placques could separate freely.

The operative approach consists of an incision through the left anterior chest wall. The pericardium is incised longitudinally, the valve is located, and the size of the opening and location of the commissures are determined. The knife is protruded thru the orifice and a backward stroke usually divides the commissure adequately. The finger palpates the opening and gently dilates it. After the finger and knife are withdrawn from the auricle, the previously placed purse-string is drawn tight. Post-operatively, the patient may experience considerable pain from a manipulative pericarditis. The left auricular appendage is the most satisfactory avenue of approach to the mitral valve. If at the time of operation an enlarged left ventricle is seen, commissurotomy is contra-indicated because of additional valve lesion pathology.

Selection of patients for commissurotomy should be done with the utmost care. Fluroscopy, EKG tracings, circulation time, and venous pressures must be determined. Catheterization of the right heart and pulmonary arteries should first be done. At the time of surgery, cardiac catheterization of the left side of the heart should be performed. The ideal patient is one who has mitral disease with excessive fatigueability and increasing exertional dyspnea, but no sign of any active rheumatic disease. A less favorable patient, but one for whom surgical intervention is not necessarily contra-indicated, is the patient who has excessive fatigueability, increasing exertional dyspnea plus hemoptysis and auricular fibrilation without failure. The operation is definitely contra-indicated in the presence of active rheumatic fever, cardiac failure, and other valvular deformities.

Preoperative digitalization, quinidization, and intravenous use of procaine during intravention should be utilized. Continuous EKG's are taken during

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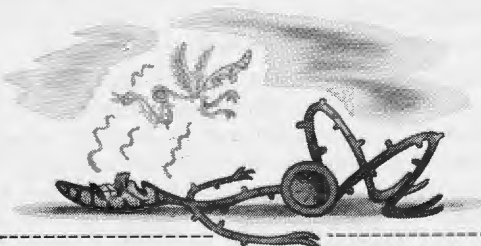
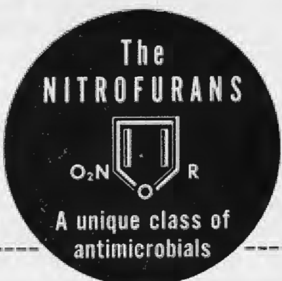




Furaspor kills fungi—
not merely discourages them

the surgical procedure. The procedure is stopped immediately if ventricular tachycardia appears, due to the complication of ventricular fibrillation.

With this brief summary of commissurotomies, I would like to present a case of a patient who has undergone such a procedure.

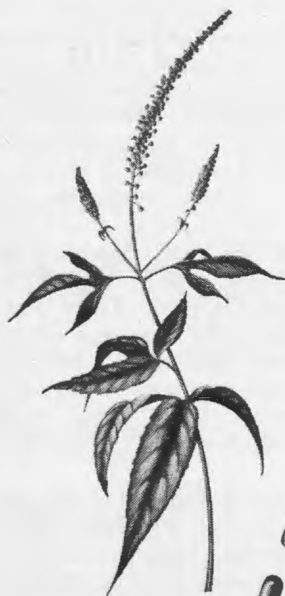
This patient contracted rheumatic fever when he was eight years of age. At that time, he suffered no disability and lived a normal life. He was rejected from the Army because of a mitral murmur. Since November 1950, he became extremely short of breath, orthopnic, suffered palpitations, and had intermittent episodes of hemoptysis. He was admitted to the hospital in November, 1950 with extreme shortness of breath, a blood pressure of 105/65, an apical pulse of 176, radial pulse of 120. The physical examination revealed a chronically ill, thin, 31 year old white male. There was no cervical venous distention. The left border of cardiac dullness and the P.M.I. were in the anterior axillary line. There was increased precordial activity. There was a diastolic apical thrill. There was a harsh diastolic murmur at the apex. The apical heart rate was 176 and grossly irregular. The liver was not enlarged. There was no edema and the lungs were clear. Laboratory findings: Serology was negative; hemoglobin—15 grams; W.B.C.—6,000 with a normal differential. Sedimentation rate—35 mgms; blood culture—negative on four occasions. X-ray of the chest revealed a mitral configuration of the heart. The barium swallow showed displacement and compression of the esophagus. The transverse cardiac diameter was 15.1 cms.

It was decided to send this patient to the Veterans Hospital in Cleveland for a mitral valve commissurotomy. There the patient was considered an excellent candidate. On 2/9/51, the patient was digitalized and an attempt was made to convert his rhythm to a normal sinus mechanism with quinidine but this was unsuccessful. On 2/21/51, a mitral valve commissurotomy of both the anterior and posterior commissures was done through the left auricular appendage. A stenotic mitral valve was found. During the operation the blood pressure dropped to 50/30; however, he was treated with 12 mgms of desoxyephedrine and 0.4 mgms. of cedilanid intravenously which brought his blood pressure up to normal.

Postoperatively the patient had no orthopnea or dyspnea. However, the auricular fibrillation persisted, the first mitral sound was loud and presystolic and systolic murmurs were present. The patient was continued on digitalis and told he could go to work, inasmuch as his condition had improved considerably.

Six weeks post-operatively, the patient had no complaints, had gained five pounds and was on restricted activity. He was not bothered by shortness of breath, palpitation or undue fatigue. His digitalis was discontinued. Ten weeks post-operatively, the patient clinically is feeling better and has gained five more pounds. He can now walk up three flights of stairs without shortness of breath. There has been no edema, orthopnea, palpitation or hemoptysis. His vital capacity is 3.4 liters or 81%. There is no thrill. The apical rate is 110; the radial rate is 82. There is still a rattling diastolic murmur with a presystolic crescendo. The EKG shows auricular fibrillation.

Conclusion: Here we have a man who was a complete invalid because of his extreme shortness of breath. He can now walk three flights of stairs and carry on with normal activity. By all previous experience with mitral stenosis this patient would ordinarily be confined to his hospital bed in an oxygen tent, but because of surgical intervention, mital commissurotomy, he has been rehabilitated and useful years added to his life span.



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DR. SCOTT REVIEWS OFFICE GYNECOLOGY

"Office Gynecology" was the thesis of a talk given to members of the Mahoning County Medical Society at their June meeting by Dr. Roger B. Scott, assistant professor of obstetrics and gynecology at Western Reserve School of Medicine at Cleveland. He presented a very interesting review of the usual gynecological conditions encountered in the office and gave an analysis of current therapy of such lesions.

In speaking of lesions usually encountered in the office, Dr. Scott emphasized the importance of eliminating malignancy before commencing treatment for lesions that appear to be chronic cervicitis. Carcinoma *in situ,* he warned, occurs at an average age of 35-38 and may be confused with a chronic cervicitis. This is ten years before carcinoma can be differentiated clinically and the likelihood of its presence dictates the further necessity for specific diagnosis. In referring to diagnostic survey, he pointed out that the Papanicolaou spread technique is more efficient in cervical diagnostic procedure than in conditions involving the body of the uterus. He discussed the efficacy of the Papanicolaou spread study and used a number of illustrations to demonstrate its technique.

Cautery or conization of the cervix of varying degree, constitute the treatment of choice in chronic cervicitis. Intractable cases, however, may call for excision of the cervical body.

Dr. Scott discussed the treatment of menopausal patients and pointed out that only 25% of women actually need estrogonic therapy during the menopausal period. If treatment is indicated, oral intake of the smallest adequate dose and for the shortest possible period of time makes for best therapy. He deprecated wholesale and uncontrolled use of estrogenics. Estrogenic substance properly used is probably not carcinogenic but its use must be carefully watched. Estrogen, for example, should never be used after the use of radium or x-ray for bleeding.

In discussing functional uterine bleeding, Dr. Scott stated that progesterone linguets provide the best treatment.—*J. D. Miller, M.D.*

PROCEEDINGS OF COUNCIL

The June meeting of the Council of the Mahoning County Medical Society was held at the Elks Club, preceding the regular monthly meeting on June 21, 1951. The following doctors were present: E. J. Wenaas, presiding; C. A. Gustafson, S. W. Ondash, W. M. Skipp, A. K. Phillips, John Noll, and G. E. DeCicco.

The American Medical Association has proposed that various meetings such as staff, etc., be combined with the County in an effort to have fewer meetings and a better attendance. A motion was made, seconded, and duly passed to appoint a committee to determine and recommend ways to improve the attendance.

The following applications were read and approved:

FOR INTERNE MEMBERSHIP

Richard Deibel Murray, M.D., Youngstown Hospital Ass'n
Youngstown, Ohio

FOR ASSOCIATE MEMBERSHIP

Jeanne Kathryn Beach, M.D., St. Elizabeth Hospital
Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days, the above become members of the Society.—*G. E. DeCicco, M.D., Secretary.*

NEW LIMITS OF BENEFITS!

Your Society has approved the new limits of coverage to be available under the Mahoning County Medical Society Loyalty Group Disability Insurance Plan.

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KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

...... The 1951 Atlantic City Session of the House of Delegates opened June 11 at 10 A. M. The roll call revealed that of 205 members, 201 were in attendance. The good attendance prevailed throughout the four days that the House was in session.

...... The Speaker of the House, F. F. Borzell of Philadelphia, Penna., made a short address on the work of the House, citing the duties of each member and stating that the House has always been for improvement of medical care for the people and that all matters considered have been directed toward this end.

...... Dr. Louis H. Bauer, Chariman, Board of Trustees, presented the report of the Committee on Distinguished Service Award of the American Medical Association which submitted five names to the Board of Trustees, from which the Board selected the following three in alphabetical order: Maj. Gen. Harry G. Armstrong, Surgeon of the U. S. Air Force; Dr. Torald Sollman, Cleveland; and Dr. Allen O. Whipple, New York City.

After balloting, the Speaker declared Dr. Allen O. Whipple, New York, the recipient of the Distinguished Service Award for 1951.

...... A resolution was then read from the Section on Radiology approving a $2,000.00 presentation to the Medical Education Foundation. It was explained that everyone donating money to the Foundation may earmark his donation for whatever medical school he desires.

...... The President, Elmer L. Henderson, then read an address on some of the work done by the Association. It has promoted plans for better medical care, increased the standards and advocated the highest standards in the practice of medicine. The National Fund for Medical Education has solicited aid from various sources such as business, manufacturers, physicians, and others interested in helping to keep American medical education free. Herbert Hoover has accepted the Chairmanship.

...... The A.M.A., A.C.S., A.C.P. and A.H.A. have all joined together so that inspection of hospitals can be continued for the accrediting of hospitals for interneships and residencies.

...... The A.M.A. has aided in the establishment of more complete and better prepayment voluntary health insurance for the various states and the nation as a whole.

...... The A.M.A. has urged that night and holiday emergency calls service be set up. This plan is working well in more and more counties of the nation, giving the citizens better medical care and making for better public relations.

...... Local health councils have been set up by the County Societies, bringing together all health organizations and professions interested in better health for the community. Through the rural health committee, young physicians are settling in these areas so that the shortage is gradually being overcome.

...... The Board of Trustees gave a report on the matter of exemptions from membership dues, declaring the following to be so exempt:

1. Members who have retired from practice provided dues are excused by their County and State Societies.
2. Members over 70 years of age, regardless of active practice status or local dues exemptions.
3. Members for whom payment of dues constitute a financial hardship, such notification being made by the County Society.

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4. Internes and Residents not more than five years after graduation, those in military service excluded in the calculations.

This resolution was approved and referred to Board for further study: Members who enter military service prior to July 1st of any year are exempt.

...... A resolution on Hospital Standardization was introduced to the effect that a joint committee of the A.M.A., A.C.S., A.C.P. and A.H.A. has been set up with a final membership of 18 being distributed among the various organizations interested. The hospital associations insisted on a larger membership than the organizations representing the professions. After a hot discussion this was referred to the Board of Trustees to work out the best possible arrangement with the provision that the cost be shared by all interested.

...... Resolutions in regard to the number of internes serving in teaching center hospitals and non-teaching hospitals were all confirmed and returned with the advice that study be undertaken by the Council on Medical Education and Hospitals to see if an equal distribution can be worked out in some manner.

...... A resolution regarding income tax reductions when a post-graduate course is taken, was referred to the Board for action:

1. To get a revision of the 1922 ruling which said that post-graduate work could not be deducted from the income;
2. Take to Court of Tax Exemptions;
3. Have Congress pass a law setting up this exemption.

...... Henderson reported on the activities of the Coordinating Committee for Education. The Board of Trustees have set up a public relations program so that by Dec. 31, 1951, the services of Whittacre and Baxter will be terminated, but a resolution was introduced requesting that the services of this company be requested if needed.

The Committee presented the case of freedom to the people and they in turn instructed the politicians that they did not want compulsion in any form. 11,000 organizations of all types sent in a resolution to stop all forms of socialism and insisted on the preservation of the American way of life with free enterprise and voluntary prepayment health insurance. The program is going forward so that soon every American will be able to buy his health protection at a reasonable rate without compulsion.

...... Mr. Dave Beck, Executive Vice President of the International Brotherhood of Teamsters, made an excellent address on government medicine danger ahead. Send for this address and pass it on to your patients. It is good reading.

...... The Judicial Council reviewed the section of the Code of Ethics, Section 6, regarding cutbacks on prescriptions, rebates on appliances, etc. These changes have to do with our everyday life and should be read by each physician.

...... The Council on Medical Education and Hospitals reports that the proponents of socialized medicine say that the Association is stopping medical schools from turning out more physicians. The Council is endeavoring in all ways possible to have more students enter schools of medicine, but the A.M.A. has nothing to say about the number of students in a school. That is a local problem of each college.

There has been a gradual increase of students, so that during the last ten years there has been an increase of 5,000 students. Present freshman classes are larger than those in 1940, and standards have been kept high.

...... The Council on Medical Service is planning a program to answer the

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question "What is the A.M.A. doing for me?" "What are we getting for our $25.00?" The proposed plan is headed "You and Your A.M.A." Each State meeting will have speakers, exhibits, with material for distribution, slides and moving pictures explaining all activities of the Bureaus of the A.M.A.

The following resolutions were approved:

a. That *all rehabilitation work shall be under the direction of a trained and qualified physician.*

b. That *the profession be permitted to advertise in lay publications of churches, clubs, etc., using no physician's name, but a medical slogan in order to improve public relations and educate the public in a free medical profession.*

c. That *membership in a medical society shall not be restricted because of race, creed, or religion.* The Committee reported that this is not a national problem, but one that is entirely up to the county society.

d. That *all text books in our public educational system, including screening of all teachers for Red leanings, be requested by the Congress, and all state and local Boards of Education.* Instructions were given to forward copies of the resolution to all members of Congress, the President and the Vice President.

...... There were several resolutions made requesting that a 15% deduction be allowed for a trust fund to be set up by each physician, the amount to be deducted from taxable income, the income tax to be applied when the trust fund is being used. They were approved for further study.

...... A resolution that all medical schools set up preceptorships for students was referred to the Council on Medical Education and Hospitals, the plans to be worked out with deans in respective communities, and student A.M.A. Medical Societies. 14 medical schools are using this plan.

...... A resolution regarding exchange students with foreign medical schools was approved since it would show other countries why and what we do about medicine, and would aid world peace. No student coming in the exchange would later remain in this country.

...... A resolution was made that the number of medical meetings be cut as far as possible, that the county society be the center of medical activity and that hospital staff meetings, clinical pathological conferences, general practitioners meetings, and as many others as possible be combined in one monthly meeting. This was referred for study with a request of Specialty Boards, A.C.S. and A.C.P., to permit the procedure and also asking specialty boards to permit young men below age 35, working toward board qualifications to engage in emergency medical call programs over the country, as this is a program that is good for public relations.

...... Several resolutions were introduced regarding single membership in the A.M.A. The suggestions were referred to the Board for further study and report back in December.

...... A resolution that the A.M.A. condemn all forms of "isms" was passed.

...... A resolution permitting a past president to serve in the House of Delegates with all powers retained for five years after leaving office was referred to the Committee on Constitution and By-Laws for necessary changes.

...... Resolutions were passed that *health insurance news be included in a publication of the Association and that the A.M.A. answer all false and misleading information in newspapers, etc., about the practice of medicine in hospitals and policies of the Association.*

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. . . . . . A resolution that all hospitals set up a 24 month general practitioners interneship, including eight months of surgery, was disapproved but referred to the Council on Education and Hospitals for further study.

. . . . . . A resolution that all salt in the nation be iodinized was not approved because there are sections of the country which do not require it. There was much discussion as to its value in preventing goitre.

. . . . . . The Board of Trustees requested that the dues for the Association for membership be set at $25.00 for 1952. It was passed.

OWNERSHIP OF X-RAY FILMS

The American College of Radiology has adopted the following statement of policy regarding ownership of radiograms for the guidance of hospitals and physicians:

1. Roentgenograms should be used for the best interest of the patient.

2. The roentgenograms are the legal property of the radiologist or of the hospital in which they were made.

3. The radiologist should make the films available for inspection by the physician who referred the patient for x-ray examination, along with a copy of the report of the radiologist.

4. If the referring physician, or if the patient in behalf of the referring physician, takes the films away from the office or the hospital, it should be clearly understood that the films are "on loan" and should be returned.

5. If the patient dismisses the referring physician and goes to another physician, the films and the report should be made as freely available to the second as they are to the first physician who originally referred the patient.

6. If the referring physician objects to the submission of the films to the second physician or to giving the latter a copy of the radiologist's report, the radiologist is obligated to do so in spite of this objection.

7. All films should be legibly and permanently marked so that the patient can be identified and the date on which they were taken can be determined. This is important because, under some conditions, a comparison of films just made with others made previously may be the crucial factor necessary to establish a diagnosis or to estimate the progress or regression of a disease.

8. When a medicolegal situation exists, the radiologist has a right to refuse the involved films if necessary for his own protection, except on a court order.

9. A liberal attitude regarding the release of films is more desirable than strict insistence on one's legal rights, in order not to engender the enmity of a patient or of a physician by strict adherence to the rule.

10. In recognition of the universal importance of radiological method of examination, the principles outlined regarding the use of roentgenograms are deemed by the American College of Radiology to be equally applicable to roentgenograms made by physicians other than those who are specialists in radiology.

Medical Reserve officers. . . who have complained for years about the treatment they get from the regulars, now have some hope of a new deal. A special House subcommittee is studying proposals for a complete reorganization of all reserve programs. The Defense Department presented the revision plans after Armed Services Committee Chairman Carl Vinson ordered reforms set down in black and white.

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FLUID BALANCE STUDIES BY THE CUMULATIVE CHLORIDE BALANCE TECHNIQUE

R. L. Jenkins, M.D. †

Part of the success of modern medcial and surgical treatment is due to a better understanding of fluid and electrolyte balance. Despite this better understanding it has been difficult in the past to evaluate accurately the fluid and electrolyte needs of the individual patient because clinical judgment was not sensitive enough and laboratory procedures were expensive and time-consuming.

Recognizing the need for better methods, Scribner, Power and Rynearson, three Mayo Clinic physicians, undertook to find a suitable means to fulfill the need. What resulted is called the "Cumulative Chloride Balance Technique." It is the purpose of this paper to present and further advocate this technique.

The reasoning behind the development of the technique is somewhat as follows:

1. The determinations of the concentration of plasma sodium, chloride and bicarbonate are of limited value because they can be misleading. For example, a patient may be grossly edematous and therefore have too much salt in his body but at the same time have normal concentrations of plasma electrolytes.

2. The most commonly used clinical signs of water and salt needs are insensitive and therefore inadequate. Stewart and Rourke have shown that a normal subject may retain 700 milliequivalents of extra sodium chloride without becoming detectably edematous. Others have shown that a normal subject may lose 600 milliequivalents of sodium chloride before depletion of electrolytes becomes detectable by clinical observation. Thus the total body content of sodium chloride may fluctate over a range of 1300 milliequivalents without its being apparent clinically.

3. Serial determinations of body weight, while a sensitive index of fluctation of body water, gives no direct information about changes in the amount of sodium and chloride in the body because large fluctuations in the amount of intracellular water also occur. It is often impossible to weigh seriously ill patients.

Because of the shortcomings of the above technique new methods were explored and the cumulative chloride balance worked out. This method is based on the accurate measurement of the intake and output of chloride. The aim of parenteral salt and water therapy is to maintain the total amount of salt and water in the body at a normal or desirable level. Since this level will be maintained if the intake of water and salt equals the output, an accurate measurement of the output of these substances can be used as a basis for planning intake. Furthermore, the difference between the intake and output of chloride, that is, the chloride balance—is an absolute measure of changes in total body chloride. It is therefore concluded that the chloride balance is a reasonable basis for detecting fluctuations in the amount of salt in the body that are not detectable by other methods. The balance used over a period of days shows the trend of electrolyte and fluid balance and then may be called cumulative.

To make the chloride balance practical an accurate bedside method of determining chloride was evolved. It is based on direct titration of the chloride with mercuric nitrate in an acid medium. The end point is a sharp purple

color. Reagents are stored in small bottles taped together to form a portable test set. Solutions are measured with tuberculin syringes which are calibrated against a standard salt solution. Results are read directly from the scale on the syringe and are available about one minute after the specimen is obtained. Duplicate determinations on plasma agree within plus or minus one percent. Nearly comparable accuracy is possible on other fluids such as urine or liquid stool. Results compare favorably with those obtained by standard chloride methods.

By keeping an accurate record of intake and output and replacing deficiencies as they arise the patients are kept in better fluid and electrolyte balance.

This report deals with a study of 18 patients.

a) 13 patients were studied and treated as indicated.
b) 5 patients were studied and not treated as indicated.
c) 2 patients showed grossly inaccurate figures.
d) 1 patient showed partially inaccurate figures.

Five patients were studied for a period of less than 48 hours and are not included in this report.

There were eleven surgical patients. All eleven had Wangensteen drainage. One had a cecostomy and two had functional ileostomies. The patients included the following diagnoses:

Diagnosis	Number
Carcinoma of Esophagus	1
Leiomyoma of Stomach	1
Pyloric Obstruction (Ulcer)	3
Ruptured Appendix	1
Carcinoma of Colon	2
Ulcerative Colitis	2
Exploratory Laporotomy	1
	11

There were seven medical patients with the following diagnoses:

Diagnosis		
Generalized Streptococcal Infection		1
Pneumonia (Bronchiectasis)		1
C.V.A.		2
Generalized Arteriosclerosis	1	
Cerebral Embolus	1	
Edema		3
Chronic Pyelonephritis	1	
Nephrotic Stage of Glomerulonephritis	1	
Intractable Heart Failure (Resins)	1	

Fourteen patients were rated as follows as to results obtained:

a) Three patients rated excellent.
b) Four patients rated good.
c) Three patients rated as good but qualified.
d) Two patients listed as special.
e) Two patients listed as study.

Individual cases brought out the following:

1. Tremendous changes in fluid balance can occur with no clinical signs. Because of the study we were able to correct the changes to the benefit of the patient concerned.

2. In patients with good kidney function the body tended to maintain a good balance regardless of amounts of salt and water given.

3. Accurate dietary intake proved somewhat difficult to obtain. Intravenous therapy with no oral intake provided the most accurate study.

4. There is an appalling lack of awareness among nursing personnel of the value of accurate intake and output measurements. Simultaneous records varied as much as 1000 cc.

5. The method works best when the study is started early and balance is maintained. However in severely unbalanced patients it is possible to correct chemistry deficits quickly and with a high degree of accuracy.

In conclusion it is felt that the procedure is of value and should be used in the more difficult fluid balance problems.

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† Resident on Medical Division, Youngstown Hospital Association.

BESIDE THE TRAIL

The testimony before the Senate's committee on Far Eastern affairs has revealed not only deference to foreign influence that makes us appear subservient; but, as well, has made plain the disturbing fact that our policies have emerged out of a background of fear. We are afraid of the Soviet Union. We talk bravely, even boastingly, about resisting aggression wherever it may occur; but limit ourselves in our efforts to stop it for fear of having that aggression directed toward us.

We are afraid that our cities will be bombed, that submarines will sink our ships and menace our harbors. We are afraid to stop the shipping by our supposed friends of material aid to the Chinese with whom we are at war, lest we lose the friendship of these mercenary allies. We are afraid that we can't go it alone if we offend those who are openly helping our enemy.

You think this statement to be overdrawn? If so, you have not read or understood the statements of the President, who is Commander in Chief of our Forces; nor have you read the testimony of the Secretary of Defense, who gave these fears as the basis for the removal of MacArthur from his commands.

Fear as an instinct that makes for caution is a valuable possession. It initiates defense and discourages recklessness. In this way it becomes the essence of bravery. But fear, as an excuse for appeasement to postpone the aggression, is plain cowardice, and cannot be made a national policy. To be the greatest and most powerful nation in the world and at the same time be so abject is an absurdity. No leadership is possible when fear becomes the predominant factor.

Plan to Attend . . . Youngstown's Eighth Annual Benefit Horse Show to be held at Canfield Fair Grounds Thursday evening, Friday evening, Saturday matinee and evening, and Sunday matinee and evening on July 26, 27, 28 and 29th.

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NOTES ON CONFERENCE OF STATE OFFICERS AT A.M.A.

W. M. Skipp, M.D.

(Editor's Note: The following notes on the conference of presidents and other officers of State Medical Associations at the A.M.A. meeting at Atlantic City, are presented by our A.M.A. delegate, W. M. Skipp, M.D.)

...... The conference was called to order at 1:30 P. M. on Sunday, June 10, 1951, at the Traymore Hotel, Atlantic City. 250-300 were in attendance. The President, Julian P. Price, M.D., of South Carolina, opened the meeting with a few remarks on why the conference was held. Seven years ago, he stated, it was felt that the views and ideas of the various officers of the State associations should be discussed and there could be worthwhile sessions on problems of importance to the nation because they are primarily a problem of a State organization. The various points of view could then be brought to us from those outside the medical profession.

...... **"A Physician Views Medicine"—by W. Andrew Bunten, M.D. of Wyoming**—We have been hearing for years that medical care is short, but the same cry was heard 100 years ago. Medical education in those days was very poor, but good for the times. 50 years ago the physician was the family advisor—medical, spiritual, economical, advised what the children were to do, how much schooling, etc. He tried to prevent epidemics by teaching preventative medicine, by the use of vaccination, by stopping the spread of disease, but if it got started treatment was given with what was known for the disease and with the remedies at hand.

As preventative medicine became a part of the daily practice and with the aid of all allied professions, curative medicine came to the front and diseases that were common faded.

Then the socializers undertook the job of telling the people they were not treated properly and the cost was too high. One thing the socializer forgets is that all people are treated regardless of pay. The profession, with the hospitals, have kept costs down and medical care up. Voluntary health insurance has improved public relations, and with the physician taking an active part in the Chamber of Commerce, school boards, state and national legislature, service clubs, veterans organizations, or any place where he can be not only a physician, but also a good citizen, he has shown that he is willing to work for the betterment of the community and it certainly makes for all around better public relations.

...... **"An Editor Views Medicine"—Edwin F. Abels, Laurence, Kansas.** —The American Medical Association certainly is to be congratulated on its campaign of last year when it stepped forward and brought to the attention of the people of the United States the views of what the Washington bureaucrats were attempting to do to the American way of life and the system of free enterprise which has made this country great. You must come to realize that the non-metropolitan press of this country bought 6,500 paid newspaper advertisements, called on all types of business, and the editors of these papers demanded of all politicians to save our freedoms, which are being taken away from us in all ways possible by the social planner.

The American medical profession took the lead by attacking the socializer, and asked all types of business to tell the people of Main Street in the small community what was happening, and business did this by buying advertising

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Tablets
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Sodium Salicylate ....2 1/2 gr. (0.15 Gm.)
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Thiamine Hydrochloride ....1 mg. (1/60 gr.)
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in the A.M.A. Educational Campaign. 3,000 small newspapers, which cover 75% of the people in small towns and counties, bought and paid for this same A.M.A. advertising. During April 1951, the editors passed a resolution complimenting American medicine on the rebirth of freedom. This is something the newspaper editors cannot do alone, but must have help, if all types of business and professions and if free enterprise and our type of government are to be preserved.

...... **"A Clergyman Views Medicine"—Most Rev. John J. Wright, DD., Ph.D., Roman Catholic Bishop of the Diocese of Worcester, Mass.—** Down thru the ages it has been the duty of the priest and the physician to work together to preserve the tranquility of home and family. In the 13th century a man had 6,500 times more chance of dying in bed than he has today, his life span now is longer and his chances of accident greater. The masses today have more chance of absorption by socialism or totalitarianism, which uses health as a selling point.

It is the duty of the state to see that medicine does serve the state to protect the common good, but this is not to say that medicine should be shackled or controlled by a state of Collectivism. The state promotes the common good by indirection and a practicing or writing physician should not and must not be restricted in the least by the state. Collectivism, Socialism, Fascism or Nazism is bad, and any free person receiving from the state cannot retain freedom. Therefore, a free people must not have the state involved in any of its worthwhile services. The people must keep their eyes on what the government offers in whatever form, and above all, medicine must remain free.

...... **"A Legislator Views Medicine"—Hon. Richard M. Nixon, Jr., Senator of California—** In the last election the medical profession of the United States did an excellent job of stopping those that would enslave the profession with compulsion. But do not go to sleep, the proponents are not asleep! A good offense is better than a poor defense. By the vote last fall the people of this great country showed they do not believe in compulsion because thru the education of the A.M.A. they know and believe it does not work and has not worked in countries where it has been tried.

There are still many imperfections in the medical profession and it must clean its own house. Poor service, no night calls, over-charging, etc., must be stopped. These are good: the fund to medical schools, building and staffing small hospitals, and founding of voluntary, not compulsory, prepayment insurance.

The medical profession can be a great force for better government. The last political campaign has definitely shown what the medical profession can do and the issue now is survival of our form of government. The medical profession is highly educated and can and must learn and understand the issues that will preserve our type of political form of existence.

Through some of our blunders abroad we are losing friends over the world. Five years ago the balance was nine to one in our favor; today the balance is five to three for communism. The men in the Kremlin are realistic; they do not take chances. They will not start a war unless they know they can win. We must keep a strong Europe; skilled men are there. The Korean War must come to a victorious end against Red China.

Physicians in each community should urge civic organizations such as the Chamber of Commerce to send resolutions to Congress opposing spending and put local projects to practical test for the good of the nation as a whole.

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly meeting of the staff of St. Elizabeth Hospital was held June 5, 1951 at 8:30 P. M. with Dr. W. H. Evans presiding.

The meeting opened with the presentation and discussion of recently hospitalized cases from the departments of medicine, surgery and obstetrics.

Following the scientific program there was a business meeting at which the attention of the staff was directed to the coming Ex-internes day to be held June 28, 1951. An interesting and entertaining program was outlined for the day and attendance was urged. Reports of the blood bank and record committees were given.—*Asher Randell, M.D., Secretary.*

YHA NURSE RECRUITMENT PAYS DIVIDENDS

Prospects are good that the Youngstown Hospital will have one of the largest September classes of student nurses in history, according to Muriel Dunlap, R.N., director of the department of nursing.

Miss Dunlap recently reported that four times as many applications have been received this year as were on hand at the same time last year.

The hospital has engaged in an intensive recruitment campaign, with alumnae and local doctors giving their full support.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR MAY, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	194	122	72	152	76	76
Births Recorded	600	322	278	470	276	194

	1951		1950	
CONTAGIOUS DISEASES:	Cases	Deaths	Cases	Deaths
Chicken Pox	84	0	63	0
Measles	28	0	82	0
German Measles	0	0	5	0
Mumps	1	0	16	0
Scarlet Fever	7	0	3	0
Tuberculosis	16	5	13	6
Whooping Cough	6	0	24	0
Gonorrhea	17	0	25	0
Syphilis	10	0	24	0

VENEREAL DISEASES

New Cases:	Male	Female
Syphilis	3	3
Gonorrhea	12	5

Total Patients	23
Total Visits to Clinic (Patients)	379

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

THE PARATHYROID GLANDS

Richard D. Murray, M.D. ‡

The past one hundred years has witnessed many notable strides by medical science in the solution of problems that had plagued the practitioners of previous centuries. These solutions, of course, have been merely a particle of the many seemingly insurmountable ones that yet beset us, but they are, none the less, rays of light. One such ray of light has been the problem of the parathyroid glands which has been gradually pieced together by such men as Mandl, Albright, and Keating making an intelligible whole from the isolated findings of previous generations.

The exact relationship of the parathyroids to calcium metabolism has as yet been not entirely worked out. However, there are two schools, the one headed by Albright and the other by Collip, Thompson and Jaffe. It would appear that they are both right and that para thormone has two actions. Parathormone acts on the kidney increasing the excretion of phosphorus while at the same time acting on the osteoclasts of the bone stimulating absorption in an attempt to replace the phosphorus lost from the plasma. Calcium, being a part of the calcium phosphate of bone is dumped into the blood stream so excessively that the body is unable to excrete it fast enough. The bones become decalcified, while the urinary apparatus becomes saturated.

HYPOPARATHYROIDISM: There are two types of hypoparathyroidism, the primary and the secondary. The primary form is very rare but has been demonstrated in children in association with moniliosis and Addison's disease, although there is some question about the latter not having actually been Simmond's Disease. The secondary form is more commonly seen following thyroidectomy and due either to ablation of the parathyroids or to interference with their blood supply. In the latter case they often regain their function after revascularization. The level of phosphorus in the serum becomes markedly elevated over its normal 3.5 mgm. while the level of calcium in the serum falls below 9 mgms. per 100 cc. Hyperirritability develops with numbness and tingling in the fingers and toes. Muscular twitchings develop gradually becoming carop-pedal spasms, and spasms of the corners of the mouth and eyes.

The Chvostek and Trousseau signs, when positive, aid in diagnosis but are not always positive. It must also be remembered that some normal individuals have positive Chvostek's. In these cases the Sulkowitch test for urinary calcium is negative. If the condition is permitted to progress unchecked, mental change shortly develops due to the onset of increased intracranial tension.

In treating these cases one should remember that tolerance is quickly built up to the parenteral administration of parathormone, and consequently either vitamin D or dihydrotachysterole (AT-10) should be employed in treating the condition, of which the latter seems to provoke the most satisfactory response.

Ordinarily treatment is begun with the administration of three cc. daily until calcium appears in the urine, at which time the dose is cut to a maintenance level of one cc. three to seven times a week taking the presence or absence of urinary calcium as a guide. Hypocalcemia is also seen in rickets, osteomalacia, hyperventilation and renal insufficiency (renal rickets) all of which need to be considered in the differential diagnosis.

HYPERPARATHYROIDISM: The antithesis of hypoparathyroidism is hyperparathyroidism which may be due to an adenoma or to hyperplasia, primary or secondary. The secondary hyperplasias are usually seen in association with

metabolic bone disorders. Liavagg has recently reported a case of hyperparathyroidism due to both adenoma and hyperplasia, in which the adenoma had to be removed as well as the major portion of the gland to effect a cure. Cases of carcinoma of the parathyroids are rare but they do occur and occasionally they are associated with hyperparathyroidism such as the case of Vesselow et al. The condition has been reported in association with myxoedema, as well as in father and daughter in the same family, but they are always unusual circumstances and cases.

For purposes of discussion, the symptomatology of hyperparathyroidism may be divided into four major groups as follows: First, those symptoms due to an increased level of calcium in the blood stream: Second, symptoms due to involvement of the skeletal system; Third, those due to involvement of the kidneys; and Fourth, those of gastro-intestinal origin. These four groups of symptoms are most always overlapping, but occasionally one isolated system predominates in pathological involvement.

Due to hypercalcemia muscular weakness, hypotonia, lassitude, and chronic constipation can be explained. Ofter there is a slow pulse and occasionally cardiac arrythmias have been noted. These symptoms depend upon the severity of the hypercalcemia, for, as a matter of fact, tachycardia is not uncommonly observed. The second set of symptoms are due to decalcification of the skeletal system and were classically described by von Recklinghausen. Those most commonly observed are pain in the bones and joints, especially those associated with weight bearing. Cysts occur in the long bones and the calvarium resulting in spontanous fractures, deformities of the thorax, kyphosis, scoliosis, deformities of the long bones resulting in a waddling gait or complete inability to walk.

Renal manifestations were really first noted by Keating and by Albright in this country and it is relatively a recent thing to find them being observed in the European clinics as well. Polydipsia and polyuria are seen with renal calcification, or renal calculi and the sequellae thereof. These renal symptoms would appear to be more common in this country. Patients appearing with renal calculi especially if they are recurrent or bilateral, should certainly be suspected of hyperparathyroidism and investigated for the condition. The last group of symptoms, the gastro-intestinal, may simulate an acute abdomen and consist of pain, distention, nausea, and vomiting. Not infrequently the impression of intestinal obstruction is gained.

Not all tumors of parathyroid origin give rise to hyperparathyroidism, for there are four types of tumors of the parathyroids which may be described as follows:

1. The discrete non hyperfunctioning adenomas of the parathyroid.
2. Cysts of the parathyroids most probably due to cystic degeneration within such a non hyperfunctioning parathyroid adenoma.
3. The hyperfunctioning parathyroid adenomas.
4. Localized malignancy in the neck of parathyroid origin.

In addition to the above it is claimed by Lahey that a primary diffuse hyperplasia of the parathyroids can also give rise to hyperparathyroidism.

Treatment should consist of removal of the adenoma, of if the hyperplasia be primary, resection of all four glands, leaving only a part of one gland behind. For this reason it is advisable to identify each of the glands at operation even resorting to frozen section. Most individuals are in possession of four parathyroid glands, most commonly located at the upper and lower poles of the thyroid gland posteriorly and bilaterally. About 11% of them are aberrant. The superior glands are usually found on the posterior surface

of the thyroid glands where its upper lobes jut against the thyroid cartilage, particularly the horns of the thyroid cartilage. It will very often be necessary to ligate the upper poles of the thyroid and turn them down to properly explore the area. The inferior parathyroids are by far the most difficult to demonstrate because of the depth in the neck at which they lie, because of their close association with the inferior thyroid artery and vein, and the necessity for a bloodless field. Indeed the operation is not without its difficulties for thymic and lymphatic tissue can very easily be mistaken for parathyroid tissue. When they are anomalous they may be found in a great variety of places; in the substance of the thyroid itself, behind the clavicles, behind the esophagus, or in the superior mediastinum. Their size makes the task all the more difficult for they range in size from the head of a match to the size of a pea or a small bean. Their color varies between a yellowish-brown and a reddish-brown, they are most often flat and disc shaped, and when a hyperfunctioning adenoma is present the remaining glands may be filled in with flat making their identification all the more difficult.

It may be necessary to split the sternum and explore the superior mediastinum, but this should be reserved as a last resort for it is not an operation to be lightly considered. In reporting 58 cases from the Massachusetts General Hospital in Boston, Cope found that 16 cases had mediastinal adenomata of the parathyroids. Postoperatively these patients have to be watched for signs of tetany which is usually transient, but which may require vigorous treatment until the remaining parathyroids are able to recover, once more, their function of regulating the metabolism of phosphorus and calcium in the body. This is especially true in those cases where the remaining glands have undergone fatty infiltration.

The diagnosis of hyperparathyroidism should be suspected in all cases of urinary lithiasis, bone dyscrasias particularly if they are associated with pain on weight bearing. Once deformities have begun to appear and cystic areas demonstrated the diagnosis is not difficult, but diagnosis should be established before this occurs. In all cases of hyperparathyroidism the Sulkowitch test for urinary calcium is strongly positive and the blood calcium is always elevated, while the serum phosphorous is depressed. If bone involvement is manifest the alkaline phosphatase level will be elevated.

In the differential diagnosis one has to consider the other causes of hypercalcemia as well as other bone diseases. In osteoporosis the serum calcium and phosphorous levels are normal except where it occurs in childhood. In osteomalacia and rickets, although the alkaline phosphatase is high and the phosphorous low, the serum calcium is either normal or depressed. In osteogenesis imperfecta, the sclerae are blue and the calcium and phosphorous levels are normal, although the alkaline phosphatase level is usually somewhat elevated. Localized bone diseases may also be confused, but can be differentiated by a failure to demonstrate generalized involvement. Such diseases are polycystic fibrous dysplasia, Paget's disease (osteitis deformans), osteitis fibrosa localisata (solitary bone cyst), and multiplemyeloma where the diagnostic point is hyperglobulinemia. Metastatic malignancy may also be confusing but the serum phosphorous will be elevated or normal. Other conditions include hypervitaminosis D, Boeck's Sarcoid, and the syndrome resulting from prolonged intake of milk and alkali.

‡**Resident on Surgical Division, Youngstown Hospital Association.**

SECURITY

If all the men and women in America, in Germany, Italy, China, the whole world, could put into a single word their greatest need, their greatest desire, their greatest dream — that one word would be SECURITY.

After a generation and a half in which the world has fought two wars and is even now beset by terror, famine, cruelty and suffering, it is not surprising that human beings everywhere wish they could wrap themselves in the warm cloak of Security.

Even now in our own great country, with all its material prosperity, men and women are crying out that one word — Security! But they are crying for Security without quite knowing what the word means.

What is Security? When is a man secure?

There were times in history when man thought Security was a physical thing. The Chinese believed it was a wall. The French re-named it "Maginot-Line. Some men today argue that it is an airplane, a guided missile, a bomb.

History proves that these are not and never were Security. These are just things behind which men sometimes hide in fear. No, Security is not a physical object at all.

"Well, then," other men reply, "Security is a law. If we could only get a law passed, there would be no more trouble."

Law, indeed! The Medes and Persians passed laws "Which altereth not." Where are the Medes and Persians today? Where are their laws? No, you can't create Security by law, either.

There are other men who say that Security is money. "If we only had money, we would have no fear!" But money can be lost — and they know it in their hearts. Inflation lowers its value — and they fear this, too. No, Security is not spelled out in shiny coins.

"I know," a voice chimes in. "Security is a contract; that's what Security is!" But which of us can contract to be alive tomorrow morning? How many contracts are broken? You won't find Security in a contract.

The most vicious definition of Security is that which insists it comes with political power. Vicious, because it can affect entire peoples, whole nations, even the course of history. "Vote for me and I will take care of you," promises the office-seeker. But there are other elections, other candidates, other promises, other privileged people. There is no security in the ephemeral privileges that arise out of political power. Security is none of these things. What then is Security? Who, then, is secure?

The word itself will tell us what its meaning is. Let us spell it out, letter by letter.

S — The first and fundamental letter discloses that Security is primarily spiritual. Security lives in our hearts, and cannot come to us from material objects we may gather around us. Security is inside, not outside.

E — The letter "E" in Security stands for expansion — material and spiritual expansion through individual enterprise.

What is Security by a hope that in the future when you need something, it will be there for you? And in a world where the population is always expanding and where material needs of every man and woman in it are expanding, there can be no Security without expanding production — more food, more clothing, more homes, more comforts.

Our American enterprise economy which has given us more material goods than any people in history *is* expanding. It *is* dynamic. And we must

continue to expand — to march forward. We cannot stand still, lest we drift backward and carry backward with us the rest of the world which looks to us for material assistance and spiritual leadership.

Even more important, expansion through individual enterprise applies to the inner Security of every single individual. We progress by meeting challenges. We rise by overcoming difficulties. In the final analysis, Security must be found within ourselves — in our own expansion — in richer, more meaningful lives.

C — Stands for confidence, character and courage. These noble words are the expression of the inner strength — the spiritual strength — upon which our Security must inevitably rest. Without these, no man can feel secure — no matter by what physical things he is surrounded.

U — In the fourth letter we find a creed for every American today — "Unity through Understanding." We in America cannot hope for Security unless first we can come to understand each other, see our respective problems, pay heed to our mutual interests. And then — through understanding, tolerance and sympathy — find unity in the great common goal of our citizenship.

R — We have no rights without responsibilities. We Americans are free to think and say and do more things than anyone, anywhere else in the world. But because we have all the privileges once reserved only for royalty, we must be careful not to use them so as to impose on the privileges of others. Security comes with mutual consideration, with doing unto others as you would have them do unto you, with a felt responsibility for guarding the other fellow's rights.

I — Reminds each one of us to say, "I will remain independent. I will be an individual always. I have no Security without my personal integrity." A man who loses his self-respect, a man who surrenders his basic personal responsibilities and freedoms to another man or to a government, must live always in fear. The man who maintains his personal responsibility lives secure no matter what happens around him.

T — This letter can mean only one thing — Truth. This is the sum of the whole American philosophy of freedom. The truth makes us free. We believe in men. We believe that man is fit to weigh the facts, to balance his self-interest against the interests of others, and, finally, to emerge with the right decisions. Collectivism, no matter what brand, does not believe in man. Collectivism believes that man is not by nature qualified to judge for himself. Collectivism believes that man must be lied to, and led by the nose. Thus, the greatest dedication in America today should be the dedication to the truth that lies in freedom, and the freedom that lies in truth. It seems that truth and freedom and Security are truly synonymous.

Y — This letter points a finger at YOU — all of us. We are the only possible architects of Security. You — all of us — must win this fight for Security. You — all of us — must build our own spiritual strength! You — all of us — must be enterprising and expanding. We must set our imaginations aflame. We must show initiative in making this world a better one for ourselves and others. We must base our American strength and energy upon a solid foundation of courage — back up that strength, that energy, with the mutual understanding that brings unity — temper that same strength and energy with a felt responsibility for protecting the rights of others. Meanwhile, each of us must think independently. We must weigh all the given facts against the touchstone of truth, so that we can reject all lies aimed at enslaving us. And then, having found Security, real Security, for

ourselves, we will be able to provide the leadership to help others up the same arduous path. Then a United States, strong in spirit, will bring to the waiting world its proven message and its much-needed leadership.—*Wallace F. Bennett, U. S. Senator.*

Article written while President of National Small Business Men's Association.

Vacation from Meetings . . . during the summer months should prove most welcome following a heavy schedule of meetings of the various medical groups of the valley during the past year. Not meeting until September are the Mahoning County Medical Society, the Mahoning Academy of General Practice, and the staff of the Mahoning Tuberculosis Sanatorium Hospital. However, meetings of the staffs of the St. Elizabeth and Youngstown Hospital Association will continue through the summer months as will most conferences and educational programs at the respective hospitals.

The next meeting of the Mahoning County Medical Society will be held on Tuesday, September 18. Plan to attend!

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO (JULY, 1931)

For Post-Graduate Day this year, the Publicity Committee headed by E. C. Baker sent out twelve hundred announcements and posted signs in the staff rooms of one hundred hospitals within a radius of seventy-five miles of Youngstown.

The Association of Independent Druggists ran an advertisement urging doctors to prescribe U.S.P. and N.F. preparations because their shelves were overstocked with proprietary preparations. They had no idea what they would be up against today with the new antibiotics and antihistamine drugs.

President Thomas warned the doctors about mild cases of scarlet fever that were not being reported. The Board of Health announced 119 cases of scarlet fever, 140 cases of measles and 3 cases of typhoid fever in the county.

From the column by S. Q. Laypius: "So far this year, the only thing to which we have not been urged to contribute is delinquency."

TEN YEARS AGO (JULY, 1941)

From the President's Page (O. J. Walker): "All is confusion and chaos throughout the world . . . All too few of us, I fear, realize how dark and menacing are the clouds that ar eabout to engulf us." How right he was!

Dr. Charles F. Wagner became a member of the Society.

Dr. L. S. Dietchman, Dr. L. D. Osborne and Dr. W. M. Skipp were elected Board members of the Medical-Dental Bureau.

Eighty-nine members attended the A.M.A. Convention in Cleveland.

You could buy Spalding golf clubs as low as $1.99 or Wilson clubs from $2.98. Spalding Kro-Flight or Wilson Hol-Hi balls were 3 for $2.00 at Strouss-Hirshberg's.

HERE AND THERE

Dr. William H. Bunn, president of the Youngstown Heart Association, was elected secretary of the board of the American Heart Association during sessions of the organization's national convention held in Atlantic City this past month.

Born: to Dr. and Mrs. Henry Sisek, a boy, Richard Allan, at North Side Hospital, June 2, 1951.

Born: to Dr. and Mrs. John R. LaManna, a boy, James Raymond, at North Side Hospital, June 2, 1951.

Drs. Paul J. Fuzy and J. K. Herald have been notified of their certification as diplomates of the American Board of Proctology.

Dr. Frank Gelbman has been notified of his certification in psychiatry by the American Board of Psychiatry and Neurology.

Literary contributor to the June issue of the Ohio State Medical Journal was Dr. Eugene Elder, superintendent and medical director of the Youngstown Receiving Hospital. Co-author of the article, "The Purpose of the Receiving Hospital", was Murray Benimoff, B.B.S., chief psychologist of the Youngstown Receiving Hospital.

Dr. J. J. Wasilko attended the meeting of the American Society of Peripheral-Vascular Disease, held at Atlantic City, June 9-10.

Among registrants at the annual meeting of the American Medical Association held at Atlantic City last month were: Drs. David Levy, W. H. Bunn, A. Goudsmit, J. J. Wasilko, J. K. Herald, E. E. Kirkwood, W. E. Maine, J. L. Fisher, P. J. Fuzy, A. E. Brant, Saul Tamarkin, Sidney Keyes, M. B. Goldstein, W. P. Young, M. M. Yarmy, M. H. Steinberg, Lewis Shensa, Morris Rosenblum, M. M. Szucs, F. G. Kravec, J. J. McDonough, G. E. DeCicco, E. C. Baker, R. R. Morrall, Philip Giber, Sidney Davidow, and John U. Buchanan.

CYNICAL SAM

It isn't only ignorance of human propensities that enables the unscrupulous to gain power over men, but cupidity which these usurpers recognize in the masses and which they capitalize to their own advantage. We cannot be greedy without becoming victims of it. The crimes of the times are our own written large.

★ ★ ★

In this day, "right thinking" is that which is confirmed by Gallup polls.

★ ★ ★

It is commonplace to observe that desire tends to destroy the validity of reasoning; yet much that we read comes out of this admixture. Phenomena are transferred from one category to another for persuasive purposes, rather than for elucidation. We must be cautious, not so much of the reality of what is presented, but of its use and implication. The old saying still is worth remembering—"Figures do not lie, but liars can figure."

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Why broach the subject of membership in the Bureau? It is occasioned by the fact that a few of our group are still unable to provide a satisfactory answer to the time honored query, "are you covered"? As a result, a needless burden falls upon other physicians at untimely moments. An inadequacy of care results from the reluctance of a small minority to be registered at the Bureau which provides one of our bulwarks in better public relations. The Medical Society soon becomes a target for an inattention to calls by its members because a few fail to participate in a plan designed to protect that firm basis for good public relations.

Your Medical Dental Bureau maintains complete twenty-four hour coverage . . . will call your named colleagues during your absence . . . will assist patients in locating you . . . provides a collection service and in addition, offers many other valuable services to you and your office. Most importantly, it boldly solves the question oft raised by your patient . . . "where is my doctor, or who will accept his calls for services?"

If No Ans Call Medical Dental Bureau . . . do you carry that listing? You do—if you are a member of the Bureau. It should carry a 100% membership . . . in your own particular interest and in the interest of your Society.

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