



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

February • 1958
Vol. XXVIII • No. 2
Youngstown • Ohio

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ANNUAL HEART MEETING

February 18, 1958

MAHONING COUNTY MEDICAL SOCIETY
YOUNGSTOWN AREA HEART ASSOCIATION
MAHONING ACADEMY OF GENERAL PRACTICE

DONALD B. EFFLER, M.D., Chief, Department of Thoracic Surgery Cleveland Clinic, Cleveland, Ohio. Graduate of the University of Michigan Medical School in 1941. Internship and training at Mercy Hospital, Toledo; Walter Reed General Hospital, Washington; Gallinger Municipal Hospital, Washington; George Washington University Medical School, Washington; Hospital of the Good Samaritan and Children's Hospital, Los Angeles. He is also Associate Professor of Thoracic Surgery, Frank E. Bunts Institute, Cleveland, Ohio. He is certified by the State of Ohio, American Board of Surgery, American Board of Thoracic Surgery; Fellow, American College of Surgeons. He is an active member of the American Association of Thoracic Surgery, American College of Surgeons, American Trudeau Society, Central Surgical Association, Cleveland Surgical Society, Innominatum Society, Cleveland Society for Diseases of the Chest, Cleveland Academy of Medicine, American Medical Association, Ohio State Medical Association, and the Society for Vascular Surgery.



F. MASON SONES, JR., M.D., Director of Heart Catheterization Laboratory of the Cleveland Clinic Foundation for the past seven years. Graduate of the University of Maryland School of Medicine 1943. Internship University Hospital, Baltimore, Maryland 1944. Post-graduate training—The Henry Ford Hospital, Detroit—Internal Medicine 1946 and 1947, cardiovascular disease and pediatric cardiology 1947 to 1950. Member American Heart Association, American Medical Association, Fellow American College of Chest Physicians, Cleveland Academy of Medicine and the Ohio State Medical Association.

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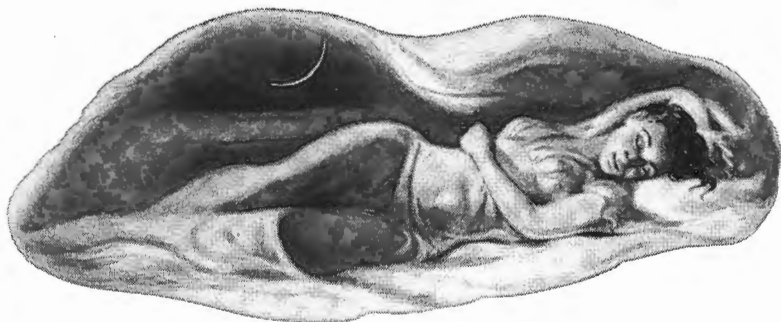
6:45 P.M.—Subscription Dinner, \$4.00 per person

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Our President Speaks



It is amazing how in just more than one generation scientific progress has altered the ideas, ideals and concepts of today's physicians. Since any aspect of medical evolution is slow there exists today a variety of influences among medical practitioners depending upon when, where and how well one has been trained in the art and science of medicine.

Dr. Dana W. Atchley has very ably depicted the ideas and ideals that have determined medical practice. In his articles Atchley characterized the physician of 1915 as one preoccupied with elaborate technics of physical examination, more interested in practicing than perfecting their art. Past aphorisms were adhered to than contemporary research. In contrast, scientific progress has made today's physician able to understand basic mechanisms that are involved in disease. Advances in pharmacology and biochemistry have made therapy specific and more effectual. Today the patient is informed of his illness so that he can participate in his treatment. Without today's knowledge, our 1915 counterpart often assumed a self protective and rather arrogant remoteness that discouraged all questions. This latter attitude which still exists to a very minor extent is greatly resented by the modern intelligent patient.

Atchley concludes his essay as follows:

"As the physician has been able to give up the magic that was once the chief stock in trade of the most honest practitioners and to assume the role of scientific adviser to his patient, a new quality of integrity has entered the relationship. The atmosphere is that of an honest and candid interchange, the patient responding to the penetrating interest that is implicit in a modern diagnostic study and the physician reacting with the confidence and humility that comes from scientific insight. Such honesty is the firmest foundation for rich human relationships."

The ideal modern physician therefore should develop three qualities: he should be a cultured man; he should be capable of compassionate and perceptive responses; and, above all, he should be a scientist.

It is hoped that we of the Mahoning County Medical Society will strive to develop these wholesome attributes to make us better physicians and better men.

A. A. Detesco, M.D.

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial Staff or the official views of the Mahoning County Medical Society.

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MEDICAL PROGRESS

This being Heart Month, it is appropriate to evaluate the progress in the diagnosis and treatment of Heart Disease. Much has transpired since William Harvey first described the circulation of the blood 300 years ago. America was then a wilderness. Lister's work on asepsis certainly was a contribution for all diseases and surgical procedures, including Heart Disease. The important factors of advancement is the advent of physical, chemical and biological sciences to the field of medicine. Genetics is still a factor.

Today, not only do we have Electrocardiograms, Ballistocardiograms, and Vectorcardiography to aid in diagnosis of Coronary Artery disease but also chemical tests to help our clinical findings. X-ray and catheterization of the heart, followed by heart surgery is a tremendous step forward in the correcting of heart defects. Surgery is even being advocated by some to relieve coronary insufficiency; also the removal of abnormal arterial segments (as in arterial aneurysms and aortic stenosis).

The advance in the treatment of Rheumatic Heart Disease and especially in the prevention is phenomenal. Incidentally, the first program of the prevention of Rheumatic Fever was and is conducted in Youngstown. There are now advocates of dietary control of Atherosclerosis—and proof is being presented thereof. If one would add a little exercise along with dietary control smiles of approval would grace the facial contour of the author. Controversies as to diagnosis and treatment will always occur. Harvey and Lister knew them well. It is reassuring to know that most of the diagnostic methods and therapy are available in Youngstown. In Medicine, as a science, the proper manner is objectivity, precision and unexcusing logic. Eloquence, personal warmth, sympathy and temperament are eccentricities in science; they are the life blood of humanities.

The physician of today in the diagnosis and treatment of Heart Disease as well as any other disease, combines the advanced knowledge of new scientific discoveries with symbolic humanities towards his patient. Yes—we have progressed. What will it be 300 years from now?

Morris S. Rosenblum, M. D.
Editor

COUNCILOR'S PAGE

During the first session of the 85th Congress, no less than 441 health medical bills were introduced. These are all hold over for the second session and will soon be coming up for decisions. Perhaps the most controversial bill and the one we must work hardest to defeat is Forand's H.R. 9467, which is a bill to provide federal medical insurance for the aged. The constant increase in the number of elderly people in our country makes this question very important. At this time, 8.4 per cent of our population is above 65 years of age, and this percentage is rapidly increasing. We must give serious thought to how health insurance for the aged can be best secured. At the present time, about one-half of the persons above 65 have some kind of insurance, but it pays only about one-quarter of their actual medical bills. The AMA has appointed a special committee to study how private health insurance for the elderly can be extended.



According to the AMA, the Forand Bill is essentially the same as the Wagner-Murray-Dingell Bills. The enactment of this legislation will permit the federal government to withdraw Social Security taxes on a compulsory basis from almost the entire working population and use those taxes to reimburse hospitals and physicians for services rendered to all persons eligible to receive Old Age and Survivors benefits. The Secretary of the HEW would prescribe the regulations under which the provisions of the program would be carried out. Physicians' fees and hospital rates would be set by the Secretary. The AMA and the OSMA have taken official action against this legislation. Every County Society should take similar action, and every member of the County Society and of the Auxiliary should write personal letters to their legislators to oppose this bill. *C. A. Gustafson, M.D.*

ST. ELIZABETH HOSPITAL

All the news from this corner this month must be tempered by the loss of our beloved pathologist, Dr. John LoCricchio. Nothing can be added to the fine words of description written by Dr. Taylor elsewhere in this issue. We can only add that God in His Infinite wisdom has seen fit to take from our world this fine gentleman. It must be clear that the Great Healer had need for his help in a far greater service.

This month saw the addition of Dr. David Ginder in the role of Director of Medical Education. His services are most welcome and they will fill a void created by the resignation of Dr. Trimble this summer.

As an addendum to last month's news, we find that the baby with the "U" negative disorder, was discharged Jan. 14 in good condition. This is another medical victory in a very unusual disorder. Congratulations are due the alert laboratory and the physicians responsible.

The Christmas party this year at the Mural Room was well attended as usual and the skits portrayed by both the resident and attending staff deserve special commendation. The plots were funny without hurting feelings and yet the point of criticism was made. Congratulations for the work and thought behind the two fine performances. *L. Caccamo, M.D.*



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FROM THE BULLETIN Twenty Years Ago — February 1938

At the annual banquet the president of the Ohio State Medical Association, John B. Alcorn presented gavels to all the living ex-presidents of the Society. Many of them are still with us and most of us remember with affection the ones who are gone. Here are their names, see how many you remember: R. D. Gibson, H. E. Welch, C. R. Clark, H. E. Blott, R. E. Whelan, Sidney McCurdy, C. D. Hauser, H. E. Patrick, J. M. Ranz, W. D. McCoy, W. E. Ranz, J. S. Lewis, W. K. Allsop, F. W. McNamara, R. W. Fenton, J. E. Hardman, W. H. Bennett, A. W. Thomas, A. E. Brant, J. P. Harvey, J. B. Nelson, J. L. Fisher, L. G. Coe, and P. J. Fuzy.

The meeting that month was combined with the Sixth Councilor District. It was not the big thing of our present day and was held at the Legion Post Auditorium on Spring Street. The program was good and consisted of a symposium on fractures presented by R. R. Morrall, C. S. Lowendorf, T. K. Golden, W. D. McElroy and J. R. Buchanan.

During the depression the hospital dispensaries had been closed due to lack of funds and the governmental relief setup which channeled the unemployed into the doctor's offices (due largely to our economics committee) at nominal compensation. Now they were planning to reopen and there was much discussion about their place in the medical sphere. The function of the out-patient department in the training of internes was recognized and it was agreed that the hospital dispensary should accept cases who were on a subsistence level and whose medical care was not provided for by any other agency. The same arrangement exists today.

Charles Scofield wrote an article on "Why Study Medicine?" He said there was only one paramount reason and that was to care for sick and injured people. He urged the doctors not to forget that and stray off into the pursuit of money, fame or pleasure; to be personal advisers to their people on medical matters and other things, to protect them and treat them so that they would be glad their doctor studied medicine.

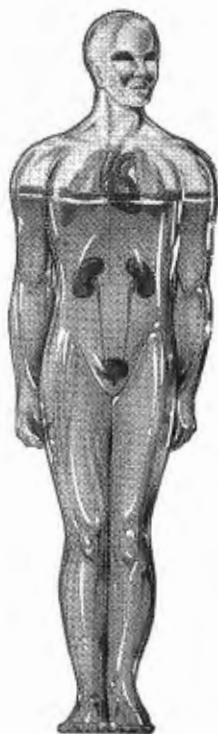
Ten Years Ago — February 1948

The Papanicolou method of cancer detection was the newest thing and Dr. H. G. Giffen, pathologist at the Youngstown Hospital had a leading article explaining the technique.

At the National Conference of County Society Officers in Cleveland the speakers emphasized three main points: 1. Interne training should be at least two years and the general practitioners on the staff must take an active part in this training. 2. The trend toward specialization was bound to create a shortage of general practitioners and lead to socialized medicine. (Socialized medicine was used as a threat against everything those days.). 3. Doctors should take a more active part in the civic, health and economic problems of their communities.

Reverend Roland A. Luhman who was really an unofficial member of our Society had a very good article on the role of the clergy in the sickroom, part of which is well worth repeating: "It must always be the function of the clergy to guide the thoughts and lift up the spirit of the patient so that he will be thinking less of his ills and more of reaching out into the great reservoir of ability and knowledge possessed by his doctor and beyond that into the inexhaustible resources of Providence . . . If the clergyman succeeds in doing this, the value of his service and presence in the sickroom will never be questioned by anyone with any sense and he will be welcomed by both patient and physician, because the contribution he makes to the well-being of the patient will be a tonic to his mind and the soul. Then the clergyman

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A. R. Cukerbaum wrote about the Antihistamine Drugs and mentioned Torantil and Antergan which first appeared in European literature in 1942. Benadryl and Pyribenzamine were introduced in 1946.

W. J. Tims as Health Commissioner for Youngstown reported influenza due to type A virus was on the increase.

New members were Clyde K. Walter, Kenneth E. Camp, Rollis R. Miller and Anthony J. Bayuk.

H. J. Reese topped the medical bowling league with a score of 263.

G. E. De Cicco was appointed membership chairman at a meeting of the American Academy of General Practice in Cleveland and was given the assignment of starting a local organization in Mahoning County. J.L.F.

THE INFANT WITH CONGENITAL HEART DISEASE

The practicing physician is occasionally confronted with the problem of a newborn or somewhat older infant with congenital heart disease. Aside from the immediate management, perhaps the most pressing problem is to decide which infant needs an immediate complete cardiac work-up, possibly including angiocardiography, cardiac catheterization and other specialized tests. The recent advances in cardiac surgery have been so spectacular, with the discovery of methods of repairing or ameliorating such a wide variety of anomalies, that the real problem is that of recognizing those cases who are apt to get into serious early difficulty. Detailed cardiac evaluation is usually more rewarding after the age of infancy; hence in those children who are not in imminent danger, the work-up should be deferred.

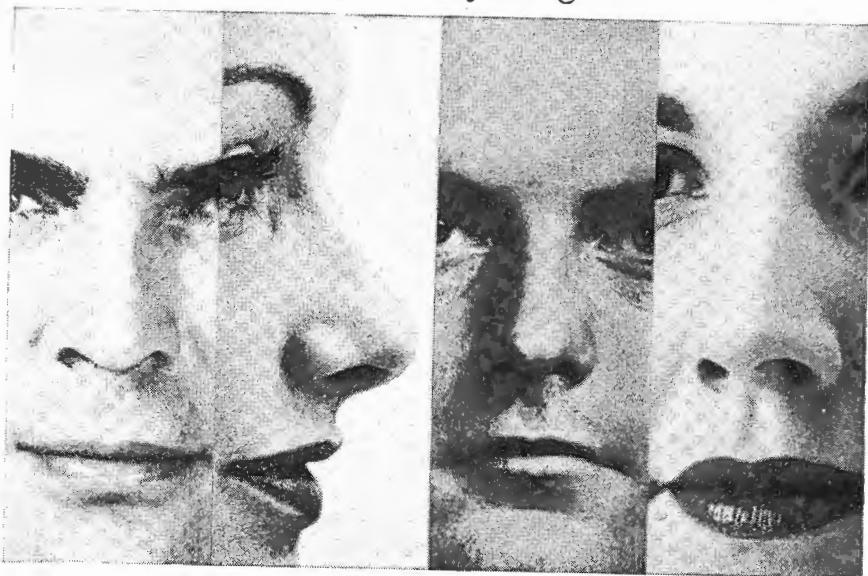
The problem may be divided conveniently into two categories—the asymptomatic and the symptomatic infant. The asymptomatic infant with a heart murmur, who has no cardiomegaly, may generally be observed with routine examinations, including X-rays and ECG's. More than 90% of the heart murmurs heard in the neonatal period are of no significance. A markedly enlarged heart, or progressive enlargement, noted radiologically or by ECG, is sufficient reason for further study. Mild or moderate cardiomegaly may be watched cautiously, taking into consideration the "pseudohypertrophy" and great variation of heart size so frequently noted in infants. Persistent hypertension, over 120 mm of mercury systolic in infancy, also demands further evaluation.

The indications for more detailed study in the symptomatic infant are more obvious. Dyspnea, if shown to be of cardiac origin, and not due to cerebral or pulmonary disease; evidence of actual or impending congestive failure; marked cyanosis, not acrocyanosis; anoxic "spells", usually including unconsciousness, or other symptoms of anoxemia; and, especially in the older infant, poor growth and development and undue fatigue, apparently unrelated to other causes; are all good indications for more detailed evaluation. In cases of mild, otherwise symptom-free, cyanosis, the work-up may often be deferred. The danger of poly-cythemia in the cyanotic child are almost never encountered during infancy.

Although the "ideal" age for most cardiac surgery is later than infancy, early surgery is sometimes life-saving in such anomalies as patent ductus arteriosus and coarctation of the aorta, for which well established surgical procedures are available. It is not essential to make an exact anatomic diagnosis, nor even to exclude a few diagnoses, prior to the detailed evaluation. It is sufficient to recognize the danger signals that call for further study.

Kurt Wegner, M. D.

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SOME CLINICAL APPLICATIONS OF ELECTROPHORESIS

H. E. Thompson, Ph.D.

Head, Division of Bio-Chemistry

Department of Laboratories

Youngstown Hospital Association

It is the purpose of this paper to describe, somewhat briefly, the application of electrophoresis to the study of, I. The blood serum proteins and, II. The identification of the abnormal hemoglobins that sometimes occur in conjunction with certain of the anemias.

Electrophoresis (cataphoresis, ionophoresis) is the term used to define the movement of suspended particles through a fluid under the action of an applied electromotive force, and the fact that different kinds of particles under these conditions may move with different velocities, makes this phenomenon an important and useful analytical technique. By its application, complex mixtures can often be sorted out into many, if not all, of the components that may be present. In the twenty years since paper electrophoresis and moving boundary electrophoresis were first described refinements in apparatus and technique have placed these methods on a sound analytical basis and further applications in many fields continue to be reported.

Within about the past five years, the application of paper electrophoresis to clinical and biochemical problems has witnessed a very large growth. Among the reasons for this may be mentioned two or three practical advantages from the clinical point of view: the volume of the specimen required is small; time required is relatively short—about 24 hours as compared with several days by the moving boundary technique; and thirdly, the apparatus is simpler and less costly. These advantages in economy are not seriously mitigated by sacrifices in accuracy and sensitivity for clinical requirements.

I. BLOOD SERUM PROTEINS

When may blood serum electrophoresis serve some useful purpose?

1. The total serum protein and/or A-G ratio are abnormal. Under these conditions serum protein electrophoresis may be justified and can be expected to yield more detailed information than can be supplied by other routine types of measurement.

2. The patient is suspected to have a disease where specific diagnostic information may be obtained by electrophoretic study. Two diseases (see below) where specific diagnostic information may be obtained are multiple myeloma and hypogammaglobulinemia.

3. The patient has chronic or degenerative or infectious disease. In the majority of these patients where alteration of the serum proteins may occur, the electrophoretic data may be non-specific for diagnostic purposes. Under these circumstances these data, in conjunction with subsequent electrophoretic measurements can evaluate the progression of change in the serum proteins as the disease process advances or improvement occurs. This is an important aspect of blood serum protein electrophoretic application.

What is the nature of an electrophoretic analysis, and how is it interpreted? When blood serum is subjected to electrophoresis, most specimens will be found to contain five fractions, by convention identified as albumin and alpha-1, alpha-2, beta, and gamma globulins. In addition, abnormal sera sometimes may have secondary beta or gamma globulins, or there may be an additional component called by some, the "M" fraction of myelomatous patients. When the electrophoretic information is reported, the report may be expected to contain values for each of the several fractions expressed in absolute amounts as gms.%, as well as per cent of the total protein which

Memo to Physicians . . .

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each fraction represents. The report will also include normal values and any pertinent remarks suggested by some anomaly which the electrophoretic analysis may reveal. Significant from an interpretative point of view is the observation of Comens (1) that in the Negro hypergammaglobulinemia and hyperglobulinemia may exist independent of disease and malnutrition. The total serum protein level is recorded, as well as the electrophoretic A-G ratio. With regard to the A-G ratio, it is quite possible that the value obtained by electrophoresis will be found low as compared with a routine A-G ratio as determined by salting-out procedures. The reason for this is that by salting out, not quite all of the globulin is precipitated, and the amount not precipitated remains with the albumin; the end result is that the albumin value is seen to be higher and the globulin lower than their respective true values (2).


In the evaluation of comparative values of two or more electrophoretic studies on the same patient, minor differences may be presumed to be due mostly to small errors or variations in the measurement itself, and to minor swings of biological variation. Rather, it is the larger changes which may be presumed to have real clinical significance.

What is the value of the serum proteins in diagnosis? *Specific* changes in the serum proteins useful for diagnostic purposes are those observed in multiple myeloma and hypogammaglobulinemia. Electrophoretic studies of the serum proteins in multiple myeloma patients are numerous and among these may be mentioned that of Osserman and Lawlor (3) who found the electrophoretic pattern diagnostic in 75% of some 35 patients. Since 1952, the diagnosis of agammaglobulinemia and hypogammaglobulinemia have assumed clinical importance. These patients respond well to periodic treatment with gamma globulin. Three forms of hypogammaglobulinemia are recognized: (a) a congenital type present in males at birth who retain the defect throughout life as far as known; (b) a physiological form in the newborn who have minimal gamma globulin at 2-4 months followed by approach toward adult levels in the latter part of the first year of life; (c) an acquired type observed in children and in adults 30-40 years of age. Recent papers (4-9) are noteworthy on the various aspects of hypogammaglobulinemia. In nephrosis very low albumin and much elevated beta and alpha-2 globulins are a common observation.

In 1951, Lever et al (10) presented a quite thorough report on electrophoretic studies in various skin diseases and Feldaker et al (11) have a more recent report on the same subject. Two recent papers, one by Jim (12) and another by Gilbert et al (13) discuss electrophoretic measurements of serum proteins in the leukemias.

Among *non-specific* changes in the serum proteins are those in the alpha globulins as pointed out by Shedlovsky and Scudder (14). These authors concluded that when considerable inflammation or tissue destruction is present alpha globulin levels are elevated and that the highest alpha globulin levels are associated with febrile disease states. Weissmann and Perlmutter (15) report elevations of alpha-1, alpha-2 and gamma globulins with moderate decrease in albumin in thyroiditis. However, as these authors point out, similar findings have also been reported by others (14, 16, 17, 18) for Hodgkin's disease, protein deficiency states, febrile conditions, rheumatoid arthritis, lupus-erythematosus disseminata, etc.

Two general papers on the subject of serum protein electrophoresis are those of Bernfeld et al (19) and Sunderman and Sunderman (20). Zwirtschaffer (21) has reported electrophoretic studies on the cryoproteinemia existing in a patient with cold allergy and Sehon et al (22) discuss the macroglobulins. A



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bibliography on this aspect of the subject alone would already contain numerous reports.

Electrophoretic studies of the serum proteins have been, and continue to be reported in many different diseased conditions. Evidence suggests that in those conditions where changes in electrophoretic pattern may occur, the results may be broadly similar for a particular disease. These changes are not sufficiently unique to be diagnostic but may be corroborative of the results of other diagnostic information. Finally, the conclusion seems inescapable that the internist can obtain the greatest value from electrophoretic studies when he is himself familiar with literature on electrophoresis pertaining to those diseases in which he has special interest.

II. ELECTROPHORETIC STUDIES OF HEMOGLOBIN IN THE ANEMIAS

It has been known for years that the hemoglobin of man is not one composed of approximately 98-100% adult hemoglobin—Hemoglobin A, and globin is predominantly of fetal type—Hemoglobin F. Within weeks after birth, the fetal hemoglobin has begun to disappear and at between 7 and 12 months of the first year of life the hemoglobin has assumed an adult type composed of approximately 90-100% adult hemoglobin—Hemoglobin A, and 0-2% or so of Hemoglobin F. Under abnormal conditions, the adult form of hemoglobin may fail to appear at all, or if it does, the amount is relatively less than normal and the patient may be found to have relatively large abnormal amounts of fetal hemoglobin present throughout life. In addition, one or more hemoglobins of kinds not found in normal individuals may be present. Altogether 10 abnormal hemoglobins have been reported up to the present time and these are: S (Sickle cell), C, D, E, G, H, I, J, K and L. Hemoglobin S is the most frequently observed abnormal hemoglobin, C next, and the others, rare to very rare.

The existence of these may be revealed by electrophoretic hemoglobin studies. The mobilities of some of the hemoglobins, however, are so closely similar that electrophoretic analysis may require the support of other types of measurements for complete identification. For example, by paper electrophoresis Hemoglobin F and Hemoglobin A are so closely alike that it is routine to evaluate Hemoglobin F by alkali denaturation at the same time that a hemoglobin electrophoresis is performed. In many cases electrophoretic analysis can reveal the existence of the abnormal hemoglobin and under optimum conditions also establish its identity.

In hemoglobin studies by electrophoresis, the terminology of the result is not that of the method itself, as is the case in respect to the results of electrophoresis of the serum proteins. The literature continues alive with reports on anemia and the hemoglobinopathies, and among these an excellent paper by Singer (23) should probably not be overlooked.

In conclusion, the value of electrophoretic studies as a part of clinical investigation of the patient is beyond dispute, and two areas of usefulness are those of the serum proteins and the hemoglobins. The most effective application of electrophoresis for clinical purposes is dependent upon a comprehension of those circumstances where electrophoretic analysis may be expected to yield useful information not adequately supplied by more routine measurements, an understanding of its limitations as well as its virtues and an understanding, gained from the literature, of the changes to be expected in electrophoretic pattern that may occur in the disease state existing in the patient. The references appended below are few relative to the large number on the subject and were selected primarily to illustrate the diversity in applications of electrophoresis to clinical problems.

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WOMAN'S AUXILIARY

A dinner meeting on Tuesday, January 14, at the Youngstown Club marked the first get-together of the new year for members of the Woman's Auxiliary to the Mahoning County Medical Society. Guest speaker was Dr. Leonard Lovshin, member of the Cleveland Clinic staff. In discussing his topic, "The Tired Mother Syndrome," Dr. Lovshin illustrated his talk with slides and amusing cartoons. Mrs. Dorothy Craine of the Youngstown Hospital staff assisted the speaker in showing his slides. He was introduced by Mrs. Kenneth Hovanic, co-chairman of the program committee for the evening. Special guests were Mrs. Lovshin and Dr. Andrew A. Detesco, president of the Mahoning County Medical Society.

Mrs. Cary S. Peabody, President, presided over the brief business meeting. Mrs. Peabody, Mrs. Earl Young, Mrs. Paul Mahar and Mrs. H. E. Hathorn were announced as delegates to the convention of the Woman's Auxiliary to the Ohio State Medical Association to be held in April in Cincinnati. Alternates will be Mrs. Asher Randell, Mrs. C. W. Stertzbach and Mrs. Craig Wales.

Mrs. Edward G. Rizk, program chairman for the year, announced a Guest Day Luncheon and Style Show by Dee Sherry, Inc. for February 11 at Tippecanoe Country Club.

Flowers from the table were sent to Mrs. Wayne B. Hardin, program chairman for the evening, who was a patient in South Side Hospital. Social committee consisted of Mrs. Hugh N. Bennett, Chairman, assisted by Mrs. Frederick Schellhase and Mrs. James A. Patrick, co-chairmen.

Mrs. Harold J. Reese, Publicity Chairman

MEDICAL GLEANINGS

John Collins Harvey, M. D. in The Annals of Internal Medicine Volume 47, No. 6, December, 1957

Title: Myxoma of the Left Auricle

(Ed. Note: Dr. J. C. Harvey is the son of our own Dr. J. P. Harvey.)

In this paper, Dr. Harvey describes five cases of myxoma of the left atrium occurring in patients at the Johns Hopkins Hospital. He points out that they represent certain common features. The symptoms and physical signs are similarly produced by mitral stenosis but are quite variable with changes in body position. The onset of symptoms is sudden. Heart failure is progressive despite therapy. Syncope is frequent. Embolic phenomena commonly occur in the systemic, cerebral or coronary circulations. Intermittant fever, petechiae, and changing cardiac murmurs often suggest erroneously the diagnosis of bacterial endocarditis. Since recent advances in cardiac surgery have made possible the successful removal of these tumors and since the lesion is a curable one, it now falls to the physician to recognize the lesion when it is present and to see to it that the patient is offered a cure.

CLINICAL ASPECTS OF CEREBRAL VASCULAR INSUFFICIENCY

By Elliot Corday and Sanford F. Rothenberg in, The Annals of Internal Medicine, Vol. 47, No. 4, October, 1957.

The authors present experimental evidence which strongly suggests that spasm does not occur in the human cerebral vessels and they feel thus cannot be responsible for cerebral disturbances. They set forth the concept of cerebrovascular insufficiency to explain a variety of hitherto vaguely understood clinical cerebral phenomena. They feel that in the presence of systemic hypotension or reduced cardiac output, the collateral circulation of the brain fails to supply the requirements of the cerebral tissue whose arterial flow has been compromised. If the systemic pressure is raised promptly to normal levels, the collateral circulation again becomes adequate and the cerebral signs and symptoms quickly disappear. If, however, the hypotensive state is allowed to persist, permanent cerebral damage will result. It is important for the clinician to prevent a drop in cardiac output or systemic blood pressure in the patient with narrowed cerebral arteries. If hypotension or a drop in cardiac output does occur, it is imperative to institute prompt measures to restore the blood pressure by blood transfusion or by the administration of vasopressor agents.

In the article, they have listed 22 clinical conditions in which the phenomena of cerebrovascular insufficiency has been observed in association with cerebrovascular narrowing. The following are the 22: (1) hemorrhagic shock, (2) coronary shock, (3) anaphylactic shock, (4) insulin shock, (5) traumatic shock, (6) anti-hypertensive drugs, (7) post sympathectomy, (8) hyper-sensitive carotid sinus, (9) postural hypotension, (10) hypotensive episodes of reflex origin, (11) cardiac arrhythmias, (12) surgical procedures, (13) anesthetics, (14) congestive heart failure, (15) pulmonary hypertension, (16) thermal vasodilatation, (17) valsalvamaneuver, (18) gravitational states, (19) angiocardiology, (20) hypothermia, (21) sleep, (22) pulmonary embolism. They discuss each of these in some detail.

R. L. Jenkins, M. D.

ANNUAL BANQUET

The annual January banquet of the Society was held at the Youngstown Country Club on January 9th. Retiring president Dr. Stephen Ondash was presented a bronze plaque in appreciation of his fine service and accomplishments during his tenure of office.

Incoming president, Dr. Andrew A. Detesco was presented a gavel made by Dr. A. E. Brant in his own workshop. Dr. Detesco pledged to carry on the program of the County Society.

Sixth District Councilor, Dr. C. A. Gustafson, presented fifty-year awards to Dr. Chauncy Stewart and Dr. S. W. Goldcamp. Dr. William Neidus was installed as president-elect; Dr. A. K. Phillips, secretary, and Dr. Fred Schlecht treasurer. Delegates installed were; Dr. H. P. McGregor, Dr. Asher Randall, and Dr. Paul Mahar. Alternate Delegates are Dr. Craig Wales, Dr. C. W. Stertzbach, and Dr. John J. McDonough. Dr. Morris Rosenblum officially took over the duties of Editor of the *Bulletin*.

Following an excellent dinner, speaker for the evening was Mr. Adrian Slifka, radio-TV editor of the *Vindicator*, who spoke on "TV Interviews and Previews." Mr. Slifka recounted his interviews with celebrities such as Imogene Coca, Betty Furness, and Dorothy Kilgallen. He then moved on to a defense of television programs which are currently showing, particularly the westerns, which he said are basically American and are understood in all cultures.

More needs to be said about this year's banquet from the standpoint of its organization and format, which was radically different. For the first time in the history of the Society, wives were invited to this event and they added a great deal. Prior to the formal banquet was an informal cocktail-social hour, where doctors and their wives were able to get acquainted with each other and get loosened up a bit before the meeting. And in place of the time-honored roast beef for the banquet we were delighted to find that each plate contained a Cornish hen stuffed with wild rice!

Certainly whoever is responsible for these delightful changes is to be congratulated, and let's hope that they become a tradition for future banquets. Those of you who were caught by surprise, next year bring your wife and have a good time.

R. R. Fisher, M. D.

HAPPY BIRTHDAY!!!

May we take this opportunity to extend our best wishes on your birthday and wish you health and happiness for many more.

February 16
R. W. Rummell

February 17
J. A. Altdoerffer
O. A. Turner

February 25
P. J. Fuzy Jr.

February 26
J. R. Sofranec
E. M. Thomas
February 28
J. S. Goldcamp
March 2
R. R. Goldcamp
March 5
F. J. Gambrel

March 6
L. H. Getty
March 7
M. D. Evans
March 8
R. W. Beede
March 10
R. A. Brown

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1. Your job comes first; personal and health consideration are always second.
2. Go to the office evenings, Saturdays, and Sundays.
3. Take your brief case home on the evenings when you do not go to the office. This provides an opportunity to review completely all the troubles and worries of the day.
4. Never say NO to a request—always say YES.
5. Accept all invitations to meetings, banquets, etc., and try to serve on all committees when asked.
6. Do not eat a restful relaxing meal. Always plan a conference for meal hour.
7. Fishing and hunting are a waste of time and money—you never bring back enough fish or game to justify the expense.
8. It is a poor policy to take all the vacation time your company provides for you.
9. Golf, bowling, billiards, gardening and all such activities are a waste of time.
10. Never delegate responsibilities to others—carry the entire load at all times.
11. If your work calls for traveling, work all day and travel all night to make your appointment for the next morning. This is especially good if you drive.
12. Pick a fight with your wife periodically, if she doesn't beat you to it. If she does, egg her on.
13. Never turn down a dessert. Keep that weight up, and the belly rotund.
14. Don't exercise—it's a waste of time.

These rules are guaranteed to get you there early in life, even though you may not live to enjoy it!!

SOCIAL NEWS

Dr. and Mrs. Wm. Evans spent 10 days in Bermuda recently and proclaimed the weather was perfect. Dr. and Mrs. J. J. McDonough weren't as fortunate, however. For the three weeks that they were in Miami, Fla. it rained every day. John said it got quite boring sitting indoors every day, but at least he got to know his children better than he ever did heretofore.

Dr. Wm. Sovik talked to the Society for the Blind on Jan. 9th, his topic being "Eye Diseases in these Changing Times."

Dr. Goodwin attended a symposium on "Newer Plastic Procedures" conducted by the Foman group of Manhattan Eye and Ear, Dec. 1-7.

Dr. J. R. Sofranec finally made it when his wife presented him with a baby boy on Dec. 17th (he has four daughters). Not to be outdone, Dr. Joe Newsome's wife gave birth to a son a few short hours later.

Drs. V. Herman and L. Caccamo were recent patients in the hospital, but have been discharged and are back in harness.

Dr. J. Benko was elected vice-president of the Interstate Horse Show Association, at Pittsburgh, Jan. 12th.

Dr. A. K. Phillips was elected president of the Board of Directors of Saint John's Greek Orthodox Church, Jan. 1st.

We were well represented at the first annual meeting of the Ohio Society of Internal Medicine in Cleveland, Ohio Jan. 22, 1958. The presidential address, "Liberty and the Practice of Medicine" by Dr. Arnoldus Goudsmit was well received. Dr. Leonard P. Caccamo, as you know, is the Secretary-Treasurer of the organization.

J. R. Sofranec, M.D.

January, 1958, ended a completely snowless Christmas season by dropping a nice thick blanket of snow. It also dropped the temperature low enough, and long enough, for us to get started on some winter sports.

Dr. Jim Smeltzer and wife Winnie took off for Pennsylvania for some skiing and tobogganing. Dr. and Mrs. Wayne Hardin tried their hand on the ski slopes, and as a result, Belva ended up in the South Side Hospital with a broken leg. As of this writing she was still there, on Two North. Might drop her a cheerful card, as she has three small children to worry about.

Another hospital patient is Dr. John Dulick, who is in the North Side Hospital. He would like a card too. Dr. C. A. McReynolds started the new year off by fracturing a bone in his foot in a horse-riding accident. They say the horse traffic out there in Poland is getting pretty bad. Dr. Roy K. Thomas had his accident in a more conventional way. His car was hit by one of my very best indigent patients. Dr. Thomas was not hurt.

Mrs. Brack M. Bowman left for Athens, Tennessee, following the death of her mother, Mrs. William A. Griffith of that city. Our sincerest sympathy to the Bowmans.

Some of our members did manage to stay healthy. At last report Dr. Harold Segal was vacationing in Florida, and Dr. J. A. Altdoerffer found time for a few days of excitement in New York City. Dr. J. L. Fisher flew to New York to join Ethel who was there attending a council meeting of the Garden Club of America. Mrs. Fisher is president of the Ohio Chapter.

Our warm congratulations to Dr. and Mrs. Raymond Catoline on the birth of their daughter on January 4th. It is their first child.

R. R. Fisher, M.D.

MEET THE OLD PRO'S**DR. F. W. McNAMARA**

Presenting Dr. Francis Wallace McNamara, who has been one of Youngstown's leading surgeons for many years. He was born in Oswego, New York, on February 4, 1888. His undergraduate education was taken at Oswego, New York, and Warren, Pennsylvania. He attended Jefferson Medical School, graduating in 1911. His internship and surgical training were done in St. Alexis Hospital, Cleveland, Ohio, and St. Elizabeth Hospital, Youngstown, Ohio. Here he served as Director of Surgery from 1932 to 1937 when he assumed the position of President of the Staff which he held until 1947. He then founded and became Director of the Medical Education Program until 1956.

Doctor McNamara is a member of the Youngstown Club and the Youngstown Country Club. His Hobby is golf.

Doctor McNamara is certainly a fine physician with a wealth of experience, and we are glad that he is still actively engaged in the practice of surgery.

L. O. Gregg, M.D.

DR. WENDELL H. BENNETT

Dr. Wendell H. Bennett was born in the Hazleton District of Youngstown in 1891. His father James H. Bennett was at that time and for many years after, a busy practicing physician.

Wendell graduated from Rayen High School and received his A.B. degree from Cornell University in 1913. He is still somewhat of a legend at both places because of his athletic ability. At Rayen, he was Captain of the basketball team for two years, Captain of the baseball team his senior year, half-back on the football team that was undefeated in two years, and somehow found time to win a letter in track. At Cornell, he narrowed his interests to football and track; he excelled in both these sports attaining a national reputation as a quarter miler.

He received his M. D. degree from Western Reserve University in 1919, having spent two years working at the Carnegie "Lower Mill" before enrolling in medical school. Whether seeing his father getting up in the middle of the night to make a house call made Wendell hesitate and wonder about the demands made on a doctor isn't quite clear.

He returned to Youngstown after graduation and interned at the Youngstown Hospital and was then chief resident the following year. Following this he practiced by himself for two years and then associated himself with Dr. C. R. Clark, their offices being located on Bryson St.

He was married to the former Gladys Thomas in 1936.

After a bout with a coronary in 1939, he took a year off to recuperate and to take graduate courses in Internal Medicine at the University of Pennsylvania, and Harvard University. Since that time, he has remained active in medicine, practicing at 634 Market St., where his father had lived and practiced before him.

He has been active in the Mahoning County Medical Society, serving as President in 1929. This was preceded for several years as Secretary of the Society. He was vice president of the Youngstown Hospital staff and

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chief of one of the medical services for many years. He followed Dr. Morrall as head of the Training School Committee, and was in turn succeeded by Dr. Middleton.

Wendell is a Fellow of the American College of Physicians.

In addition to being the sort of doctor who is never in too much of a hurry to listen to his patients and give wise counsel, he is also the type of person, who despite his long service as a physician, will still get out of bed at 2 A.M. to make a house call simply because he knows the patient needs him and he feels it's his duty to go.

H. N. Bennett, M. D.

MEETINGS—FEBRUARY, 1958

AMERICAN ACADEMY OF FORENSIC SCIENCES, Hotel Carter, Cleveland.
Feb. 27-Mar. 1. Dr. Walter J. R. Camp, 1853 W. Polk St., Chicago, Secretary.

AMERICAN ACADEMY OF OCCUPATIONAL MEDICINE, New York. Feb. 12-14. Dr. Leonard J. Goldwater, 600 W. 168th St., New York 32, Secretary.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Morrison Hotel, Chicago. Feb. 11-13. Mr. Olin E. Oeschger, 740 Rush St., Chicago 11, General Secretary.

CENTRAL SURGICAL ASSOCIATION, Deshler-Hilton Hotel, Columbus, Ohio. Feb. 20-22. Dr. Charles D. Branch, 1002 North St., Peoria, Ill., Secretary.

SOCIETY OF UNIVERSITY SURGEONS, Boston. Feb. 6-8. Dr. James D. Hardy Univ. Med. Center, Jackson, Miss., Secretary.

SOUTHWEST ALLERGY FORUM, Shreveport, La. Feb. 23-25. Dr. J. D. Youman, 2021 Line Ave., Shreveport, La., Secretary.

INTERNATIONAL AND FOREIGN—FEBRUARY, 1958

PAN-AMERICAN CONGRESS OF OPHTHALMOLOGY, New York, N. Y. U. S. A. Feb. 1. For information address; Dr. William L. Benedict, 100 First Ave. Bldg., Rochester, Minn., U. S. A.

MEETINGS—MARCH, 1958

AMERICAN ORTHOPSYCHIATRIC ASSOCIATION, Hotel Commodore and Roosevelt, New York. Mar. 6-8. Dr. Marion F. Langer, 1790 Broadway, New York 19, Executive Secretary.

NATIONAL CONFERENCE ON RURAL HEALTH, Hotel Heidelberg, Jackson, Miss. March 6-7, Mrs. Arline Hubbard, 535 N. Dearborn St., Chicago 10, Secretary.

NEW ORLEANS GRADUATE MEDICAL ASSEMBLY, Roosevelt Hotel, New Orleans. March 3-6, Dr. Maurice E. St. Martin, 1430 Tulane Ave., New Orleans 12, Secretary.

CONGRESS OF INTERNATIONAL ANESTHESIA RESEARCH SOCIETY, New Orleans, La., U. S. A. March 24-27. Dr. A. William Friend, East 107 & Park Lane, Cleveland, Ohio, U. S. A., Executive Secretary.

INTERNATIONAL SCIENTIFIC CONGRESS OR INTERNATIONAL COLLEGE OF SURGEONS. U. S. and Canadian Sections, Los Angeles, Calif., U.S.A., March 9-14. Dr. Max Thorek, 1516 Lake Shore Dr., Chicago 10, Ill., U.S.A., Secretary General.

S. V. Zlotnick, M. D.



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THE YOUNGSTOWN AREA HEART ASSOCIATION, INC.

The Youngstown Area Heart Association was formed in 1949, as a non-profit, voluntary health organization, governed by a board of directors, of which fifty percent are doctors. At that time, a physician of Youngstown, who was a member of the Board of Directors of the American Heart Association, with other physicians and businessmen, felt there was a need for an organization to acquaint the public about the Number One health problem of the United States. Approval to form a Heart Association was asked and received of the Council of the Mahoning County Medical Society. An office is maintained in the Union National Bank Building with a staff of an Executive Secretary, four registered nurses and a Secretary.

The Heart Association is supported by public contributions received during the February campaign. Fifty percent of the total is given on Heart Sunday, when a door-to-door visitation is made. Advance Campaign for larger gifts is held in December and January, and Memorial Gifts throughout the year, accounting for the balance.

RESEARCH—In the eight years since the Youngstown Heart Association has been formed, \$155,899.44 has been expended for Research or 34% of the total contributions received within that time. Of this amount \$57,039.63, or 12½ percent, was given to the national organization as required, \$42,320.76 was sent to the American Heart Association with the request that it be given for research within the state of Ohio, and \$52,534.05 was given directly to research institutions, mostly within Ohio.

COMMUNITY SERVICE—Before initiating a Rheumatic Fever Prevention Program, the Heart Association set up an Advisory Board consisting of Dr. T. Duckett Jones, Helen Hay Whitney Foundation, New York; Dr. David D. Rutstein, Department of Preventive Medicine, Harvard Medical School, Boston; Dr. Charles H. Rammelkamp, Western Reserve University School of Medicine; and Miss Marjorie Bellows, statistician, American Heart Association. After Consultation with the Advisory Board and time spent with Dr. Rammelkamp and his staff studying the proper techniques, the Heart Association decided to conduct a Rheumatic Fever Prevention program among school children. The plan was presented to and accepted by the Mahoning County Medical Society. This policy has been followed in all programs by the Youngstown Heart Association.

In the fall of 1951 the program was started in one school and since that time has expanded to include three nurses, one in each county served by the Youngstown Heart Association, Columbiana, Mahoning and Trumbull, under the supervision of the Director of all nursing services of the association. The largest percentage of the local funds is allocated to this Community Service.

The aim of the program is prevention of first attacks of rheumatic fever among school children by urging adequate treatment by the family physician to all children with beta hemolytic streptococcal infection.

The Heart Association nurses, with the cooperation of the Board of Education school nurses, examine all school children with sore throats, fever or enlarged glands. A throat culture is taken and delivered to the hospital laboratories by the Heart Association nurses. Reports of the cultures showing positive Beta "strep" are given to the nurses, who in turn, notify the parents and the family doctor of the finding. The parents are urged to take the child to the doctor for adequate treatment. After one week a repeat culture is taken to determine the effectiveness of the treatment. In addition

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PROCEEDINGS OF COUNCIL
Monday, January 13, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, January 13, 1958, at the Elks Club, Youngstown, Ohio.

Meeting was called to order at 9:10 P.M.

The following physicians were present: A. A. Detesco, President, presiding; A. K. Phillips, S. W. Ondash, M. S. Rosenblum, G. E. Detesco, J. J. McDonough, F. G. Schlecht, M. W. Neidus, H. P. McGregor, A. Randell, C. W. Stertzbach, comprising the Council, also Dr. G. Delfs, Chairman of the Polio Committee and Dr. A. Goudsmit.

Minutes of the previous meeting were read and approved.

A communication from Mrs. Mink from the local unit of the Nephrosis and Nephritis Foundation was referred to the Voluntary Health Agencies Co-ordinating Committee.

Dr. Delfs called attention to the laxity of the public to secure Polio immunization from the family physician. Council was of the opinion that no mass inoculation should be done in the schools except during an emergency period. However, it was the consensus that a plan must be formulated to urge the general public to be immunized with Salk vaccine by seeing their personal physician. Dr. Delfs was charged with coordinating a plan with the Chairmen of the Public Relations and Publicity Committees and report back to Council as soon as practicable.

Dr. Detesco announced that the newly formed Medical Ethics and Professional Conduct Committee will serve as a quasi Grievance Committee. Their findings will be reported to the Censors who will in turn report to Council as provided in the current By-Laws.

Discussion ensued concerning the relationship of the Society with the Youngstown Area Heart Association, and the forthcoming combined meeting. A motion was made, seconded and duly passed that we participate in this program.

Dr. Goudsmit presented a report on the Child Guidance Council. It was suggested that he confer with the Advisory Committee of the Center and report back to Council.

The following applications were presented by the Censors:

ACTIVE

Dr. K. J. Wegner, 318 Fifth Avenue, Youngstown, Ohio.
 Dr. Elsa Shapira, 333 Crandall Avenue, Youngstown, Ohio.
 Dr. H. Holden, 312 E. Federal Street, Youngstown, Ohio.

JUNIOR ACTIVE

Dr. John J. Turner, 64 Ridge Avenue, Youngstown, Ohio.

Unless objection is filed in writing with the Secretary, the above become members of the Society as indicated.

A. K. Phillips, M.D.
 Secretary

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DOCTOR JOHN LoCRICCHIO—BIOGRAPHY

Dr. LoCricchio came to St. E's in 1950, succeeding the late Dr. Wm. Dean Collier, and soon established himself as a respected pathologist.

John was born in San Giuseppe, Jato, Sicily, March 10, 1904, a son of Anthony and Maria DeGorgio LoCricchio. His family moved to Detroit when he was ten years old. He went through grade and Northeastern High School in Detroit. From boyhood he was a brilliant student. He attended Wayne University and the University of Michigan, graduating with an A.B. degree in 1927. He took his medical work at the University of Michigan, graduating in 1931.

He interned at Henry Ford Hospital in Detroit where he also took a residency in pathology. After completing his residency, he was sent to Ford Hospital at Bona Vista, Brazil, returning to Detroit as assistant pathologist at Ford Hospital. He was director of laboratories at St. Rita's and Memorial Hospitals in Lima, Ohio, and then went to Buhl Hospital in Sharon, Pa., and from there went to St. Vincent Hospital at Bridgeport, Conn.

Dr. LoCricchio was a member of the American Medical Association, Mahoning County Medical Society, Ohio Medical Society, Cleveland Pathologists Society, and Ohio State Society of Pathologists; he was a fellow of the American College of Clinical Pathology.

He was a member of First Presbyterian Church and was a Mason. He was an amateur horticulturist and had a greenhouse behind his home in which flowers and trees, foreign to this locality, flourished. He was an amateur photographer, and formerly participated in photographic activities at Butler Institute of American Art.

He leaves his wife, the former Georgia Bacher; a son John, a junior medical student at Ohio State University, two daughters, Mrs. Phillip Carso, whose husband is studying plastic surgery at a Naval Hospital, and Miss Elaine, a student at Oberlin College.

In talking to his wife, I asked her what some of John's views were on Medicine and life. The following seemed to typify John's character and outlook—"Medicine is so vast and so profound no one ought to be reluctant to say 'I do not know' . . . let him learn his art from the post mortem table, and there, too, he will no longer doubt that God exists . . ."

We'll miss you, John.

J. R. Sofranec, M.D.

VASCULAR SURGERY IN GENERAL HOSPITALS

There has been an increase in types of vascular problems that are now amenable to therapy in the average general hospital. It is no longer necessary to journey to a medical school mecca to obtain proper care for many medical and surgical problems. General hospitals the country over have expanded their facilities to accommodate the community they are serving, and this expansion will continue in a progressive institution to meet the demands of any given community.

The impetus for vascular surgery came from the successful repairs of traumatic aneurysms following World War II and during the Korean Conflict along with the development of cardiac surgery and cardiovascular departments in many teaching institutions.

Perhaps a list of the types of lesions and diseases that are amenable to surgical treatment or correction in our hospitals will enable us to diagnose their presence and suggest proper steps for their treatment. The following is a cursory list based on an anatomical classification:

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A—Aorta

- 1) Aneurysms. Abdominal aneurysms can be managed in local hospitals, but thoracic aneurysms necessitate the use of some form of extra-corporeal circulatory pump with or without an oxygenator. These lesions will have to await the acquisition of these mechanical facilities.
- 2) Coarctation of the aorta. The "adult types" are manageable locally. The adult types are the most common seen.
- 3) Patent ductus arteriosus. These can generally be operated upon in our hospitals.
- 4) Laceration or ruptures of the aorta are generally fatal, but occasionally "heroic surgery" will salvage a few of these patients.
- 5) Occlusions. Segmental occlusions of the abdominal aorta or its bifurcation (LeRiche Syndrome) respond amazingly well to corrective vascular surgery.

B—Branches of Aorta

- 1) Renal arteries—occlusion. These are occasionally amenable to surgery and should be evaluated with this in mind.

This same statement can be made of occlusions of any of the other major branches.

- 2) Pulmonary A-V Fistulas are definitely excisable.

C—Peripheral lesions.

- 1) Aneurysms and arteriovenous fistulas are generally correctable surgically.
- 2) Embolic occlusions should be considered a surgical emergency. The earlier the surgeon sees the patient, the better chance he has of obtaining a successful result.

The chronic segmental occlusions can occasionally be helped by by-pass operations, excision and grafting, or endarterectomy.

- 3) Lacerations and transections of any major peripheral artery should be repaired or grafted at the earliest possible time. With this type of approach extremities can definitely be saved. This has been so graphically demonstrated by the Armed Forces during the Korean Conflict.

It is hoped that this listing of vascular lesions amenable to surgery will make all of us more cognizant of their possible existence and will take proper steps to obtain early diagnosis and direct the patient for further evaluation and therapy.

Frank K. Inui, M.D.

◆

MAHONING CHAPTER A.A.G.P.

No special meeting in February. As has been customary, February being heart month, we will meet with the Mahoning County Medical Society for the special heart month program.

On March 11th, the 2nd session of the current Postgraduate Course will be held at St. Elizabeth Hospital. "The Diagnosis and Therapy of Leukemia" will be discussed by John Kenny, M.D., head of the Department of Hematology, Mercy Hospital, Pittsburgh.

Clyde K. Walter, M.D.
Secretary

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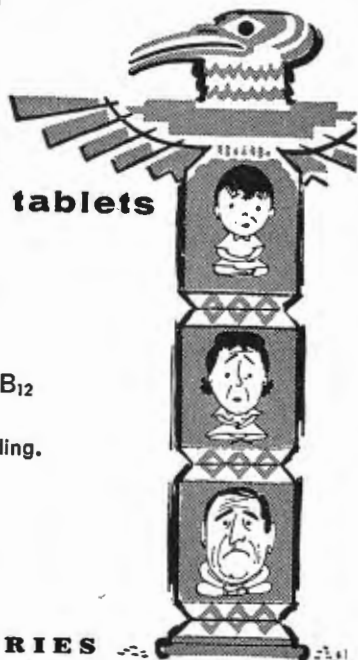
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DOCTOR JOHN LoCRICCHIO—EULOGY

Dr. John LoCricchio, Chief of Pathology at St. Elizabeth Hospital, died at the age of fifty-three on December 28, following a heart attack which complicated a prolonged convalescence from pneumonia.

Behind this naked statement lies the story of a career marked by a constant striving in the face of incontestable odds. Brought to America from Sicily as a boy, his early years were a vivid episode which left a deep reverence for people and nature. As a lad of twelve, he was apprentice to a barber, where he was suddenly immersed in the world of the "shaving mug" and "Police Gazette." Disillusioned at this early age, he became fired with an overpowering ambition to rise above this environment. With an intensity for his youth, he rapidly became educated, reading omnivorously and seeking experiences almost indiscriminantly, so that he could learn the meaning of existence. Through high school and undergraduate school in Detroit he embroiled himself in the conflicts of philosophy, religion, the arts and sciences to the point of utter confusion.

Although he never quite resolved this conflict or developed a completely acceptable philosophy, his leaning toward science led him to medicine; a field where this vigorous inquiry could be more productive. Despite the great depression of the thirties, he managed to barter his way through medical school at Ann Arbor, continuing his studies at irregular hours and with some misgivings. Here he came under the influence of the great midwestern philosopher, and pathologist, Worthin, who made pathology an almost inevitable choice.

Internship and residencies followed at Ford Hospital in Detroit under the tutorage of Dr. Hartman. Marriage brought in its wake both satisfaction of family life and economic problems—but his essential idealism and the inquiring attitude never faltered. He finished his residency with a stint in the Brazilian jungles.

With his growing family he made his way through Marion and Lima, Ohio, Sharon, Pa., and Bridgeport, Connecticut—intolerant of sham and incompetence, influencing all of his colleagues with his enthusiasm, and radiating indefinable magnetic warmth. He developed absorbing hobbies—photography, horticulture, painting, nature and literature. His chief pre-occupation remained an almost adolescent interest in people, in philosophy, and in medicine. The intellectually honest and the convivial inquiring minds gathered under his wings like chicks on whom he left his mark.

Medicine was his foremost love and despite an enormity of knowledge, he was perpetually humble. Able to admit ignorance, he never sacrificed honesty to save face. The young internes and residents were attracted and influenced by this attitude. Teaching them became one of his major delights and the socratic bull sessions—whether formal lectures or midnight beer gatherings, became memorable events.

The last years of his life were marred by serious illness and provided a continuous growing worry. Despite this, a certain mellowness and tolerance developed, quite in keeping with his modesty. Unfortunately he never did achieve the satisfaction of the realization of his enormous influence. We shall miss his stimulation even more than most of us realize.

B. Taylor, M.D.

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RECENT LABORATORY ADVANCES IN THE DIAGNOSIS OF HEART DISEASE

Within the past ten years the literature has been crowded with a tremendous amount of basic research in heart disease. This revolved around the metabolism of cardiac muscle and its enzyme systems, the pathogenesis of arteriosclerosis and hypertension, the biochemical changes in heart failure and the physiology of congenital and valvular heart disease. These have contributed immeasurably to our understanding of cardiac mechanisms, and together with the development of the biophysical modalities such as vector electrocardiography, ballistocardiography and cardiac catheterization techniques, have almost revolutionized the basic concepts of heart disease. However, most of the laboratory techniques are useful primarily in the experimental field and have proven to be of little practical value in the ordinary practice of medicine.

The few procedures which have provided useful information in diagnosis and evaluation of therapy are the C-reactive Protein test, Serum Transaminase determinations, ASO titers and Serum Lipid and Cholesterol studies. Many other tests with indirect cardiac applications have also made their appearance.

C-REACTIVE PROTEIN(CRP)

CRP is a beta globulin which precipitates the C-polysaccharide of the pneumococcus and was originally discovered in the serum of pneumonia patients. Never present in the normal individual, it is now known to be a nonspecific "acute phase reactant" comparable to an elevated sedimentation rate (ESR) and is found in many traumatic, infectious, and neoplastic diseases. It appears in almost all acute bacterial diseases, less consistently with chronic bacterial and viral diseases. About two-thirds of the people with allergic or collagen diseases and almost all with active rheumatic fever exhibit a positive reaction. Most individuals with tissue destruction, whether due to trauma, infarction or disseminated malignancy, show the appearance of CRP.

Thus the CRP test has become a fairly sensitive index of myocardial necrosis and rheumatic activity, threatening to replace the ESR. Since it appears in 12-72 hours and disappears more rapidly, it has the advantage of indicating recurrent infections or thrombotic complications during convalescence. It is suppressed only when therapeutic agents directly affect the pathologic process, so that it may disappear under steroid therapy in rheumatic fever. It is more specific than the ESR which may also be elevated in anemia, pregnancy, serum protein abnormalities or may be paradoxically depressed in sickle-cell anemia, polycythemia, etc. In addition it has the slightly dubious advantage of being less sensitive than the ESR so that if the ESR remains elevated when CRP disappears, the degree of inflammation is at most of very low magnitude.

In summary, present opinion concedes a slight advantage to the CRP determination which is not of sufficient magnitude to justify discarding the older procedure. Should there be individual preference for one of these determinations, it still would be wise to check with the second occasionally, particularly in the long term evaluation of a patient.

SERUM TRANSAMINASE (SGOT)

Transaminases are enzymes which catalyze the transfer of the amino group from an alpha amino acid to an alpha keto acid producing a different amino acid. Serum glutamic oxaloacetic transaminase refers to the shift of the amino radicle from aspartic to ketoglutaric acid with the production of glutamic and oxalo-acetic acids. This mechanism plays an important role in intermediary carbohydrate metabolism, but is clinically significant only

because of the high concentration in cardiac muscle, as well as skeletal muscle, liver and kidney. When active inflammation or necrosis of these tissues occur, large quantities of SGOT are released into the circulation where they can be quantitatively estimated. The height and duration of elevation is roughly proportional to the degree of damage sustained and to its continuing activity.

Thus in myocardial infarction a rise from the normal level of 10-40 units to 2 to 20 times this activity occurs within twenty-four hours (usually 6-12 hours), frequently antedating ECG evidence, and then falls to normal in about a week. In liver damage, particularly of the necrotizing hepatitis variety, the rise is considerably higher and more sustained. Thus serial determinations become important from the standpoint of diagnosis, prognosis and the recognition of further insults to the myocardium. When ECG diagnosis is difficult because of previous damage, cardiac arrhythmias, pulmonary emboli, pericarditis, etc. and when the electrical changes show only slow evolution of typical patterns, this determination may be of crucial diagnostic importance. However, it must be re-emphasized that in this determination, along with all other laboratory procedures, there are errors inherent within the technique, as well as in its performance, which makes it only a supplement to clinical impression. It is, however, an important addition to our armamentarium.

ANTISTREPTOLYSIN O (ASO)

The ASO test is a quantitative measure of the production of a specific antibody to a streptococcal infection which inhibits the lysis of erythrocytes exposed to the streptococcus toxin—Streptolysin O. This is quite in contrast to the lack of specificity of the acute phase reactants ESR and CRP, but is accordingly less valuable as a measure of rheumatic activity since this is allergic rather than bacterial. A rise in titer occurs about ten days after infection, increases for four to six weeks and then slowly declines without reference to the allergic rheumatic manifestations. Since rheumatic activity usually becomes active before the maximum titer is reached it provides useful diagnostic, as well as, retrospective, etiologic information. A single serum specimen showing a titer of 500 units or higher is indicative of a recent streptococcal infection.

A similar variety of determination, the streptococcal antihyaluronidase, has much the same significance and is infrequently used because of larger margins of error and more complicated technique.

SERUM CHOLESTEROL LEVELS

Lipid studies with particular reference to cholesterol content and lipoprotein fractions have become exceedingly interesting, particularly on a statistical, epidemiologic and experimental level. As yet, however, there is little convincing evidence of correlation between serum levels and the clinical development of coronary sclerosis and its sequelae in the human. Majority opinion favors the cholesterol level as being more important than other lipid fractions in predisposing to atheromatosis. A few enthusiastic investigators on somewhat tenuous grounds feel that levels of serum cholesterol above 250 mg.% are probably significant and suggest precautionary gestures ranging from low fat diet to diets containing a preponderance of vegetable polyunsaturated fats. Apparently, this frequently reduces cholesterol levels with results that are still probably dubious.

OTHERS

In addition, there has been an almost alarming increase in variety of tests for the diagnosis of diseases with cardiac manifestations.

Steroid determinations in adrenal-gonadal-hypophyseal diseases have become amplified in variety, highly informative, and quite commonplace.

Protein Bound Iodine determinations and I-131 uptakes are now available to supplement BMR's. Their real value is confirmatory since they show no overwhelming advantage over a properly performed BMR, the margin of error in all of these procedures being considerable. At the present writing the PBI test seems most accurate and the radioactive iodine least of the three.

The effect of heart failure on water and electrolyte balance, and on liver and kidney function has become better understood and its treatment is now more carefully controlled by readily available techniques. Some of these include more accurate blood volume studies, determinations of Na and K by flame photometry, pH estimations, etc.

The control of anti-coagulant therapy by the simple one-stage Quick prothrombin procedure is now conceded to be inaccurate and poorly understood. With the complications introduced by our new knowledge of coagulation processes the term "prothrombin concentration" has become an overly simplified expression. However, it remains the best and fortunately, the simplest technique yet available providing a good warning of danger.

The lupus erythematosus phenomenon is now recognized to be much less specific than was originally thought—being found in other collagen diseases, as well as, in the lupuslike syndromes caused by some of the antihypertensive drugs. New clothing methods have increased the sensitivity of this determination, but again have decreased its specificity.

In summary, the laboratory is expanding its usefulness to cardiology at a pace comparable to other disciplines. Many of these tests provide useful information. Others will undoubtedly be outmoded by newer procedures. Use them, at your own discretion, while they are still fashionable!

B. Taylor, M.D.

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LETTER TO THE EDITOR

Dr. Morris Rosenblum
Mahoning County Medical Society Bulletin

Dear Sir;

It seems to me rather disgraceful that our meeting of December 17 for the election of officers for the Mahoning County Medical Society had in attendance less than 100 members. Dr. Ondash remarked that we now had a membership approaching 300 and yet we had less than one-third to vote in the officers for running the Society in the future. It is hard to believe that the excuses which might be given by the individual doctors not present could amount to all of them making house calls on sick patients at that time. If it is, we should use that bit of information in our public relations campaign against those people who criticize us for not making house calls. It also seems impossible that there were 200 emergencies which required immediate attendance at that time, whether in the hospital or house calls.

It would seem that there is a tremendous lack of interest in the proceedings of the Society and I wonder how many of the members not present have also criticized the Unions in Youngstown for being run by a small select group and the general membership not attending the meetings? Certainly, we are guilty of the same type of practice. I wonder what would inveigle the membership to attend? There was a free lunch given that night, so apparently food is not the answer. I doubt if our membership has enough talent for entertainment that we could present a suitable spectacle to compete with the entertainment found elsewhere in Youngstown. Since the average doctor goes to post-graduate meetings out of the city, I doubt if we can appeal to them through high-level scientific meetings. I wonder if we should not be very blunt about the practicality of the Society in the fact that it is a political body. If we are going to pay lip service in fighting so-called socialized medicine, are we going to do it through the Society or are there other methods which might be better?

Since the Letters to the Editor column is something new in the Journal this year, it would be interesting to see the response to a letter of this type.

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



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VENEREAL DISEASE CLINIC REPORT FOR 1957

TOTAL NUMBER OF PERSONS SEEN DURING THE YEAR ----- 396

Persons not seen previously ----- 322

OF THESE:

Admitted for Syphilis ----- 47

Admitted for Gonorrhoea ----- 178

Persons not infected and not admitted ----- 95

Admitted for Chancroid ----- 2

322

SYPHILIS

Number of cases treated this year ----- 109

Carried over from 1956 ----- 57

Delinquent patients or patients
previously dismissed who came
back for check-up or treatment ----- 5

Admitted this year ----- 47

109

Primary and secondary ----- 6

Early latent ----- 9

Late latent ----- 25

Central nervous system ----- 1

Congenital ----- 6

Cardiovascular ----- 40

47

Number of blood tests taken ----- 561

Reactive ----- 264

Nonreactive ----- 297

561

Number of spinal puncture ----- 3

Reactive ----- 1

Nonreactive ----- 2

3

NUMBER OF CLINIC VISITS FOR SYPHILIS ----- 765

GONORRHEA

Number of cases treated this year ----- 190

Carried over from 1956 ----- 12

Admitted this year ----- 178

190

Males ----- 110

Females ----- 68

178

Of the 178 patients:

34 were between 11 and 20 yrs. of age
(17 males, 17 females).

110 between 21 and 30 yrs. of age.

28 between 31 and 40 yrs. of age.

4 between 41 and 50 yrs. of age.

2 between 51 and 60 yrs. of age.

Number of cultures taken on (females only, mostly as a test of cure)	45
Positive	1
Negative	44
	45

NUMBER OF CLINIC VISITS FOR GONORRHEA 620
CHANCROID

 Admitted for chancroid 2

NUMBER OF VISITS FOR CHANCROID 9
 NUMBER OF CLINIC VISITS MADE BY PERSONS NOT INFECTED
 AND NOT ADMITTED OR REFERRED TO OTHER AGENCIES 230
 GRAND TOTAL OF CLINIC VISITS 1624

As in former years, the Visiting Nurses are doing our investigations for case finding and delinquency.

Mrs. Friedl Polk, RN, is attached to the Clinic as special investigator. She does this work in addition to her nursing duties. During 1957 she interviewed 102 patients during clinic hours. She processed 440 "Epidemiological Forms," 144 of which pertained to clinic patients, 294 to patients of private physicians and 2 to U. S. Separation Centers.

In addition, Mrs. Polk, together with the other Visiting Nurses, made 189 house visits pertaining to venereal work.

These investigations resulted in the discovery of:

37 female suspects for gonorrhea, 34 of whom were infected and treated.

70 suspects for syphilis, both male and female, of whom:

52 were brought under treatment or observation.

18 were found not infected.

Henri Schmid, M.D.

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