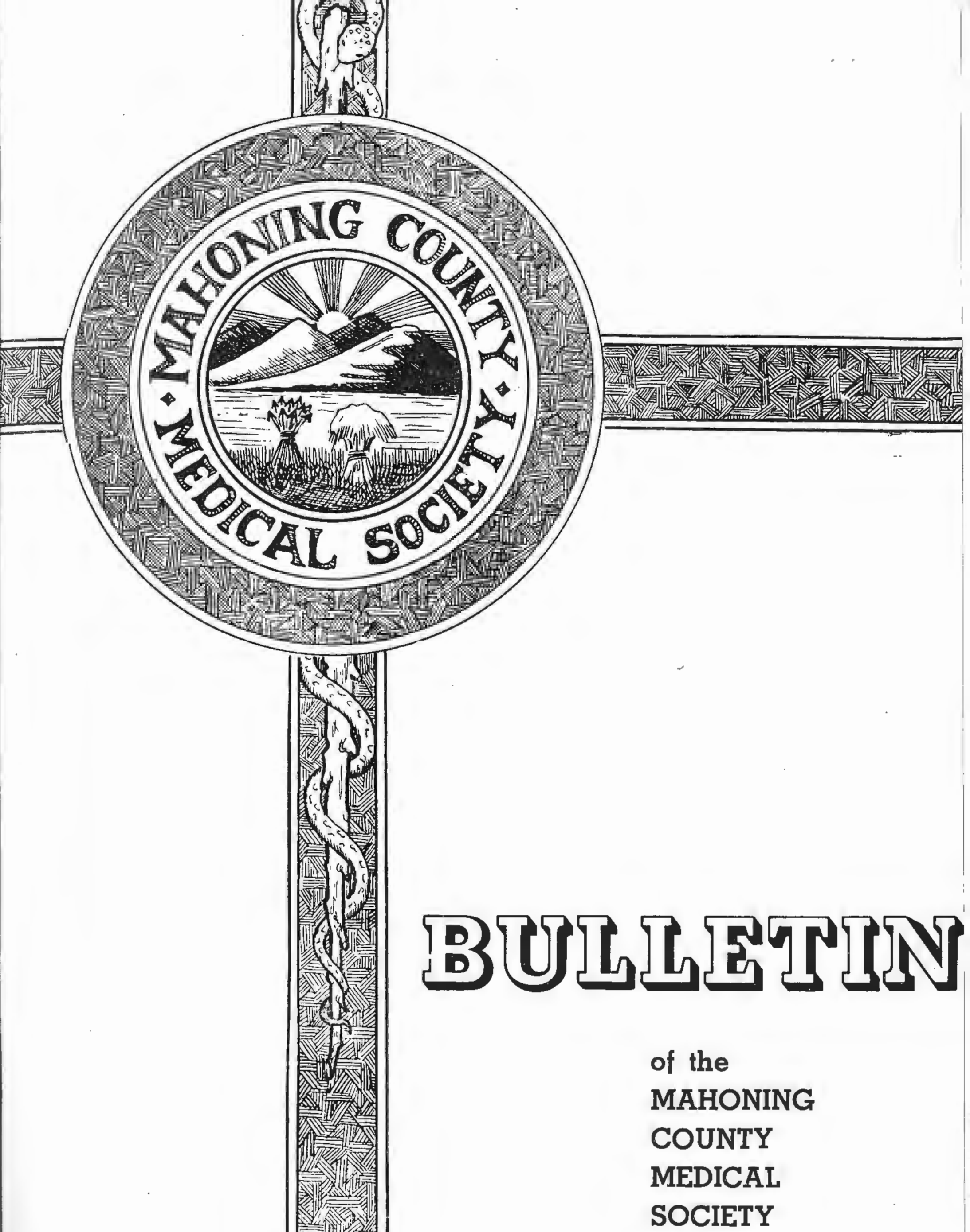
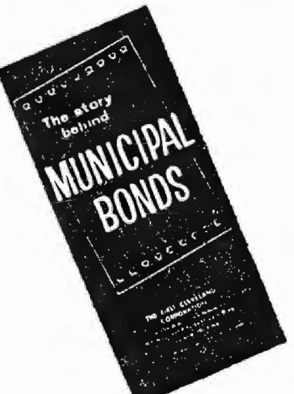


BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

March • 1958
Vol. XXVIII • No. 3
Youngstown • Ohio



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7:00 P.M.

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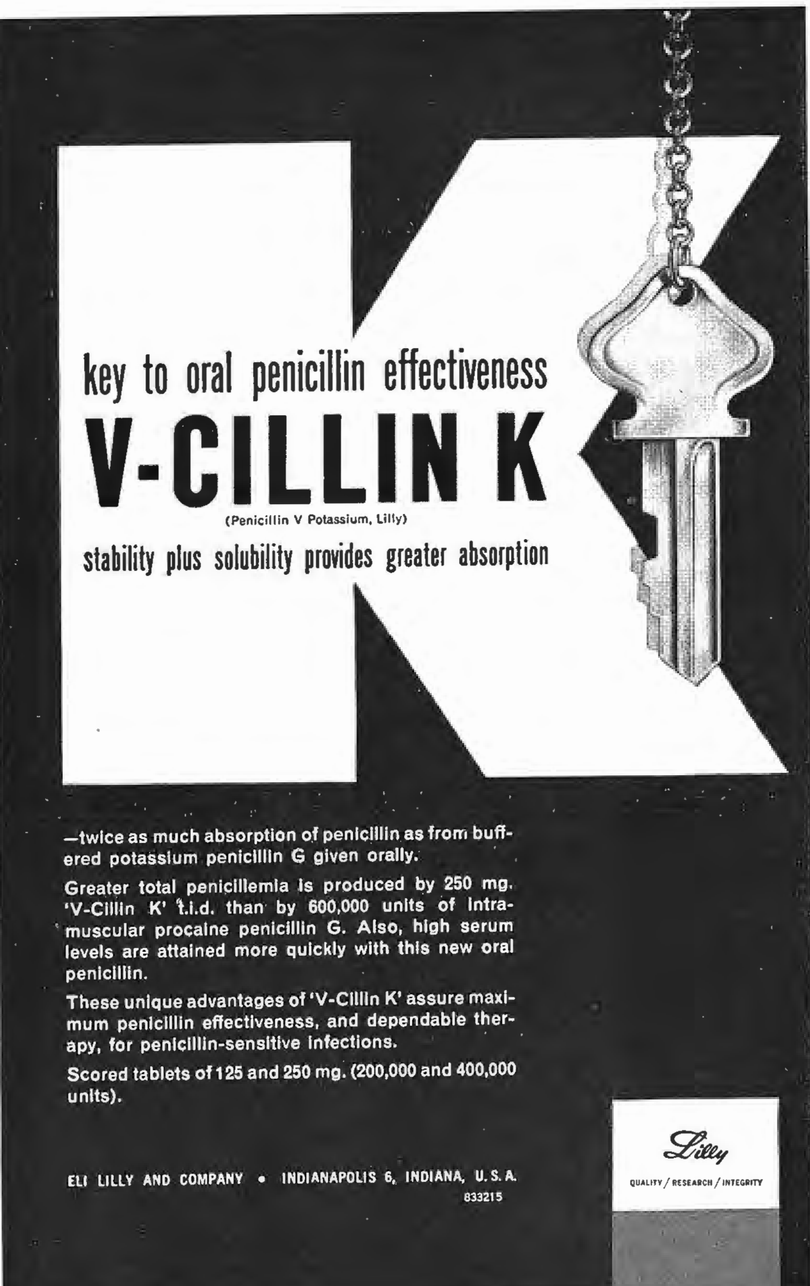
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Representative to the Associated Hospital Service

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Our President Speaks

We must learn and we must work to make life richer for our senior citizens. Many voluntary health agencies have been studying the problem of the senior citizen. It is due time that we in medicine help interpret and apply our knowledge of the physiological and psychological processes of aging to minimize retirement problems and make the leisure years fruitful. Dr. Howard Rusk states that during 1958 about half a million relatively healthy Americans will leave their jobs and enter into retirement. This includes those who have reached the so-called retirement age of 65. Retirement for the majority will be a difficult and unhappy period of readjustment with loss of income and lowered standard of living. Most cannot find happiness away from friends, relatives and familiar surroundings. Most of the existing agencies provide income producing or leisure-time activities for older people. This is fine but preventive measures should be instituted i.e. retirement problems should be solved before retirement. Pre-retirement counselling must be developed. Management personnel must be indoctrinated in the value of retirement preparation programs. The idea of personnel training their successors avoids the letdown in job interest that occurs with many employees a year or more before they retire. Pre-retirement programs are a manifestation of management's interest in the welfare of its employees.

Before and after 65 there are certain fundamental and basic concepts involving established customs and culture that determine individual instinctive needs. We live in a society that emphasizes man's role as creative and constructive. This drives one to work steadily and industriously so as to be as productive as possible. Striving for this provides the necessary stress which is the elixir of life. Merely becoming 65 does not destroy our instinctive need to do things that are purposeful and constructive.

The Mahoning County Medical Society through its Geriatric Committee headed by Dr. Geordan is ready to meet with management personnel of local industries to form a group to explore the problems of retirement preparation. A constructive and desirable plan should be evolved whereby questions concerning income, savings, housing, health, employment and major expenditures of the aged could be elaborated upon in accordance to information that is slowly accumulating.

Every retired individual must be impressed with the basic philosophy that purposeful activity is the stimulus of life that prevents both physical and emotional deterioration.

A. A. Detesco, M.D.
President

BULLETIN of the Mahoning County Medical Society

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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.

Volume 28 **March, 1958** **Number 3**

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

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EDITORIAL

MEDICAL HORIZONS OF THE FUTURE

When not too many years ago the expression, "It's out of this world" was coined, it was bantered about by young and old. It was meant to convey the idea of absolute quintessence of whatever subject or object to which it applied. It served teen-agers particularly, in their usual exstatic state-of-emotion, as a verbal safety valve. Little did we dream that today with our advent into outer space that man really would be concerned with "Out of this world" phenomena!

Once again we are reminded that there is always a new frontier, something new under the sun to keep us mortals in shape for the challenge of expanding horizons. With the new Rocket Era comes man's future problems for space travel. Will humans be conditioned to space travel or will our conquering of outer space be limited to the endurance of mankind? What are the future world nutritional problems in health and disease? What will bring about the mental and physical preservation and physical rehabilitation of the future? The answers to the above are the "Medical Horizons of the Future." Yes, maybe we shall be traveling to Inter-planetary scientific meetings.

Morris S. Rosenblum, M.D.
Editor

OHIO CANCER CONFERENCE

The 1958 Annual Ohio Cancer Conference will be held at the Netherland-Hilton Hotel, Cincinnati, Ohio, on April 14, 1958, immediately preceding the annual meeting of the Ohio State Medical Association. Dr. Wm. J. Flynn is the Cancer Conference Chairman.

Conference officials pointed out that it is not necessary to make a reservation. Registration will be at 8:30 a.m. on the morning of the conference. Sessions will commence at 9:00 a.m. and terminate at 5:00 p.m.

COUNCILOR'S PAGE

I am sure you are all interested in knowing how we came out financially in our recent Postgraduate Assembly. The following report will show that we did excellently. You will recall that we in Mahoning County were in the midst of a flu epidemic in October and that only about 20 physicians were able to attend. If Mahoning County had had the same percentage as did the other five counties, we would have had more than we could handle conveniently. There is no better one day postgraduate assembly, than we have in the Sixth District. One of our speakers, Dr. Paul Gyorgy of Philadelphia wrote me in part, "I found your Postgraduate assembly extremely well organized, with an excellent program and a very attentive, intelligent audience. It was one of the best meetings I have had the pleasure to attend. Please accept as Councilor of the Sixth District my congratulations and thanks." Other speakers who wrote me said equally fine things about the meeting. The physicians of Stark County are again congratulated and thanked for the excellent program.

The following is a financial report of the Postgraduate Assembly of the Sixth Councilor District held October 23, 1957: Income $7,006.00

Income	$7,006.00
Expenses	6,733.83
Net Profit	272.17

Again, may I remind the physicians to urge that all patients under the age of forty be immunized against Poliomyelitis. It would be much better that the insistence on immunization come from the physicians than from lay organizations. We should be the ones to protect the public against crippling diseases. Let us not give up this leadership. *C. A. Gustafson, M.D.*

WOMAN'S AUXILIARY NEWS

Over 250 women, members of the Woman's Auxiliary to the Mahoning County Medical Society and their guests, attended a luncheon and spring style show on Tuesday, February 11, at Tippecanoe Country Club. Sherry's, Inc., showed a dazzling array of the newest Paris-inspired styles, and millinery from the Dorothy Sherwood Shoppe reflected the last word in Easter bonnets.

Modeling in the parade of advance fashions for spring and summer were the following members of the Auxiliary: Mrs. James L. Calvin, Mrs. James N. Gordon, Mrs. Edward M. Thomas, Mrs. Wayne Agey, Mrs. J. B. Stechschulte, Mrs. S. G. Patton, Mrs. Ben Berg, and Mrs. Ivan Smith. A special round of applause went to Mrs. Robert Brown, Mrs. Dean Stillson, Mrs. George Cook, and Mrs. A. E. Rappoport dressed in humorous outfits good-naturedly "spoofing" the styles and the times. Mrs. Marcus Kilch was the commentator.

Luncheon decorations were keyed to the valentine theme, the tables bright with spring flowers and lacy frills and hearts. Door prizes through the courtesy of Beauty Counsellor were awarded to Mrs. C. E. Pichette, Mrs. Victor Junius, and Mrs. Leo Henry.

(Continued on Page 146)

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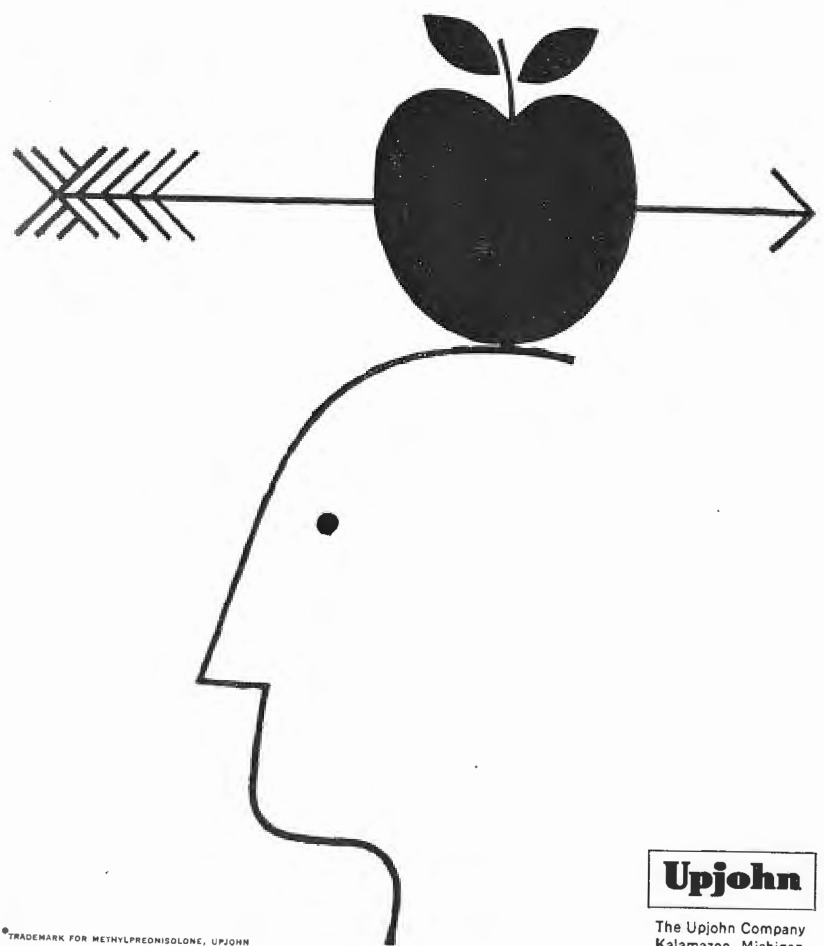

FROM THE BULLETIN

Twenty Years Ago—March, 1938

Dr. M. Edward Davis from the University of Chicago Medical School addressed the Society that month on "The Treatment of Hemorrhage Occurring Late in Pregnancy."

A controversy over the opening of the hospital dispensaries was raging with articles pro and con appearing in the *Bulletin*. The details are too long to be reviewed here but the issue was resolved in a satisfactory manner and no longer seems important.

Excerpts from a leading article on Allergy by Samuel R. Zoss: "Skin testing is not the panacea in allergic diagnosis and often because of negative tests we are compelled to rely on an accurate history and physical examination. Allergic activity in childhood cripples the child just as effectively as infantile paralysis. Early treatment can forestall the injurious effects of bony underdevelopment." "The very nature of this disease demands the utmost cooperation between physician and patient over a long period of time."

Dr. James H. Bennett died the second day of March. He was one of Youngstown's most loved physicians. For many years he practiced at 634 Market St. in the building now occupied by his son Wendell Bennett and his grandson Hugh. The building will soon have to be razed for the new thru-way.

In New Castle the Medical Society contracted for the care of indigent cases at the following rates: Office calls $1.00, house visits $3.00, confinement cases $20.00. In Youngstown the Mahoning County Relief was paying for office calls $2.00, house visits $3.00 and confinements $35.00.

New members that month were J. J. Wasilko and A. R. Cukerbaum.

W. H. Evans, W. H. McNamara and W. B. Turner were away on cruises to South America. J. M. Ranz was convalescing in Florida from a recent illness. Dr. and Mrs. A. M. Rosenblum went to California by rail, then by ship through the Panama Canal to New York. While in the East they visited their son Alex, Jr., then a student at Swarthmore (now practicing internal medicine in Youngstown).

Ten Years Ago—March, 1948

The Annual Banquet was held in March that year at the Youngstown Country Club. Members of the "Half Century Club" were honored. Here are their names, see how many you remember: C. H. Beight, H. E. Blott, C. R. Clark, W. D. Coy, C. D. Hauser, M. E. Hayes, A. V. Hinman, R. M. Morrison, H. M. Osborne, W. W. Ryall, C. H. Slosson, R E. Whelan, D. R. Williams.

Dr. M. M. Szucs addressed the combined staffs of the Alliance and Salem City Hospitals on "Therapy in Arthritis."

Excerpt from the Medical Crier's Column: "*Bulletin* advertisers deserve a break. They pay the hard cash that pays the printer. If you think that selling advertising space is easy, just try it sometime or ask Mary Herald. Business people don't buy advertising for sentimental reasons. It is your job to let them know that their advertising pays. All you need to do is mention the *Bulletin* where it will do the most good."

Vernon Goodwin and J. B. Kupec conducted a symposium on "Plastic Surgery" at St. Elizabeth's Hospital.

The A.M.A. was in desperation over Truman's National Health Insurance program. They felt then that the A.M.A. as a scientific and professional organization could not engage in a political contest, so another organization known as the National Physicians Committee was formed for the expressed purpose of fighting this scheme for the socialization of medicine. At our February meeting the following resolution was passed without a dissenting

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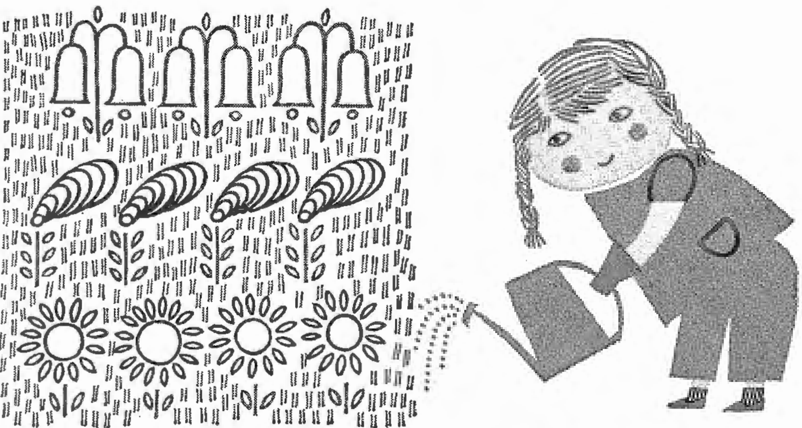

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vote: "Resolved, that the members of the Mahoning County Medical Society give its approval to the activities of the N.P.C. and recommend that all members give adequate financial and moral support to the N.P.C."

Since then the A.M.A. has come out in the open as the champion of free enterprise in medicine taking over the activities of the N.P.C. which they should have done in the first place.

New members of the Society were Nathan Belinky, R. V. Clifford, O. A. Turner, U. A. Melaragno, Louis Bloomberg, John R. LaManna, S. G. Patton and R. J. Scheetz.

J. L. F.

PROCEEDINGS OF COUNCIL
February 10, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, February 10, 1958, at the Library of the South Side Unit of the Youngstown Hospital Association.

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

The following physicians were present: A. A. Detesco, President, presiding; M. W. Neidus, A. K. Phillips, F. G. Schlecht, S. W. Ondash, G. E. DeCicco, A. Randell, P. J. Mahar, H. P. McGregor, C. C. Wales, C. W. Stertzbach, and M. S. Rosenblum.

Minutes of the previous meeting were read and approved.

An application for membership was referred back to the Censors for further review. A report is to be submitted at the next regular Council meeting

Correspondence was received from Dr. B. Taylor, Pathologist, St. Elizabeth Hospital requesting that Council issue a statement of approval and/or endorsement for their membership in the American Association of Blood Banks.

A motion was made, seconded and duly passed authorizing the Executive Secretary to send written approval of Council to Dr. Taylor.

Dr. Detesco announced the forthcoming Annual Conference of County Medical Society Officers to be held in Columbus on March 2, 1958. The meeting is under the sponsorship of the Ohio State Medical Association.

A report was received from Dr. C. A. Gustafson, Chairman of a Special Policy-Making Committee, regarding mass immunization.

A motion was made, seconded, and duly passed accepting the report and referring same to the Public Relations Committee for dissemination to the membership.

Council also recommended that the Policy-Making Committee confer with the members of the Mahoning County Board of Health to apprise them of the Society decision regarding mass immunization.

Dr. Detesco reported that the Voluntary Health Agencies Coordinating Committee (Rehabilitation Committee), Dr. L. L. Bernstein, Chairman, has been quite active and a report will soon be forthcoming.

Dr. I. C. Smith, in absentia, requested that Council approve the Mahoning County Society for Crippled Children and Adults having their occupational therapist care for current adult patients at the South Side Unit. Dr. Detesco will confer with Dr. Smith to secure more information concerning the request.

Dr. Stertzbach submitted his Committee report concerning the need for a full-time Executive Secretary, and the amended dues structure necessitated. Council suggested that a copy of the report be sent to each member, and formally presented for Society action at the next regular monthly meeting.

Bills were read.

A motion was made, seconded, and duly passed to pay each one.

A. K. Phillips, M.D.
Secretary

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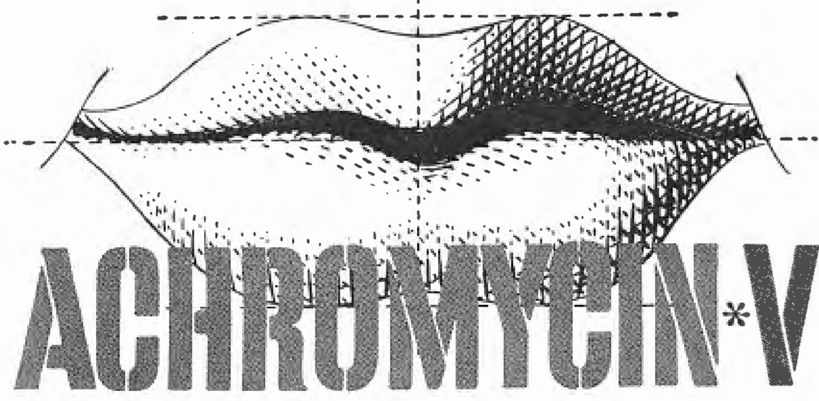

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DIAGNOSIS AND TREATMENT OF TUBERCULOSIS

DIAGNOSIS: History of contact should always be checked.

Pulmonary Tuberculosis: Symptoms—Cough, productive or nonproductive, chest pain, dyspnea, night sweats, hemoptysis, poor appetite, weight loss, tiredness. Any, all, or none of the above symptoms may be present. These symptoms may be noted in both the primary and re-infection type of pulmonary tuberculosis. Many of these symptoms may also be present in tuberculous pleurisy, which is a re-infection type of tuberculosis. Pain, aggravated by deep breathing, is the most common sympton of pleurisy; if effusion occurs the pain usually disappears or is lessened. Dyspnea may be severe in effusions.

If dyspnea occurs very suddenly and is severe, one should suspect spontaneous pneumothorax.

On physical examination of the chest these signs may, or may not, be present: Limitation of motion bilaterally or unilaterally, increased or decreased vocal fremitus, dullness of percussion note or hyperesonance (especially pneumothorax), harsh breath sounds, tubular breathing, cavernous breathing. A friction rub may be noted when the pleura is involved, this rub disappearing when fluid appears.

In all cases of suspected pulmonary tuberculosis a chest x-ray should be taken. Occasionally the usual posteroanterior projection may not show any definite pulmonary infiltration; lateral, right or left anterior oblique or lordotic views may then help. Where there are suspicious areas which may represent cavity formation, laminagrams may be of great help. The sputum or gastric washings should be examined for acid fast bacilli. Smears and cultures should be made and, if necessary, guinea pig innoculation. In cases of tuberculous pleurisy with effusion, a specimen of the pleural fluid should be examined for acid fast bacilli by concentrated smear, culture and guinea pig innoculation.

The tuberculin tests is a very important tool in the diagnosis of tuberculosis. The intradermal (Mantoux) test is the method of choice. However, in infants and young children the Patch Test is quite adequate in the majority of cases. Either Old Tuberculin or Purified Protein Derivative may be used as the testing material. At the Sanatorium we use PPD. If there is no reaction in 72 to 96 hours to first strength PPD, second strength PPD is then given intradermally. If there is no reaction to the second strength in 72 to 96 hours the test is then read as being negative. A characteristic tuberculin reaction indicates sensitiveness of the tissues to tuberculo-protein. Occasionally a tuberculin reaction may be negative if the test was done in the pre-sensitive stage; it also may be negative in pre-terminal cases.

Occasionally a patient may present himself with some of the symptoms of pulmonary tuberculosis, have a positive sputum or gastric, and yet have a negative chest x-ray. Bronchoscopy may then reveal either tracheal or endobronchial tuberculosis.

Miliary Tuberculosis of the lung is usually of sudden onset with high temperature. Occasionally the patient may be semi-conscious when first seen. Chest x-ray usually shows profuse, small, nodular infiltration throughout both lung fields. Sputum and gastric studies are usually negative for acid fast bacilli, but may be positive. In many cases x-ray films of the chest appear entirely clear up to the day of death. In these cases bone marrow studies may be of great help; tubercles may be found.

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Tuberculous Meningitis has a prodromal period with such symptoms as weight loss, loss of strength, digestive trouble, evening fever. Later, headaches may be present with insomnia, poor memory, inattention. The period of actual onset is characterized by vomiting, constipation, headache, which may be intense, fever up to 104-105. Later there may be convulsions, usually localized. Nystagmus, intermittant strabismus and alternating myosis may be present. Stiffness of the neck is present. Kernig sign is usually present. Examination of the spinal fluid shows pressure is increased. The fluid is clear as a rule, but may be slightly cloudy. A pellicle or web-like clot usually forms in 12 to 24 hours. It is in this web that tubercle bacilli are most apt to be found. Concentrated smears, culture, and guinea pig innoculations should be done. Cell count is increased with white cells to the extent of 25 to 1,000 per cubic mm.; lymphocytes usually predominate. Protein is high and sugar is low.

Tuberculosis of the Genito-Urinary system: the most common form is tuberculosis of the kidneys. Symptoms are frequent micturition, which may be painful, and hematuria. Albuminuria and casts may be present. Often the patient will complain of dull aching pain in one lumbar region. Specimens of urine should be studied by smear, cultures and guinea pig innoculation for tubercle bacilli. Cystoscopy and pyelography (intravenous and retrograde) are important aids in diagnosis. The following also may be involved by tuberculosis: ureters, bladder, epididymis and testis, seminal vesicles and the prostate. In the female, the fallopian tubes and the bladder may be involved. The endometrium of the uterus also may be affected. In a young married woman who has been unable to become pregnant or who has had miscarriages, tuberculosis should be thought of. Endometrial scrapings may reveal the presence of tuberculosis.

Tuberculosis of bones and joints may be caused by human or bovine type of tubercle bacilli. Diagnosis depends on positive tuberculin reaction, symptoms of aches and pains at the involved site and x-ray evidence of disease. Often abscess formation is found. The diagnosis is made certain when tubercle bacilli are recovered from discharging sinuses or abscesses. The bones and joints most frequently involved are the spine, hip and knee joints.

The less common forms of tuberculosis which must be borne in mind are glandular, TB of skin, TB of eyes, TB of intestines and TB of the lips or tongue, and TB of pericardium.

TREATMENT: The drugs most frequently used in the treatment of tuberculosis are Isoniazid (Isonicotinic Acid Hydrazide), Streptomycin, and PAS. Other drugs occasionally used, especially in cases where the tubercle bacilli are resistant to Isoniazid or Streptomycin, are Cycloserine, Pyrazinamide, Iproniazide. Because of their toxicity they must be used with great care.

In Primary Tuberculosis it is important that the contact be removed. In the majority of cases it is not necessary to hospitalize the child if the home conditions are fairly good. Although many children with primary tuberculosis do well once the contact has been removed, some children show progressive disease. We feel that any child with an active primary lesion should receive medication, either Isoniazid alone or Isoniazid and PAS. Sometimes it is advisable to give Streptomycin instead of PAS. The recommended dosages are Isoniazid 7-10mg. per kg. daily. Since children tolerate Isoniazid in higher doses than adults, some authorities recommend this dosage to be 10 to 16 mgs. per kg. daily. PAS is given 200 mgs. per kgm. daily and Streptomycin 30 to 40 mgs. per kgm. twice weekly.

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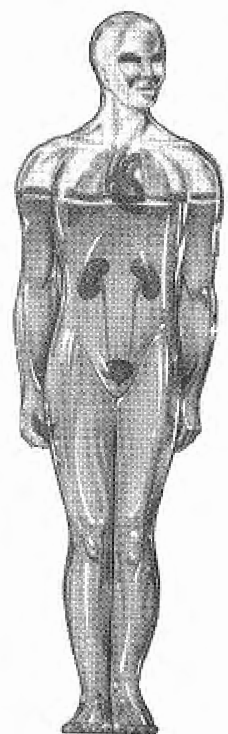

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Indications: Hypertension of any degree of severity.

Dosage: One 250 mg. tablet 'DIURIL' two times daily to one 500 mg. tablet 'DIURIL' three times daily.

Supplied: 250 mg. and 500 mg. scored tablets 'DIURIL' (Chlorothiazide), bottles of 100 and 1,000.

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In the re-infection type pulmonary tuberculosis the majority of patients respond well to drug therapy. Several studies have shown that the combination of the three drugs, Isoniazid, PAS and Streptomycin, does not give better results than the use of 2 drugs. The combinations to be used are (1) Isoniazid 5-7 mgs. per kgm daily in three divided doses, with PAS 12-16 grams daily in four divided doses; (2) Isoniazid, same dosage, and Streptomycin 1 gram twice weekly; (3) Streptomycin 1 gram twice weekly and PAS 12-16 grams daily in divided doses. In some cases it is felt that when Streptomycin is used with Isoniazid the Streptomycin should be given 1 gram daily for a period of 2-3 months. When Isoniazid is given in doses of 10 mgs. per kgm. or more daily, Pyridoxine 50 mgs. twice daily should also be given.

Pneumothorax and pneumoperitoneum are practically never used any more as treatment in cases of pulmonary tuberculosis. It is felt that the patients do just as well on bed rest and drug therapy. Thoracoplasty is done occasionally in selected cases where residual cavitation is still present. Where the disease has not progressed satisfactorily after several months of treatment with rest and drug therapy, pulmonary resection may be advised. This may take the form of pneumonectomy, lobectomy, segmental resection, wedge resection.

Tuberculous pleurisy, with or without effusion, should be treated by bed rest and drug therapy, usually Isoniazid and PAS. Thoracentesis should be done in cases of effusion.

In Miliary Tuberculosis and Tuberculous Meningitis Isoniazid and Streptomycin should be used. No less than 10 mgs. per kgm. of Isoniazid daily, in divided doses, should be used, but up to 20 mgs. per kgm. can be used. Streptomycin 1 gram daily is usually adequate. Occasionally 2 grams daily may be used. The high dosage of Isoniazid and daily Streptomycin should be used for 2-3 months. If the patient has improved sufficiently, the dosage may then be dropped to 7 mgs. per kgm. of Isoniazid daily and Streptomycin twice weekly. It is not necessary to use Streptomycin or Isoniazid intrathecally.

Tuberculosis of the Genito-Urinary system is one form of tuberculosis, especially renal tuberculosis, where it is advisable to use the three drug regimen. The results of treatment have been so good with these three drugs that very often no surgery is needed. In a small percentage of cases, especially where treatment with anti-tuberculous drugs has been delayed, surgery may be necessary.

In Tuberculosis of Bones and Joints a combination of Isoniazid and PAS or Isoniazid and Streptomycin should be used. If abscesses are present they should be aspirated. The affected part should be placed in a cast. In many cases this treatment is all that is necessary. In some cases, especially of tuberculosis of the spine, after there has been considerable healing and the disease stable, bone grafting may be necessary.

There are some authorities who believe that if a child is tuberculin positive he should have his bones and joints checked once yearly.

Other forms of tuberculosis usually respond very well to treatment with Isoniazid, Streptomycin and PAS.

There has been considerable discussion during the past 2 years or so concerning the advisability of treating recent tuberculin positive reactors

- debilitated
- elderly
- diabetics
- infants, especially prematures
- those on corticoids
- those who developed moniliasis on previous broad-spectrum therapy
- patients on prolonged and/or high antibiotic dosage
- women—especially if pregnant or diabetic

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Capsules (250 mg./250,000 u.), bottles of 16 and 100. *Half-Strength Capsules* (125 mg./125,000 u.), bottles of 16 and 100. *Suspension* (125 mg./125,000 u.), 2 oz. bottles. *Pediatric Drops* (100 mg./100,000 u. per cc.), 10 cc. dropper bottles.

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prophylactically. I believe that if a patient has recently converted from a negative to a positive tuberculin test he should receive Isoniazid daily for six months.

Whenever a patient receives any of the three drugs mentioned above he should be continued on that medication for 18 to 24 months. In certain selected cases it may be necessary to continue drug therapy indefinitely.

H. H. Teitelbaum, M.D.
Superintendent and Medical Director
Tuberculosis Sanatorium

MEETINGS—MARCH, 1958

AERO MEDICAL ASSOCIATION, Hotel Statler, Washington, D.C., March 23-26. Dr. Thomas H. Sutherland, P.O. Box 26, Marion, Ohio, Secretary.

AMERICAN ACADEMY OF GENERAL PRACTICE, Municipal Auditorium, Dallas, Texas, March 24-27. Mr. Mac F. Cahah, Volker Blvd. at Brookside, Kansas City 12, Mo., Executive Secretary.

AMERICAN COLLEGE OF SURGEONS, Regional Meeting, Hotel Utah, Salt Lake City, March 17-19. Dr. Alfred M. Okelberry, 115 E. South Temple, Salt Lake City 11, Chairman.

AMERICAN PSYCHOSOMATIC SOCIETY, Netherland Hilton Hotel, Cincinnati, March 29-30. Dr. Morton F. Reiser, 551 Madison Ave., New York, Secretary.

AMERICAN RADIUM SOCIETY, Hollywood Beach Hotel, Hollywood, Florida, March 27-29. Dr. Theodore R. Miller, 139 E. 36th St., New York, Secretary.

MID-CENTRAL STATES ORTHOPAEDIC SOCIETY, Little Rock, Ark., March 20-22. Dr. H. O. March, 3244 E. Douglas St., Wichita 8, Kan., Secretary.

NORTH PACIFIC SOCIETY OF INTERNAL MEDICINE, Spokane, Washington, March 15. Dr. Joseph H. Crampton, 1118 9th Ave., Seattle, Secretary.

SOUTHWESTERN SURGICAL CONGRESS, Shamrock Hilton Hotel, Houston, Texas, March 31- April 2. Dr. C. M. O'Leary, 207 Plaza Court Bldg., Oklahoma City, Okla., Secretary.

INTERNATIONAL AND FOREIGN

CONGRESS OF INTERNATIONAL ANESTHESIA RESEARCH SOCIETY, New Orleans, La., U.S.A., March 24-27. Dr. A. William Friend, East 107 and Park Lane, Cleveland 6, Ohio, U.S.A., Executive Secretary.

MEETINGS—APRIL, 1958

AMERICAN ASSOCIATION OF ANATOMISTS, Buffalo, New York, April 2-4. Dr. L. B. Flexner, University of Pennsylvania Medical School, Philadelphia 4, Secretary.

SOCIETY OF CLINICAL SURGERY, St. Louis, Mo., April 4-5. Dr. Frank F. Allbritten Jr., University of Kansas Medical Center, Kansas City, Mo., Secretary.

INTERNATIONAL AND FOREIGN

ASSOCIATION OF SURGEONS OF GREAT BRITAIN AND IRELAND, Belfast, N. Ireland, April 10-12. For information address: Joint Secretariat, 45, Lincoln's Inn Fields, London, W. C 2, England.

BAHAMAS MEDICAL CONFERENCE, Dolphin Hotel, Nassau, Bahamas, April 1-12. For information write: Dr. B. L. Frank, Dolphin Hotel, Nassau, Bahamas.

CONGRESS OF THE INTERNATIONAL ASSOCIATION OF APPLIED PSYCHOLOGY, Rome, Italy, April 9-14. For information address: Dr. C. B. Frisby, 14 Welbeck St., London, W. 1, England.

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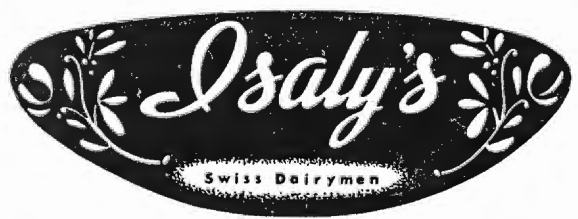


HEALTH CONGRESS OF ROYAL SOCIETY OF HEALTH, Eastbourne, England, April 28-May 2. For information address: The Secretary, Royal Society of Health, 90 Buckingham Palace Road, London S. W. I., England.

INTERNATIONAL ASSOCIATION FOR SKI-ING TRAUMATOLOGY AND WINTER SPORTS MEDICINE, Davos, Switzerland, April 13-16. For information address: Dr. Med F. Jakob, Davos-Platz, Davos, Switzerland.

INTERNATIONAL CONGRESS OF INTERNAL MEDICINE, Sheraton Hotel, Philadelphia, Pa., U.S.A., April 24-26. Mr. E. R. Loveland, 4200 Pine St., Philadelphia 4, Pa., U.S.A., Secretary-General.

INTERNATIONAL CONGRESS OF LEGAL AND SOCIAL MEDICINE, Madrid, Spain, April 16-19. For information address: Prof. B. Piga, Dept. of Legal Medicine, Madrid University, Madrid, Spain.

INTERNATIONAL CONGRESS OF MEDICINE, Athens, Greece, April 4-12. Prof. P. Delore, 13 Rue Jarente, Lyon, France, Secretary-General.

INTERNATIONAL CONGRESS OF NEO-HIPPOCRATIC MEDICINE, Athens and the Isle of Cos, Greece, April 4-12. For information address: Prof. Pavlakio, International Congress of Neo-Hippocratic Medicine, Faculty of Medicine, Athens, Greece.

PAN AMERICAN CONGRESS OF THE HISTORY OF MEDICINE, Rio de Janeiro, Brazil, April 12-20. Dr. Ordival Carriano Gomes, Rua Mexico, 163-2 Andar, Rio de Janeiro, Brazil, Secretary-General.

PAN AMERICAN MEDICAL WOMEN'S ALLIANCE, McAllister Hotel, Miami, Fla., U.S.A., April 14-17. Dr. Hilla Sheriff, 435 Wade Hampton Office Bldg., Columbia, S. C., U.S.A., Chairman.

THE AMERICAN COLLEGE OF PHYSICIANS CONVENTION, Atlantic City, New Jersey, April 28 to May 2, 1958.

THE OHIO STATE MEDICAL ASSOCIATION, Cincinnati, Ohio, April 15, 16, and 17.

S. V. Zlotnick, M.D.

LETTER TO THE EDITOR

Morris Rosenblum, M.D.
The Home Savings & Loan Building
Youngstown, Ohio

Dear Doctor Rosenblum:

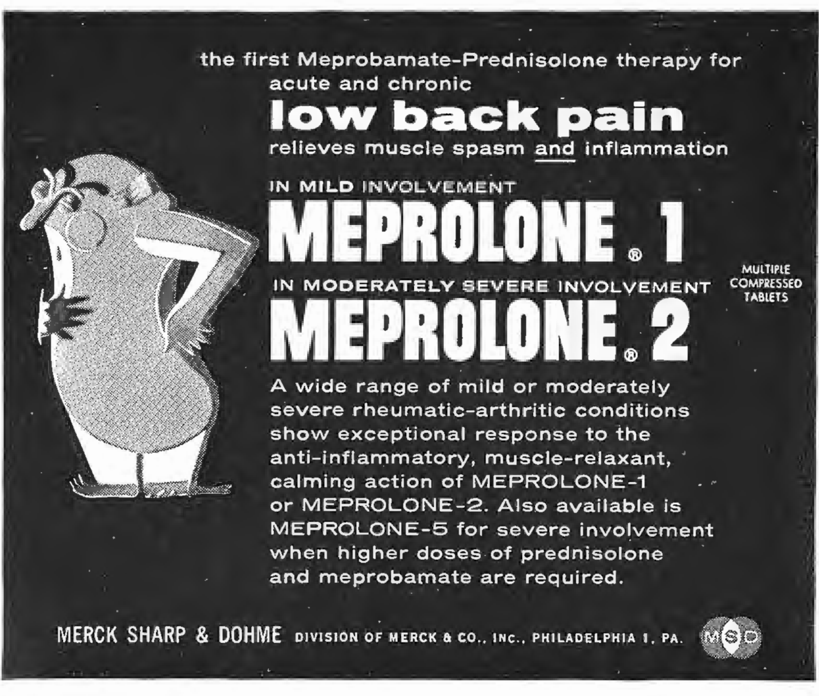
The following comments about our society meeting for election of officers are not a reflection on the devoted services of our officers—past, present, or future.

As one of the relatively few members attending that meeting, I was fascinated. The drama of the mysteriously determined nominations, the voting as advised by an obliging and kind colleague, the ritual of the counting of ballots, the anticipation of the announcements of the expected results! Indeed, a fine evening's entertainment—followed by a free meal! Some 200 members missed a memorable few hours.

Perhaps these 200 physicians have other ideas as to what constitutes an evening of pleasure. I hope they had as much enjoyment as I and some equally intrigued associates.

I can assure you that I shall again attend next December and every December as long as my sense of humor can tolerate this circus of the "election" of our officers.

Frank Gelbman, M.D.



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MEET THE OLD PRO'S

JOSEPH M. RANZ

Introducing Dr. Joseph Michael Ranz, born in Cincinnati, Ohio, who started practice in Youngstown in 1910 with his brother, Dr. W. E. Ranz. They practiced together for more than twenty years in the Dollar Bank Bldg., where he still has his office.

Dr. Ranz is a graduate of Miami Medical College, now the University of Cincinnati, graduating in 1908. His internship and surgical training was completed at Cincinnati General Hospital.

J. M. worked his way through medical school doing various jobs, having to pay his own tuition, books and clothing.

At the present time, he is the ony living member of the original St. Elizabeth Staff. He was chief of the surgical service at St. Elizabeth from 1935 to 1947.

He is member and past president of the Mahoning County Medical Society, American Medical Association, Ohio State Medical Society and Ohio State Surgical Society. He is also a 32nd degree Mason, charter member of the Youngstown Masonic Lodge and life member of the Consistory. He belongs to the Elks, Mahoning Valley Gun Club, Lawyer's Gun Club, North-Eastern Ohio Conservation Club and Rockwell Springs Trout Club.

His hobbies are fishing, music and hunting. Incidently, he is one of the best shots in this area.

Doctor Ranz is still actively practicing medicine and surgery. He looks much younger than his actual age. He is an astute diagnostician and excellent surgeon and as a person, "they don't come any better."

L. O. Gregg, M.D.

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safe..."in therapeutic doses, there are no definite contraindications to its use"

1. J.A.M.A. 163:356 (Feb. 2) 1957.

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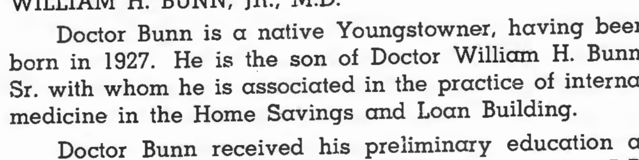
MEET THE ROOKIES

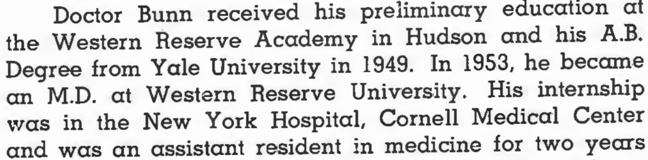
WILLIAM HOWARD TAAKE, M.D.

Bill is a twenty-seven year old physician who was practicing with Dr. J. N. Gordon on Fifth Street, Struthers doing general practice.

Doctor Taake was born in August, 1930, in Cleveland, and received his preliminary education in Struthers. He graduated from Rayen School in 1948 and took his pre-medicine and his medical training at the Western Reserve University in Cleveland. His internship was carried out at Youngstown City Hospitals and after internship joined Doctor Gordon.

Doctor Taake is married to the former Virginia Whalen whose father is a physician in Cleveland, and they have one son, Tommy, who is two years old. Bill, whose interests encompassed golf and tinkering in the basement shop, was called to active duty in the Air Force as a Captain. Currently, he is temporarily stationed at Gunter Air Force Base, Montgomery, Alabama.





WILLIAM H. BUNN, JR., M.D.

Doctor Bunn is a native Youngstowner, having been born in 1927. He is the son of Doctor William H. Bunn, Sr. with whom he is associated in the practice of internal medicine in the Home Savings and Loan Building.

Doctor Bunn received his preliminary education at the Western Reserve Academy in Hudson and his A.B. Degree from Yale University in 1949. In 1953, he became an M.D. at Western Reserve University. His internship was in the New York Hospital, Cornell Medical Center and was an assistant resident in medicine for two years at the same institution. Part of that time included residency in cardiology. Most recently he has been the senior medical resident for the Youngstown Hospital Association, until July of 1957 when he joined his father in private practice.

Bill is a veteran of Naval Service, having served in 1945 and 1946. His wife is the former Mary Helen McNab and they have three children; Jeffrey Hall 4½, Julia Ann 2½, and Peter McNab 1.

Bill's hobbies and interests include; barbershop and choral singing, squash and golf, hunting and trap shooting, and curiously enough bird watching.

W. L. Agey, 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.

March 18
K. A. Camp
P. A. Dobson
R. W. Fenton
March 19
J. M. Russell
March 22
E. E. Elder
F. A. Friedrich

March 24
H. E. Mathay
March 31
P. B. Cestone
T. A. Lander
April 2
S. Franklin
April 5
L. Bloomberg

April 7
J. C. Hall
April 10
R. R. Miller
April 13
R. J. Heaver
April 19
C. C. Wales

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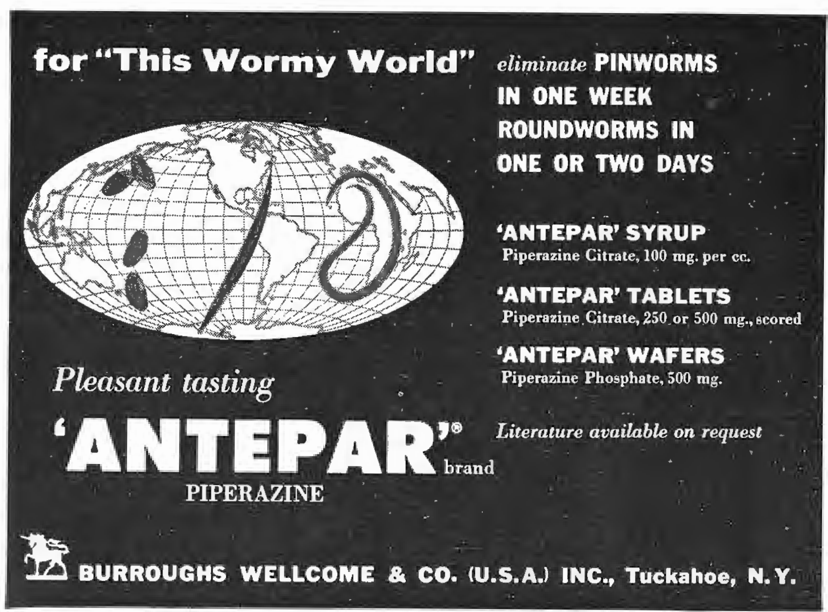
ANDREAS VESALIUS OF BRUSSELS

The city of Alcala' in 1562 was the site of one of the largest universities in Spain rivaling that of the somewhat better known Salamanca. On the morning of May 1st the royal coach bearing Philip II and his ordinary physician Andreas Vesalius of Brussels arrived in Alcala' and proceeded with haste to the residence of philip's son, Don Carlos, whose tragic and pitiful life has formed the subject of various romances by Schiller, Otway and many other authors, not to mention the immortal masterpiece of Verdi. The coach had been driving all night and the king as well as his ordinary physician, a foreigner from Brussels, were undoubtedly quite fatigued; but, they had much work to do.

Philip II had recently sent his son to the university where he was to enjoy the company of Don John of Austria and the Prince Alexander Farnese and was to complete his education under the tutelage of the Archbishop of Alcala'. It seems that in this ancient town, which had been the birthplace of Catherine of Aragon and the home of Cervantes, Don Carlos of Spain on the 19th of April had fallen down a flight of stairs and had been thrown against a door at its foot. It was reputed that he was in pursuit of a serving maid to whom he had made amorous advances; however, this gossip has never been proved. The infante, however, did fall down a flight of stairs and had been rendered unconscious by the fall. His own physicians had found a small contused wound on the back of his head which apparently penetrated to the skull. Doctors Olivares, Vega and Daza Chacon immediately notified Philip who promptly dispatched his protomedicus, Juan Gutierrez, the royal surgeon, Pedro de Torres and another Portuguese physician to aid in the treatment of his son. All of these Spanish physicians were quite undecided as to the exact nature of the wound, but they knew that the prince was becoming progressively worse. On Wednesday, April 29th a messenger was dispatched to the king informing him that his son was in a perilous condition and there was a fear of erysipelas. Philip left immediately for Alcala' bringing with him one of the most famous physicians of the period of the Renaissance, Andreas Vesalius. It seems that Andreas Vesalius of Brussels had once been court physician to the Emperor Charles V of the holy Roman Empire. In the autumn of 1559 when Philip had transferred his court from Brussels to Madrid and thereafter passed the remainder of his days away from the Netherlands, Vesalius and his wife had followed the king's retinue. There Vesalius continued to serve representatives from Flanders at the court and upon occasion also treated members of the English diplomatic staff. Despite his seniority in the imperial service and the confidence with which he had been regarded by the Emperor Charles V it seems that Vesalius was not the chief physician to the new monarch but rather had been retained as ordinary physician. Philip, unlike his father was more Spaniard than Netherlander and therefore entrusted the positions of highest rank to other Spaniards. The native physicians of course regarded Vesalius as an alien interloper and paid little attention to his advice until the most desperate remedies were discovered necessary.

Vesalius insisted that the lesion on the head of the prince extended more deeply than was apparent and that it was necessary to examine the bone and even to trephine, but unhappily he received no support. The unfortunate prince made no progress, and three days later it was expected that he would die. Philip II again climbed into his coach and was driven to the monastery



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Riboflavin (B_2)	2.5 mg.
Vitamin B_{12}	1 mcgm.
Niacinamide	50 mg.
Pyridoxine HCl (B_6)	1 mg.
Pantothenic Acid (as panthenol)	10 mg.
Choline (as tricholine citrate)	100 mg.
Inositol	100 mg.
Calcium (as Ca glycerophosphate)	48 mg.
Phosphorus (as Ca glycerophosphate)	39 mg.
Iodine (as KI)	1 mg.
Potassium	10 mg.
Magnesium (as $MgCl_2 \cdot 6H_2O$)	2 mg.
Zinc (as $ZnCl_2$)	2 mg.
Manganese (as $MnCl_2 \cdot 4H_2O$)	2 mg.
Iron (as ferrous gluconate)	20 mg.
Alcohol	18%

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of St. Jeronimo to seek solace in prayer. Relics and charms were applied to the Infante's wound and a procession of flagellants was permitted to file past the residence of the ailing prince. The populace meanwhile began to assume a threatening attitude toward the assembled physicians and public opinion even forced the attendants to apply the nostrum of a Moorish quack named Pinterete from the kingdom of Valencia whose ointiments burned the wound and rendered the patient all the worse. Finally the townsfold exhumed the corpse of a friar who had died a century before and who had been celebrated during his life for his miracles and, as a matter of fact, was later canonized as St. Diego of Alcala'. They brought the corpse of the friar to the royal residence where it was placed in bed with the delirious prince all night. The Duke of Alva, acting as nurse, sat fully clothed throughout the entire night with the boy while the regular physicians occupied their time in ceremonious consultations some of which lasted for several hours.

On May 16th, at the insistence of Vesalius and as a last resort, the Spanish physicians permitted the left orbit to be incised and a considerable collection of pus was evacuated. Later that evening the same procedure was carried out on the right orbit. Promptly the prince began to improve and the fever dropped, disappearing completely by May 22nd. It became apparent that the patient was out of danger and so on the 24th the king attended a solemn procession of thanksgiving. Late in June the prince shed a sequestrum from the diseased bone and by July was well enough to attend a bull fight which was held in his honor. The jealousy of the Spanish physicians was, of course, intensified against the Flemish physician.

Vesalius undoubtedly can be looked upon as the father of modern human anatomy, for in 1543 the publication of his "De Humani Corporis Fabrica" rolled back the centuries of ignorance which had delayed a clear understanding of the human body. There was, of course, considerable opposition to the publication of this work which came primarily from his former professors at the University of Paris. Criticism was heard from all over Europe by those who felt that the teachings of Galen were being shaken. However, time has proved the folly of their wrath and left them to the obscurity of those who are only second best. Here was a great master indeed, who had taken great pains to bring about the publication of his masterpiece, the *Fabrica* and its *Epitome*. The drawings which he had probably made himself were draughted and transferred to wood blocks by the Studio of Titian in Venice, and then sent to Basel to the shop of the printer Oporinus, known throughout Europe for the quality of his work. Vesalius had dedicate the *Fabrica* to Charles V, and the Emperor in turn reaped honors upon its author.

While in attendance on the emperor at Brussels, Vesalius became known for his predictions and was even feared as a sort of clairvoyant. In the winter of 1548 he made a dramatic prophesy of the imminent death of Maximilian of Egmont, Count of Buren, which was fulfilled with startling precision almost to the very hour of his death on December 23. It seems that the count had just returned from a mission to England and was suffering with a severe quinsy. Vesalius examined him and advised him to put his affairs in order since he had but a few hours to live. According to Brantome, this nobleman ordered a splendid banquet at which he provided the finest plate and invited all of his friends, and while sitting at table distributed handsome presents among them, after which he took leave of them with the utmost calmness. He was carried to bed and expired at the very hour foretold by Vesalius.

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This event was nosed around and really caused a tremendous sensation throughout Europe, inspiring many writers and poets for almost a generation. Vesalius, however, very drily reported, following an autopsy, that death had been due to an extensive abscess involving the mediastinum of the chest. This being an era of superstition, there were many who became quite skeptical of Vesalius' powers and motives in such predictions.

In February of 1553 Charles V became very severely ill and began to prepare himself for death. Despite the efforts of Vesalius and also his protomedicus, Cornelius Van Baersdorp, his attacks of what was called "gout" had become more frequent and more severe and his infirmity troubled him so much that he decided to abdicate in favor of his son Philip. He finally got around to it in October of 1555 when supported by the Prince of Orange he entered the great hall of Brussels where forty years previously his grandfather, the Emperor Maximilian, had released him from his minority at the age of fifteen. There, surrounded by the members of the Golden Fleece, the nobles, the deputies of all the provinces, and his personal attendants, amidst the open sobbing of the assembly, Charles V abdicated; and ultimately in 1556 retired to the Jeromite Convent of Yuste high in the Estremadura where he died. Vesalius at that time was released from his service and given permission to enter the court of Philip II.

At still another time Vesalius was called upon to treat Henry II of France. It seems that on June 30 of 1559 the French king was participating in jousts in honor of the double marriage ceremony of his daughter to Philip II and of the French king's sister to the Duke of Savoy. He was running a second course against the Comte de Mongonmery when he was wounded above the right eye by the broken lance of his opponent. Vesalius, whose position in Europe at this time was considered supreme, arrived in Paris on July 5 of 1559. He was immediately placed in charge of the case. Upon entering the king's chamber he very dramatically applied a clinical test. From the result of this test he predicted that the king would die, and five days later, on the 10th of July the king did die. An autopsy was performed and death was found to be due to cerebral compression from a contrecoup injury to the brain and subdural haemorrhage. Reports of these findings are still in existence from both Ambroise Pare' and from Vesalius. It seems that during the sixteenth century there was considerable argument as to whether or not the brain could be injured without a frank fracture of the skull. The reports of this autopsy settled the arguments.

In 1564 Vesalius made a pilgrimage to Jerusalem and on his return from that pilgrimage he died. The exact cause of his death is unknown. But, at one time on the small island of Zante not too far from the western seaboard of Peloponnesus one could read and inscription on a lonely grave, "The Tomb of Andreas Vesalius of Brussels who died October 15 of the year 1564 at the age of 50 years, on his return from Jerusalem." But, to this man who contributed so much to modern anatomy one can find no more fitting tribute than the words engraved on the tomb of the mourning skeletal figure of "De Humani Corporis Fabrica," "Genius lives on, all else is mortal."

Richard D. Murray, M. D., M.Sc. (Med.)

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SOCIAL NEWS

The general health of the doctors and their families seems to have improved. At last report, only Dr. Rollis Miller was in the hospital recovering from an appendectomy. Belva Hardin is still at South Side Hospital healing her broken leg.

Dr. Taake, who was recently associated with Dr. J. N. Gordon, has left for the Air Force. His address is: Capt. W. H. Taake, P.O. Box 178, Gunter Air Force Base, Montgomery, Ala.

Dr. Fred Schellhase recently spoke before the Youngstown Federation of the Ohio Child Conservation League. His subject; the Youngstown City Hospitals. Dr. J. C. Vance became a grandfather on January 23rd. The new granddaughter is the daughter of Mr. and Mrs. John C. Vance, Jr. of Philadelphia. Dr. Myron Steinberg has recently moved into his new home at 3470 Fifth Ave.

Several Youngstown G.P.'s attended the Bunts Course for General Practitioners at the Cleveland Clinic on Feb. 12th and 13th. These were Dr. W. P. Young, Dr. Guy Parillo, Dr. Carl Raupple, Dr. Jack Schreiber, Dr. J. N. Gordon, Dr. Fred Friedrich and Dr. R. R. Fisher. Dr. Juvancic was there too, from Niles, one of our former interns, 1953.

The following physicians attended the Regional Meeting of the American College of Physicians in Cleveland on January 23, 1958: Drs. L. Caccamo, G. E. DeCicco, H. Ipp, M. S. Rosenblum, Wm. Bunn, J. Noll, E. R. McNeal, F. S. Coombs, A. Goudsmit. The residents who attended were Drs. J. Might, A. Whittaker, R. Martinez, T. Abe, H. Kim, L. Smith.

Dr. Paul Fuzy addressed the Richland County Medical Society on January 18, 1958. His subject was "Proctology."

R. R. Fisher, M.D.

That bronzed individual who looks so healthy is Dr. Bert Firestone, singing the praises of the Isle of Pines, just off Cuba. He and his wife spent two weeks there and he attests the bone fishing is the best in the world.

Dr. Taylor's wife presented him with Amy, their third child, on Jan. 27.

Looks like Dr. M. M. Szucs will be rooting for Annapolis as well as the Cleveland Indians now that his son Murrill Jr. has been appointed to the Naval Academy. Murrill Jr. is now a liberal arts student at Marquette U.

Dr. and Mrs. L. G. Coe spent three weeks visiting their daughter in Wheaton, Ill., as well as another daughter in Gainesville, Fla. Then they visited Mrs. Coe's sister in Roanoke, Va.

Miss Sandra Neidus, Dr M. W. Neidus' daughter, placed 14th in statewide results of the general scholarship tests given recently; she was second in the county and fifth among the highest girls in the state.

Dr. W. E. Sovik and his wife spent the week of Jan. 25-31 in Florida while Bill attended the U. of Florida Midwinter Seminar in Ophthalmology.

Mrs. F. Morrison is home after her recent operation.

Dr. Stanley Shensa, Dr. L. S. Shensa's son, was married recently to Miss Carol Joye Shenkan. Dr. Shensa is serving his internship at University Hospital, Cleveland.

The entire city was shocked by the fire that destroyed the home of Dr. A. J. Brandt. Dr. Brandt lost everything except the clothes he was wearing. The only cheering note in an otherwise tragic situation is the fact that all the Brandts were out for the evening, and thus in no personal danger.

J. R. Sofranec, M.D.

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MEDICAL GLEANINGS

Case Report:

Wegener's Granulomatosis—George B. Gordon
Annals of Internal Medicine—December, 1957

There have been many reports of this syndrome in the recent literature and this report concerns a typical case which began with a severe rhinitis and sinusitis which was unresponsive to penicillin therapy. The x-ray of the chest revealed nodular infiltrates in the lungs. Renal failure eventually appeared along with arthritis, subconjunctival hemorrhages, and pulmonary and cardiac failure.

The autopsy findings revealed necrotizing granulomatous lesions involving the nasal sinuses, lungs, kidneys, myocardium, and ovary with a diffuse glomerulitis. In the discussion of the syndrome in general, it is noted that the etiology of Wegener's Granulomatosis is not known. A necrotizing angiitis, with or without necrosis, or granuloma formation may appear in any organ, but in this syndrome it is mainly featured in the nasal passages, sinus, respiratory tract, with a general arteritis and focal glomerulitis usually with terminal uremia. Many drugs have been thought as a possible cause including foreign proteins, sulfonamides, iodine, thiourea, mercurial diuretics, hydantoin, penicillin, and apresoline.

—o—

Case Report:

Diphtheritic Myocarditis with Permanent Heart Damage—
Edward G. Sayers, M.D.
Annals of Internal Medicine—January, 1958

This case report concerns a patient who suffered from a severe attack of diphtheria with myocarditis and peripheral neuritis in Egypt in 1942, and later died in congestive heart failure in December, 1954. The report states that from the time of his first illness until his death he had permanent electrocardiographic abnormalities and the autopsy revealed diffuse fibrosis throughout the myocardium with normal coronary vessels. The report suggests that the fibrosis was a sequel to his diphtheria. This is remarkable because while acute myocarditis is a common complication of diphtheria, P. D. White has written that chronic diphtheritic heart disease is notable for its rarity.

It has been believed in the past that if the patient survives, the ultimate prognosis is excellent and that complete recovery may be promised without reserve. It has further been stated that it is important that the patient should be convinced of this from the start in order to prevent anxiety, neurosis, and to maintain good morale. This case report, therefore, is the first in the literature which has traced diphtheritic myocarditis from its inception to ultimate death over a twelve year period of time.

—o—

Case Report:

Long Continuing Jaundice Following Minimal Chlorpromazine Medication—Herman M. Meyer, M.D.
Annals of Internal Medicine—January, 1958

Many reports have appeared regarding the occasional occurrence of jaundice in patients who are receiving or have received Chlorpromazine. The general incidence of one percent or less is accepted. Since most reports relate the jaundice to the amount of the dosage and the length of administration of the drug, this case report was presented of a seventy year old woman who had 180 mgms. of Chlorpromazine during a six day period.

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The clinical picture was that of obstructive jaundice and this was confirmed with a liver biopsy which was described as typical of that seen in other cases of Chlorpromazine sensitivity. The jaundice lasted 150 days total, and during 100 days of this period the jaundice was total, no bile entering the intestine.

Treatment consisted of limitation of fat in the diet, Vitamin K, and various sedatives. The result was a happy one and the patient got along very well.

R. L. Jenkins, M.D.

THE MAHONING COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

The Mahoning County Tuberculosis and Health Association is the county affiliate of the Ohio Tuberculosis and Health Association and the National Tuberculosis Association. Our county association was organized in 1909. Dr. C. R. Clark, who was instrumental in the formation of the local association, was also one of two hundred physicians and laymen who met in Atlantic City to organize the National Tuberculosis Association in 1904. The National Trudeau Society is the Medical Section of the National Tuberculosis Association.

The program of the National Tuberculosis Association and its affiliates has as its objectives the education of the individual and of the community to the end that tuberculosis be prevented and that adequate provision be made for diagnosis, treatment, and rehabilitation of the tuberculous. As an aid to these objectives, it is the policy to promote the development of official health departments and school health programs.

Originally all X-rays had to be taken at the hospital. In 1937, Dr. E. C. Baker began work with small X-ray film and was one of the first radiologists in this country to operate a practical small film program for screening purposes. This technique has been used through the years in our mass survey programs.

In 1954, a Chest X-ray Bus was obtained on loan from the United States Public Health Service for use throughout the county. Since that time the Christmas Seal Chest X-ray Bus has visited every high school, numerous industries, and every community in Mahoning County at least once a year. Including X-rays taken at the Fair, 32,993 persons were X-rayed last year bringing the total to 160,000 persons X-rayed during the past three and a half years. All local radiologists participate in reading these X-ray films. The record cards are filed alphabetically by year and are available for reference to any member of the Mahoning County Medical Society. All persons X-rayed receive a confidential report. In cases where suspicious chest pathology is found, such persons are referred to their family doctor for further medical consultation.

The public and parochial schools of Campbell, Struthers, Youngstown, and Mahoning County have for many years conducted one of the most extensive tuberculin testing programs in the country. The Association supplies more than 30,000 tuberculin tests and informational folders to the school health departments. In addition some 10,000 tuberculin tests are supplied to local physicians. Tuberculin tests are available to all local physicians in any quantity requested.

The Tuberculosis Associations of this country are supported by a nation wide annual Christmas Seal Sale conducted on the county level by the 3,000 county wide Tuberculosis Associations. Six percent of the Seal Sale goes to the National Tuberculosis Association, one percent of which is earmarked

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for medical research. Eight percent in Mahoning County goes to the Ohio Tuberculosis and Health Association which has medical research projects of its own at the University of Cincinnati, Ohio State, and Western Reserve Medical Schools. Eighty-six percent is retained in the county for the local program. The Christmas Seal Sale in 1956 amounted to $74,790.34, and the 1957 Sale which has not yet been completed stands at $64,250.85. The Junior Chamber of Commerce Annual Mile of Dimes Bangle Pin Sale has built up a reserve fund of $11,000 to replace the Chest X-ray Bus which is now 15 years old; the replacement cost is estimated at $30,000.

In addition to our tuberculin testing and chest X-ray programs, our local association carries on an extensive health education program through the distribution of medical information relative to tuberculosis to the physicians. Health education material and posters are distributed to industry, schools, and libraries. Posters are displayed in the city buses the year round. Numerous radio and television scripts are presented on the air throughout the year. Health legislation has been sponsored requiring all food handlers, barbers, and beauticians to have an annual chest X-ray. Materials on tuberculosis are furnished to the Sanatorium and hospitals for teaching purposes. Health education films have been added to the Film Library of the Youngstown schools and are available for public use. In 1948, the Tuberculosis Sanatorium opened its Outpatient department, the Mahoning County Tuberculosis Clinic, on the mezzanine floor of the Dollar Bank Building. The Association has been of assistance in financing this clinic ever since it was opened.

At the present time the Board and Staff are studying ways and means of developing a program to check inmates of the county and city jails for tuberculosis, as well as persons in the increasing number of rest homes in the city and county. A program for reaching the older age groups is being studied to attempt to reach them through their organized groups.

The United States Public Health Service, after extensive tuberculin testing and study in a number of selected counties in all sections of the country, estimates that one-third of the population would have a positive reaction to a tuberculin test, indicating that they have already been exposed to tuberculosis.

Further study has indicated that five percent, one in every twenty who react positively, will develop the disease at some time during their lives. In Mahoning County then, if this estimate is true, there are now more than 90,000 persons who have already been exposed to tuberculosis, and some 4,500 who may develop active clinical tuberculosis at some time in the future. It is the purpose of the Association to inform the people of Mahoning County of the ever present hazard of tuberculosis. Even with the advent of modern chemotherapy, the vigilant fight against this disease must be continued.

Edwin R. Brody, M.D.
President
Mahoning County TB and Health Assn.

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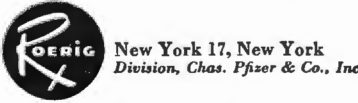

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MEDIASTINAL DISORDERS

No more than two decades ago, primary disorders of the mediastinum were esoteric, beyond ready diagnosis and difficult to deal with. Infections carried a grim prognosis, and there was little purpose in differentiating tumors, for if they benign, they were harmless, and if malignant, hopeless. Not only is the approach today energetic but it is attended with notable success.

The mediastinum is so much of the thoracic cavity as lies between the pleural sacs, right and left. It is a favorite object of subdivision, a line from the manubrio-sternal angle to the fourth thoracic vertebra divides it into superior and inferior compartments, while the heart itself separates the lower most part into anterior, middle and posterior portions. In this relatively small space are crowded many important structures including the heart, great vessels, thymus, trachea, bronchi, esophagus, thoracic duct, lymph nodes and phrenic, vagus and recurrent laryngeal nerves. Almost any enlargement may lead to havoc, yet as many as one fifth of mediastinal masses are detected on routine chest roentgenograms before the patient has any specific complaint.

CLINICAL FEATURES

Symptoms are evoked by pressure, inflammation or invasion of the varied contents of the mediastinum. Pain may be no more than a sense of intrathoracic discomfort, or it may be severe and referred toward the sternum or back. Compression of the aorta and its branches can lead to a marked difference in the blood pressure taken in one arm as compared with the other. Pressure on the superior vena cava produces edema and congestion of the head, neck and upper extremities, cyanosis, exophthalmus, and dilatation of veins over the neck, chest and abdomen.

Interference with the cardiac output or with the venous return may cause congestive failure. Dyspnea, stridor and dry cough bespeak compression of the trachea or bronchi; dysphagia and regurgitation, involvement of the esophagus. Chylothorax or chylous ascites can follow obstruction or rupture of the thoracic duct. Any lesion causing pressure on the several important nerves will cause effects that are typical and diagnostic: on the recurrent laryngeal, hoarseness; on the roots of the cervical sympathetic: Horner's syndrome; on the phrenic nerve, hiccough or diaphragmatic paralysis; on the vagus, bradycardia; and on any other of the intercostal nerves, neuralgia.

Even without definite symptoms, the physician may be impressed by something the patient says. For example, if he speaks of bizarre or vague complaints referrable to the chest and this can lead to a chest film: thus he is apt to detect a mediastinal mass. Though they are hardly diagnostic as to the type of lesion the numerous signs and symptoms already mentioned suggest mediastinal disease. Physical examination also reveals such important features as deviation of the trachea or widening of the mediastinum to percussion. Enlarged axillary or supraclavicular nodes provide material for biopsy, whereupon neoplasms metastatic to the mediastinum or generalized lymphoma or, indeed, a primary neoplasm of the mediastinum which has already metastasized can be recognized. Abdominal masses may also suggest malignant lesions spreading to the mediastinum. In the absence of such leads a scalene node biopsy can provide the diagnosis.

The basic diagnostic procedure is roentgenographic examination utilizing poster-anterior, lateral, and oblique views. Fluoroscopy will add such details as diaphragmatic motion, mediastinal movement on respiration, and intrinsic pulsation of a mass. By means of special techniques a number of further

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questions are answered: For example angiocardiography to help distinguish aneurysm, and radio-iodine to identify a functioning substernal thyroid. From a clinical point of view, primary tumors of the anterior mediastinum are most likely to be cystic or solid teratomas, thymomas or pericardial coelomic cysts. A mass in the posterior mediastinum and the posterior aspect of the superior mediastinum is generally of neurogenic origin (neurilemmoma, neurofibroma, ganglioneuroma, sympathetico-blastoma) or, less commonly, it will turn out to be a gastro-enteric cyst. Bronchogenic cysts have a tendency to arise in the upper portion of the middle mediastinum. Non-pulsating aneurysms of the aortic arch may be confusing to the roentgenologist and also, at the thoracotomy, to the surgeon.

Most mediastinal thyroids are extensions from the gland in the neck, although the entire thyroid may be in aberrant location: they occupy the superior mediastinum (although, occasionally they are found lower). Parathyroid adenomas occur in the superior mediastinum but also, rarely, in the anterior mediastinum and sometimes within the thymus.

It should be remembered that while lymphomas are generally systemic, they are sometimes first discovered in the mediastinum. Among the rarer tumors are lipomas, fibromas, lymphangiomas and hemangiomas, which have a predilection for the anterior mediastinum; myxomas, generally in the superior or posterior mediastinum; fibrosarcomas, chrondromas, and xanthomas, in the posterior mediastinum, and there also the unusual intrathoracic meningocele.

Although the response to irradiation has often been used in the past to distinguish a radiosensitive mediastinal tumor (presumbly a lymphoma), there is increasing reluctance to do so routinely. After the location of the mass has been ascertained and various diagnostic procedures carried out, there may very well be uncertainty as to the nature of the lesion. Thoracotomy is indicated, and, generally speaking, this implies excision of any removable mass. Benign lesions are best excised because, with growth, they have the potential for causing symptoms by encroachment and many can undergo malignant degeneration. Although tumors that are already malignant carry a higher operative mortality, some turn out to be completely resectable. If the tumor is not removable, biopsy will establish the diagnosis and radiation therapy can then be employed if appropriate.

MEDIASTINITIS

Inflammatory disorders of the mediastinum, although uncommon, do occur. They include acute mediastinitis due to trauma (gunshot, stab wounds or perforations of the esophagus or trachea by foreign bodies or instrumenta-

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tion) or secondary to infections of the contiguous structures, the respiratory tract or the neck; empyema and lung abscess also may produce mediastinitis.

If the mediastinitis is non-suppurative and mild, it causes little more than an increase in fever, in the course of a pneumonia, with some discomfort in the chest. It may go unrecognized and subside as the underlying disease is treated. Suppurative mediastinitis is accompanied by high fever, chills, sepsis, prostration and substernal and interscapular pain in addition to pain on swallowing and breathing. When perforation of the esophagus or trachea is responsible, subcutaneous emphysema and crepitation are likely to exist. A chest roentgenogram may show widening of the mediastinum. If the infection becomes localized as an abscess any or all of the findings of a mass in the mediastinum can follow.

The course of suppurative mediastinitis is fulminating and was once almost inevitably fatal. In the presence of an abscess, surgical exploration and drainage is mandatory. Mortality and morbidity of this still hazardous situation has been radically improved by antibiotic therapy.

Chronic mediastinitis is rare and is associated with chronic infection of any of the mediastinal structures as with mycotic infection, tuberculosis or syphilis; or it develops as a sequel of acute suppurative mediastinitis. Any of the host of signs or symptoms associated with pressure on—or obstruction of—the mediastinal contents can be produced by the ensuing sclerosis. Therapy depends on the nature of the underlying disorder and consists of antibiotics and at times surgical intervention.

Mediastinal emphysema (pneumomediastinum) is an uncommon condition occuring either spontaneously or following direct trauma to the chest or neck or perforation of the esophagus or trachea. It is a possible complication of such respiratory disease as asthma, influenza or pneumonia. Spontaneous occurrence has been attributed to dissection of air along the interstitial tissue and bronchial vessels to the hilum; pneumothorax may be associated.

Its onset is sudden following heavy lifting or straining at stool. The accompanying substernal pain is severe, radiating into the neck and arms; dyspnea and cyanosis may be present. The manner of onset and pattern of symptoms are likely to suggest an acute coronary occlusion. Fortunately, the characteristic to and fro crunching or clicking sound audible over the precordium synchronous with respiration (Hamman's sign), is distinctive. Crepitation of the subcutaneous tissues over the neck and chest wall also aid in establishing the diagnosis, and roentgen evidence of air in the mediastinum, neck and chest wall, is corroborative. Unless the amount of air is so great that it compresses vital structures, the prognosis is excellent and no therapy is needed.

Wayne Hardin, M.D.

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(Continued from Page 108)

In charge of the event were Mrs. R. M. Foster and Mrs. James L. Calvin, chairman and co-chairman of the program committee, assisted by Mrs. Edward A. Shorten, Mrs. Francis Gambrel, Mrs. Robert M. Kiskaddon, Mrs. C. E. Pichette, Mrs. Edward H. Jones, Jr., and Mrs. Robert A. Brown. Heading the social committee were Mrs. F. A. Friedrich and Mrs. Frank Gelbman, chairman and co-chairman, with Mrs. Joseph J. Campolito and Mrs. Robert R. Fisher as aides.

Mrs. Cary S. Peabody, President, announced that a tea for prospective nurses will be held on Tuesday, March 11, at 1:30 at St. Elizabeth Hospital.

Mrs. Harold J. Reese, Publicity Chairman

THAT 150,000-MEMBER CHECKUP

A conscientious car-owner takes his auto in for an occasional over-haul. He knows that even though repairs may be minor, amounting merely to a motor tune-up, removal of a "knock," or spark plug replacements, regular attention improves his car's performance over a long period of time.

A nationwide survey of physicians, commissioned by AMA, shows that medical organizations, too, can profit by similar internal inspections. Difficulties may be minor, but according to some physicians, medical organizations aren't hitting on all cylinders.

FAULTY TRANSMISSION?

Medical organizations must give increased attention to the problem of boosting meeting attendance and devote more efforts to drawing all members into active society participation. Individual physicians need more information about actual benefits of membership as well as about policies and projects of their medical organizations. Too many physicians apparently don't know the facts about their own organizations.

Survey findings brought the need for attention to some of these problems into sharper focus. For example, only half of the the physicians in this country report they are active in county and state organizations. One doctor in four says he didn't vote in his local society's last election. More than a third say they belong only to medical specialty groups not associated with AMA, or that they are more active in these other organizations.

Furthermore, about half of the doctors think of county and state societies as being different from AMA, when in reality these organizations compose the national association. Additional break-downs in the lines of communications between individual members and their organizations show up in misunderstandings about medical policies and lack of knowledge about organizational activities and services.

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BATTERY NEEDS RECHARGING?

The links in the chain of medical organization are the county and state associations. When poor attendance weakens their effectiveness, the collective strength of the entire profession is diminished. According to the survey, 50% of the doctors attend most meetings of their local or county society. Yet 6% say they attend no meetings, 16% very few, 9% some and 9% half. The problem of meeting attendance appears to be greatest in the East, where only 38% of the doctors say they attend most meetings. Western states evidently chalk up the greatest attendance since 61% of the doctors say they turn out for meetings. Central and Southern states fall midway between, with 54% in the Midwest and 56% in the South attending most meetings. One or two other interesting sidelights were revealed in the study. For example, internists least often say they attend county meetings. Only 35% of the internists say they attend most meetings as contrasted with an average of 50% of all other types of doctors. Internists also least often say they voted in the society's last election of officers.

Doctors in the East least often believe they get their money's worth in return for dues (32% as against an average of 23%.) Here again internists reflect a less favorable attitude toward medical organizations than other doctors. Twenty-six percent of the internists feel full value is not received in return for dues while general practitioners least often express dissatisfaction on this count (21%).

Physicians, in an effort to revamp their service programs for the public and to stave off a government medical program, have taken it on the chin from many critics. Most have accepted just criticisms humbly and moved ahead to correct sources of dissatisfaction. Perhaps it's time now to stop being on the defensive—to help physicians regain a sense of pride in the medical organizations to which they belong. An organization whose aims are "to promote the science and art of medicine and the betterment of public health" need not apologize for its efforts to advance these noble objectives.

—*A.M.A. News Notes*

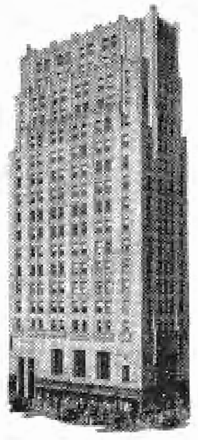
"Can you read the third line?" a doctor asked his patient.

"Sure," answered the man. "CWDK. I'm no good at pronouncing it, but I think he was left tackle at Notre Dame last year."

POLIO REMINDER CARDS

Through the American Medical Association, we secured a substantial supply of both "A" and "B" Polio Reminder Cards. As you will recall, the "A" card is sent by you to those patients who have not begun vaccinations and the "B" card is a reminder for the third Polio shot. Your Polio Committee strongly urges that you call the Society Office for your supply, today!

G. Delfs, M.D.
Polio Chairman



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