



# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

June • 1958  
Vol. XXVIII • No. 6  
Youngstown • Ohio

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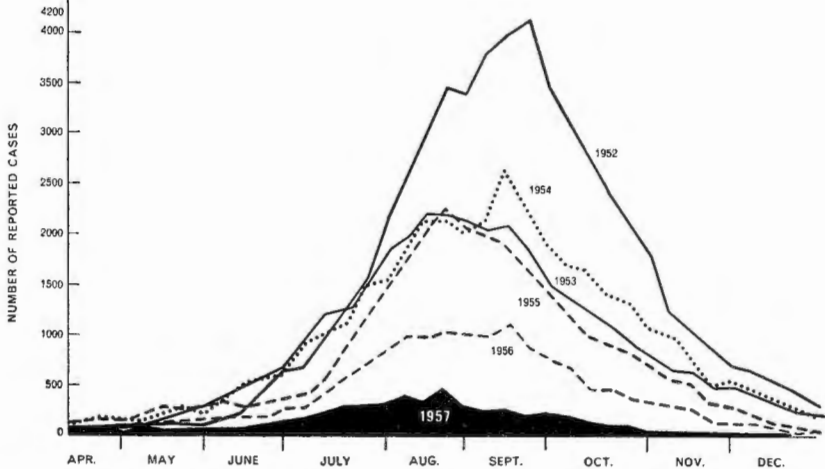
Mrs. Dora Schwebel's Hearth-Baked Caraway Rye bread fits perfectly into a low-calorie diet, and it tastes delicious. If your diet patients rebel at eating unpalatable diet breads, recommend Schwebel's Rye. It's hearth-baked, full of real rye flavor, yet is lower in calories than ordinary bread. You'll like it, too.

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# A MIRACLE IN OUR TIME ?

At the last accounting,<sup>1</sup> physicians throughout the country had administered at least one dose of poliomyelitis vaccine to 64 million Americans—all three doses to an estimated 34 million. Undoubtedly, these inoculations have played a major part in the dramatic reduction of paralytic poliomyelitis in this country.



Incidence of polio in the United States, 1952-1957 (data compiled from U.S.P.H.S. reports)

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There are still more than 45 million Americans under forty who have received no vaccine at all and many more who have taken only one or two doses. As it was phrased in a public statement by the Department of Health, Education, and Welfare:

*"It will be a tragedy if, simply because of public apathy, vaccine which might prevent paralysis or even death lies on the shelf unused."*<sup>2</sup>

Eli Lilly and Company is prepared to assist you and your local medical society to reach those individuals who still lack full protection. For information see your Lilly representative.

1. J. A. M. A., 165:21 (November 23), 1957.

2. Department of Health, Education, and Welfare: News Release, October 10, 1957.

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849009



# JUNE MEETING

## SQUAW CREEK COUNTRY CLUB

JUNE 17, 1958



6:30 p.m.—Subscription Dinner (\$4.50 per person)

8:00 p.m.—Meeting conducted by staff of the College of Medicine, Ohio State University, Columbus, Ohio.



**Moderator:** Dr. Charles A. Doan, Dean and  
Director of Medical Research.

**Discussants:** Dr. Eric Ogden, Professor and Chairman,  
Department of Physiology.  
"Recent Studies on Cardiac Filling"

Dr. John C. Ullery, Professor and  
Chairman, Department of OB & GYN.

Dr. Nicholas Vorys, Instructor in  
Department of OB & GYN.

"Delivery Positions and Cardiac Output"

Dr. H. P. Pieper, Research Professor,  
Department of Physiology.

"Current Research on Methods for Measurement of Intra-Vascular Pressure and Flow"

Dr. Howard D. Sirak, Assistant Professor,  
Department of Surgery.

"Recent Advances in Intra-Cardiac Surgery"  
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References: Carlozzi, M.: *Antibiotic Med. & Clin. Therapy* 5:146 (Feb.) 1958.  
 Shalowitz, M.: *Clin. Rev.* 1:30 (April) 1958.

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Representative to the Associated Hospital Service

J. M. RANZ

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## *Our President Speaks*



Since the medical professional and hospitals have a great stake in prepaid medical plans it becomes imperative that thought be given to how to increase the efficiency of hospital utilization by physicians. The basic problem resolves itself into what the medical profession and hospital administrators can do to reduce hospital stays. It is most essential that some solution be found, otherwise the existence of prepaid medical care programs will be jeopardized. The recent in the red operation of Blue Cross accentuates the practical and realistic aspect of this important problem. It is vital to hold to a minimum the justifiable spiraling increases in hospital costs and to increase the better use of hospital facilities. To study the allegation that there is over

use of prepaid medical plans, a committee should be appointed to study the extent of this problem and to recommend the necessary solution.

Since most physicians of the Mahoning County Medical Society use both hospitals, St. Elizabeth and Youngstown Hospital, the proper exploratory committee should consist of physicians and hospital administrators from these institutions and from the Medical Society. With this organizational arrangement there would be assured the most efficient coordination of recommended improved hospital procedures.

Dr. Samuel Haddon, former president of the Philadelphia County Medical Society, testified that in his opinion there is overutilization of hospital facilities where there is Blue Cross or other such insurance. Many other reports show that in certain hospitals Blue Cross patients are hospitalized for longer periods than are non-Blue Cross patients.

If there are abuses it is most important that standards must be established to measure such abuses. It has been shown in many places that unnecessary utilization of hospital services can be substantially reduced by proper action and cooperation of all interested parties. It is necessary that all forces be mobilized for definitive thinking to help correct hospital utilization.

The above committee could be called the Committee on Admissions, Conduct and Discharges. This representative group would concern itself with the factors causing a backlog of hospital admission request. Such factors would be the slowness in discharging patients; treating patients as in-patients who might readily be treated as out-patients; and delays in ordering ancillary facilities.

Such a committee of the Sacred Heart Hospital of Allentown, Pa. recommended that X-Rays and laboratory tests be ordered before noon on the days of admission; requiring that consultation request be answered immediately; and requiring that doctors authorize a patient's discharge on the day before he is to leave. Many more patients are being admitted to the hospital each month. This shows the extent of the physicians' control of hospital bed availability.

It is obvious that a magnanimous approach by all is necessary to resolve these problems. We in Youngstown must accept the accomplishment of Allentown as a worthwhile challenge to preserve voluntary prepaid medical plans.

*Andrew 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.

**Volume 28****June, 1958****Number 6**

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

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**EDITORIAL**

It was a unique experience to attend the Fifth Congress of the International Society of Internal Medicine at Philadelphia, April 23-26, 1958. This was the first International Congress devoted to all the aspects of Internal Medicine to be held in America, sponsored by the American College of Physicians. Its purpose was to: (1) disseminate among all Internists the medical knowledge acquired in special fields of practice and research; (2) interchange ideas developed under varying environmental and educational conditions; (3) promote friendship among all physicians.

There were one-thousand physicians in attendance from forty-five countries. The problems discussed were mostly diseases and health conditions that were common to most everyone. The discussion of heart disease and vascular disease and its related complications was a universal problem. It seems everyone was interested in staying healthier and living longer. There were a number of physicians present from the U.S.S.R. and its satellites. They presented papers on various subjects. We in the United States thought we had a monopoly on scientific knowledge and we were amazed at their launching of a satellite into outer space. Well, I was amazed to hear nine physicians from the U.S.S.R. and Poland discuss atherosclerosis using the same terminology we do, doing the same tests and speaking perfect English. They spoke of cholesterol, phospholipids, glutamic-pyruvic transaminase, prothrombin levels, antiprothrombin levels, fibrinolysis time, thrombin generation tests, etc. They discussed electrocardiography, ballistocardiography, and vector cardiography; syndromes of water and electrolytic disturbances, etc. There was excellent presentation from Sweden, England, Israel, Germany, Greece, France, Finland, Japan and many of the South American Countries.

Naturally the United States was represented by some of its best researchers and clinicians and presented excellent papers.

Medical science is universal, so are progressive medical thoughts and ideas. It seems that scientists from other countries read our journals but we are little interested in reading their work.

It was good to see and hear about the medical diseases and problems of other countries and share our thoughts. It is really one world, even in medical science, where physicians think and work on similar problems, although they express themselves in different languages.

Morris S. Rosenblum, M.D.

## FROM THE BULLETIN

## Twenty Years Ago—June 1938

The annual Internes's Contest made up the scientific meeting that month. Prizes were won by Densmore Thomas and Don Miller representing Youngstown Hospital and by Harold Reese and George L. Ambrecht representing St. Elizabeth's Hospital. These contests used to be an annual feature of our program but were dropped because the local talent did not draw the attendance that a big name speaker does.

Following the scientific session, the members heard a report from the hospital relations committee and voted to reopen the hospital dispensaries.

Judge Beckenbach of the Court of Domestic Relations appointed W. H. Evans, E. R. Thomas and J. B. Birch to serve as an advisory committee to the Aid To Dependent Children.

Dr. Myron H. Steinberg wrote a very informative article on "Therapeutic Considerations In Rheumatoid Arthritis." After twenty years there is very little that could be added.

Dr. Reilly wrote a moving tribute on the death of James B. Nelson who was President in 1934 and whose admirable character was an example to his contemporaries.

New members that month were L. S. Shensa, Wm. E. Maine, J. A. Rogers, R. S. Lupse and R. W. Beede.

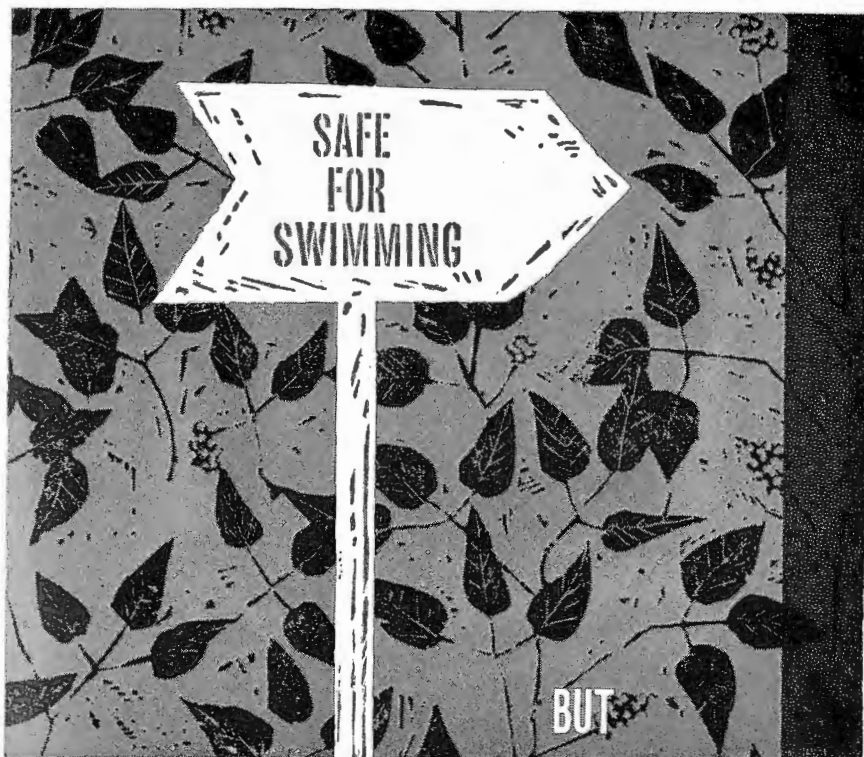
Excerpt from the Medical Crier's column giving advice to the internes who would enter practice in July: "Join your Medical Society and attend the meetings . . . Serve on committees and learn to keep on good terms with your fellows. The competition is keen but it is friendly and mutually helpful. Your success will help all doctors as your disgrace will hurt them. Meet the competition by trying to improve yourself, rather than by running down the other fellow. Remember that yours is the finest profession on earth whose high standards will not permit you to do small deeds."

The Mead Johnson Company was recommending Oleum Percomorphum to replace the time-honored cod liver oil for infants. Polyvisol, Decavisol, Abdec and Vi-Penta were unknown those days. B12 was unheard of but Penicillin was soon to burst upon the scene and start a revolution in the treatment of infections.

## Ten Years Ago—June 1948

Plans for the incorporation of the Medical Service Foundation were complete and papers had been sent to Columbus. According to the Bulletin "The corporation is founded for the purpose of advancing the contribution of the medical profession to the cause of public health; affording facilities for medical research and education which otherwise might not be available; improving the guidance and training afforded to the internes in the several hospitals in the county; offering aid in the education and training of the nursing profession; enhancing the standing and dignity of the medical profession; and seeking to improve the relation between the physician and patient and the care and service afforded to the latter; all with particular reference to Mahoning County, Ohio."

*J. L. Fisher, M.D.*



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## PROCEEDINGS OF COUNCIL

May 12, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, May 12, 1958, at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following physicians were present: A. A. Detesco, President, presiding, H. P. McGregor, C. C. Wales, C. W. Stertzbach, F. G. Schlecht, S. W. Ondash, M. W. Neidus, M. S. Rosenblum, G. E. DeCicco, J. J. McDonough, A. K. Phillips, and F. A. Resch comprising Council, also Dr. C. A. Gustafson.

Dr. Detesco presented facts concerning a proposed Medical Home Care program. Discussion ensued concerning Society approval of the plan, and the selection of Committee members. Dr. Detesco will study the measure further and report to Council at the next regular meeting.

Dr. Detesco read a letter from Dr. E. J. Reilly, Health Commissioner for the city of Campbell, regarding Polio immunizations.

A Polio Committee report was submitted by Dr. Delfs. Dr. Gustafson then discussed the system of inoculations employed by other counties comprising the Sixth Councilor District. Also presented were plans used in other communities.

A motion was made seconded and duly passed to continue our policy against mass immunization; to give the third inoculation to those children who received the first two in the school program free of charge in the physician's office; and to initiate a concerted drive to inoculate all persons below the age of forty. The program of free inoculations will be given during the week June 1-7, 1958.

The following applications were presented by the Censors:

### ACTIVE

David Shapira, 333 Crandall Avenue, Youngstown, Ohio.

### INTERNE

Robert J. Panaro, Youngstown Hospital Association, Youngstown, Ohio.

A motion was made, seconded and duly passed electing each member.

Bills were read. A motion was made seconded and duly passed to pay each one.

A. K. Phillips, M.D. Secretary

## PROCEEDINGS OF COUNCIL

May 15, 1958

A special meeting of the Council of the Mahoning County Medical Society was held at the Private Dining Room of Saint Elizabeth Hospital, on May 15, 1958.

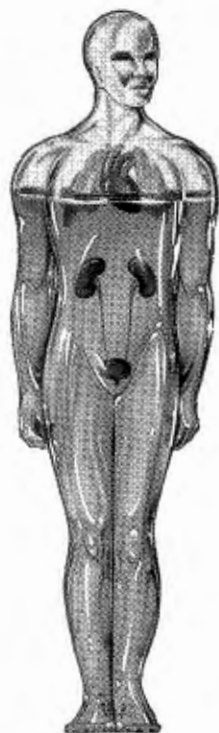
The following physicians were present: A. A. Detesco, President, presiding, H. P. McGregor, S. W. Ondash, A. Randell, C. E. Pichette, P. J. Mahar, M. W. Neidus, F. A. Resch, G. E. DeCicco, J. J. McDonough, comprising Council. Also present was Dr. G. Delfs, Chairman of the Polio Committee.

Meeting was called to order at 12:30 p.m.

Dr. Ondash outlined the proposals offered in regard to the local chapter of the Polio Foundation purchasing vaccine for a mass program and reimbursing private physicians for vaccine used in cases of hardship. He also outlined the Society's position at that time, and the reasons for desiring inoculations in the physician's office.

Considerable discussion ensued concerning the resolution adopted at the last Council meeting, to wit, the proposal of inoculating all children who had received the first two inoculations during the school program in the physician's office without charge. Council was of the opinion that no change should be made.

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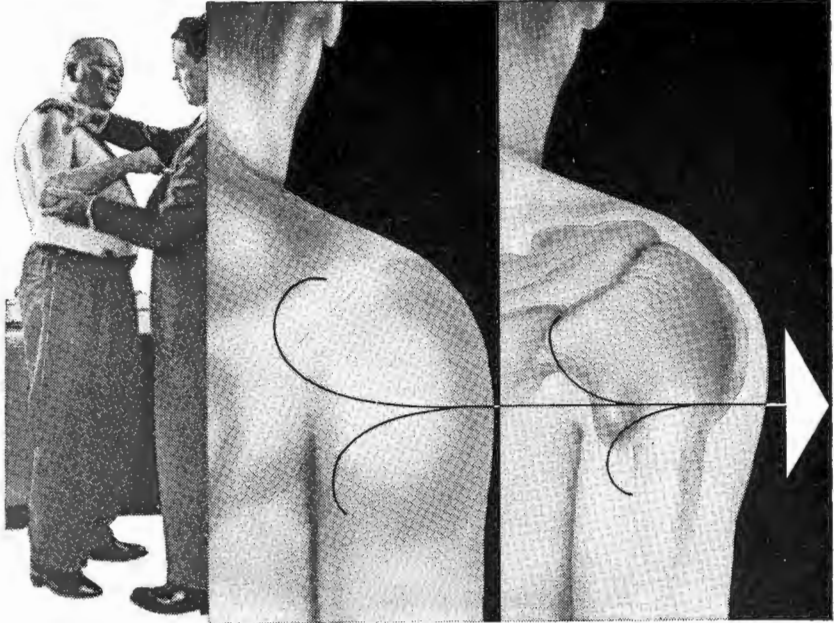
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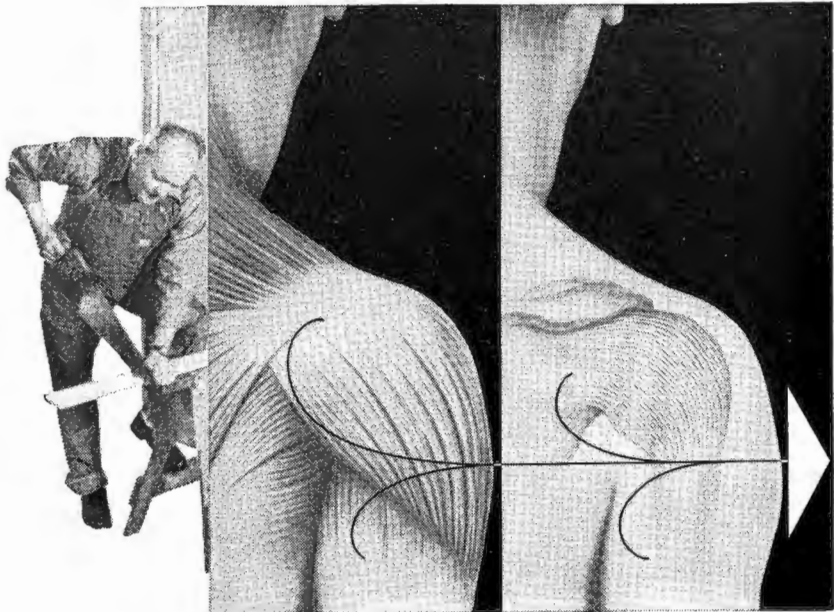


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SUPPLIED: Multiple Compressed Tablets in bottles of 100, in three formulas:

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MEPROLONE-1—supplies 1.0 mg. prednisolone in the same formula as MEPROLONE-2.

1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953). 2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).

meprobamate to relieve muscle spasm  
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The procurement of vaccine was then discussed.

A motion was made, seconded and duly passed the Council recommended that the Mahoning County Medical Society underwrite the cost of the vaccine used for the third inoculation, in the event no other appropriation is forthcoming.

Dr. Detesco read a draft of a letter to the local Polio chapter urging their financial participation in the program and incorporated the above mentioned Council recommendation.

Council was also of the opinion that lists be provided each physician who will participate in the program on which he will indicate the names and addresses of each child receiving an inoculation under the free system.

Dr. McGregor requested that a liaison committee be appointed to work with the Mahoning County Health Department to insure concurrence in programming and unity of effort in all health matters.

*M. W. Neidus, M.D. Pres. Elect*

### WOMAN'S AUXILIARY NEWS

Funds were raised for two nursing scholarships, one for St. Elizabeth and one for Youngstown Hospital, and \$350 was contributed to the American Medical Education Foundation, reports revealed at the annual meeting of the Woman's Auxiliary to the Mahoning County Medical Association Wednesday evening, May 7, 1958, at Youngstown Country Club.

Mrs. Cary S. Peabody, president, presented the review of the past year's accomplishment. Mrs. Robert L. Tornello was chairman of the scholarship committee. The paid-up membership now totals 229. Mrs. Paul J. Mahar gave a report of the state convention held in April in Cincinnati, at which the local auxiliary received an award for selling the most subscriptions to "Today's Health," the official magazine of the American Medical Society. Mrs. Lester Gregg was chairman for that project.

New officers, headed by Mrs. Earl H. Young as president, were installed by Mrs. Ivan C. Smith, a past president. Mrs. C. E. Pichette is vice-president, Mrs. James A. Patrick corresponding secretary, Mrs. E. M. Thomas treasurer, Mrs. Edward G. Rizk recording secretary, and Mrs. A. E. Rappoport president-elect. In appreciation of her service, Mrs. Peabody was presented a gavel, a gift from the auxiliary, by Mrs. Mahar.

Dinner appointments were beautiful. At the head of the U-shaped table, lighted by pink candles, was a plateau of pink snapdragons, roses and daisies, with begonias and ageratum massed on the side tables. Mrs. Mahar offered the invocation, and Mrs. R. M. Morrison read the auxiliary pledge.

Featured on the program was a humorous skit, "Aux Kit, or Doctor, This Is Your Wife," a take-off on auxiliary committee work, directed by Mrs. Frank Inui, program chairman for the evening. In the cast were Mrs. E. J. Gluck, Mrs. Chester S. Lowendorf, Mrs. Leonard F. Fagnano, Mrs. Rizk, Mrs. B. I. Firestone, Mrs. Alfred R. Cukerbaum, Mrs. Rappoport, Mrs. Frederick S. Coombs, Jr., Mrs. Edward M. Thomas, Mr. H. Bryan Hutt, Mrs. B. C. Berg, Mrs. W. K. Allsop, Mrs. George M. Cook, Mrs. Robert R. Fisher, Mrs. Dean E. Stillson, Mrs. Robert A. Brown, Mrs. Kurt Wegner and Mrs. James L. Smeltzer. Miss Nancy Altdoerffer furnished background music.

Mrs. Inui's co-chairmen were Mrs. Firestone and Mrs. Cukerbaum. Mrs. Fred G. Schlecht was social chairman, with Mrs. Stillson, Mrs. Ben S. Brown and Mrs. Harry A. Smith as her co-chairmen.

*Mrs. Harold J. Reese,  
Publicity Chairman*





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 "I can't sleep," your  
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 Squibb Chloral Hydrate  
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Current Concepts in Therapy: Sedative-Hypnotic Drugs II. Chloral Hydrate, New England J. Med. 255:706 (Oct. 11) 1956.  
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## POLIOMYELITIS

The incidence of paralytic poliomyelitis has been reduced by almost 85% in the past two years, thanks to the Salk vaccine. We are privileged to see the problem of paralytic poliomyelitis pass from that of treatment to that of prevention.

Prevention means education of the public to the necessity for polio immunization—not just now but in all the years to come. As a new generation of parents—and doctors—arises they will forget the seriousness of paralytic poliomyelitis when epidemics of polio no longer occur.

Apparently poliomyelitis vaccination differs from smallpox vaccination and diphtheria immunization in controlling the spread of the disease. If a certain percentage of the population is immunized against diphtheria or smallpox, these diseases do not occur. Unfortunately, even universal vaccination against poliomyelitis will probably not eliminate polio virus from our population. In Egypt, for example, nearly everyone over two years of age has acquired a natural immunity to polio through exposure to the disease and yet the polio virus is widespread throughout the country. Although sanitation in this country is superior, it is illogical to believe that vaccination can expel the virus from a population when natural immunity does not. To put it briefly: no one can be protected from paralytic poliomyelitis by someone else's immunization. An unvaccinated person has just as much chance of contracting paralytic poliomyelitis as is no vaccine had been discovered.

The Public Health Service regards everyone under 40 years of age as a "susceptible person." Surgeon General Leroy E. Burney says it is particularly important that all those of pre-school age be immunized as soon as possible. An estimated 40% of the 20,000,000 pre-school children have not been immunized. In 1956 and through October, 1957 children up to age 4 experienced the highest attack rate. The attack rate of paralytic polio per 100,000 by age groups was:

One year of age .....	5.7
Two years .....	5.5
Three years .....	3.7
Four years .....	3.4
Five years through nineteen.....	1.4

After 20, the attack rate gradually decrease with age. At 35, an individual has roughly 4 chances in a million of being paralyzed and a non-immunized individual of 40 has about one chance in a million. However, the severity of the disease tends to increase in the older age groups. To anyone tempted to play these percentages, Surgeon General Burney suggests a trip to the nearest polio ward!

Dr Salk (J.A.M.A. May 3, 1958) reports that most immunized persons will show a satisfactory level of antibodies after 3 shots of vaccine of adequate potency (up to 3½ years in some cases.) Some individuals, however, are more responsive than other and, within certain limits, the response of each individual is enhanced as the amount of antigen given is increased. Thus failure of response could be the result of either an inadequate or impotent stimulus or a relatively poor antibody responding mechanism.

His comment: From the viewpoint of the public health physician, who knows than many susceptible persons have not had even a first dose of polio vaccine, there is not sufficient epidemiological evidence to support a campaign for a fourth dose. However, the physician in private or clinic practice is concerned with the welfare of his individual patients. He notes



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the estimated from the 1957 poliomyelitis season of at least 90% effectiveness in individual who had three doses of vaccine. He is aware also that failures in some cases were due in part to the activity of the ECHO or Coxsackie viruses and in part to variability in specific antigen. If due to the latter, some benefit—and no harm—could be expected from a fourth dose. Thus, some 10% or less out of each group of 100 triply vaccinated children might benefit from a fourth dose.

The Committee on Control of Infectious Diseases of the Academy of Pediatrics now recommends a fourth inoculation to those immunized over one year previously.

G. Delfs, M.D.

### COMING MEETINGS—JUNE, 1958

- AMERICAN ACADEMY OF TUBERCULOSIS PHYSICIANS, San Francisco, June 21, Dr. Oscar S. Levin, P.O. Box 7011, Denver 6, Secretary.
- AMERICAN ASSOCIATION OF NEUROPATHOLOGISTS, Claridge Hotel, Atlantic City, N.J., June 15-18, Dr. Leon Roizin, 722 W. 168th St., New York 32, Secretary.
- AMERICAN COLLEGE OF ANGIOLOGY, Fairmont Hotel, San Francisco, June 21-22, Dr. Alfred Halpern, 15 E. 62d St., New York 21, Executive Secretary.
- AMERICAN COLLEGE OF CHEST PHYSICIANS, Fairmont Hotel, San Francisco, June 18-22, Mr. Murray Kornfeld, 112 E. Chestnut St., Chicago 11, Executive Director.
- AMERICAN DIABETES ASSOCIATION, Mark Hopkins Hotel, San Francisco, June 21-22, Dr. Franklin B. Peck, Sr., 1. E. 45th St., New York 17, Secretary.
- AMERICAN ELECTROENCEPHALOGRAPHIC SOCIETY, Hotel Traymore, Atlantic City, N.J., June 12-14, Dr. Jerome K. Merlis, Univ. Hosp., Baltimore 1, Secretary.
- AMERICAN GERIATRICS SOCIETY, Mark Hopkins Hotel, San Francisco, June 19-20, Dr. Richard J. Kraemer, 2907 Post Road, Warwick, R.I., Secretary.
- AMERICAN GOITER ASSOCIATION, St. Francis Hotel, San Francisco, June 17-19, Dr. John C. McClintock, 149½ Washington Ave., Albany, N.Y., Secretary.
- AMERICAN MEDICAL ASSOCIATION, Sheraton-Palace Hotel, San Francisco, June 23-27, Dr. George F. Lull, 535 N. Dearborn St., Chicago 10, Secretary.
- AMERICAN MEDICAL WOMEN'S ASSOCIATION, INC., San Francisco, June 19-22, Miss Lillian T. Majally, 1790 Broadway, New York 19, Executive Secretary.
- AMERICAN NEUROLOGICAL ASSOCIATION, Claridge Hotel, Atlantic City, N.J., June 16-18, Dr. Charles Rupp, 133 S. 36th St., Philadelphia 4, Secretary.
- AMERICAN PROCTOLOGIC SOCIETY, Los Angeles Statler, Los Angeles, June 29-July 3, Mr. Norman D. Nigro, 10 Peterboro St., Detroit 1, Executive Secretary.
- AMERICAN RHEUMATISM ASSOCIATION, San Francisco, June 20-21, Dr. Edward F. Hartung, 580 Park Ave., New York 21, Secretary.
- AMERICAN THERAPEUTIC SOCIETY, Mark Hopkins Hotel, San Francisco, June 19-22, Dr. Oscar B. Hunter Jr., 915 19th St. N.W., Washington 6, D. C., Secretary.

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## POLICIES COVERING THE CONTROL OF COMMUNICABLE

DISEASE	ISOLATION OF PATIENT	QUARANTINE OF CONTACTS	PERMIT
Chickenpox or Varicella	7 days after appearance of first lesion. May return to school after 7 days if crusts are dry.	None.	Prohibited until
Measles or Rubeola or Morbilli	5 days from appearance of rash.	None.	3 to 5 days
German Measles or 3-Day Measles or Rubella	Confine to home 4 days from appearance of rash.	None.	Until time ending fever
Mumps or Epidemic Parotitis	Until swelling of salivary glands has disappeared and patient has clinically recovered.	None.	Until permit
Meningococcic Meningitis	Until recovery from acute illness. No case to be released less than 48 hours from onset.	Until given prophylactic chemotherapy (sulfonamide) daily for 3 days. If prophylaxis is not given, 10 days from date of last exposure.	Duration and presence of chemotherapy
Polio-myelitis	Not less than 7 days from onset or for duration of fever, if longer than 7 days.	Contacts under 16 yrs. of age are to be quarantined at least 7 days from last exposure.	Not the isolated
*Typhoid Fever	Until 3 consecutive cultures from feces and urine specimens have been reported negative. Specimens shall be collected 24 hours apart and no earlier than 3 days after cessation of therapy and/or following clinical recovery. Stool specimens are obtained 6 months from date of onset and again at 12 months.	2 stool and urine specimens to be taken on all household contacts. Contacts shall not be emp. as food handlers during the period of contact, or if contact urine spec. are obtained. Specimens hrs. apart.	Until income absent
*Paratyphoid	Same as for typhoid.	Same as for typhoid.	As in
Shigellosis	Same as for typhoid with following exceptions: 1) Not necessary to obtain urine specimen. 2) Method of obtaining stool specimen differs. See "Remarks." 3) Collection of stools is not repeated each 6 mos. and 12 mos.	Same as for typhoid with the following exception: 1) Not necessary to obtain urine specimens. 2) Method of obtaining stool specimen differs. See "Remarks."	Disinfect and send
Salmonellosis	Same as for typhoid except not necessary to obtain urine specimens. Collection of stools is not repeated each 6 mos. and 12 mos. after onset.	Same as for typhoid except not necessary to obtain urine specimens.	Disinfect and send
Typhoid Carrier	None. Patient cannot work as a food handler as long as he remains a carrier.	None. Advise contacts to consult a physician about receiving typhoid vaccine.	As in main
Diphtheria	Until 2 cultures from the throat and 2 from the nose fail to show the presence of diphtheria bacilli. Cultures are taken 24 hrs. apart after clinical recovery, but not less than 4 days from onset.	Intimate child contacts and adult contacts who work with food or with children are quarantined until shown by bacteriologic exam of nose and throat not taken on initial visit and again 24 hrs. working with children are not quarantined.	Begin the 3 weeks
Whooping Cough or Pertussis	Until 2 days have elapsed after the last characteristic cough or 3 wks. from date of first whoop, or until 3 consecutive cough plates taken not less than 24 hours apart have been reported neg. for hemophilus pertussis.	Children who have had wh. cough are not quar. Susceptible children are quar. for the same per. of time as patient. Previously immunized children within the past 2 mos. are not quarantined.	Begin the 3 weeks given
Acute Hemolytic Streptococcal infections including Scarlet Fever	For duration of acute illness, but at least 7 days.  are to be quarantined for 5 days following the last exposure unless they have penicillin, sulfa, or erythromycin. In this instance School Readmission Form or Work Permit may be given 24 hrs. following the initial medication. Adults other than the above are not quar. but prophylactic antibiotics are recommended.	Children of household under 16 yrs. of age and any persons working with food or children	symptoms less
Infectious Hepatitis	7 days following onset of the illness.	None.	

ognized onset of the disease. Usually before to a few days after the clinical

# DISEASE — DEPARTMENT OF HEALTH — COLUMBUS, OHIO

MODE OF COMMUNICABILITY	INCUBATION PER.	REMARKS FOR PUBLIC HEALTH NURSE
usually 24 hours before eruption 5 days after appearance.	14-21 days.	Instructions will be mailed to the parents unless otherwise indicated. A School readmission form will be included, dated 7 days from date first lesion appeared. When home visits are made, check vaccination date.
1-5 days before onset of rash to after appearance of rash.	14-21 days.	Instructions will be mailed to the parents unless otherwise indicated. A School readmission form will be included, dated 5 days from date rash appeared.
Undetermined, but believed to continue as long as symptoms are present may be confused with scarlet	14-21 days.	No instructions will be mailed since the period of restriction is brief. Home visits are made when indicated. Special care should be taken to prevent exposure of pregnant women in the first trimester. She is advised to notify her physician if exposure occurs.
Plaque enlargement disappears usually from 1 to 2 weeks.	12-26 days. Usually 18 days.	Instructions will be mailed to the parents stating that child may return to school after all swelling has disappeared and child seems well.
Atypical clinical course of the disease until the organism is no longer present in the nose and mouth dis- eases—usually 24 hours under ap- propriate chemotherapy or antibiotic	2-10 days. Usually 7 days.	Home visits to be made. Give care and instructions as indicated.
Pathogenesis definitely known, but probably the latter part of the incubation period and the first week or two of the	3-38 days. Usually 7-14 days.	Home visits to be made. Give instructions and care as indicated. A family record is made out and the Epidemiological Report Form is completed in duplicate.
Repeated bacteriological examina- tions of excreta show continuous presence of the infecting organism.	3-38 days. Usually 7-14 days.	Home visits to be made. Give instructions and care as indicated. A family record is made out and the Epidemiological Report Form is completed in duplicate. Specimen containers are left in the home and family is requested to bring specimens to the Health Dept. Lab. on Mon., Tues., or Wed. Concurrent disinfection of stools not necessary if family have a flush toilet.
Stool taken, until 2 neg. stool and specimens be collected no less than 24	1-10 days.	Same as for typhoid.
Organism as paratyphoid bacilli appear in the excreta.	6-48 hrs.	Same as for typhoid except in method of obtaining stool specimens. Shigella organisms do not always show up in stool, specimens obtained in routine way. It is therefore necessary to take rectal swabs of both patient and contacts.
Acute phase of the disease until the micro-organism is absent from the feces.	1-7 days. Usually 4.	Same as for typhoid. Stool specimens may be obtained either by swab method or by collecting portion of stool.
Organism as the typhoid bacilli re- sulting in the excreta.		Home visit to be made and the Epidemiological Report form completed in duplicate. Nurse is always to learn place of employment. If the patient should move out of the city, the Health Dept. in new locality is notified.
Virulent bacilli have disap- peared from secretions and the le-	Usually 2-5 days.	Home visits to be made. Instructions and care given as indicated. Determine whether or not contacts have been immunized and obtain date of completion of series and/or date last booster was given.
Patients may be carriers. First cultures are obtained later. Adult contacts not routinely treated.	Usually 7-10 days. Seldom longer than 16 days.	Home visits. Care and instructions given as indicated. Sch. Readmission Form may be given to both patient and susceptible contacts on first visit and dated 3 wks. from patient's first whoop. If no physician on the case, mother may sign the card required by the State Dept. of Health, but she should be encouraged to have a physician.
Booster dose immediately or shortly thereafter susceptible.	Usually 2-5 days.	Home visits to be made. Care and instructions given as indicated. The parents' statement that antibiotics have been given to the contacts is acceptable.
Usually from a day or two before symptoms until clinical recovery un- less there are complications.	Long and vari- able—15-35 days, average 25 days.	Home visits to be made. Concurrent disinfections of nose and throat secretions should be carried out. Tissue or Kleenex are to be burned or flushed down the toilet.

- ASSOCIATION FOR RESEARCH IN OPHTHALMOLOGY, Fairmont Hotel, San Francisco, June 23-27, Dr. Lorand V. Johnson, 10515 Carnegie Ave., Cleveland 6, Secretary.
- CATHOLIC HOSPITAL ASSOCIATION OF THE UNITED STATES AND CANADA, Atlantic City, N.J., June 23-26, Mr. M. R. Kneiff, 1438 S. Grand Blvd., St. Louis 4, Mo., Executive Secretary.
- MAINE MEDICAL ASSOCIATION, The Samoset, Rockland, June 22-24, Dr. Esther M. Kennard, P. O. Box 240, Brunswick, Secretary.
- NATIONAL MEDICAL VETERANS SOCIETY, San Francisco, June 21-22, Dr. Henry C. Beekley, 3117 Warsaw Ave., Cincinnati, Secretary.
- NORTH AMERICAN CHAPTER OF THE INTERNATIONAL CARDIOVASCULAR SOCIETY, Sir Francis Drake Hotel, San Francisco, June 21, Dr. Henry Haimovici, 105 E. 90th St., New York 28, Secretary.
- SOCIETY FOR INVESTIGATIVE DERMATOLOGY, Clift Hotel, San Francisco, June 21-22, Dr. Herman Beerman, 255 S. 17th St., Philadelphia 3, Secretary.
- SOCIETY OF NUCLEAR MEDICINE, Beverly Hilton Hotel, Los Angeles, June 19-21, Dr. Robert W. Lackey, 452 Metropolitan Bldg., Denver, Secretary.
- THE ENDOCRINE SOCIETY, Saint Francis Hotel, San Francisco, June 19-21, Dr. Henry H. Turner, 1200 N. Walker St., Oklahoma City 3, Okla., Secretary.
- WOMEN'S AUXILIARY TO THE AMERICAN MEDICAL ASSOCIATION, San Francisco, June 23-27, Miss Margaret Wolfe, 535 N. Dearborn St., Chicago 10, Secretary.

#### COMING MEETINGS—JULY, 1958

- AMERICAN COLLEGE OF SURGEONS, Sectional Meeting, Concert Hall, Stockholm, Sweden, July 2-7, Dr. Michael L. Mason, 40 E. Erie St., Chicago 11, Chairman.
- INTERMOUNTAIN PEDIATRIC SOCIETY, Sun Valley, Ida., July 4-6, Dr. Thales H. Smith, 220 N. University Ave., Provo, Utah, Secretary.
- UNITED STATES SECTION, INTERNATIONAL COLLEGE OF SURGEONS, Eastern Regional Meeting, Manchester, Vt., July 1-5, Dr. M. Leopold Brodny, 636 Beacon St., Boston, General Chairman.
- BRITISH MEDICAL ASSOCIATION, Birmingham, England, July 10-18. For information address: The Secretary, British Medical Association, Tavistock Square, London, W.C.1, England.
- BRITISH TUBERCULOSIS ASSOCIATION, Royal Festival Hall, London, England, July 1-4. For information address: Secretary-General, National Association for the Prevention of Tuberculosis, Tavistock Square, London W.C.1, England.
- CONGRESS OF MEDICAL WOMAN'S INTERNATIONAL ASSOCIATION, Bedford College, Regents Park, London, England, July 15-21, Dr. Janet Aitken, 30 a Acacia Rd., London, N. W. 8, England, Secretary-General.
- INTERNATIONAL CANCER CONGRESS, Royal Festival Hall, London, England, July 6-12. For information address: Secretary-General, 7th International Cancer Congress, 45 Lincoln's Inn Fields, London, W. C. 2, England.
- INTERNATIONAL PROFESSIONAL ASSOCIATION OF GYNECOLOGISTS AND OBSTETRICIANS, Brussels, Belgium, July 18-19, Dr. Geacert, 211, Avenue Louise, Brussels, Belgium, General Secretary.
- INTERNATIONAL UNION OF BIOLOGICAL SCIENCES, London, England, July 16-23. For information address: Chairman Division of Biology and Agriculture, National Research Council, 2101 Constitution Ave. N. W., Washington 25, D.C., U.S.A.

S. V. Zlotnick, M.D.



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## MEET THE OLD PROS

## WALTER B. TURNER

Dr. Walter B. Turner, one of the most liked and respected general surgeons in this area over a period of many years, was born in Butler, Pa., October 30, 1883. After graduating from high school in Butler, he attended Washington and Jefferson for two years and then entered the medical school of the University of Indiana. An interesting historical fact was the affiliation of the medical school with Purdue University during his first two years there, which was then changed to affiliation with the University of Indiana. During the summer between his 3rd and 4th years in medical school, he externed at the Youngstown Hospital. He was persuaded to come here (and later to practice here) by Dr. George L. Pearson of Youngstown. Dr. Turner didn't elaborate on this, but a young lady in Butler was a relative of Dr. Pearson's, and apparently brought some pressure to bear.



After receiving his M.D. degree in 1909, he interned at the Youngstown Hospital and became resident the following year. In 1911 he started in the general practice of medicine with offices in the Mahoning Bank Bldg. and continued here until America's entry into World War I. General practice at that time involved a good deal of surgery; appendices, gall bladders, hernias, fractures and all types of traumatic surgery including even neurosurgery. Dr. Turner says that the only diseased organs "allotted to others" were the tonsils and the kidneys.

World War I interrupted his practice and he was assigned to Evacuation Hospital 18, becoming a Major just before transfer overseas. Prior to overseas duty he had four months of postgraduate surgical training at the University of Pennsylvania Hospital in Philadelphia under Dr. John Deaver and Dr. Charles Frazer.

He served overseas until 1919 when he returned to Youngstown and started the practice of general surgery, associating himself with Dr. R. M. Morrison and Dr. John F. Lindsay. He was also busy as the Chief Surgeon for U.S. Steel in this area, and continued this for a period of 34 years. When Dr. Lindsay retired, Dr. John Noll became associated with Dr. Turner and Dr. Morrison and this association has continued up to the present.

Dr. Turner is a diplomate of the American Board of Surgery, and a Fellow of the American College of Surgeons. He has served on the Executive Committee of the Youngstown Hospital and was chief of one of the surgical services there for many years.

He was married to Helen Jennings of Youngstown in 1919, has four children, 19 grandchildren and the "potential" for several more. His son, John J. Turner (Jake) has recently started in the practice of general surgery in Youngstown after finishing a surgical residency at the Mayo Clinic.

Dr. Turner's interests are many and varied, although his family and the trips taken to California to see his daughter and her family are of consuming interest right now.

He and Drs. Brant, McNamara and Bierkamp had a twice-weekly golf foursome that played over a period of twenty-five years—always a friendly game but played for a certain amount of blood. These have been discontinued now as Dr. Bierkamp is the only member of the foursome that still plays regularly.

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Dr. Turner, like the other physicians covered in these articles, is no longer completely involved in the problems and decisions of the Youngstown Hospital, but during the many years that he was involved, he contributed tremendously to the hospital by his surgical skill, his character, and his warm friendliness to patients and to other physicians.

H. N. Bennett, M.D.

### JOSEPH COLLA

Dr. Joseph Colla has been practicing general medicine in Youngstown since 1926. He first started with Dr. C. D. Hauser and after several months, opened his own office on E. Federal St. In 1940, he moved to McGuffey and Albert Streets. He spent three years in the Army from September, 1942, until 1945, entering as a Captain and being discharged a Major. The first one and a half years he was stationed at the Pentagon. During this time he went to Africa twice as the Doctor for the Strategic Air Service. The last two years he was stationed near Mt. Vernon where he was post surgeon for an Italian and German Officer Prisoners of War Camp. He was the oldest member of the Mahoning County Medical Society serving in World War II.

On returning from the service in 1945, he opened an office in the Dollar Bank Bldg. until 1954, when he moved back to his original and present location at McGuffey and Albert Streets.

Joe was born in Palermo, Italy, and came to the United States in 1907, when he was eleven years old. He attended Front St. grade school and South High School. He obtained his B.A. degree from Ohio State University. His medical training was taken at West Virginia University and Buffalo University, graduating in 1925. From 1925-1927, he interned at St. Elizabeth Hospital.

He married Caroline Lascola, from Buffalo, New York, in 1927. They have three daughters, one married living in Florida, and two attending Youngstown University and teaching school.

Joe's hobbies are fishing, hunting and an occasional poker game. He belongs to the Academy of General Practice, American and Italian War Veterans and has the Nobel Degree in the Knights of St. Johns.

Doctor Colla is a good family physician. He is kind, conscientious, hard working and honest. In addition, he is a nice guy! L. O. Gregg, M.D.



### HAPPY BIRTHDAY!!!

June 16  
M. J. Sunday

June 18  
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H. E. Hathorn

June 19  
C. W. Stertzbach

June 21  
I. Berke  
P. R. McConnell

June 23  
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J. A. Patrick  
H. A. Smith  
R. L. Thomas

June 24  
E. H. Jones  
M. C. Raupple

June 28  
W. S. Curtis  
R. A. Hall

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F. S. Coombs  
P. H. Leimbach

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F. Miller

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July 9  
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July 13  
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## SOCIAL NEWS St. Elizabeth Hospital

Dr. Merrill Szucs was a recent patient in the hospital with Acute Gastroenteritis. He'll be back to work shortly, but is moaning because he had to cancel out a couple of meetings he had planned to attend.

Dr. T. K. Golden is finding out how many of his patients have felt. Dr. Golden was unfortunate enough to slip and fall in surgery and suffered a fractured hip. But he looks very well while in traction.

Our condolences to Dr. John Stotler on the death of his mother.

Dr. Jim Birch is recuperating at home following a gastrectomy for his ulcer. Looks like he'll be ready to resume work around the first of July.

Mrs. J. J. Sofranec is doing nicely following her recent operation.

Dr. and Mrs. McOwen were in Buffalo and Toronto recently. Pete was attending a meeting of the Central States Dermatological Society.

Dr. George Altman is beaming contentedly now that his wife has presented him with a new daughter, Barbara, after four sons. I know how you feel, George!

Dr. Jack Malkoff now can thank his wife for Robert Michael, their new son, who joins his sister in the household and evens things up.

Dr. O. M. Lawton attended the "Seminars on Hypnosis" in Chicago, April 25th through 27th, 1958. This training and research course was conducted under the direction of such eminent authorities in hypnosis as Drs. Milton H. Erickson, E. E. Aston, Hershman, Irving Secter and others and was attended by something over 150 doctors and dentists from various parts of the country.

*J. R. Sofranec, M.D.*

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## SOCIAL NEWS Youngstown Hospital

This column is beginning to read like the surgery schedule, but what better subject for conversation is there than a good operation. This month it was Dr. Barclay Brandmiller who donated his gall bladder to the specimen bottle. We understand that he is back in circulation now. Mrs. Isabelle Calvin underwent some minor surgery which we won't discuss in detail, but about now she should be getting able to sit down again. We also have reports that Dr. Eugene Elder has had a recent illness. No official data on this.

Then there were meetings. Dr. Al Geordan recently attended a Urological Society meeting in New Orleans.

Our editor, Dr. Morris Rosenblum attended the meeting of the International Society of Internal Medicine in Philadelphia, and reports that it was just like a NATO meeting. They had earphones and translators, and papers presented by researchers from all over the world. The man sitting next to him was taking notes in Hebrew. He reports that the Russians were very good with a lot of interesting material. The French were weak, had some good ideas but seemed to indicate a lack of funds to pursue them. Sounds like an interesting meeting.

At the recent American College of Physicians meeting in Atlantic City, Drs. H. H. Ipp and Jim Calvin were elected Associates.

Also at the A.C.P. Meeting were Dave Brown, Bill Bunn, Jr., M. S. Rosenblum, H. J. Kim, and J. E. Might from the Staff.

*R. R. Fisher, M.D.*

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## MEDICAL GLEANINGS

## Systemic Lupus Erythematosus: A Complex Auto-Immune Disorder

*William Dameshek**Annals of Internal Medicine**April, 1958*

The hematologic abnormalities of systemic lupus include a positive Coombs' test, with or without hemolytic anemia; thrombocytopenic purpura; leukopenia, at times severe; a positive serologic test for syphilis; a hemorrhagic disorder due to circulating anticoagulants, and the L.E. factor. They may be said to be just as representative of the disease as are the "onion-skin" vascular lesions in the spleen, the "wire-loop" lesions in the kidneys, or the vascular and "collagen" lesions elsewhere. The various hematologic abnormalities, including the L.E. factor, may be considered as "auto-immune" in nature with the development of auto-antibodies against various antigens in the blood cells or plasma. The L.E. factor is probably an abnormal auto-antibody directed against a constituent in the leukocyte nucleus. Other leukocytic antibodies may also occur in the disease.

If the various hematologic lesions of systemic lupus are considered to be "auto-immune," it is likewise possible that the vascular lesions (vasculitis), with resultant skin lesions (lupus), arthritis, nephritis, pleuritis, endocarditis, etc., may also be due to auto-antibodies, but in this instance directed against small blood vessels. Indeed, the entire disease of systemic lupus may be a complex of immunologic disturbances affecting (1) blood cells and other blood constituents, and (2) small blood vessels. (The L.E. factor may be considered as only one of the immunologic abnormalities of lupus; thus, its lack in a given case does not necessarily rule out the presence of the disease.

"Idiopathic" thrombocytopenic purpura (ITP) is often a prodrome of systemic lupus—thus, every case of ITP in a young woman should be suspected of being lupus. "ITP" need not be considered to be symptomatic of lupus, but simply as one part of the generalized disease. Combinations of ITP with auto-immune hemolytic anemia are even more likely to be examples of lupus, whether or not other manifestations of systemic lupus are present. Dissemination of the lupus process may be accelerated by splenectomy.

The presence of complex mixtures of auto-antibodies in systemic lupus suggests that numerous antigens (perhaps altered blood cells, altered blood plasma constituents, altered small blood vessels) are concerned. Since the great majority of cases of the disease occur in women, the possibility is present that antigen development may take place in the menstruating endometrium. Here, at monthly intervals, alterations in blood cells, blood plasma constituents and small blood vessels (spiral arteries) take place. One may speculate that in certain women these altered cells, plasma factors and blood vessel constituents become auto-antigenic, thus leading to the formation of several types of auto-antibodies against both blood constituents and small blood vessels, and thus to the complex disease known as systemic lupus. The periodic character of the menstrual cycle might well aid in auto-antibody formation. Such a speculation does not preclude the possibility of auto-immunization by other mechanisms, as in the relatively uncommon cases in males.





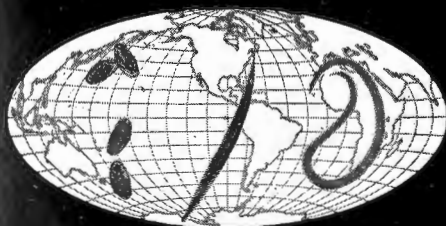
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## Determination of C-Reactive Protein in the Blood of Patients with Hodgkin's Disease

*Harrison F. Wood, M.D., Henry D. Diamond, M.D., Lloyd F. Craver, M.D.,  
Elmer Pader, M.D., and Samuel K. Elster, M.D.*

*Annals of Internal Medicine, April, 1958*

Serial determinations for C-reactive protein, carried out on sera from 121 patients with Hodgkin's disease, showed:

1. A change in Hodgkin's paragranuloma to a disseminated form of Hodgkin's disease is mirrored in the appearance of C-reactive protein in the blood.
2. Following early, aggressive treatment of localized Hodgkin's granuloma, C-reactive protein disappears from the blood. With recrudescence of disease activity, the C-reactive protein reappears and, with generalization of the disease, persists.
3. C-reactive protein does not provide an accurate, sensitive measure of response to therapeutic agents in patients with generalized Hodgkin's disease.
4. In patients with generalized Hodgkin's disease there is no consistent effect on C-reactive protein by the various therapeutic agents, despite clinical improvement.

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## The Early Diagnosis of Ruptured Abdominal Aneurysm

*Richard T. Beebe, M.D., Samuel R. Powers, Jr., M.D.,  
and Edward Ginouves, M.D.*

Three cases of ruptured arteriosclerotic aneurysm of the abdominal aorta are presented to illustrate the features which made early diagnosis and surgery possible in seven of 18 such patients admitted to the Albany Hospital in the last five years. Roentgenograms of the abdomen taken in five cases were of great diagnostic value in that the retroperitoneal hematoma obliterated the psoas and renal shadows on the side of hemorrhage. Two other diagnostic aids were observed: (1) the loss of the deep tendon reflexes of the lower extremities, common in dissecting aneurysms but rare in saccular abdominal aneurysms; (2) the presence of ecchymosis on the lower anterior abdominal wall. These findings are thought to be due to the presence of a large retroperitoneal hematoma, and may point to the correct diagnosis before rupture into the free peritoneal cavity, with its resultant massive blood loss and peritonitis. Early diagnosis will permit utilization of the remarkable improvements of vascular surgery and lead to a markedly decreased mortality in this disease. Six of the cases presented here were operated on, with success in four cases and temporary success in two cases. The seventh patient died in the course of the operation.

*R. L. Jenkins, M.D.*

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## AMERICAN ASSOCIATION OF PHYSICIANS

Drs. John Rogers, J. N. McCann, Wm. Bunn, Sr., F. S. Coombs, A. Whitacre, R. L. Jenkins, attended the American Association of Physicians, the Society for Clinical Investigation, and the Federation Meeting in Atlantic City, May 2.



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## ST. ELIZABETH HOSPITAL NEWS

At the recent meeting of the American College of Physicians at Atlantic City the staff was well represented by Dr. A. Goudsmit, Dr. L. Shensa, Dr. L. P. Caccamo, Dr. V. Collantes. Dr. Recourte, resident in internal medicine, was unable to make the trip because of illness in the family. At this meeting, Dr. Caccamo was elected as an Associate.

Drs. Goudsmit and Caccamo attended the American Society of Internal Medicine as delegates from Ohio during the session which preceded the ACP meeting. The Ohio Society of Internal Medicine was selected as one of the six most active state societies in the American Society. Dr. Goudsmit, as president, was asked to give a report of the state's progress. Dr. Caccamo served on the National Credentials Committee and was appointed to the National Credentials and Finance Committee of the American Society of Internal Medicine for 1959.

The Heart Station will soon serve the new Cambridge Versa Scribe electrocardiograph with dual speed. This will further augment the services of the department and assist in better definition of certain arrhythmiae.

Dr. T. K. Golden's fractured hip was the only sad note in a rather active spring program. The staff wishes him a speedy recovery.

The recent acquisition of a new public relations officer, Mr. Hinman, and a Bacteriologist, Dr. Canatsey, have served to further increase the efficiency of the hospital.

*L. P. Caccamo, M.D.*

Science is always wrong. It never solves a problem without creating ten more.  
—George Bernard Shaw

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## YOUNGSTOWN SOCIETY FOR THE BLIND

New services made it possible for the Youngstown Society for the Blind to serve more than 700 blind and visually handicapped persons last year. This was made possible through the co-operation of doctors, nurses, teachers and other community resources.

The Youngstown Society for the Blind, now 38 years old, has grown from a small group of interested lay persons to a large comprehensive social welfare and rehabilitation organization. It now has a professional staff of five persons and extends many services, which include prevention of blindness, educational, recreational, employment, case work, Braille transcribing and special services programs.

Recognizing that doctors have a problem in knowing when to refer their patients to the Blind Society, this organization has prepared a handy reference guide. This guide is in the form of a manila filing card which fits into the filing cabinet of the professional person. When they have a question about the Youngstown Society for the Blind, they simply glance at the front of this manila card, where a brief description of the various services is printed in outline form. These cards will be mailed directly to the doctors' offices within a few days. Many studies have proven that if a person is referred to an organization for the blind in the very early stages of the onset of blindness, the emotional, social, and vocational problems are greatly reduced. The doctors are strongly encouraged to call the Youngstown Society for the Blind at any time there are questions regarding what can be done to help their visually handicapped patients.

The latest service offered by this organization is an eye bank program. Under this plan, the people of this community are urged to obtain the proper forms from the Youngstown Society for the Blind office to will their eyes after their death for both corneal transplant and eye research purposes. The members of the county Medical Society are the most important group in this community who are in a position to encourage their patients to donate their eyes for the above-mentioned purposes. Many doctors and local hospitals have already pledged their full co-operation in both requesting persons to donate their eyes and to remove those eyes after death so that they may be rushed to the proper destination for utilization. Full information and sample copies of donor's cards may be obtained upon request from the Youngstown Society for the Blind office.

Let trained personnel help the blind to help themselves.

The following information is a brief description of the services and programs for this organization which are made possible financially by your Community Chest, local Lions Clubs and special contributions:

**PREVENTION:** Referral for professional eye examinations, treatment, medication, and surgery. Training in use of magnifying devices. Public education.

**COUNSELING:** Home visiting. Training of visually handicapped in self sufficiency.

**EDUCATION:** Instruction in cooking, knitting, basketry, sewing, crafts, Braille, typing, cane travel, bowling, golf, swimming, dancing.

**SPECIAL SERVICES:** Distribution of Braille books, talking records, tools, aids, appliances, canes adapted for the blind.

**EMPLOYMENT:** Distribution of craft supplies to the homebound. Referral of employment requests. Selling of blind-made products. Maintenance of sheltered industrial sub-contract workshop for men and women.

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*Robert P. Langford*  
Executive Director

### AFTER THE BREAKFAST COFFEE

"This business of conversation is a very serious matter. There are men whom it weakens one to talk with an hour more than a day's fasting would do. Mark this which I am going to say, for it is as good as a working professional man's advice, and costs you nothing: It is better to lose a pint of blood from your veins than to have a nerve tapped. Nobody measures your nervous force as it runs away, nor bandages your brain and marrow after the operation." "—All generous minds have a horror of what are commonly called facts. They are the brute beasts of the intellectual domain. Who does not know fellows that always have an illconditioned fact or two which they lead after them into decent company like so many bull-dogs, ready to let them slip at every ingenious suggestion or convenient generalization or pleasant fancy?"

The history of medicine is dotted here and there with physicians who have also been artists. One such artist in the domain of literature was Oliver Wendell Holmes, who in his day invented a stethoscope which was considered the latest word at that time and who also managed to turn out a series of articles for the "Atlantic Monthly" called "The Autocrat of the Breakfast-Table" from which the above quotations have been taken. Holmes was a man of tremendous insight, witty and knowledgeable, who fancied himself a sort of monarch reigning over his breakfast-table. And I am quite certain that he must have had his coffee before these conversations recorded in his writing because his mind is very acute, at least much more so than mine before I've had my morning coffee.

Now, let's look a little further and see what Mr. Holmes had to say about insanity. "—Insanity is often the logic of an accurate mind overtaken. Good mental machinery ought to break its own wheels and levers, if anything is thrust among them suddenly which tends to stop them or reverse their motion. A weak mind does not accumulate force enough to hurt itself; stupidity often saves a man from going mad. We frequently see persons in insane hospitals, sent there in consequence of what are called religious mental disturbances. I confess that I think better of them than of many who hold the same notions, and keep their wits and appear to enjoy life very well, outside of the asylums. Any decent person ought to go mad, if he really holds such or such opinions. It is very much to his discredit in every point of view, if he does not."

And on advice to the ladies. "—The woman who 'calc'lates' is lost. —Put not your trust in money, but put your money in trust." One can certainly see his abhorrence of individuals whose principal claim to importance is the ability to recite facts, *Poll parrot* fashion. "—Scientific knowledge, even in the most modest persons, has mingled with it a something that partakes of insolence. Absolute, peremptory facts are bullies, and those who keep company with them are apt to get a bullying habit of mind; —not of manners, perhaps; they may be soft and smooth, but the smile they carry has a quiet assertion in it, such as the champion of the heavy weights, commonly the best natured, but not the most diffident of men, wears upon



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what he very inelegantly calls his "mug." Medicine, then as now, was not and is not an exact science. "If the sense of the ridiculous is one side of an impressible nature, it is very well. But, if that is all there is in a man, he had better have been an ape at once and so have stood at the head of his profession. Laughter and tears are meant to turn the wheels of the same machinery as sensibility; one is wind power and the other water power; that is all." "I find the great thing in the world is not so much where we stand as in what direction we are moving; to reach the port of heaven we must sail sometimes with the wind and sometimes against it,—but, we must sail and not drift, nor lie at anchor." "—Every real thought on every real subject knocks the wind out of somebody or other. As soon as his breath comes back, he very probably begins to expend it in hard words. These are the best evidence a man can have that he has said something it was time to say."

The genius of the man also found expression in poetry, the writing of which was quite popular during the nineteenth century, but during our present era has fallen somewhat into disrepute. Here is the last verse of his "Mare Rubrum":

Nay, take the cup of blood-red wine,—  
 Our hearts can boast a warmer glow,  
 Filled from a vintage more divine,—  
 Calmed, but not chilled by winter's snow!  
 To-night the palest wave we sip  
 Rich as the priceless draught shall be  
 That wet the bride of Cana's lip,—  
 The wedding wine of Galilee!

And still another couple of verses from "What We All Think":  
 Though temples crowd the crumbled brink  
 O'erhanging truth's eternal flow,  
 Their tablets bold with what we think,  
 Their echoes dumb to what we know;

That one unquestioned text we read,  
 All doubt beyond, all fear above,  
 Nor crackling pile nor cursing creed  
 Can burn or blot it: God is Love!

And so, the genius of the man lives on immortalized by the collection of these essays written originally for the "Atlantic Monthly." "The Autocrat of the Breakfast Table." To quote the Raven, "forever more."

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

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