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AKRON, OHIO
OCTOBER 22, 1958

BULLETIN

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(1) Marangoni, B. A.: *Am. Pract. & Digest Treat.* 8:1959, 1957.



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Our President Speaks

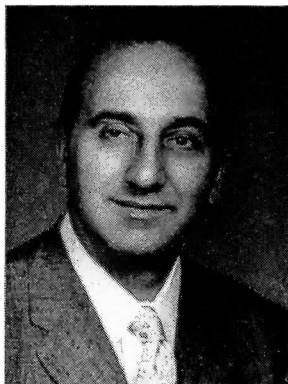
"Nature does not disclose her mysteries in a moment."

—Seneca

Every physician is impressed with this sage adage. Ours is a life of perpetual seeking an explanation for the mysteries of life and death. The learning of new methods of diagnosis, treatment and rehabilitation is a constant goal of the medical profession. An attempt to disclose some of the mysteries of nature will take place Oct. 22, 1958 at Akron, Ohio. This is the time for another outstanding post-graduate program of the Sixth Councilor District. The outline of subjects is varied and should appeal to everyone. Please look over the program and see how useful your attendance will be to yourself.

As we study specific disease entities and seek clinical explanations for the complicated biochemical and bacteriological reactions that influence the human body we all must remember that there are no diseases—there are only sick people. In other words, let us never forget that the diseased body must never be separated from the mind, the personality, the person. The good doctor knows that any diseased organ belongs to a definite person who is possessed of love, aspirations and hopes that are threatened by his disease. The better doctor is he who recalls that Von Leyden said: "The first phase of treatment is the act of extending a helping hand to the patient."—the whole patient.

Andrew. A. Detesco, M.D.



YOUNGSTOWN'S FIRST PHYSICIANS

Mr. Rendell Rhoades of Columbus has asked our Society to help him find certain information that he needs in writing an autobiography of Dr. Theodatus Garlick, famous Cleveland surgeon, scientist and sculptor, who died in 1884.

He would like information concerning three local doctors: Dr. Ezra W. Gleason of Brookfield, with whom Dr. Garlick studied; Dr. Tylee (possibly Tyler or Taylor) whose death "left an opening" for Dr. Garlick; and Dr. H. H. Palmer, whom he took into partnership.

Dr. Garlick mentions that he made his own surgical instruments at the only establishment in Youngstown making edged tools. Mr. Rhoades would like to know what the name of this establishment might have been.

If you have access to any of this information, please call the Medical Society office.

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**October, 1958****Number 10**

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

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EDITORIAL**MEDICAL PROBLEMS OF TODAY**

There is much talk of how we can best protect most of the youngsters (under 40) against poliomyelitis and other communicable diseases. Will mass immunization be the answer? Would it be best to pass a law requiring immunization before starting to school? Probably a survey would help to answer the problem. Somehow the American people are quite complacent until an epidemic or a catastrophe hits us. The latest figures of the National Foundation as of August 1, 1958 show 66,900,000 with one or more injections of polio vaccine and 44,100,000 with none at all. I believe educating the public or maybe a law passed by our City legislative body would help. There is great satisfaction in fulfilling a requirement.

The other problem facing us today is the care of the aged. They do have debilitating diseases. Until we can find a way of preventing them, we should have some method of helping these people.

The cost of prolonged hospital care is more than these indigent aged can afford—and most of the time these people do not need hospital care but need only recuperative care. Probably a well equipped rehabilitation hospital or home would be good. It would be especially beneficial if it were built near one of our hospitals. In this way these persons could have excellent care by the complete staff of the hospital.

A Geriatric Clinic at our hospitals would not only be beneficial to this Golden Age group but would also help in our out-patient department in the training of future doctors in the problems which lie ahead.

We should protect the young as well as heal and comfort the aged.

Morris S. Rosenblum, M.D.

THE COUNCILOR'S PAGE

The Council of the Ohio State Medical Association met at Granville on September 12, 13, 14. There was a very heavy docket of some 30 different items. We hope you read the more complete report of what we did, in the next issue of the State Journal. Here are some of the highlights of the meeting.

We had as of September 12, 1958, 9,079 members of OSMA; as compared to a total of 9,070 as of December 31, 1957. The number of OSMA members affiliating with AMA as of September 12, 1958 was 8,072 compared to a total of 8,030 who were 1957 AMA members. This entitles us to 9 delegates to the AMA.

In the 6th district the membership is as follows:



	OSMA	AMA
Columbiana County	76	71
Mahoning County	310	299
Portage County	44	44
Stark County	323	307
Summit County	452	436
Trumbull County	119	111
Total Membership	1,324	1,268

You will receive your ballot on the Social Security Poll on Oct. 1, 1958. It must be returned, postmarked before midnight October 31.

Action was taken on the constitution and By-laws of Medical societies including Mahoning. The parts which are concerned with reorganization of the Council and methods of voting were approved. Suggestions were made for improving other parts of the Constitution. Eleven Counties have adopted the standard Constitution.

The 1959 Conference of County Society officers and committeemen will be held in Columbus on February 22, 1959. This is our most important meeting of the year.

The 1959 Annual Meeting of OSMA will be held in Columbus on April 21-24.

It is believed that the Forand Bill will be a "hot" issue next year.

Mahoning County will be given a special award for contributions to the AMEF. Dr. Prugh, state chairman of AMEF will make the presentation at Akron on October 22 at the Postgraduate Assembly. Tuition paid by Medical students pays only 20% of the bill for operation of Medical schools.

You will receive another letter about October 1, asking for your contribution. In 1957 in Ohio 177 doctors gave \$33,000. Of this \$10,000 was contributed by the auxiliaries of the state. In addition to this, many doctors contributed directly to their own Medical Schools. The cost of Medical education annually is \$200,000,000.00 Of this the doctors of the Nation contributed \$1,000,000. So you must realize that our contribution is merely a stop-gate and that we must make future plans for financing our colleges. The medical profession has a grave responsibility, but the public also has a responsibility. We must get together and find a solution to financing our Medical schools, if we want to keep them out of federal control.



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You will soon be getting a new publication weekly from the AMA—the new "AMA News".

The group life insurance program is in effect.

We made some progress in getting better fees in the Workmen's Compensation schedule. You will get the new schedule soon. We didn't get all we asked for, but thanked the Board for what we got, and hope we can do better next time.

The Council meets again on December 13, 14. Send in your troubles. We'll try to help.

We hope you have sent in your advance registration for the Post-graduate Assembly. Advance registrations help the Committee do a better job. I don't need to say anything about the quality of the program. You will find it in the center pages of this *Bulletin* and it speaks for itself.

—C. A. Gustafson, M.D.

ELECTED TO OFFICE

Mrs. W. H. Evans has been elected a Director of the Woman's Auxiliary of the American Medical Association. She will serve a two year term on the National Board of Directors.

Mrs. Evans was appointed to office at the San Francisco meeting last June.

* * *

Sidney Franklin, M.D., LL.B. has been reelected Vice President for the Midwestern Area of the American Board of Legal Medicine.

WOMAN'S AUXILIARY NEWS

The Woman's Auxiliary to the Mahoning County Medical Society opened its Fall season with a luncheon at Squaw Creek Country Club on September 9th. Mrs. Earl H. Young presided.

Mrs. Myron Hanysh, membership chairman, welcomed the following new members: Mrs. H. S. Banninga, Mrs. Bernard Taylor, Mrs. Fred Dunlea, Mrs. Henry Shorr, Mrs. William H. Bunn Jr., Mrs. George Dentscheff, Mrs. P. A. Dobson, Mrs. J. L. Finley, Mrs. Vitalis Holonko, Mrs. J. P. Kalfas, Mrs. George Pugh, Mrs. J. J. Turner, Mrs. Joseph Tandatnick.

On the program committee for the day were Mrs. Lawrence Weller and Mrs. James R. Gillis. The guest speaker for the day was Father Anthony of Saints Peter and Paul Church who reviewed Tito's rise to power in Yugoslavia. Serving on the social committee were Mrs. Samuel Zlotnick, Mrs. Edward Gluck, Mrs. James Patrick, Mrs. Kurt Wegner, Mrs. Edward H. Jones, Jr., Mrs. Carl Raupple, Mrs. Francis Gambrel, and Mrs. Sidney Davidow.

The Auxiliary has organized a bowling league which will meet every Monday at 12:30 at the Champion Bowling Alleys beginning September 15th. Mrs. Edward A. Shorten is the chairman.

Auxiliary members are looking forward to the dinner with their husbands at the September 27th meeting of the Medical Society.

The October 7th meeting will be a Guest Day Luncheon at 12:30 at the Jade room. There will be a hat and accessory show by the Dorothy Sherwood Millinery Shop.

Mrs. Ben S. Brown
Publicity Chairman

METAL THAT IS "OUT OF THIS WORLD"

Sputniks and Explorers were undoubtedly made, in part, of stainless steel. Already, some aluminum and titanium—yesterday's wonder metal—have been replaced by stainless steel in supersonic aircraft.

The reasons why space travel will help stainless steel, are set forth in an article—"The Steel With The Bright Future"—in the current issue of "March of the Markets," our monthly publication. Here, too, you will find articles and brief discussions on investment opportunities in many fields. This 16-page booklet is readable, concise and objective.

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THE PHYSICIAN AND THE CLERGYMAN

by Rev. Homer J. R. Elford, D.D.

Minister, Trinity Methodist Church, Youngstown

It is an honor to be invited to contribute a few paragraphs to the Bulletin of the Mahoning County Medical Society. Within the memory-span of many of us there has developed a fresh and vital appreciation of the interrelatedness of the work of the physician and clergyman. No longer do either of us look with suspicion upon the possible contributions of the other to the total health of those who look to us for help. It is quite unnecessary to devote valuable space in this article to a summary of the development of this present relationship. Suffice it to say that it is marked by an ever-increasing awareness of the total man as revealed by a wider understanding provided both of us during our training and our experience.

For my part I feel that we must continue to share a concern for keeping people healthy in body, mind and spirit. While there are some in my profession who claim, and back their claims with specific instances, that they can affect "cures," not at all unlike those attributed to great religious leaders of the past, it is my conviction that the clergyman can make his most effective contribution to personal health by building up within individuals an awareness of the power of faith to enable us to live without anxiety. Many of us can repeat the testimony of well-known psychiatrists who say that the majority of people who are suffering from illnesses, other than those caused by some virus, are people who lack a conviction that God is their Father and they are his children. Unless we succeed in establishing this verile faith in people's lives while they are healthy and can quite easily accept this principle, we will have a most difficult time getting them to accept this fact when their bodies and minds are wracked with pain and anxiety. It is on this account that some of us look to our job as one of "preventive therapy." This is not to admit that there is nothing we can do for people after illness or disaster has struck, any more than the physician would likely be quick to give up his work with the ill. Each of us have been blessed with too much success in our endeavors to do that, and there are too many who are without either physical or spiritual reserves for us to hope that the day will be soon at hand when we can devote ourselves solely to preventive work.

Were I to attempt some specific suggestions for a good working relationship between physician and clergyman I could only draw from wonderful personal experiences with physicians. It has been my privilege to be able to count physicians and surgeons among my closest personal friends. This may be because we both are called upon to deal with life in its hours of crises when "deep calleth unto deep," and the best energies of both the physician and the clergy find expression. Knowing, as we both know from our training and experience, that there are elements of life which can only be described as "divine," and having dedicated ourselves to the welfare of those who call upon us for help, we have common interests and concerns which provide grounds for creative friendship.

I would counsel my fellow clergy never to say anything, either by word or attitude, which will lead a patient to question the confidence he has been led to put in his physician. Never should the clergy presume to diagnose or prescribe. When he calls on the patient he should show an interest in the individual person, not his illness. He should be optimistic, but not polly-

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anna. He should cooperate with the physician in telling the patient important information. Sometimes I have been asked by a physician and a family to tell a patient that he has cancer, for example. This must always be an issue which has been well thought out. Good repose between physician and clergy makes this possible. As the physician encourages friendship with the clergy; as he indicates to his patients a deep respect for the clergy, through his own active participation in the religious organization of his choice, as well as personal comments, the patient is encouraged to see that religion and medicine are not at odds; that there is something creative to be gained from reliance upon them both.

From my observation I have come to appreciate the deep sense of dedication in the heart of every successful physician and surgeon. I recall so vividly the morning my eight-week old son was to be operated on for pyloric stenosis. I was scheduled to give a morning radio talk. The surgeon said he would wait until I could get to the hospital. In my radio talk I told the story of a farmer who hired a boy whose only personal recommendation was expressed in the words, "I know how to sleep on a windy night." It developed that the boy could sleep because during the good days he had prepared for a storm. Later, as I handed the child over to the nurse to be carried into the operating room, the doctor looked at me over his mask and said, "I think we know how to sleep on a windy night." I knew that that wonderful friend and surgeon had been preparing for that moment for some twenty years and that he had, again that morning as he scrubbed, said something like this: "These hands belong to you God; use them for the healing of this little baby." Years later I was able, in some small way, to share that same conviction with him as we laid to rest his daughter who had become a victim of cancer. It is for such reasons, born out of personal experience, that I feel very keenly that the physician-clergyman relationship is one which is weighted with wonderful possibilities for creative ministry to the needs of people. Believing, as we do, that God is our Father and that we are stewards of the talents which he has given us, we can dedicate them to His service in the spirit of mutual concern for the welfare of others.



SOCIAL NEWS

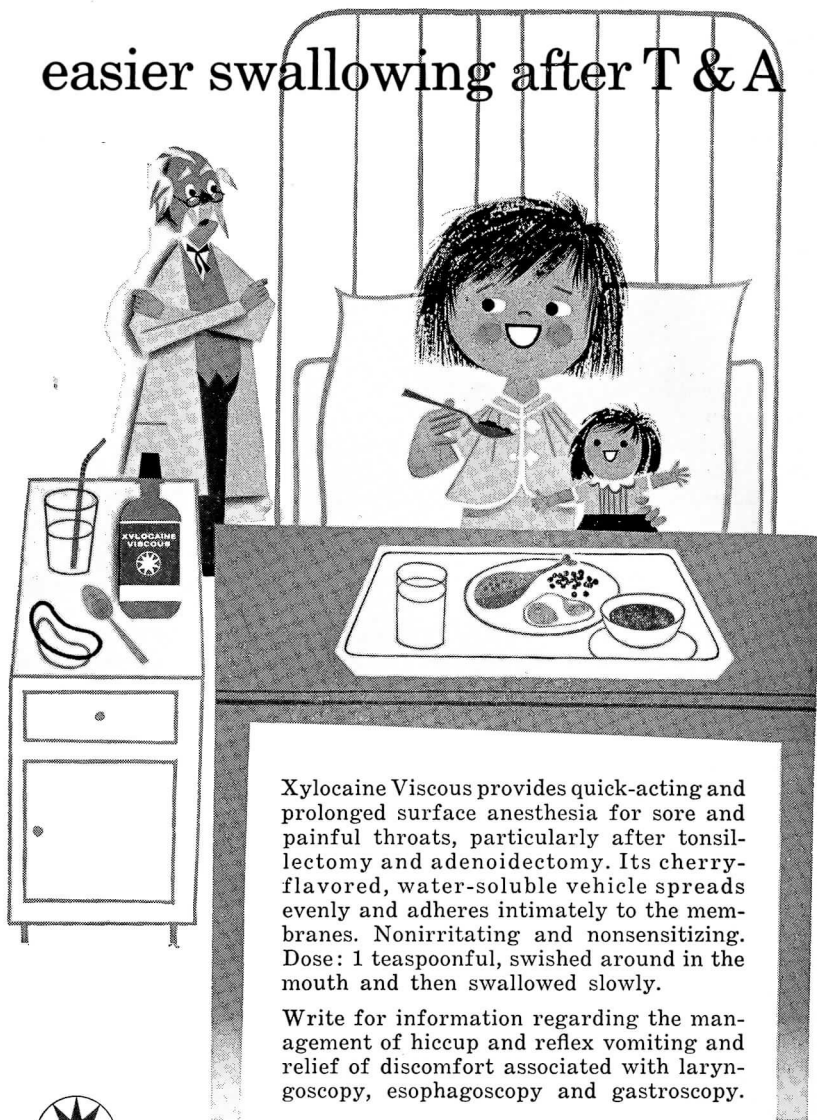
St. Elizabeth Hospital

Dr. T. K. Golden is up and around at home. Dr. Mahar and family spent two weeks in Atlantic City. Dr. Saul Tamarkin took his daughter back to college and then spent a week in New York City. Dr. J. M. Ranz went to Cincinnati recently to celebrate his *fiftieth* anniversary of his graduation from medical school. He attended Miami Medical College, which is now The University of Cincinnati. There were 16 in his class and 3 showed up for the reunion. When I said, "That must make you about how many years old?", he replied, "I was very, very young when I graduated from medical school." Incidentally, Dr. Sovik and A. K. Phillips were there to celebrate their twentieth anniversary, too, (relatively youngsters).

Dr. DiDominico took his new bride, the former Ida Berger, who was a nurse associated with the Board of Education, to Miami and Havana, Cuba on a honeymoon.

J. R. Sofranec, M.D.

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MEET THE OLD PROS

DR. ELMER J. WENAAS

Dr. Elmer J. Wenaas was born July 17, 1899, in Mayville, North Dakota. He has been a prominent ophthalmologist in Youngstown for years. He received his elementary and high school education in Mayville; his pre-medical work at the University of North Dakota, where he received a B.S. degree. After his College graduation, he was a high school principal for one year. He had then saved enough money to begin medical school at George Washington University. Incidentally, he worked his way through medical school as a policeman at the Capitol and Senate Building on the 12:00 midnight to 8:00 A.M. shift. He graduated in 1924 and decided to take his internship at the Ancon General Hospital in the Panama Canal Zone, as they paid "\$75.00" a month, which was unheard of in this country at that time. He remained there eighteen months. When he came to Youngstown in July, 1927, he entered the offices of Drs. Ranz, Monroe, Haulman and Beight, to do general practice. In late 1929 he began ophthalmology residency at the New York Eye and Ear Infirmary. Finishing in 1932, he was associated with Dr. Frank Birch of St. Paul, Minnesota, for one year. He then headed the eye department at the Dubuque, Iowa, clinic until 1935, when he became associated with Dr. W. H. Evans, and Dr. Robert E. Odom, 510 Dollar Bank Bldg. In 1946, he decided to practice solo and moved to the seventh floor, Dollar Bank Bldg., where he is still practicing.

Doctor Wenaas has had two associates, Dr. Charles Stertzbach for nine years, who is now practicing on Market St., and Dr. George Pugh, who is still with him at the present time.

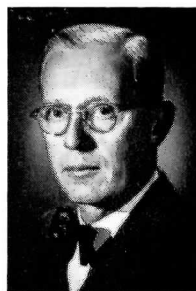
He is a member of the American Academy of Ophthalmology and Otolaryngology, American College of Surgeons, Association for Research in Ophthalmology, Pan-American Ophthalmology Society, Pittsburgh and Cleveland Ophthalmological Societies, and Alumni Association of New York Eye and Ear Infirmary. He is certified by the American Board of Ophthalmology.

In 1951, he was president of the Mahoning County Medical Society and was on the Council from 1944-1954. He has been vice-president of St. Elizabeth's Medical Staff from 1946-1947, and a member of the State Judicial Committee of Ohio State Medical Society, and secretary of the State Society of Ophthalmology in 1955 and chairman in 1956.

Dr. Wenaas has contributed papers to the medical literature, one, an original on "Cataract Extraction and Iris Inclusion for Glaucoma" which was read at the University of Oslo in Norway, 1954. His paper on the use of suction disc was read at the Pan-American Ophthalmology Society. Incidentally, he has probably done more cataracts by this method than anyone in the world.

Dr. Wenaas' father was one of the first settlers in Trail County, North Dakota. He served several terms as County Sheriff in the days of the old wild west. He later became a farmer.

He was married to Augusta Lewis in 1930. They have two children and three grandchildren and expecting a fourth grandchild in a month. His son, John, is a Junior at the University of Louisville Dental School and has one son, John, Jr. His daughter, Nancy, is married to Dr. Jon Love, an Orthopedic Resident, at Reading, Pennsylvania. They have a son and a daughter.





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Dr. Wenaas is quite a sportsman. He shoots golf in the low 80's, is an excellent shot and does considerable fishing. He had several riding horses at one time when his daughter was at home, but has only one at the present time.

He is a member of the Youngstown Country Club, Youngstown Club and Rockwell Trout Club. He formerly belonged, but has since resigned from Rotary, Masonic Lodge and the Elks Club.

Dr. Wenaas is not only a fine fellow, but an excellent ophthalmologist. We certainly owe him a great deal of respect and admiration for his outstanding career. We hope he continues his good work for many years to come.

L. O. Gregg, M.D.

MAHONING COUNTY HOME HEALTH CARE

There has been such a scarcity of information and such a great deal of misinformation regarding the Mahoning County Home that I feel impelled to endeavor to clear up any misconceptions that my fellow physicians may have regarding the true facts of the situation. Since it is easier to criticize destructively than constructively, the Mahoning County Home has been used as a football for publicity by persons who are more interested in headlines than in the real truth.

As Medical Director of the Mahoning County Home, I feel that I am in a position to evaluate the health care assistance rendered to the residents of the Home by the staff under my supervision. While I feel that the Home itself, the ambulatory part of the Home, has a well rounded out program and good service, yet, I am directing myself only to the health care part in bringing this to the attention of the Mahoning County Medical Society.

At present the Home is under the jurisdiction and is part of the Mahoning County Welfare Department. It has been so since February 1955. Prior to that it was no more and no less than a facility of the Mahoning County Commissioners, and a severely criticized one at that. Welfare Director I. L. Feuer, who is the head of the institution, is assisted by the Mahoning County Welfare Advisory Board, a lay group of well known and civic minded citizens of our community. Since the Home has been under this administrative set up, we have made amazing progress in all phases of resident-patient care. So we must consider the Welfare group as the prime motivating force in any advances made and yet to be made.

Prior to this new set up, the present Health Director was the only medical man on duty, on a part time basis, along with one registered nurse. It was a hit and miss proposition with much service left undone and, as you can readily see, health service of a not very effective nature. As soon as the Home came under the supervision of the Welfare Department a "Hospital and Health Care Study Group" was appointed by the Welfare Director to study all services in the field of health care that were in existence at that time at the County Home and to recommend changes for the betterment. The study group consisted of Mrs. John W. Ford, chairman, Mr. Nathaniel Jones, a member of the Mahoning County Welfare Advisory Board, Mr. Edward J. Gilronan, County Commissioner, Mr. George Madtes, Dr. Paul J. Mahar, Judge Henry P. Beckenbach, Dr Russell Rummell, Mrs. Fred James and Mr. I. L. Feuer.

This group made a complete fact finding study of health care, considered all material available on the subject and made conclusions and recommenda-

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*Finnerly, F. A. Jr.: New York State J. Med. 57:2957 (Sept. 15) 1957.

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tions to the Welfare Department and to the Mahoning County Welfare Advisory Board. Out of this group study, their recommendations were adopted as policy by the Mahoning County Welfare Department. There is now developed the present health care set up at the County Home with Dr. Paul Mahar as Medical Superintendent and with a full staff of part-time doctors and with a full time group of registered nurses in addition to practical nursing services.

The decided opinions and testimonials of our doctors, the Welfare Administration, State Welfare officials and many other officials and visitors are that the present health care at the County Home is better than that existing in most chronic nursing homes and rest homes in this section of the State. As a matter of fact, our set up has been classed as one of the best in the State of Ohio as far as County Home Infirmaries are concerned.

The medical staff under my jurisdiction is doing a splendid job, a service worth far more than the small stipend that they receive. They are here for the good they do and money could not purchase the true value of their services. They are a dedicated lot, and are constantly working for the benefit of the residents, on their regular visitation to the Home, or on acute cases which they serve in their own offices or merely on the visitations made outside of duty hours. I, as Medical Director, am deeply indebted to their help for the success of the health care set-up at the County Home. My staff is composed of a qualified specialist in Ophthalmology, a specialist in Urology, a specialist in Ear, Nose, and Throat, a well qualified practicing Dentist and a qualified Chiropodist. These dedicated men not only follow their specialties, but give valuable suggestions for aid in related fields. I might add at this point that at no time has there been any interference on the part of the Welfare Director in any of the health care problems at the Mahoning County Home. A free hand has been given to the Medical Director and every appointment has been his choice without any suggestion or interference.

Next in line are the nurses. We have now five registered nurses and there is never a time when the institution is without a fully qualified registered nurse on duty, including a night nurse. This group is also a dedicated one and nowhere could one receive kinder more intelligent care than that being given by the nurses. Their job is of great importance because they are active at all hours and are responsible to doctors who are only on part-time duty, whose orders they follow and with whom they must communicate on the telephone constantly. These nurses are directly in charge of about 15 practical nurses, male and female, plus ward aides, to help in the many tasks that have to be carried out.

Drugs and medical supplies are of the best and all orders for either ordinary or special drug supplies are honored and provided. Only the best are used and are carefully administered.

A statement regarding food and its preparation must be made here. The kitchen is under the full control of a graduate dietician who is hired on a part time basis but to whom the kitchen help is responsible at all times. She supervises the preparation of the meals and makes up the daily menus. The food is well prepared and adequately served. The employees eat the same food as the residents and the Medical Director frequently checks on all the menus and the preparation of the food. Special diets are prepared for certain cases on orders of the doctors. Inspection of the kitchen for cleanliness is made by the entire medical staff on different days. The kitchen is anti-

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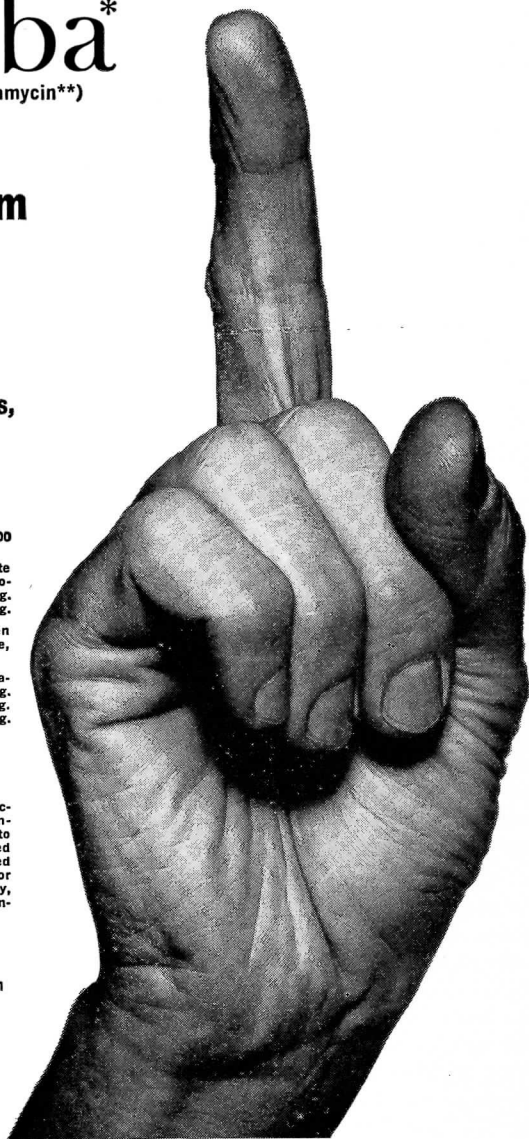
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quoted but clean. To say "everyone loves all the food all the time," would be folly but certainly the greater majority relishes the diet as prepared. Food serving, food preparations and other food provisions were also outlined by a "Group Study Committee" at the same time when the "Health Care Committee" was functioning.

All the sections are closely coordinated by the Medical Director, who not only supervises the health care of the residents but also sees that every new admission is given a full examination. He approves all admissions, as far as the medical part is concerned, of all new applicants. The only limitation to perfect medical care are physical handicaps. These are not in our province and we hope for their solution in a new County Home or if the present one is rehabilitated. Because of limitations we shall also not mention housing or living facilities except that they leave much to desire.

To lead or attempt to lead anyone to believe that all our health care problems have been solved and that we are able to care for all cases at the Home would not be true. The constant supervision, care and examinations has reduced health care incidents by over one half and has raised the quality of the health conditions of the residents but not all services are at perfection. Remember that we are dealing with old folks that have geriatric problems, some of which no one can do much about. However, our preventive medicines and care have helped a great deal. General surgical cases are not treated at the Home but are best treated in local hospitals, orthopedic and gynecological cases as well. Tuberculosis suspects are referred to the Mahoning County Tuberculosis Sanatorium and psychiatric cases are best handled at Woodside Receiving Hospital.

I have given you a picture of health services that are being rendered and I have told you that it is good, beneficial and the best. As one of our doctors expressed himself, "it is a better service given at public expense than a paying patient could receive." This service could be rendered much better, much more efficiently and with better results if the physical properties were in such shape that we could avail ourselves of the latest in special equipment and operating supplies. We work in buildings that are not fit and cannot be made usable except at great expense. No repair construction is being contemplated pending the decision of a new County Home or the reconstruction of the present one. The Welfare Department and the Welfare Advisory Board has promised the medical staff that, if and when new construction will take place, adequate provision will be made for a new, modern health care section, both in space and equipment. We have no reason to doubt this promise from this group.

In conclusion I want to state that any doctor or group of doctors who would like to visit the Home would be welcome to do so. You will be cordially received and by seeing for yourself, by asking information from the staff doctors, nurses or aides, anything at all that you desire to know, you will understand and appreciate the service that we are rendering and the handicaps and problems that we have to contend with. It is far better to visit us and see for yourself than take the word of someone else. Please feel welcome to come. All I would like to impress on you is that the health care set up of the Mahoning County Home is of the best and a credit to the community. The Welfare Department should be commended for an improvement well done.

Paul J. Mahar, M.D.

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1. Shalowitz, M.: *Geriatrics* 11:312, 1956. 2. Warter, P. J.: *J. M. Soc. New Jersey* 54:7, 1957. 3. Hutcheon, D. E., et al.: Paper presented at Am. Soc. Pharmacol. & Exper. Therap., Nov. 8-10, 1956, French Lick, Ind. 4. Strub, I. H.: To be published. 5. Individual Case Reports to Medical Dept., Pfizer Laboratories.

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POSTGRADUATE Sixth Councilor District--Ohio's Akron--Wednesday, Oct. 2, 1957

Speakers

SURGERY

- Dr. George Block**
University of Michigan
- Dr. Richard B. Cattell**
Lahey Clinic
- Dr. Deryl Hart**
Duke University
- Dr. Paul Hodgson**
University of Michigan
- Dr. William Regan**
University of Michigan

MEDICINE

- Dr. J. Earle Estes**
Mayo Clinic
- Dr. William Jefferies**
Western Reserve University
- Dr. R. G. Siekert**
Mayo Clinic
- Dr. Joseph Vanderveer**
University of Pennsylvania

PEDIATRICS

- Dr. John Caffey**
Columbia Presbyterian Med. Center
- Dr. Edward A. Mortimer, Jr.**
Western Reserve University
- Dr. G. Mason Sones**
Cleveland Clinic
- Dr. Mitchell Rubin**
University of Buffalo

OBSTETRICS & GYNECOLOGY

- Dr. M. Edward Davis**
University of Chicago
- Dr. Allen F. Gutmacher**
Mt. Sinai Hospital
- Dr. John G. Masterson**
State University of New York
- Dr. Clyde L. Randall**
University of Buffalo
- Dr. Frederick Zusan**
Western Reserve University

General Sessions

- 9:30-10:15 Staphylococcal Infections
- 10:45-11:30 Obstetrical Gynecology
Endocrinology
- 2:00- 2:45 Thyroid
- 3:15- 4:00 Vulvovaginitis
- 4:15- 5:00 Surgery in the Postoperative
Cardiovascular Patient

Section Meetings

(8 HRS. AAGP CREDIT)

9:30 - 10:15

- Surgical Management—Biliary Tract
and Its Complications**
Dr. Richard B. Cattell
- Anticoagulant Therapy in Cerebrovascular
Disease**
Dr. R. G. Siekert
- Aortic Arch Syndromes**
Dr. Earle J. Estes
- Cine-cardioangiography in Diagnosis
of Congenital Heart Disease**
Dr. G. Mason Sones
- Problems in Infertility**
Dr. M. Edward Davis
- Carcinoma of the Endometrium**
Dr. John G. Masterson

REGISTRATION 8:00 a.m., Wednesday, Oct. 2, 1957

Advance Registration Fee: \$10.00. Send advance registration card to:

QUATE ASSEMBLY

Ohio State Medical Association

Day, October 22, 1958

General Panels

Staphylococcal Infections

Gynecological

Endocrinology

Diabetes

Prostatitis

Diabetes in the Poor-Risk

Cardiovascular Patient

Section Meetings

Continuing Education (CREDIT)

Management—Biliary Tract Disease

Indications

W. B. Cattell

Therapy in Cerebral

Edema

W. E. Eckert

Endocrine

W. E. Estes

Angiography in Diagnosis

of Heart Disease

W. H. Sones

Fertility

W. D. Davis

Endometrium

W. Masterson

Section Meetings

Present Concepts, Surgical Treatment,
Peptic Ulcer

Dr. Deryl Hart

Medical Treatment of Arteriosclerosis
of the Abdominal Aorta

Dr. J. Earle Estes

10:45 - 11:30

Diagnosis and Treatment of Renal Failure
in Childhood

Dr. Mitchell Rubin

Hormonal Relations of Cancer of the Breast

Dr. George Block

The Management of the Severely Ill Patient
With Acute Myocardial Infarction

Dr. Joseph Vanderveer

Practical Use of the Diagnostic X-Ray
in Children

Dr. John Caffey

2:00 - 2:45

Thoughts on Carcinoma in Situ

Dr. Clyde L. Randall

Foetus of Multiple Gestations

Dr. Allan F. Gutmacher

Recuperation and Treatment of
Thrombo-embolism

Dr. Paul Hodgson

The Use of Adrenal Steroids in
Clinical Medicine

Dr. William Jefferies

3:15 - 4:00

Anti-Bacterial Therapy of Respiratory
Infections in Children

Dr. Edward A. Mortimer, Jr.

Polyps and Cancer of Colon and Rectum

Dr. William Regan

4:15 - 5:00

Recommendations for Postpartum Sterilizations

Dr. Allan F. Gutmacher

Wed. Oct. 22.

Send advance registration checks to:

Summit County Medical Society

Second National Bldg., Akron 8, Ohio

MEDICAL GLEANINGS

APLASTIC ANEMIA: AN ANALYSIS OF 50 CASES

*Daniel N. Mohler and Byrd S. Leavell**Annals of Internal Medicine**August, 1958*

1. Fifty cases of aplastic anemia, varying in age from 4 years to 82 years, have been analyzed.

2. Toxic exposure was thought to be the etiologic agent in 7 patients, while the cause was unknown in 43.

3. Most of the patients had pancytopenia, a macrocytic anemia, relative lymphocytosis, and hypocellular bone marrow. However, in 13 the bone marrow was normocellular or hypercellular, and 7 patients had anemia that was not associated with leukopenia or thrombocytopenia.

4. Although the most important factor in the anemia in these patients was the deficient erythrocyte production, the presence of an associated hemolytic component manifested by increased fecal urobilinogen excretion and mild reticulocytosis was not unusual.

5. Exogenous hemochromatosis was found in six of the 14 autopsied patients. Brownish gray skin pigmentation, lymphadenopathy, hepatomegaly and splenomegaly occurred commonly in patients who received multiple transfusions.

6. The prognosis was most favorable in patients with anemia alone and in those with a hypercellular bone marrow. However, an illness of long duration was not uncommon in those with pancytopenia and a hypocellular bone marrow. Although 12 of the 37 patients who presented with pancytopenia died within a year, 6 lived more than 5 years, and 1 survived 20 years.

7. A complete remission occurred in six patients, and a partial or temporary remission in another six patients. Both the spontaneous remissions and those that followed corticosteroid therapy and splenectomy occurred most often in patients who had anemia alone.

COMPLETE HEART BLOCK: A FOLLOW-UP STUDY

*John C. Rowe and Paul D. White**Annals of Internal Medicine**August, 1958*

Among 278 patients with complete heart block seen between 1925 and 1955, coronary heart disease, with or without hypertension or acute infarction, was the cause of the disorder in 70%. In the remainder rheumatic heart disease, congenital heart disease, digitalis intoxication or less common types of heart disease were responsible.

The Adams-Stokes syndrome occurred in 38%, and the mean survival time of the patients actually exceeded that of patients without these attacks.

In the coronary heart disease group the mean survival time for all patients was slightly over four years from the onset.

There was a history of diphtheria in 6%; in two cases the onset of block could be related directly to that illness.

In all groups except congenital heart block and digitalis-induced block, males predominated about 2-to-1. Patients with congenital heart block were distinguished by their long survival time and relative freedom from symptoms.

R. L. Jenkins, M.D.



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ANEURYSM OF THE RENAL ARTERY ASSOCIATED WITH A PAPILLARY TRANSITIONAL CELL CARCINOMA

Aneurysm of the renal artery is a rare pathological and clinical entity. Aneurysm was the first disease of the renal artery to be recognized, but there are comparatively few reports of its occurrence. The frequency of renal artery aneurysm at autopsy has been estimated as 1 in 11,000. In 1951 Abeshouse in a review of the literature reported that 115 cases, including two of his, had been recorded. Since then more have been reported, yet the total number still is under 150 reported cases. Poutasse has made the largest contribution to this series recording some twelve cases, which would lead one to suspect that perhaps renal artery aneurysms are more common than reports to date have indicated.

An aneurysm is a localized abnormal dilatation of an artery due to disease of the media. A true aneurysm is one in which one or more layers of the vascular wall are distended. False aneurysms are formed by openings in the vascular wall with hematoma formation which later undergoes organization.

The primary factor in the development of every aneurysm is a weakening of the arterial wall which is initiated by either a degenerative, inflammatory, congenital or traumatic lesion. Although the initial lesion may originate in either the wall, the lumen or outside the lumen of the renal artery, involvement of the medial coat is the prime prerequisite of formation of an aneurysm.

The type of aneurysm most frequently found in the renal artery is a saccular aneurysm, which is a true aneurysm.

The symptom complex from aneurysm of the renal artery is rather varied; the most constant symptom is pain which is generally localized in the upper part of the abdomen and usually referred to the lumbar region of the involved side. Hematuria, palpable mass, hypertension, a bruit or pulsation may also be present.

Renal artery aneurysms generally occur in either the fifth to sixth decade and are equally represented in both sexes.

The diagnosis of aneurysm is greatly facilitated by taking an x-ray; it is our most important diagnostic aid. The characteristic wreath or signet ring calcification medial to the renal pelvis is said to be pathognomonic. This appears to be true with saccular aneurysms, but the majority of lesions are without calcification and aortography is the only means of demonstration these types of aneurysms.

The differential diagnosis of calcified renal artery includes: calcified aneurysms of the splenic, hepatic and mesenteric artery; calcified nodes; renal calculi, gall bladder calculi. In most instances, however, the x-ray diagnosis of calcified aneurysm of the renal artery presents no difficulties.

The treatment of aneurysm of the renal artery is usually surgical, for it is widely known that they will rupture. This usually means nephectomy, but several cases of conservative surgical excisions have been carried out where the aneurysms tends itself to this type of procedure. In general it is believed that surgical treatment is unnecessary in non-hypertensive patients having small (1cm in diameter or less), asymptomatic, and is advisable in patients having large aneurysm especially in those who have symptoms or hypertension.

In a review of the literature many types of renal diseases were associated with aneurysms. Two cases of hypernephroma are reported, but I



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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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was unable to find one associated with a papillary transitional cell carcinoma. This fact has prompted my report.

CASE REPORT

Mrs. J. I., a 64-year-old white woman, was admitted to the Youngstown Hospital on December 7, 1956 with a six-month history of vague upper abdominal pain. The pain was dull, constant, and at times would radiate to her left flank. Her only complaint was a 12-pound weight loss during the preceding six months which she attributed to a poor appetite. She denied any gross hematuria or other urological complaints.

Physical examination revealed a thin, well nourished white woman. The blood pressure was 130/80, there was a pronounced pulsation of the mid-abdominal aorta, and a suggestion of a mass in the left upper quadrant. Her laboratory work was not remarkable.

A flat film of the abdomen (slide 1) showed a calcified wreath-like shadow situated medial to the left kidney. Intravenous urography (slide 2) revealed a normal right kidney, on the left the calcified ring encroached on the renal pelvis, the superior calyx failed to fill and there was compression of the middle calyx. A retrograde pyelogram (slide 3) showed essentially the same picture and we were unable to fill the superior calyx. Aortography (slide 4) disclosed puddling of dye in the calcified ring. A diagnosis of aneurysm of the left renal artery and possible tumor of the kidney was made.

On December 26, 1956, under general endotracheal anesthesia, a trans-abdominal approach was performed which confirmed our diagnosis. Following dissection and ligation of the aneurysm, the nephrectomy proceeded in the usual manner. The patient made an uneventful recovery and was discharged on the fourteenth postoperative day.

The pathological diagnosis (slide 5) was a large saccular aneurysm of the renal artery at the region of the bifurcation. Slide 6 shows a close-up of the renal artery, the aneurysm cut open, and the bifurcation of the renal artery. In the upper pole of the kidney and irregular, oval, fairly well demarcated tumor was found (slide 7). Microscopically (slide 8) the tumor mass proved to be a papillary transitional cell carcinoma.

SUMMARY

A case of aneurysm of the renal artery associated with papillary transitional cell carcinoma has been presented.

A. Wm. Geordan, M.D.

REMEMBER TO VOTE—NOV. 4th

Election Day—Nov. 4, 1958—is not far off. Doctors should be carefully considering the candidates. It is important that you know what these candidates think about medical questions upon which they may be required to vote during their term of office.

As many of the candidates as were available have been interviewed by Dr. Wales and his Legislative Committee. The results of their findings were reported at a recent 6th District legislative meeting, and are on file at Dr. Wales' office.

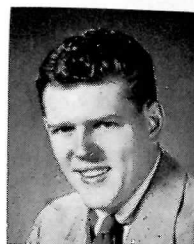
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DR. WILLIAM D. LOESER

The Youngstown Hospital Association is happy to welcome Dr. William D. Loeser of Buffalo, N.Y. as the new head of the Intern & Resident teaching program for the hospitals. We are delighted to have someone with his background and experience to help coordinate the program already in progress and to make it a better and more comprehensive one.

Dr. Loeser was born in Buffalo, N.Y. August 23, 1922. He attended Lafayette High School and the University of Buffalo, graduating from the University of Buffalo School of Medicine in 1945. He interned at Jewish Hospital in Brooklyn, N.Y. and following this served in the U. S. Navy for two years as a Lt. j.g. Following the stint in the Navy he returned to Buffalo and served as an assistant resident and later resident in medicine at Buffalo General Hospital until October 1950 when he entered the private practice of internal Medicine in Buffalo. He developed poliomyelitis in September 1953 and spent eight months getting back on his feet. Despite some residual weakness in both legs, he has been physically active ever since.

In May 1954 he started part time work at the University of Buffalo Chronic Disease Research Institute as an assistant physician working in the March of Dimes supported Respirator Center. In June 1956 he was made director of this Center which received patients from all over the world who were all admitted because they required tank respirators to survive. Over a period of time most of these patients were able to use lesser respiratory aids, or were able to do without any respiratory aids whatsoever. There was of course a good deal of vocational rehabilitation involved in the process of getting these people back to a more normal life and this was a large part of the program.

Dr. Loeser was made an associate in medicine of the Medical School in 1954. During this time he has been able to write articles for medical journals and has done considerable work and research on pulmonary function.

He is a diplomat of the American Board of Internal Medicine and an associate of the American College of Physicians. He is married to the former Annette Brown of Rochester, New York, and they have a son and two daughters who are now attending Harding School.

The Loesers live at 1871 Coronado Avenue and are apparently getting used to Youngstown soot and Northeastern Ohio weather.

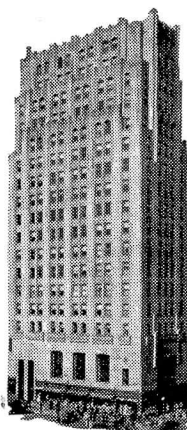
We hope their stay will be a happy permanent one.

Hugh N. Bennett, M.D.

CHANGE OF ADDRESS

Be sure that your secretary has marked down the new address and phone number for the office of the Mahoning County Medical Society. Address your correspondence to: 245 Bel-Park Bldg., 1005 Belmont Ave., Youngstown 4, Ohio. The phone number is: Rlverside 6-8431.

The Medical-Dental Bureau remains at the same location—125 W. Commerce St.



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FROM THE BULLETIN**Twenty Years Ago—October 1938**

Dr. Perrin Long addressed the Society on the "Use of Sulfanilamids." There were no other antibiotics then. For a severe streptococcal, gonococcal, pneumococcal or Welch bacillus infection in a 150 pound male he recommended an initial dose of 4.8 gm. followed by 1.2 gm. every 4 hours day and night; given by mouth with an equal amount of sodium bicarbonate and a liberal amount of water.

The Post-Graduate Course of lectures on treatment given every Wednesday night by a group from the Cleveland Clinic was in full swing.

The first Dinner Dance of the Mahoning County Medical Society was enjoyed that month at the Youngstown Country Club. The dinner was excellent and Ruth Autenreith's Orchestra played for the dancing which followed. Plans were announced to make it an annual event. It was the first time anyone could remember that wives were invited to a Medical Society affair.

Dr. Elmer Wenas contributed an article on "Allergic Conjunctivitis" and Dr. A. Marinelli one on the "Acute Abdomen In Children And Infants."

Dr. W. H. Bunn was president of the Central Society for Clinical Research. Dr. John A. McDonough became a member of the Society. Paul Mahar was in for an appendectomy. The T. K. Goldens were celebrating the birth of a son.

Health Commissioner Ryall assured the members that pneumonia serum would be available for the indigent sick during the coming winter.

Ten Years Ago—October 1948

Dr. Hans Selye of the University of Montreal addressed the Society on "The Adaptation Syndrome." Little was said in the Bulletin about this important new concept of the bodily reaction to stress, other than the bare announcement.

The Women's Auxiliary was well organized by this time and announced a luncheon at Mrs. McDonough's residence. Mrs. S. J. Ondash was President.

The A.M.A. Committee to study conditions of General Practice pointed out that the General Practitioner does not show adequate interest in organized medicine at any level and should be urged to participate.

Copies of the Code of Regulations for the new Medical Service Foundation were mailed out to members for their study. Dr. Elmore McNeal became a new member.

The newly formed Youngstown Heart Association was urging all physicians to become active members.

The Zemmer Company was recommending Auri-Tussin, a solution of Gold Tribromide for whooping cough. What has become of Whooping Cough, anyway?

The Medical Crier's column dealt with what was best to tell the patient. It said that often the difficulty with doctor-patient communication was because the patient often does not ask what he really wants to know. The art of good communication lies in discernment and understanding of the patients needs and fears. The column stated that it is always best to tell the truth but never to take away hope.

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PROCEEDINGS OF COUNCIL

Sept. 8, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, Sept. 8, 1958, at the Conference Room of the Associated Hospital Service, Market St. at Dewey Ave., 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, F. A. Resch, A. Randell comprising Council, also S. Franklin, F. Gelbman, G. Delfs, E. G. Rizk, and Dr. L. A. Blum, Youngstown Health Commissioner.

Meeting was called to order at 9:00 p.m.

Dr. Blum announced that the Ohio State Dept. of Health would be putting on a venereal detection program and asked that the Society write him a letter of approval.

Dr. Delfs read a report of the Polio Committee in regard to mass inoculation. This included reports from Canton, Cleveland, and Akron.

Dr. Rizk read a report of the Pre-School Health Committee. Following discussion, the motion was made, seconded, and duly passed that the Polio and Pre-School Health Committees meet jointly to formulate a community-wide plan in regard to polio and public health, and that this proposal be presented at the next meeting of Council.

A Mental Health Committee report was submitted by Dr. Gelbman. He registered approval of the appointment of Dr. Charles Waltner as superintendent of Woodside Receiving Hospital. He introduced discussion concerning use of hospital clinic space for electric shock treatment.

Dr. Rosenblum introduced a request from a potential advertiser to submit cigarette advertising to the Bulletin. A motion was made, seconded, and duly passed accepting cigarette advertising in the Bulletin.

Dr. Stertzbach submitted a report of the Aid for the Aged Lay-Committee meeting. Discussion ensued regarding the possible reasons that Mahoning County medical expenses were reportedly higher than those of other counties in the Aid for the Aged Plan. Dr. Stertzbach read a letter to be sent to the Aid for the Aged Committee. A motion was made, seconded, and duly passed approving the report of Dr. Stertzbach. Dr. Detesco commended Dr. Stertzbach on his report.

Dr. McGregor reported on the success of the Canfield Fair Health Tent exhibit. Discussion ensued in regard to the participating exhibitors. Dr. McGregor and Dr. Detesco both reported that exhibitors were pleased. A motion was made, seconded, and duly passed commending Dr. McGregor and his committee for the excellent work done in putting on the Health Tent exhibit.

Dr. Detesco introduced discussion concerning the Executive Secretary. Mr. Rempes made a report on the new office location, 245 Bel-Park Bldg., the hiring of an office secretary, Mrs. Helen Lucas, and the purchase of office furniture.

Dr. Franklin introduced discussion concerning the new constitution.

Bills were read. A motion was made, seconded and duly passed to pay each one. A list of bills is attached to the minutes.

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Acting Secretary

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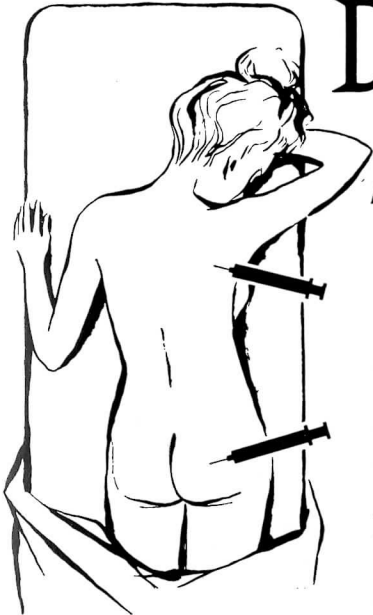
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TRANSURETHRAL PROSTATECTOMY

Many aspects of transurethral prostatectomy are misunderstood. Physicians often request that the "punch" or "tunneling" procedure be done on a patient who is a poor risk. Dr. Alvarez has stated in his column that he would want this procedure done on himself even if it had to be done in several stages. Some patients request it while others understand that it is an incomplete operation and must be done again later.

The original concept of the operation was that of boring a hole through the prostate to permit urination. Instruments were designed to prevent the operator from cutting too deeply. Later, through the work of men such as Nesbit and Barnes, it was shown that all prostatic tissue could be removed through the resectoscope. Some of the "punch" procedures gave fairly good results, but more often the necrotic, ischemic lobes left behind were responsible for continued dysuria, pyuria, and repeated operations. When the transurethral approach is chosen, therefore, we are aiming at a complete removal of the hypertrophied tissue.

When this is accomplished, the patient should void comfortably in adequate amounts soon after the catheter is removed. The course of most of these operations is so smooth that one cannot help but become enthusiastic about this method of removing the gland. The patient should not have post-operative discomfort sufficient to require narcotics. If such is the case it is most likely that clots are blocking the catheter or extravasation has occurred. The house staff should be warned not to combat such situations with morphine or demerol.

Whether or not this operation can be applied in a given case depends upon the size of the gland to be removed and the ability the individual urologist has acquired in the use of the instrument. Some men prefer to resect glands weighing up to one hundred grams. A majority of urologists, however, would limit resections to about fifty grams. It is in the borderline area where the decision becomes difficult. Generally, the suprapubic removal of a gland under fifty grams results in a milder course than that of a larger gland. But the course of the mildest suprapubic operation is more severe than the transurethral. Sometimes the general condition and the age of the patient will influence the decision. Resection time should be limited to about one hour. We plan to resect only glands that can be done in this time. Occasionally, however, where more tissue is found than expected, the resection can be done in two sessions.

A patient who has had a transurethral prostatectomy with a smooth postoperative course is likely to feel that he has had a minor procedure. The resection may have taken a great deal more skill and effort on the part of the operator than would an open operation. The result may be as good or better than a suprapubic operation, and obtained with less discomfort to the patient. Therefore, the fee charged may be comparable to that for major surgery.

One cannot assume that because a transurethral operation has been performed that it has been done completely. When such a patient has continued trouble, we frequently find on cystoscopy that there is remaining tissue to be removed.

The weight of the tissue removed should be recorded. This information may be useful in future years if the patient is being treated elsewhere. It

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is thus easier for the urologist to evaluate what was done previously. I have found the weights recorded by the pathology department to vary considerably from those made directly in the operating room. This may be due to the fact that the tissue dries out before reaching the lab, or the importance of the detail is not appreciated by the one receiving the specimen. I, therefore, weigh the tissue in the operating room and have it recorded on the pathology specimen slip.

In recent years it has been shown that the irrigating fluid washes through the prostatic sinuses into the blood stream if one is resecting close to the capsule. If distilled water is used for irrigation, it may cause hemolysis with subsequent lower nephron nephrosis. For this reason we use an isotonic protein solution which is prepared by the circulating nurse. Although it is an added chore, it is a valuable safety precaution.

Many patients raise the question of potency following prostatectomy. Impotence is not usually a sequel to transurethral prostatectomy. There will be no fluid ejaculated since the gland that forms the bulk of the semen has been removed. Otherwise, there should be no change in this function.

In my experience, these are some of the aspects of transurethral prostatectomy that have been most often misunderstood. It is hoped that these few notes will serve the purpose of clarification.

E. M. Thomas, M.D.

MEET THE ROOKIES:

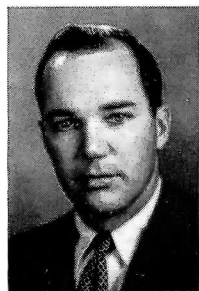
JOHN JACOB TURNER, M.D.

"Jake" was born November 17, 1925 in Youngstown and is the son of Doctor W. B. Turner. Doctor Turner took his undergraduate work at Dartmouth and received an A.B. degree. His medical work was also started at Dartmouth for the first two years and his last two years were taken at Harvard University, where he graduated in 1952. His internship was at the Boston City Hospital from 1952 to 1953 and he was a surgical resident. He came to Youngstown for a brief period in 1953 and was at the Youngstown Hospital Association as a resident for Doctor Keogh.

From October 1953 to January 1958 he was a surgical fellow at the Mayo Clinic and spent most of his time in thoracic surgery. Following his residency, he came to Youngstown and has begun practice with Doctors Brant, Nelson and Flynn at 64 Ridge Avenue.

His wife is the former Carolyn Pickett of Hingham, Massachusetts. Jake and Carolyn have four children; Kathleen, four; Jay, three; Laureen, two; and Michael, two months. The Turner family lives at 227 Griswold in Boardman where in his spare time Doctor Turner follows his interests which are photography, woodworking and electronics. His interests in electronics is a carry-over from his military service where he was a radar mechanic during the war years 1943 to 1945.

Welcome home, Jake.



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COMMUNITY CHEST CAMPAIGN

The Community Chest campaign this year will be out to accomplish a goal of \$1,208,551. Dr. Hugh N. Bennett, Chairman of the Physicians Section of the Special Gifts Division, announces that the goal for our section is \$16,500, same as last year. However, last year's total pledge for the Physicians Section was \$14,235. This means that each pledge must be increased 15.9% in order to reach our goal this campaign.

William B. Pollock, Chairman of the Special Gifts Division, urges that physicians give generously this year. He has commended the Society for its work in previous campaigns, but he points out that the larger total goal, a larger number of participating agencies, and the effects of a business recession make it more important than ever that everyone try to increase his community chest gift wherever possible.

The campaign dates will be Oct. 15 through Oct. 31. The campaign will get under way with a kick-off dinner at the Y.M.C.A on Oct. 15. Let's do our share!

PARKE, DAVIS TOUR

A group of members of the Mahoning County Medical Society will arrive in Detroit, Thursday, Oct. 16 as guest of Parke, Davis & Co. They will stay at the Sheraton-Cadillac Hotel, tour the Parke, Davis laboratory on Friday, and return on Saturday. Highlight of the visit will be a banquet at the hotel for members and their wives on Friday evening.

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J. Malkoff
October 20
U. A. Melaragno
H. Sisek
October 23
T. K. Golden
J. E. L. Keyes
October 24
H. E. Fusselman
October 25
P. L. Jones

October 28
I. H. Chevlen
M. M. Szucs
October 29
F. K. Inui
October 30
W. B. Turner
November 3
D. R. Brody
C. N. Geiring
November 4
K. J. Hovanic

November 6
L. O. Gregg
November 9
J. B. Birch
November 10
Samuel Tamarkin
November 11
H. Schmid
November 15
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MEETINGS

October

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, Palmer House, Chicago, Oct. 12-17. Dr. W. L. Benedict, 100 First Avenue Bldg., Rochester, Minn., Secretary.

AMERICAN ACADEMY OF PEDIATRICS, Palmer House, Chicago, Oct. 20-23. Dr. E. H. Christopherson, 1801 Hinman Ave., Evanston, Ill., Executive Secretary.

AMERICAN COLLEGE OF GASTROENTEROLOGY, Jung Hotel, New Orleans, Oct. 19-25. Mr. Daniel Weiss, 33 W. 60th St., New York 23, Executive Secretary.

AMERICAN DIETETIC ASSOCIATION, Bellevue-Stratford Hotel, Philadelphia, Oct. 21-24. Miss Ruth M. Yakel, 620 N. Michigan Ave., Chicago 11, Executive Secretary.

AMERICAN HEART ASSOCIATION, Fairmont Hotel, San Francisco, Oct. 24-28. Mr. John D. Brundage, 44 E. 23d St., New York 10, Secretary.

AMERICAN PUBLIC HEALTH ASSOCIATION, Kiel Auditorium, St. Louis, Oct. 27-31. Dr. Berwyn F. Mattison, 1790 Broadway, New York 19, Secretary.

AMERICAN SCHOOL HEALTH ASSOCIATION, St. Louis, Oct. 26-31. Dr. A. O. DeWeese, 515 E. Main St., Kent, Ohio, Secretary.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS, Penn-Sheraton Hotel, Pittsburgh, Oct. 19-24. Dr. J. Earl Reminger, 802 Ashland Ave., Wilmette, Ill., Secretary.

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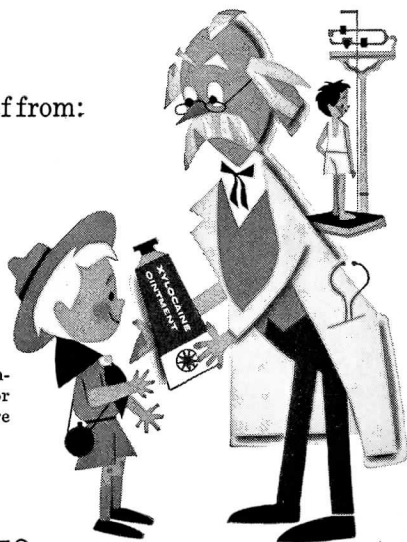


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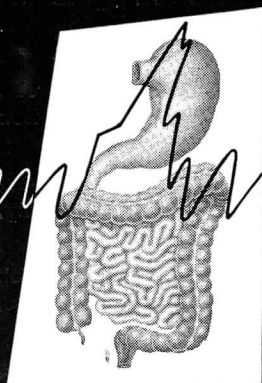


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MEETINGS

October

AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGERY, Drake Hotel, Chicago., Oct. 12-17. Dr. Kenneth L. Pickrell, Duke Univ. Hosp., Durham, N. C., Secretary.

ASSOCIATION OF LIFE INSURANCE MEDICAL DIRECTORS OF AMERICA, Statler Hotel, Hartford, Conn., Oct. 22-24. Dr. Royal S. Schaaf, P.O. Box 594, Newark 1, N. J., Secretary.

CENTRAL NEUROPSYCHIATRIC ASSOCIATION, Deshler Hilton Hotel, Columbus, O., Oct. 17-18. Dr. Ralph M. Patterson, Ohio State University, College of Med., Columbus 10, O., Secretary.

CENTRAL SOCIETY FOR CLINICAL RESEARCH, Drake Hotel, Chicago, Oct. 31-Nov. 1. Dr. Austin S. Weisberger, 2065 Adelbert Rd., Cleveland 6, Secretary.

EASTERN PSYCHIATRIC RESEARCH ASSOCIATION, INC., Brooklyn State Hosp., Brooklyn, N. Y., Oct. 23-24. For information write: Dr. David J. Impastato, 40 Fifth Avenue, N. Y.

PENNSYLVANIA, MEDICAL SOCIETY OF THE STATE OF, Bellvue-Stratford, Philadelphia, Oct. 12-17. Mr. Lester H. Perry, 230 State St., Harrisburg, Executive Director.

MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS, Biltmore Hotel, Dayton, Ohio., Oct. 15-18. Mrs. Augustus K. Maxwell, 1412 W. Washington Blvd., Chicago 7, Secretary.



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MEETINGS

November

AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS, Congress Hotel, Chicago, Nov. 2-8. Dr. Clyde G. Culbertson, Indiana Univ. Med. Center, West Michigan St., Indianapolis, Secretary.

COLLEGE OF AMERICAN PATHOLOGISTS, Congress Hotel, Chicago, Nov. 1-5. Dr. A. H. Dearing, Prudential Plaza, Suite 2115, Chicago 1, Executive Secretary.

GERONTOLOGICAL SOCIETY, Bellevue-Stratford Hotel, Philadelphia, Nov. 6-8. Dr. Nathan W. Shock, Baltimore City Hospitals, Baltimore 24, Secretary.

INTERSTATE POST GRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA, Cleveland, Nov. 12-13. Dr. Erwin R. Schmidt, Box 1109, Madison 1, Wis., Secretary.

MICHIGAN ACADEMY OF GENERAL PRACTICE, Sheraton-Cadillac Hotel, Detroit, Nov. 12-13. Dr. F. P. Rhoades, 970 Maccabees Bldg., Detroit 2, Convention Manager.

NEW ENGLAND POSTGRADUATE ASSEMBLY, Statler Hotel, Boston, Nov. 4-6. Mr. Robert S. Boyd, Massachusetts Medical Society, 22 The Fenway, Boston 15, Executive Secretary.

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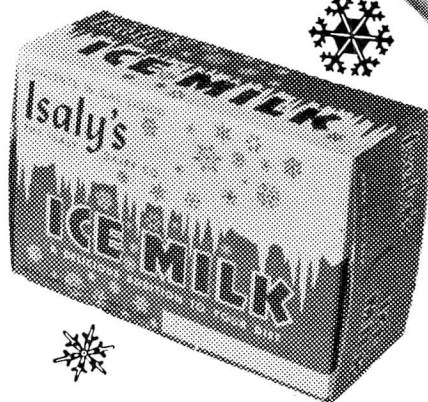
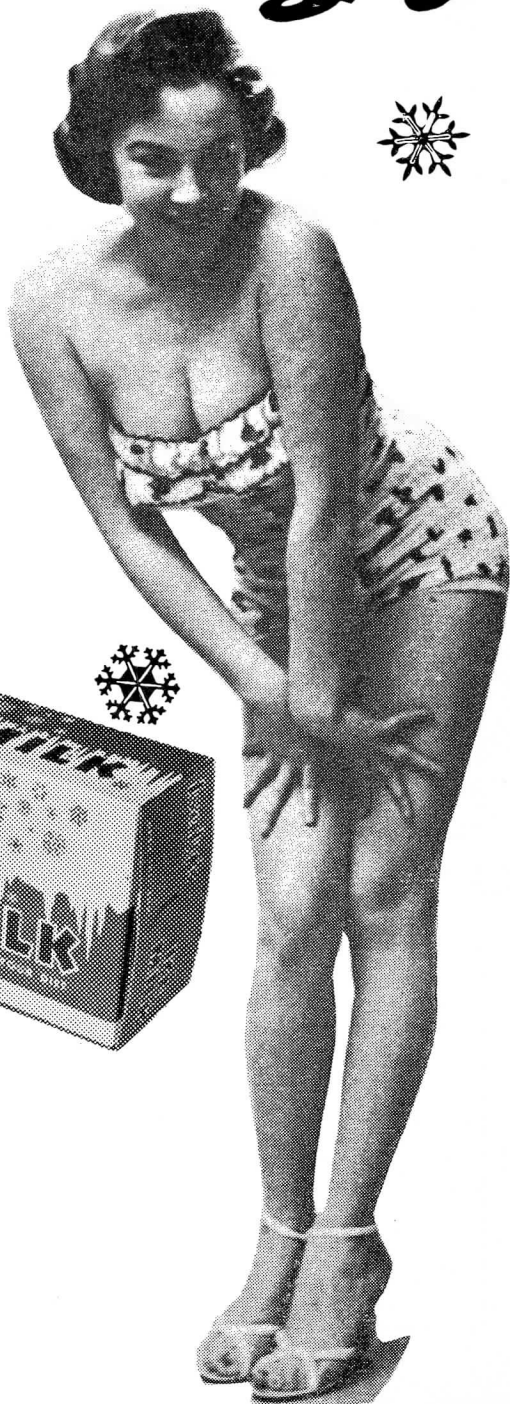
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