



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

June • 1959
Vol. XXIX • No. 6
Youngstown • Ohio



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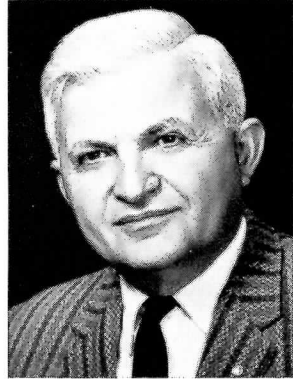
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Our President Speaks

Our Congressman, Michael Kirwan, addressing a civic group the other day urged the good citizens to take a more active role in the affairs of our government. He pointed out that pressure groups, well organized, are taking over and that we are on the way to lose our democratic way of life.



The individual, the backbone of American Democracy is fast disappearing from the scene and his place is being taken by the group or commune under the guise of progress.

Doctors who have been champions of the dignity of the individual are being subjected to harassment by all sorts of pressure groups to abandon their democratic philosophy. This takes the form of brainwashing people that doctors charge too much. They use the dollar as their weapon but they never say about the finest quality of medical care people are getting, whether poor or rich.

Moreover, every commodity is inflated at present and every service, non-medical in nature, is astronomical in cost.

We need more representation in our legislatures and congress, and it has to come from our membership.

I know many a good doctor in Mahoning County who would be an excellent Senator or Representative.

M. W. Neidus, M.D.
President

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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 29**June, 1959****Number 6**

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

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EDITORIAL —**OVERUSE OF HOSPITAL FACILITIES**

There is a considerable "backlog" of patients waiting for admission to hospitals these days. Our hospitals are no exception.

The reasons are mainly: slowness to discharge patients and also patients in for diagnostic "check-ups" or minor surgery which could have been done in the office; discharge orders written late in the day preventing admission of elective cases on that day, upgrading of elective cases to emergencies to obtain priorities of admission.

At the Sacred Heart Hospital in Allentown, Pennsylvania, where reservations were being made six weeks in advance the problem has been solved by forming a Committee of Admission, Conduct and Discharge.

Emergency cases were divided into critical, serious and urgent, according to diagnosis and received respective priority. Each morning, for two months, the Committee reviewed admissions. They made the following regulations:

- (1) X-ray and laboratory tests must be ordered before noon of the day of admission.
- (2) Consultation requests should be answered immediately.
- (3) Discharge should be authorized on the day before the patient is to leave.

A concentrated effort was made to discharge patients who no longer needed hospital care. The so-called 'boarders' were transferred to sanitoriums, nursing homes and their own homes. The plan was working so well in two months, review of admissions was no longer necessary. Today, a three-day reservation is the maximum time needed. An average of forty more patients are admitted each month, and no new beds have been added.

Another factor to be considered is increased hospital expense. In the last five years the average length of Blue Cross Hospital care patients has increased 6/10 of a day—from 7.7 days to 8/3 days. This increase in length of stay cost Blue Cross members \$2,310,000 in 1958 alone.

Some sort of program should be instituted in our hospitals. The success of which would depend upon the cooperation of every staff member and the respective administrators.

L. O. Gregg, M.D.

DR. R. E. TSCHANTZ NEW SIXTH DISTRICT COUNCILOR

Greetings:

At this writing I am finding this job a good bit like an "iceberg"—that is, it covers much more than is visible on the surface.

Everyone in the Sixth Councilor District owes Dr. C. A. Gustafson a sincere vote of thanks for seven years of loyal service and hard work for organized medicine.

I am sure that Dr. Gustafson will agree that it will really take a dedicated singleness of purpose by all of our members to keep medicine free of socializing influences during the next decade.

R. E. Tschantz, M.D.

Councilor of Sixth District, O. S. M. A.



RELIGIOUS DISCUSSION MARKS MAY MEETING

"We ought to do this again next year," was the expressed opinion of many attending the lively panel discussion on medical-religious subjects at the May meeting of the Medical Society.

Good humor marked the frequent exchanges of banter between the panel of three clergymen and the nearly eighty assembled physicians. Panel members, Dr. Sidney M. Berkowitz, Rev. John P. Gallagher, and Dr. Paul W. Gauss, weighed each question carefully and did not hesitate to express differences of opinion as they explored all the moral facets of such questions as: Should a person be told that he has an incurable disease? What is the policy of the major faiths on autopsies? Do doctors and clergymen share in the responsibility for the success of faith healers? And how far should a physician go in keeping alive a patient who is beyond hope of surviving? Dr. R. L. Tornello, Program Chairman, acted as moderator for the discussion.

At the dinner preceding the meeting, Dr. Neidus, on behalf of the Ohio State Medical Association, presented a fifty year certificate and pin to Dr. A. H. Hendricks. Dr. Hendricks, retired, is presently living in Youngstown, was formerly a member of the Summit County Medical Society and, for the last thirteen years, was Director of Communicable Diseases for the Akron Board of Health.

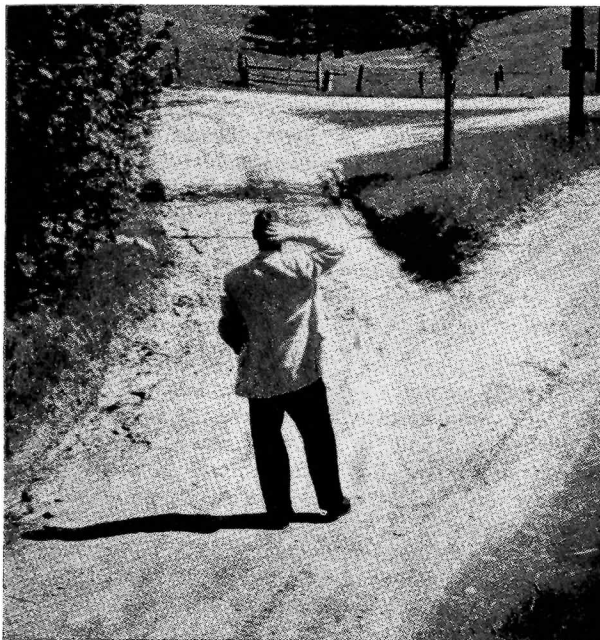
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AN UNUSUAL BLOOD TRANSFUSION BETWEEN NEWBORN TWINS

There have always been cases of anemia of newborn infants of unknown etiology. During the past 20 years, intricate and resourceful laboratory studies have unearthed the causes for most of these cases, and have made correct etiological diagnosis and rational treatment possible. At the head of the list are the hemolytic diseases of the newborn due to Rh and other factors. These account for the vast majority of anemic newborns.

During the past two years, another entity has been reported by several investigators. I am referring to fetal blood loss into the maternal circulation. The existence of this condition was proved by the presence of abnormally large quantities of fetal hemoglobin in the post-partum mother's circulation. Anatomical studies of placentae have indicated that this abnormal blood transfer is possible.

I should like to report briefly the unusual case of a pair of identical twins, in which one twin apparently exsanguinated into the other's circulation. I saw the twins for the first time at the age of 10 hours.

CASE REPORT

Baby L-2 was the second of a pair of twin boys born at term to a teen-aged, unwed, primiparous mother. The pregnancy was apparently uneventful. The mother's blood type and Rh were unknown. The infant appeared pale at birth and had gasping respirations. Birth weight was 3 pounds 15 ounces. At 10 hours, the child was in critical condition, pale, lethargic, with poor muscle tone, gasping for air. The apical pulse was 160 per minute. The lungs were clear; the heart was markedly enlarged. The liver was palpated three fingerbreadths and the spleen one fingerbreadth below the costal margin. There was edema of hands, face, and legs. No jaundice was present. Temperature 94.2°F. Laboratory work: Hgb. 6 Gm%; RBC 2+ million; 400 nucl. RBC per 100 WBC; type O; Rh +; Coombs neg. Chest X-ray showed clear lung fields and marked generalized cardiomegaly.

In spite of the negative Coombs test, it was felt that hemolytic disease due to Rh incompatibility was the most likely cause of the severe anemia and resultant congestive heart failure. A cautious exsanguination transfusion was begun at 13 hours, using 15 cc increments of type O Rh neg. blood. 0.2 cc of Cedilamid were given intravenously during the procedure. The infant, however, did not respond, continued to gasp for air, and expired at 14 hours, after 220 cc of blood had been exchanged. The terminal venous pressure was 75 mm of blood.

Baby L-1 was the older twin brother of the above infant. He had no difficulty initiating post-natal respirations, but remained cyanotic. In spite of his purple color, he did well, had no respiratory distress, was active and cried normally. His birth weight was 6 pounds. At 10 hours, he was in oxygen, but in excellent condition. The heart was not enlarged; the tones were good, and no murmurs were heard. The lungs were clear. No abdominal organomegaly was detected. The color was a general ruddy purple. Laboratory work at 12 hours showed: Hgb. 31 Gm%; Hematocrit 86%; bilirubin 14 mgm.%; nucl. RBC 2 per 100 WBC; type O; Rh +; Coombs neg.

It was thought important to reduce the tremendous hematocrit to prevent cerebral thrombosis. At 20 hours a venesection of 40 cc was performed and replaced with 20 cc of normal saline solution. The venous pressure at this time was 50 mm of water. At 30 hours the hematocrit was 88% and the bilirubin 21 mgm%. A complete exchange transfusion was performed to reduce both values. Following this procedure, the hemoglobin was 15.3 Gm%.



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At 54 hours, the bilirubin rose to 26 mgm.%, and the procedure was repeated. At about 78 hours of age the bilirubin reached 32 mgm%, and a third exchange transfusion was performed.

Following the first blood exchange, the cyanotic color disappeared completely and permanently, and was replaced by fluctuating jaundice. The infant tolerated all procedures well, and, following, the third blood exchange, the icterus gradually cleared. No signs of kernicterus appeared, and he was discharged at 14 days of age in good condition.

DISCUSSION AND CONCLUSIONS

The only logical explanation for severe anemia in one of a pair of uni-placental twins, and marked polycythemia in the other, is the loss of blood from one twin into the other's circulation. Anatomical studies of placentae suggest that this is possible. Unfortunately, the placenta in this case was not available for study. It appears probable that the blood transfer took place gradually in utero. The marked polycythemia and normal venous pressure in infant L-1 favor this conclusion. A recent, rapid transfusion of sufficient magnitude to account for the clinical findings should have caused increased blood volume and venous pressure, without much polycythemia. The marked discrepancy in birth weights also favors intrauterine transfusion. Twin L-2 apparently could not adjust to the marked anemia in utero, where the fetal blood oxygen saturation is normally low. He was probably suffering from chronic myocardial (and cerebral) hypoxia which resulted in irreversible congestive heart failure. It was impossible to prove definitely the presence of one identical twin's erythrocytes in the circulation of the other, as all the blood factors in both are identical.

Kurt J. Wegner, M.D.

NEWS

Dr. F. G. Kravec was reelected Secretary-treasurer of the Ohio Chapter of the American College of Chest Physicians at their annual meeting, April 22, 1959 at Columbus.

Dr. Irving Berke has been notified that he passed the board and has been certified by the American Board of Obstetrics and Gynecology. He took the examination in Chicago on May 8th.

HAPPY BIRTHDAY!

<p>June 16 M. J. Sunday</p> <p>June 18 P. L. Boyle H. E. Hathhorn</p> <p>June 19 C. W. Stertzbach</p> <p>June 21 I. Berke P. R. McConnell</p> <p>June 23 J. J. McDonough J. A. Patrick H. A. Smith R. L. Thomas</p>	<p>June 24 E. H. Jones, Sr. M. C. Raupple</p> <p>June 28 W. S. Curtis R. A. Hall</p> <p>July 2 E. Weltman</p> <p>July 4 F. S. Coombs P. H. Leimbach</p>	<p>July 5 F. Miller</p> <p>July 6 M. M. Kendall</p> <p>July 9 G. L. Altman S. Myers W. A. Welsh</p> <p>July 13 D. M. Metcalf</p>
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PROCEEDINGS OF COUNCIL

May 11, 1959

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, May 11, 1959, at the office of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following physicians were present: M. W. Neidus, President, presiding, M. S. Rosenblum, G. E. DeCicco, S. W. Ondash, C. W. Stertzbach, J. J. McDonough, H. P. McGregor, L. O. Gregg, A. A. Detesco, A. K. Phillips, P. J. Mahar, C. C. Wales, comprising council, also A. Goudsmit, S. F. Gaylord, C. K. Walter, Mr. Lloyd T. Stillson, and Mr. Lamar K. Donahay.

Meeting was called to order at 9:10 p.m. The minutes of the previous meeting were read and approved.

Dr. Neidus reported on the Aid for the Aged meeting that was held at the Mural Room on April 16, with a delegation from the Mahoning County Medical Society and representatives of the Aid for the Aged program. He reported that Mrs. Robert N. Gorman, director of the Ohio Department of Public Welfare was present. She was made acquainted with the problem of Mahoning County ophthalmologists not being paid for Aid for Aged work, and she said that she would do something about it.

Dr. DeCicco called the attention of council to the fact that the resolution was passed at the OSMA annual meeting concerning the Ohio Industrial Commission Code which was discussed at last meeting of council.

Mr. Stillson presented a report on the Society's group insurance for loss of time, professional overhead, and major hospital. The report is attached to the minutes. He also read a list of the claims paid, and he made available a supply of tax bulletins supplied by Stillson and Donahay.

Mr. Donahay then explained the changes of the Society's group accident policy, and announced a new policy for those over 70 years of age. He announced that the insurance company hoped to present extended benefits in the autumn.

Dr. Goudsmit submitted a budget along with a report of the meeting of the budget committee. He suggested that the council might desire to poll the membership on the question of whether society funds should be used for food and drink. He said that the budget committee felt that the cost of meetings for members should be only cost of meal plus tax and tip, and that other costs should be borne by the society.

Further recommendations of the budget committee were that \$2400 be set aside for the purpose of inviting interns and residents to meetings. The committee felt that delegates should be compensated for actual expenses, not just travel expense. The budget, as submitted, is set up on a 13 month basis in order to bring the fiscal year of the society around to Jan. 1.

Dr. Goudsmit recommended that the budget for the coming year be prepared in the fall of the previous year and be submitted to the entire membership. He suggested that a future budget should include a raise for the executive secretary.

Dr. DeCicco reminded council that the membership had been polled, and that the society was not supposed to be charging members for more than the meals at dinner meetings.

Dr. McGregor reported that the initial meeting in regard to the 1959 Canfield Fair was to be held on Wednesday, May 13. He brought up the question of all hospitals not being in the health exhibit. He expressed the opinion that the hospitals were letting the medical society down by not

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1. Bronstein, M.: A.M.A. Arch. Ophth. 57:503, 1957.
2. Soss, T. L.: California Med. 87:266, 1957.

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20:189, 1953. (1) Cortandracln and 9 report to Soc. Lom Dirla, E., and Sal in bronchial asthma Meticorten, New Letter 27:324 (Ma Dis. Chest 27:515; Studies of metacort Internat. Conf. Met Prensa med. Vene Corona, L.; Metico quimico (Meticoort cal study), Prese Janeiro, November osteoarthritis), El (16) Bianchi, W. rheumatoid arthritis 14-19, 1955. (17) Eriman, H. A.; Be E. L.; Bollet, A. J. tion of metacortat Atlantic City, Jun J. J.; Observation Arthritis, First Int (21) Blais, J. A. M.; Long, L., an diseases, Ann. M (22) Boland, E. W Arthritis, Ann. M E. W.; Prelimnal First Internat. C E. W.; Californian ment of lupus ery June 1, 1955. (26) 11) 1955. (27) Bc erythematosus wifd Assoc., Atlantic C and Tedeschi, G. I and Fiecht, E. A. ences with metaco Rheumat., Rio de Comparative studl Conf. Meticorten, Acad. Med. New Costa, P.; O Ho (Nov. 13) 1954. (Soc., Philadelphia 1955. (38) Buning York Acad. Sc. 6 Preliminary obser properties of met. Assoc., Bethesda, J Bollet, A. J.; J. A and Bauer, W.; A nitrogen, and carb June 3-4, 1955. (42) Carrizosa Ar postion, National C. A.; Greese, L. (44) Cecil, R. L., Philadelphia, W. Wallace, E. Z., at secretion in the June 1, 1955. (46) Arthritis, First I (47) Cohen, A. T. with metacortandr New York, May 3 others. Rev. rhun (49) Craver, L. Virginia M. Mont metacortandracln May 31 and June experiences with 3 June 1, 1955. (53) Ragan, C.; J.A.M B-545, 1955. (55) at New York Rhet E. J.; Studies on t Internat. Conf. M and Gluck, E. J.; E. J.; A.M.A., and Baquiche, M. and comments: J.A 1955. (62) Farah, Decid. 1-24, 1955 1955. (64) Ferenc of metacortandracl Meticorten, New Mosca, M. C., at V.; Glnouhiae. (July 4) 1955. (6 and Carbone, J.; measured by pitu secretion in man. (68) Frelsleider, R. H.; Experient dralone for in-pat New York, May 31 and (July 4) 1955. (7 the treatment of Rheumat., Rio de Meticorten in lym New York, May 31 at (74) Gluck, E. J. (Sept. 22) 1955. 25:75, 1955. (76) Merrick, E. P.; J. Zabaleta, L., and (Clinical experient Rio de Janeiro an 54:282, 1955. (80 disorders: The eff orten, New York, et al.: Treatment cortandracln, Ann (82) Henderson, J Jersey State M. R

entering the exhibit every year. He pointed out that some health agencies were not intending to exhibit, and asked what could be done about this situation. Following discussion, the motion was made, seconded, and duly passed that a letter from Dr. Neidus, representing council, be sent to the executive board of each health organization expressing the opinion that all agencies have the common obligation to appear in the health exhibit.

Dr. Gaylord announced that his committee on lay-education has arranged a Public Medical Forum to be held June 2nd, at Rayen High School Auditorium, at 8:30 p.m. This is to be a one and one-half hour program to include film and slides, with the speaker to be Mr. William J. Fitzpatrick, Field Representative of the Automotive Crash Injury Research program of Cornell University. He announced that expenses would be \$26.50 for the hall, and \$25.00 plus lodging and travel expenses for the speaker. He said that Dr. Ondash will introduce the speaker. The Red Cross and Safety Council will be among the organizations invited to attend.

A proposed articles of incorporation and original appointment of agent, as prepared by Mr. Franklin Powers, Counsel for the Medical Society, were read. Following discussion, the motion was made, seconded, and duly passed that these sections of the incorporation proceedings be approved.

A letter was read from the Health and Welfare Council of the Community Chest requesting the appointment of two delegates from the Medical Society to this Council. Dr. H. E. Hathhorn and J. K. Herald were reappointed as delegates.

Discussion was introduced concerning an athletic injury program. Dr. DeCicco called attention to an OSMA resolution concerning athletic injuries which would appear in the July issue of the OSMA Journal. During discussion, it was decided that no member of the Medical Society would attend any outside sponsored symposium, and that the Society would proceed with plans for an athletic injury program.

Mr. Rempes asked the opinion of council in regard to the disposition of the tapes made of the Medical Society radio program, "Consultation." He was requested to keep tapes of the program for five weeks back.

Dr. Walter, desiring to introduce discussion concerning Blue Cross extended coverage for mental and nervous disorders, was requested to work through the Insurance Committee. Dr. Randell, Insurance Chairman, announced that he had information on the subject but that he would bring it to the next council meeting.

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

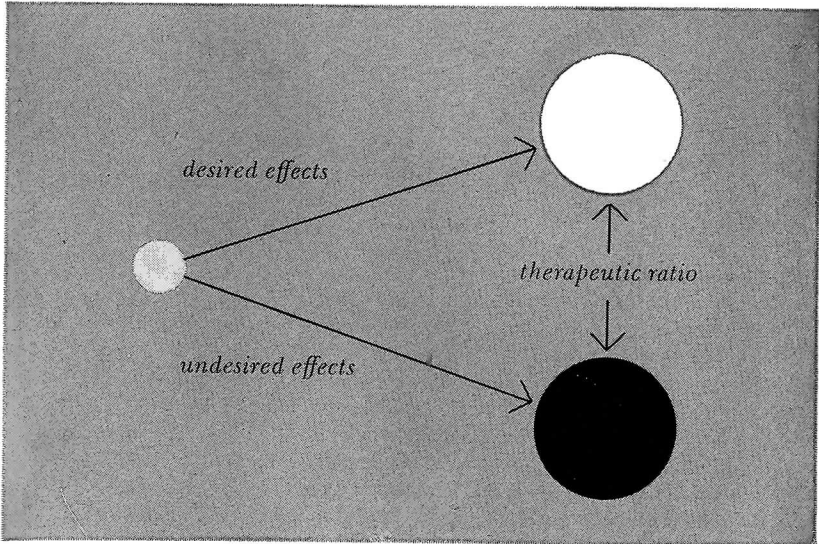
Meeting was adjourned.

A. K. Phillips, Secretary

DR. McDONOUGH ON RETIREMENT COMMITTEE

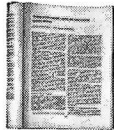
Dr. John J. McDonough has been appointed to a committee of three physicians to study and make recommendations on a retirement income plan and benefit program for the members of the Ohio State Medical Association.

The appointment was made by Dr. Frank H. Mayfield, newly elected President of the Ohio State Medical Association, who has expressed a personal interest in a retirement program. Others to serve on the committee with Dr. McDonough are Dr. Robert S. Martin of Zanesville, and Dr. George W. Petznick of Cleveland.



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1. Neustadt, D. H.: Corticosteroid Therapy in Rheumatoid Arthritis: Comparative Study of Effects of Prednisone and Prednisolone, Methylprednisolone, Triamcinolone, and Dexamethasone, J.A.M.A., in press.



FROM THE BULLETIN Twenty Years Ago — June, 1939

The leading article was a report of a case of "Bilateral Pneumothorax" by Dr. A. K. Phillips. This presentation won the first prize in the interne's contest the month before. It told of a 34 year old mill worker admitted to St. Elizabeth's Hospital in extremis: irrational, dyspneic and pulseless. Emergency treatment with artificial respiration, oxygen, intravenous digalen and coramine, and chest aspiration relieved the situation enough to allow clinical investigation. X-ray films showed complete collapse of the left lung and partial collapse of the right lung. Culture of the bloody sputum showed type 3 pneumococcus.

After repeated chest aspirations, Dr. Phillips said "We devised a simple apparatus by which excess air could be removed spontaneously from his chest. A transfusion needle was placed in the sixth intercostal space in about the anterior axillary line. A rubber tubing was attached to the needle and the other end placed in a bottle containing merthiolate and water. A small glass tube was used to show if any fluid was siphoned into the chest. With this apparatus he was able to rest for periods of three to four hours." The needle was removed on the twelfth day.

The patient was treated with oxygen, codeine, adrenalin and aminophylline and was discharged on the twenty first day. Thirty eight days after the onset, X-rays showed complete expansion of both lungs.

After twenty years, in this age of wonder drugs it is still a remarkable report. Pages could be written about it.

Without penicillin, streptomycin or blood banks Dr. Phillips fought the good fight. A lab report those days of type 3 pneumococcus was practically a death sentence.

It goes to show that twenty years ago and long before that, doctors with good heads and skilful hands were cheating the grim reaper.

Dr. William Skipp our President and President-Elect of the Ohio State Medical Association was in the hospital for a cholecystectomy. He had a stormy time, disrupted and had to have a secondary closure but lived many years afterward to prod us out of our lethargy. He was a dynamic person whose favorite phrase was "We must all get our shoulders to the wheel."

He used to limp around the hospital with his claudication, smoking cigarettes (because he couldn't quit) and lecturing all his friends about attendance at meetings and keeping the public informed about the wonders of medicine and the evils of socialism. We miss him.

The Associated Hospital Service (now the Blue Cross) reported that in the first year of operation it provided care to 1,046 patients. Compare that with today's figures.

New members that month were John McDonough and the late Joseph Keough. Dr. Gabriel DeCicco and nurse Ruth Colwell announced their engagement. Dr. Chester Lowendorf and Bess Malkoff were married June 4.

Ten Years Ago — June, 1949

President McCann said that American medicine has created a community problem by prolonging life through control of infectious diseases, better surgery and health education. That is the problem of the aged, infirm and chronic invalids. Today the problem is greater than ever.

In a leading article on the "Diagnosis of Diabetes Mellitus" Arnoldus Goudsmit pointed out that many a case was missed by the examination of fasting blood sugars and morning urines. He advocated screening by urine and blood examinations two hours after meals and predicted a decreased

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1. Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arth. & Rheum.* 1:215 (June) 1958. • 2. Sherwood, H., and Cooke, R. A.: *J. Allergy* 28:97 (March) 1957. • 3. Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.: *J. A. M. A.* 167:959 (June 21) 1958.

• 4. Dubois, E. L.: *California Med.* 89:195 (Sept.) 1958.

• 5. Hartung, E. F.: *J. A. M. A.* 167:973 (June 21) 1958.

mortality and morbidity as a consequence of a more intensive search for diabetics.

Dr. Vincent Herman was elected to membership. J. C. Vance was the first president of the new Academy of General Practice. Anthony Bayuk was host at dinner for six members of the Pittsburgh Society of Anesthesiologists who came to hear Dr. Edward B. Toughy address the Medical Society on "Regional Anesthetic Blocks."

J. L. Fisher, M.D.

IN MEMORIAM



DR. W. W. RYALL

1874 — 1959

A horse and buggy doctor passed away when Dr. W. W. Ryall, one-time city health commissioner, died at the Sawyer Sanatorium in Marion on April 22, 1959.

Dr. Ryall liked to reminisce about his horse and buggy days, and how he often made house calls by foot, sometimes walking as far as twenty miles a day. This was back in the early 1900s, when a routine office call, with tablets, cost the patient fifty cents. The average fee for a house call in town was seventy-five cents.

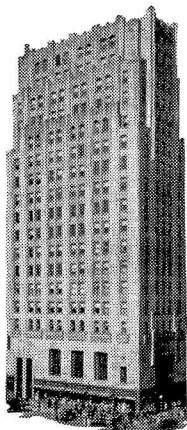
Dr. Ryall was born in Indiana, Pa., Aug. 17, 1874, and in 1897, he was graduated from West Penn Medical School in Pittsburgh. He practiced in Washington County, Pa., and Ashland and Wayne counties in Ohio before coming to Youngstown.

At that time, Market Street bridge had just been completed, West Federal Street was paved with cobblestones. Street cars were the popular means of transportation, and with their assistance, Dr. Ryall made his house calls. The City Hospital, now the South Side Unit of the Youngstown Hospital was here. The Wick Avenue and Holmes Street bridges (now Fifth Avenue bridge) were yet to be built.

Dr. Ryall served 14 years on the Youngstown Board of Health, and was appointed Health Commissioner in 1935. During this time, he did much to eradicate Diphtheria from this community. He spoke before civic groups, the newspapers co-operated, and the public was made Diphtheria conscious.

The taking of throat cultures for early diagnosis was stressed among the other physicians. Attempts were made to vaccinate all children over the age of six-months. The campaign was a complete success, and he won lasting acclaim for his work.

He served on the medical staff of the Youngstown Hospital Association and was one of the early sponsors of Postgraduate Day. He was chief examiner for the Civil Service Commission, a judge for the Boxing Commission, and a president of the Kiwanis Club. He was also a member of the State Health Department under Governor Frank B. Willis. When he retired in 1954, he was honored with a series of public affairs.



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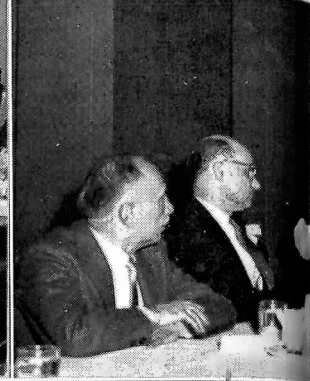
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One hundred and twenty-five medical secretaries, technicians, and assistants attended the annual dinner, held on Thursday, April 30, at the Mural Room.

Highlight of the evening was the talk given by Detective George Krispli, Chief of the Narcotic and Morals Squad of the Youngstown Police Department, who spoke on "Narcotics in Our Community."

Dr. L. S. Shensa provided amusing entertainment with a recorded musical

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The girls enjoyed a social hour before the dinner, and capped the evening with a door-prize drawing.

Co-chairmen for the dinner were Dr. W. E. Sovik, who also acted as Master of Ceremonies, and Dr. Samuel Tamarin. Assisting with arrangements were Miss Dorothy Klein, Miss Charlotte Kramer, Miss Estelle Poschner, and Miss Olga Sabo.

VIROLOGY AND LABORATORY MEDICINE

Robert F. Tamburro, M.A.
Head, Division of Virology
Department of Laboratories

The Youngstown Hospital Association

The study of viruses and of their relation to human disease has moved in the last few years from the research into the diagnostic laboratory, with its primary function being the performance of diagnostic studies on patients.

Twenty five years ago there was only one virus infection which could be diagnosed readily in the laboratory. This was rabies and the diagnosis was made by microscopic examination of the brain for the detection of Negri bodies. Today, most of the common viral ailments can be diagnosed in the Clinical Pathology laboratory without too much difficulty.

The procedures used in diagnostic virology fall into four groups as follow:

1. Microscopic examination of tissue for pathologic alteration
2. Isolation and identification of the virus
3. Serologic studies to demonstrate rises in titre of specific antibodies appearing during the course of virus diseases
4. Fluorescent microscopy of tagged antibodies

Of these, microscopic examination is the oldest and most simple. Procedures for this group include the examination of fixed and stained tissues from the presence of pathologic or pathognomonic changes. Tissue impressions or smears from body fluids and exudates for search of the presence of specific inclusion bodies is widely used.

The application of histopathologic methods, however, is limited since there are only a few diseases in which the etiologic agent can be determined or established by these means. The most widely used are in cases of rabies, psittacosis, lymphogranuloma venereum and, to a lesser extent, herpes simplex and vaccinia.

Since viruses are considered to be obligate parasites, the isolation and identification of the virus and the demonstration of a rise in titre of specific antibodies depend on the ability to propagate these organisms in the laboratory.

In selecting a suitable host for the propagation of viral agents, the virologist has a twofold problem. First, he must discover a living cell system which can support the growth of the viruses and second, he must develop methods which can be used to identify them. In a hospital diagnostic laboratory which operates on a limited budget, the choice of host depends on its availability, cost and amount of time involved in setting up these procedures. For example, before the advent of tissue culture, the only susceptible host for the isolation of the poliomyelitis virus was the monkey. This host for diagnostic application is unsatisfactory because of expense.

Of living animals the white mouse has been used widely. It is susceptible to a fairly wide range of viruses and is relatively inexpensive. Susceptibility in mice not only depends upon the species, but also upon the age of the animal. For example, it is now known that the coxsackie group virus is only susceptible to the suckling mouse, whereas the Lansing strain of poliomyelitis will propagate much better in an adult mouse. Because of this it is important that both the adult and suckling mice be used as diagnostic tools.

When a viral infection occurs in white mice, identification of the causative agent is achieved in one of several ways. In some cases, a presumptive diagnosis can be made on appearance or behavior of the animal, by

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categorizing the agent into one of the general viral groups. If the virus is neurotropic, overt signs are produced, such as ruffled fur, spastic or flaccid paralysis, hunched back, etc. The animal may be sacrificed subsequently and the organs examined for specific lesions as in rabies or psittacosis. A more specific diagnosis can be made by the use of neutralization or complement fixation tests.

The developing chick embryo is another host which has wide usage. It has become one of the most useful media for virus propagation because of its ease of handling, susceptibility to a wide range of viruses and relatively low cost. It is useful for both experimental work and primary isolation in diagnostic procedures.

There are several routes of inoculation depending on the particular tissue affinities of the various viruses. The most common site for inoculation is the amniotic sac that is used most often for the respiratory group of viruses; the yolk sac is used for psittacosis and most rickettsial diseases; the chorioallantoic membrane inoculation is best suited for the dermatropic group which includes herpes simplex and vaccinia.

There are several means by which the presence of a virus in the chick embryo can be determined. Viruses causing influenza and mumps produce erythrocyte hemagglutinins whose final identification is determined by serologic studies using specific antisera. Microscopic examination is made of the yolk sac for psittacosis; pock-like lesions on the chorioallantoic membrane are specific for herpes simplex, variola and vaccinia.

Tissue culture (cells cultivated in vitro) as a means of propagating viruses has been recently developed into a new technique for their isolation and identification. The use of this method as a means of viral propagation dates back to a quarter of a century ago, but it was not until 1949 when Enders and his associates (1), using human adult and embryonic tissues, were able to demonstrate the propagation of poliomyelitis virus. The advent of penicillin, streptomycin and neomycin has aided this method in preventing contamination of the culture. At one time, only such aseptic specimens as spinal fluid or blood could be used as the inoculum. Today, such highly contaminated material as feces, throat washings and sputum can be used with slight danger of culture contamination. Because of their stability and susceptibility to a wide viral range, the two most widely used cell lines are monkey kidney and HeLa. At the present time there are only a few of the more common viruses which have not been studied by the tissue culture method. Its usefulness can be compared with that of the broth tube and the agar plate in the study of bacteria.

The greatest number of viral studies in a diagnostic laboratory consists of serologic tests. These comprise the complement fixation, hemagglutination inhibition (H.I.) and neutralization tests. Of these, the most widely used is the complement fixation test because of the simplicity and rapidity with which results can be obtained.

The basis for the H.I. test lies in the fact that certain viruses possess the capacity to agglutinate red blood cells. This depends on a specific antibody which prevents or inhibits hemagglutination. This test finds its chief usefulness in the influenza group.

The neutralization test is based on the principle that a virus becomes non-infective when a specific immune serum is added to it. In order to demonstrate this infectivity living tissue must be used, such as embryonated eggs, tissue culture, or intact susceptible animals.

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The fluorescent antibody test (F.A.B.) is considered a serologic procedure. A specific antibody-antigen reaction of stained material containing viruses can be detected by microscopic observation. This reaction is brought about by adding a solution of specific antibody which has been labeled with a fluorescent compound to fixed smears of antigen. A specific antigen-antibody reaction will result if the virus has retained the antibody. This combination will appear brightly fluorescent under a microscope with a strong ultraviolet light source.

The fluorescent antibody technique at the present time is still in the process of development. It has been reported recently by the Department of Health, Education, and Welfare that several years will be required before it can become a standard procedure in a laboratory. However, some very enthusiastic achievements have been reported from the C.D.C. at Chamblee, Georgia. Dr. Milford Hatch (2) in his work with F.A.B. technique recently reported some very accurate results with poliomyelitis.

In November, 1958, The Department of Laboratories of The Youngstown Hospital Association established a virus diagnostic unit under Mr. Robert F. Tamburro, M.A., for the purpose of diagnosing viral ailments in patients.

Two separate laboratories were made available on the fifth floor at the North Side Unit. One is used solely for Virology, the other, for Tissue Culture research. The rooms have been equipped with the customary laboratory furniture. A refrigerator, freezer, centrifuge, several incubators, including an egg incubator for embryonated eggs were added. For serologic studies water baths were acquired.

The procedures used in this laboratory for diagnostic virology are as follow:

1. Animal inoculation using both white mice (suckling and adult) and guinea pigs
2. Embryonated eggs
3. Serum studies—Complement Fixation, Hemagglutination Inhibition, Neutralization
4. Tissue Culture—Monkey Kidney, Hela, Amnion

Questions about specimens and techniques concerning viral diseases may be directed to the writer at Riverside 7-1431.

REFERENCES:

- (1) Enders, J. F., Weller, T. H., and Robbins, F. C., 1949, Cultivation of the Lansing Strain of poliomyelitis virus in cultures of various human embryonic tissue. *Science*, 109, 85-87.
- (2) Personal communication.

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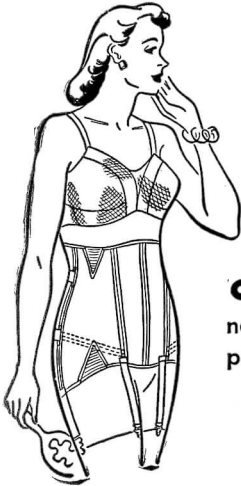
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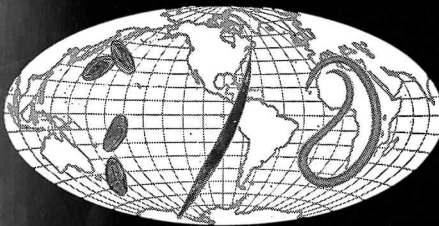
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ESTROGENS AND VAGINAL SMEARS

Estrogenic substances are known to be growth stimulants to the female genital organs. Among the stimulated tissues that have major concern to cytology are the epithelial tissues of the uterine corpus and cervix, and the vagina. The columnar epithelium which lines the endometrium and the endocervix; and the squamous epithelium which lines the exocervix and the vaginal mucosa undergo proliferation with increasing levels of estrogens.

Since the estrogens affect the cellular compositions of the epithelial tissues, and exfoliation of the constituent cells is a property of all epithelia; the estrogen activity of the body may be reflected by the exfoliated epithelial cells found in the vaginal smears. However, because of the fact that the cells of the stratified squamous epithelium normally shed in greater regularity and shed in larger numbers than the cells of the columnar epithelium; the examination of squamous cells in a smear has been used in the evaluation of the estrogen activity.

The stratified squamous epithelium is a compound epithelium of many layers. Its entire thickness is described as composed of four zones—superficial, intermediate, parabasal and basal,—with the lowermost layer of basal cells resting on a basement membrane. However, under different degrees of estrogenic stimulation, the epithelium assumes different appearances and consequently exfoliate different types of squamous cells into the vaginal pool.

When the estrogen level in the body is high, the squamous epithelium is composed of multiple stratifications as described. Many layers of large superficial cells cover the surface. Since the exfoliation is mainly from the surface of the epithelium, the vaginal smear contains numerous superficial cells. When estrogen level is moderate, the squamous epithelium is also moderate in thickness. This reduction in thickness affects mainly the superficial zone. Therefore, in exfoliation the number of superficial cells is greatly reduced. When the estrogen level is relatively low, the squamous epithelium undergoes partial involution. The intermediate zone becomes exposed and covers the surface of the epithelium. The vaginal smear shows large numbers of intermediate cells. As the estrogen level becomes very low or absent, the squamous epithelium undergoes complete involution and atrophy. The epithelium is made of parabasal and basal zones only. The vaginal smear also contains only parabasal and basal cells. This type of smear is called an atrophic smear.

With this understanding, it is clear that the vaginal smear is a convenient method for the assessment of estrogen level of the patient. However, although the estrogenic substances are the most important factor, they are by no means the only factor in affecting the exfoliation of cells in a smear. Many other influences, systemic as well as local, may also operate. Therefore, the evaluation of estrogen activity by vaginal smear method has its conveniences as well as its limitations, especially if it is based on a single smear.

Among the premenopausal women, the cyclic effect of various hormones cannot be ignored. The normal ebb and flow mechanism fluctuates unceasingly between the pituitary and the ovary. A single smear obtained at a certain phase of the menstrual cycle may present quite a different cellular pattern from another smear obtained at a different phase of the cycle. However, regardless of the cycle, if an atrophic smear is obtained from a

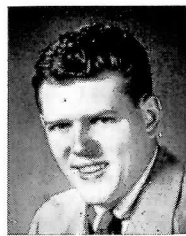


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premenopausal woman who had no history of castration or androgen administration, the abnormality is obvious.

In the postmenopausal women, the vast majority of the individuals do not have an atrophic smear in the early post menopausal years. However, as the number of years advances beyond the menopause, the number of superficial squamous cells appear decreasingly in the vaginal smears. Therefore, the finding of a large number of superficial cells in the smear of a postmenopausal woman without any history of exogenous estrogen administration warrants close observation. The older the patient, the more significant this finding becomes.

The clinical applications of hormone cytology are numerous. To mention a few, among the premenopausal women, vaginal smears may detect *hypoenestrogenism* such as in certain cases of amenorrhea and infertility; *hypopituitarism* such as in Simmond's disease following difficult labor; *masculinization* such as in the presence of virilizing ovarian tumors or *adrenogenital syndrome*; and the evaluation of the effect of castration when ablation of gonads is indicated. Among women in the menopausal¹ and postmenopausal years, vaginal smears may detect *hyperestrogenism* in cases of metropathia associated with endometrial hyperplasia; *adrenal cortical hyperplasia* and tumor; and in certain functional ovarian tumors such as the granulosa cell tumor. The technique is also useful in establishing an effective dosage of *estrogen therapy* for patients with menopausal syndrome, osteoporosis and recurrent breast carcinoma. In prepubertal girls, vaginal smears are indicated when there is a sign of *sexual precocity*.

Finally, the foregoing discussion also indicates that when clinical history is available it can be most helpful to the cytologist's interpretations which, in turn, may be useful information to the clinician.

Winifred Liu Mutschmann, M.D.

REPORT OF GROUP INSURANCE COVERAGES

At the May 12th meeting of Council members we were given an opportunity to report on the Group Insurance coverages of The Mahoning County Medical Society which we have administered since 1947.

Review of operations occurring during the past six year period under policies of Insurance with Commercial Insurance Company revealed that 119 insureds in the Society had 186 claims for disability resulting from sickness or accident causes with many insured members having had several claims.

Tax-free loss of time indemnities, Hospitalization payments and Surgical benefits produced individual claim payments ranging from as little as \$28.56 up to more than \$10,000.00.

Six disabled insureds were paid claims in excess of \$5,000.00; fourteen were each paid amounts of over \$2,000.00 and twenty-eight received claim payments amounting to more than \$1,000.00. Also claim payments in amounts of \$73,000.00 were paid to various disabled physicians where losses were less than \$1,000.00.

The Professional Overhead Expense coverage underwritten by American Casualty Company and which became effective late in 1957, permitted a review of only 1958 operations during which \$30,782.58 was paid to only thirteen disabled Society members for payment of their office expense. Claim payments to individual insureds ranged from amounts of \$400.00 to a maximum of \$6,300.00. The average claim amounted to \$2,367.89.

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MEDICAL GLEANINGS

CORTICOTROPIN (ACTH) AND THE ADRENAL STEROIDS IN THE MANAGEMENT OF ULCERATIVE COLITIS: OBSERVATIONS ON 240 PATIENTS

by Joseph B. Kirsner, M.D., F.A.C.P., Walter L. Palmer, M.D., F.A.C.P., Jean A. Spencer, M.D., Chicago, Illinois, Richard O. Bicks, M.D., Memphis, Tenn. and Charles F. Johnson, M. D., Chicago, Illinois.

Vol. 50, No. 4 April, 1959 Annals of Internal Medicine

CONCLUSIONS

1. Corticotropin (ACTH) and the adrenal steroids (hydrocortisone, prednisone and prednisolone), though not curative, are highly effective adjuncts to the total treatment of ulcerative colitis; the effects of the steroids surpass the response to any other therapeutic procedure.
2. The clinical and proctoscopic improvement in ulcerative colitis initiated by corticotropin intramuscularly may be maintained for long periods by oral steroids.
3. Many patients with severe ulcerative colitis appear to require prolonged steroid therapy, extending for years.
4. Prolonged steroid therapy does not necessarily cure ulcerative colitis, but it improves the course of the disease, permitting economic self-sufficiency and a comparatively normal life.
5. ACTH and the adrenal steroids are potent, hazardous drugs but, with proper precautions and vigilance, they can be administered in effective minimal doses, comparatively safely, for long periods.
6. The more important complications of prolonged steroid therapy are emotional disturbances, infections and electrolyte imbalance; perforation of the bowel and peptic ulcer are infrequent.
7. After prolonged steroid therapy, remissions may continue for long periods in the absence of corticoids.
8. The clinical response to corticotropin and the adrenal steroids may decrease or completely disappear during prolonged treatment.
9. Combined medical and steroid treatment of ulcerative colitis decreases the need for surgery and the mortality rate from the disease.

THE ROLE OF SURGERY IN THE MANAGEMENT OF UNILATERAL PLEURAL EFFUSION

by Thomas B. Ferguson, M.D., and Thomas H. Burford, M.D., St. Louis, Missouri. *Annals of Internal Medicine* Vol. 50, No. 4 April, 1959

SUMMARY

1. Twenty-one cases of undiagnosed persistent unilateral pleural effusion have been seen during the last seven years. There were 16 males and five females in the series. The average patient age was 51. The known duration of fluid accumulation averaged three and one-half months. Seven of the 21 effusions contained gross blood. After the usual diagnostic methods had failed, all of the patients had elective exploratory thoracotomy.
2. Only three cases proved to have malignant disease at operation. Of the remaining 18 cases, six had tuberculosis pleuritis and 12 had nonspecific inflammation of the pleura.
3. The presence of blood in the effusion was of no help in determining whether the causative process was neoplastic or inflammatory. Of the seven patients with a bloody effusion, one had cancer and six had inflammatory disease.

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4. All patients derived therapeutic benefits from operation. Restoration of lung function was accomplished by decortication when a constricting membrane was present. Fluid re-accumulation was permanently abolished by performing a total parietal pleurectomy.
5. The long-term follow-up has been quite satisfactory. Sixteen of the 21 patients are clinically well more than three years after operation, including six patients with active tuberculosis of the pleura.
6. Exploratory thoracotomy with pleural biopsy, decortication and parietal pleurectomy should become an integral part of the management of every patient who has a persistent undiagnosed unilateral effusion.

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

SOCIAL NEWS

Youngstown Hospital

Our heartiest congratulations go to Dr. Frances Miller on her recent election to the presidency of the Ohio State Radiological Society. She was installed May 10th in Cincinnati. We can't think of anyone who so richly deserves the honor.

We had quite a crew from our corner who attended the American College of Physicians meeting in Chicago, April 20-24. Those attending were Bill Loeser, Morris Rosenblum, Luke Reed, Jim Calvin, Elmore McNeal, Hap Hathhorn, Arnouldus Goudsmit, and Bill Bunn, Jr. The medical house staff was well represented too, with Drs. Gus Boullis, Ray Dann and Clair Reese attending.

Morris Rosenblum was just getting started when he got to the Chicago meeting. After it was over, he and Mrs. Rosenblum flew down to Mexico City, where Dr. Rosenblum attended the Seminars in Medicine at the National Institute of Cardiology there.

Ginny and Art Shorten did a bit of traveling in a different direction. They are recently returned from a trip through Europe and particularly to Wiesbaden, Germany to visit with Ginny's sister and her husband who are stationed there with the U.S. Air Force. They even got in a tour of East Berlin and came back alive.

—R. R. Fisher, M.D.

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You will receive with your June Modern Concepts sent to you by the Youngstown Area Heart Association the loose subject and author indexes for the 1957-1958 Modern Concepts.

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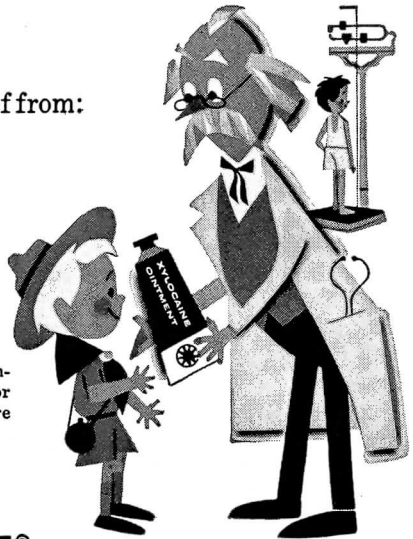
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WOMAN'S AUXILIARY NEWS

Mrs. Earl H. Young, retiring president of the Auxiliary, handed the president's gavel to her successor, Mrs. Arthur E. Rappoport at the annual installation dinner May 6th at the Youngstown Country Club. About fifty members attended. Mrs. Edward Bauman of Warren, sixth district president, was the installing officer.

Mrs. Cary Peabody, past president, presented a gold bracelet charm to Mrs. Young as a token of appreciation. The charm was designed by Mrs. William H. Evans to be worn by presidents of county auxiliaries.

Mrs. Rappoport gave a report on the April meeting of Woman's Auxiliary to the Ohio State Medical Association and announced that Mahoning County had won the state award for "Today's Health" for which Mrs. Lester Gregg is chairman. The announcement was made that the Mahoning County Auxiliary had contributed \$530.00 to the American Medical Education Foundation.

Red roses filled a large glass brandy snifter at the head table and place favors were miniature brandy glasses containing a single rose bud with Baker fern.

Featured on the after-dinner program was a take-off on "What's My Line?" with Mrs. Kurt Wegner as moderator. Guests were Mrs. Marjorie Mariner, John H. Pike, a tree surgeon, C. T. Klein, an audiologist, and Leslie Spero, president of a diaper service company. Mrs. Robert Tornello, Mrs. Stephen Ondash, Mrs. John Stotler and Mrs. Edward Rizk made up the panel.

Mrs. Rappoport has announced a board meeting for May 27th at her home at 10:00 A. M.

Mrs. Ben S. Brown, Publicity Chairman

NURSES DANCE

The Youngstown Hospital Nurses Alumnae Association is holding a dance on Friday, June 26th at the Squaw Creek Country Club. Music from 9:00 to 1:00 will be provided by Bill Warner and his Noveltones.

Tickets may be obtained from St. Elizabeth Hospital, Woodside Receiving Hospital and both North Side and South Side Units of Youngstown Hospital.



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MEETINGS

MAY

- AMERICAN COLLEGE OF CARDIOLOGY, Benjamin Franklin Hotel, Philadelphia, May 26-29. Dr. Phillip Reichert, 480 Park Ave., New York 22, Secretary.
- AMERICAN GYNECOLOGICAL SOCIETY, The Homestead, Hot Springs, Va., May 21-23. Dr. Andrew A. Marchetti, 3800 Reservoir Rd., N.W., Washington 7, D.C., Secretary.
- AMERICAN OPHTHALMOLOGICAL SOCIETY, The Homestead, Hot Springs, Va., May 28-30. Dr. Maynard C. Wheeler, 30 West 59th St., New York 19, Secretary. 1
- AMERICAN UROLOGICAL ASSOCIATION, WESTERN SECTION, Monterey, Calif., May 17-21. Dr. James Ownby Jr., 516 Sutter St., San Francisco, Registration Chairman.

JUNE

- AMERICAN ACADEMY OF TUBERCULOSIS PHYSICIANS, Atlantic City, N.J., June 6, Dr. Oscar S. Levin, P.O. Box 7011, Denver 6, Secretary.
- AMERICAN COLLEGE OF CHEST PHYSICIANS, Atlantic City, N.J., June 3-7. Mr. Murray Kornfeld, 112 E. Chestnut St., Chicago 11, Executive Director.
- AMERICAN DERMATOLOGICAL ASSOCIATION, Claridge Hotel, Atlantic City, N.J., June 1-4. Dr. Wiley M. Sams, 25 Southwest 2nd Ave., Miami, Florida, Secretary.
- AMERICAN DIABETES ASSOCIATION, Chalfonte-Haddon Hall, Atlantic City, N.J., June 6-7. Dr. E. Paul Sheridan, 1 East 45th St., New York 17, Secretary.
- AMERICAN GERIATRICS SOCIETY, Hotel Traymore, Atlantic City, N.J., June 4-5. Dr. Richard J. Kraemer, 2907 Post Rd., Warwick, R.I., Secretary.
- AMERICAN MEDICAL ASSOCIATION, Traymore Hotel, Atlantic City, N.J., June 8-12. Dr. F. J. L. Blasingame, 535 N. Dearborn St., Chicago 10, Executive Vice-President.
- AMERICAN MEDICAL WOMEN'S ASSOCIATION, Sheraton Ritz Carlton Hotel, Atlantic City, N.J., June 4-7. Miss Lillian T. Majally, 1790 Broadway, New York 19, Executive Secretary.
- AMERICAN NEUROLOGICAL ASSOCIATION, Claridge Hotel, Atlantic City, N.J., June 15-17. Dr. Charles Rupp, 133 S. 36th St., Philadelphia 4, Secretary.
- AMERICAN ORTHOPEDIC ASSOCIATION, Lake Placid Club, Lake Placid, N.J., June 16-18. Dr. Lee Ramsey Straub, 545 E. 79th St., New York 21, Secretary.
- AMERICAN PROCTOLOGIC SOCIETY, Shelburne Hotel, Atlantic City, N.J., June 15-18. Dr. Norman D. Nigro, 10 Peterboro St., Detroit 1, Secretary.
- AMERICAN THERAPEUTIC SOCIETY, Shelburne Hotel, Atlantic City, N.J., June 4-7. Dr. Oscar B. Hunter Jr., 91 19th St., N.W., Washington 6, D.C., Secretary.
- CATHOLIC HOSPITAL ASSOCIATION OF THE UNITED STATES AND CANADA, St. Louis, June 1-4. Mr. M. R. Kneiff, 1438 S. Grand Blvd., St. Louis 4, Executive Secretary.

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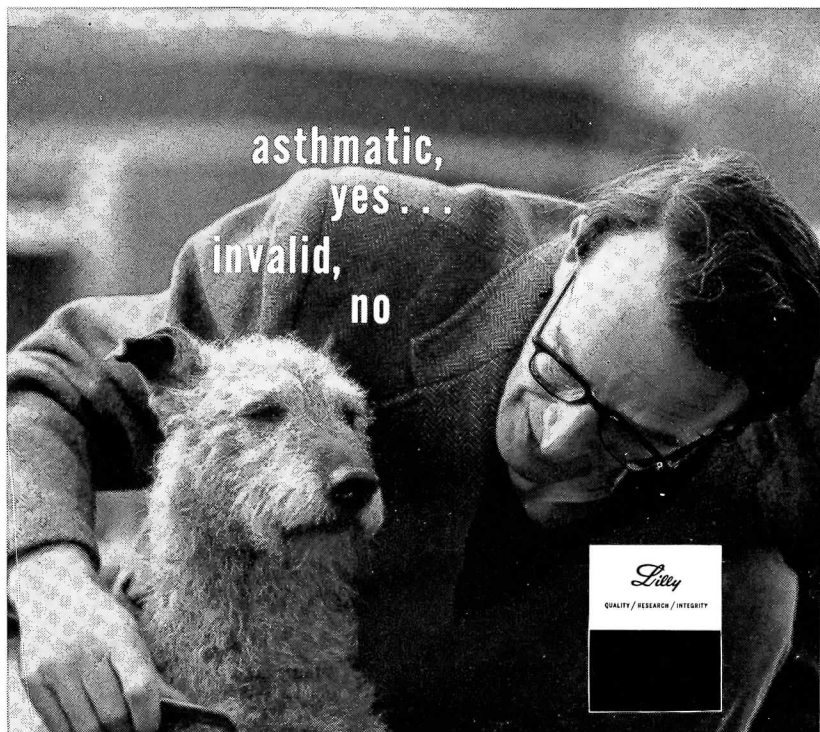
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