

Mahoning County Medical Society

Vol. XV No. 2 February 1945



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PRESIDENT'S PACE

"The January meeting gave us a lift which we all needed." A large audience greeted Colonel Irving Wright who proved to be a real teacher with a practical common sense approach to his subject. He thoroughly demonstrated that he understands and appreciates the problems of the general practitioner. It is refreshing to have simplified for us some of the puzzles in a field of medicine which has heretofore been considered too complex.

We have been very fortunate in signing Dr. George M. Curtis of Ohio State University for the February 20th meeting. Dr. Curtis is one of the most skilled chest surgeons in this part of the country. He has worked so intimately with the medical department that he has an unusually broad knowledge of the indications for pulmonary surgery. He will stress the early recognition and treatment of bronchiectasis and will outline the advances made in the surgical approach to tuberculosis and carcinoma of the lung.

Some of the members hesitate to leave their office on the night of the monthly medical meeting. They say their patients expect them to be there. In order that it may be easier to break away and to make clear to the patients how the doctor may keep up-to-the-minute on new medical problems even in war time, we are putting an inclosure in this number of the Bulletin. This sets forth the dates of the monthly meetings until the summer vacation. It is self-explanatory. Display it in your waiting room. Patients will appreciate your effort to keep abreast of current medical advances.

W. H. Bunn, M. D.,

President.

BULLETIN Mahoning County Medical Society

FEBRUARY

1 9 4 5

Editorials---

Talk By Col. Wright

The Colonel opened his talk with a quotation from Gracian, "The good if brief is doubly good and the bad if brief is not so bad."

He then gave us a number of vignettes of a variety of diseases. The first syndrome taken up was that of scleroderma. The age of the cases in this particular group varied from eight to sixty-one. There were thirty four cases with eight males and 26 females. The duration of the disease at the time first seen varied from three months to one hundred eighty months. In most of these cases it was a complication of Raynaud's disease. Disability was slight to complete. There was a marked atrophy of the skin and considerable hardening of the skin. One patient responded to mecholyll ionto-phoresis. X-Ray films were shown demonstrating the erosion and destruction of the distal phalanges of the fingers. There may also be a lesion involving the esophagus which causes some dilatation of the esophagus above the area of involvement. Death may occur from rapidly increasing hypertension and uremia. Some cases apparently stopped without treatment. In all of these cases there is rather marked collagen deposition in the tissues of the body. One clinical point was made showing fingerprints which gave a natural record of the progressive amount of involvement of the hands by comparison at different dates. Periarteritis nodosa was the next entity. These patients had fever and eosinophilia. It frequently affects one set of organs after another. This may infect the gastro-intestinal tract. These lesions have apparently cleared up then the urinary tract may be infected. Lupus erythematosus may be generalized and can be confused with peri-arteritis nodosa. The lupus is much more common in women. When and if the characteristic eruption across the nose occurs the diagnosis can then be easily made.

The next entity mentioned was that of the shoulder girdle and of cervical ribs. Cervical ribs have been known for a long time. The scalenus syndrome in which the subclavian artery and brachial plexus may be pinched by the scaleni is a relatively new entity. Cases have been found in the army where heavy packs carried for a considerable time have caused trouble in the fingers. The Scalenus anticus syndrome did not seem to fit all these cases. It was then found that the vessels could be pinched between the clavicle and the first rib causing costo-clavicular syndrome. In these cases the muscles must be toned up or surgery may be carried out by hollowing out the first rib in the region where the vessels cross. One clinical test was given. In the scalenus anticus syndrome the examination must be made with the arm at the side and adducted with the neck turned away to the opposite side of the body. On the other hand when the vessels are pinched by the clavicle and first rib or by being pulled against the coracoid process this examination should be made with the arms hyperabducted. Some very beautiful kodachromes were shown of dissections of the shoulder area showing how with the arms hyperabducted the vessels could be pulled around the corocoid process and pinched between the pectoralis minor and the other tissues of the shoulder area. Army experience has shown arterio-

(Continued on Page 55)



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CLINICAL PATHOLOGICAL CONFERENCE

Clinical Discussion by DR. PAUL MAHAR

The patient was a colored male about 6 years of age. Chief complaints were pain in right knee, vomiting and fever of four days duration. Past history essentially negative except for measles and repeated "colds." Onset of present illness with sore throat followed by an excruciating pain in the right leg when attempting to flex the leg on the second day. Soon complained of anorexia and nausea, vomited a couple of times and apparently had a high fever. On third day, a physician was called who prescribed some medicine which was ineffectual. The painful joint persisted and the child was irrational at times. On the fourth day, another physician thought the child had a "bone disease" and sent him to the hospital for treatment.

Physical examination disclosed a well developed and well nourished colored boy apparently febrile, toxic and dehydrated. T. 105; P. 130; R. 28. Skin hot and dry. Throat markedly inflamed and boggy in appearance. Rhonchi and wheezes throughout the chest. Heart rapid and area of cardiac dulness increased. Abdomen not remarkable. No lymphadenopathy. Right knee hot, red, swollen and tender with decided limitation of active motion.

R. B. C. 3,500,000; Hbg. 9; W. B. C. 12,000 with 1 juvenile, 6 stabs, 58 segs and 35 lymphocytes. Serology is negative. Blood culture shows only staphlococci which may be a contamination. Urine 1,030; pH4; albumin 2 plus; sugar negative; many hyaline and a few granular casts; a few leucocytes in the urine.

During the first hospital day he ran a temperature around 105 but spiked to 107 at 4 P.M. The pulse jumped from 120 to 160 and respirations from 28 to 40. He was irrational and semistuporous most of the

time. The swelling of the right leg appeared worse.

During the second hospital day, he complained of his right arm as much as of his right leg and the right leg swelling began to disappear. He remained irrational most of the time and began to have involuntaries. He was given a transfusion of 300 cc. of blood. This should have elevated his red count about 800,000. (50 lbs. of average weight for age. 7.5 cc. per pound raises count 1 million.)

On the third day, X-Ray showed no bone disease in either the right arm or the right leg but there is irregular infiltration of both lungs and enlargement of the heart shadow. The R.B.C. was down to 3,000,000 and Hbg to 8. Leucocytes rose to 20,000 with 3 juveniles, 17 stabs, 59 segs and 21 lymphs. T. remained around 105, pulse around 160 to 170 and respirations over 50.

On the fourth day, he was stuporous, mumbling and crying out at irregular intervals. He finally sank into a deep coma, developed Cheyne Stokes respirations and his pulse became weakened and finally could not be obtained. T. 106, Pulse near 170, R. over 50 shortly before death. Clinical Discussion:

Here we have a case which presents an interesting problem in diagnosis. The chief complaints were, pain in the right knee, nausea, vomiting and fever. The complaints were of four days duration. Prodromally there is a history of "cold" and sore throat, then pain in the right knee accompanied by a high fever. The condition must have been quite confusing to the first attending physician, and the second attending physician was not certain as to the cause of the patient's illness. Certainly this history though we have all available

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information is not completely satisfactory.

The physical and laboratory examinations while complete still do not indicate any clear cut diagnosis.

His hospital course was stormy and death ensued in four days. Questions we would have liked answered are: (1) Were any other joints involved? (2) Were there any subcutaneous nodules? (3) Was the heart enlarged?

The X-Rays of the leg and arm were negative and that is not surprising, because certainly adequate time had not ensued to show osteomyelitis even if it were present. My comment regarding the blood picture is that though we are certainly dealing with an overwhelming infection, the bone-marrow was doing an excellent job.

Study of his hospital course gives us some leads to a differential diagnosis, which I shall outline as follows:

- 1. Septicemia associated with os-
 - 2. Overwhelming septicemia.
- Acute bacterial endocarditis.
 Sub-acute bacterial endocardi-
- tis.
 5. Rheumatic fever.

Regarding a septicemia associated with osteomyelitis, we usually think of trauma as being an exciting factor, the joint is usually involved secondarily, the inflammation is not migratory as a rule, but is confined to a single area, at least, so early in its course.

That there could have been an overwhelming septicemia, source not known, is granted, but here we should have a suspected focus, for example a furuncle; we certainly would have had many organisms. There would not be any portion of the body more affected than any other, that is no localizing symptoms would be expected. The fact that the patient had a sore throat is somewhat in favor of a septicemia

and truly I can not rule it out, however septicemia alone will not explain the chief complaint of the patient.

Acute bacterial endocarditis is a definite possibility. We have signs of a definite septicemia and if we had a history of an acute infection as pneumonia, followed by manifest cardiac signs, then we must make the above diagnosis, however, in the absence of the above history and findings, this diagnosis is not feasible.

Regarding subacute bacterial endocarditis the history is against it and so also are the blood findings. Absence of petechiae, murmurs, etc., is against this diagnosis.

The case for acute rheumatic fever is most convincing to me. We don't always regard it as such but it is most certainly a disease of widespread manifestations. Carditis is not a complication but an integral part. Polyarthritis is expected, and a toxic state such as we had here is added evidence to our diagnosis. The history supports the diagnosis and though it is rare for a patient to die with acute rheumatic fever such could be the case, and especially if it were complicated by septicemia. Therefore my diagnosis would be:

- 1. Acute rheumatic fever
- 2. ? Septicemia, source unknown.

Anatomical diagnosis:

Rheumatic fever syndrome:

Streptococcic sore throat; retropharyngeal abscess; acute mediastinitis; acute pyogenic on older rheumatic pericarditis; purulent pneumonitis and pleuritis; septicemia; rheumatic myocarditis; rheumatic periarteritis.

Gabe Kramer Resigns

Gabriel Kramer, who has had charge of Pathology at the Youngstown Hospital for the past 21 years, resigned on January 1, 1945. He left on January 13, to study skin at the New York Post Graduate School.

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Speaker:

GEORGE M. CURTIS, M. D.

Subject:

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M. M. Szucs, U.S.P.H.S. (R) Passed Ass't Sur., U. S. Public Health Hospital, Manhattan Beach, Brooklyn, N. Y.

Capt. Samuel Tamarkin, M. C. A. A. B., Columbia, S. C.

Capt. Samuel Tamarkin, M. C., A. A. B., Columbia, S. C. Capt. Densmore Thomas, M. C., Co. D, 113 Med., Bn., APO 38, c/o Postmaster, San Francisco, Calif.

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Ft. Smith, Ark. Capt. John A. Welter, 0-1693346, 437th Med. Coll. Co. (Sep.), A.P.O.

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Youngstown Hospitals' Internes

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1st Lt. David Robert Brody, M.C., U. S. Army (01747239) 131st General Hospital, APO 314, c/o Postmaster, New York City, N. Y.

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Lt. Frank Gelbman, M.C., U. S. Army-APO 942, c/o Postmaster,

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Lt. John Robert LaManna, M.C., U.S. Army (01747186) -135th Evacuating Hospital, Camp Chase, Arkansas.

Lt. Blaine Lewis, Jr., M. C., U. S. Army—Home address 2901 Hackworth St., Ashland, Ky.
Lt. Chas W. Mathias, 183rd Sta. Hospital, APO 942, c/o Postmaster,

Seattle, Wash.

Passed Ass't Surgeon R. S. McClintock, U. S. Marine Hosp., Baltimore 11,

1st Lt. William Joseph McDougall, M.C., U.S. Army—284 NW 75th St., Miami 38, Fla.

Lt. Paul Mesaros, M. C., U. S. Army—Home Address Follansbee, W. Va. Major Donald A. Miller, M.C., (0-471307), 30th Station Hospital, A.P.O. 690, c/o P. M., N. Y. City.

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Hospital, Camp Gruber, Oklahoma. Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.





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1st Lt. Stewart Gill Patton, Jr., M.C.-U.S. Army—Carlyle Barracks, Pa.
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Walter B. Webb, Ass't. Sur. (R) Federal Penitentiary, Lewisburg, Pa.

St. Elizabeth's Internes

Capt. Adanto D'Amore, Med. Corp. U. S., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.

Maj. Geo. L. Armbrecht, M.C., (0357508) Med. Det. 8th Inf., A.P.O. 4, c/o Postmaster, New York City.

Capt. Nathan D. Belinky, M.C., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.

Dr. Donald J. Burmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md. Major David D. Colucci, 131st Gen. Hosp., Camp McCain, Miss.

Capt. C. J. Dudy, M.C., 0463233, 62nd Gen. Hospital, APO 887, Seine Section Comm. 2, c/o Postmaster, N. Y. City.

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Maj. E. F. Hardman, Station Hosp., Morris Field, Charlotte, N.C.

Lt. Morris I. Heller (Address Wanted).

Lt. V. G. Herman, Public Health Dispensary, 4th and D. Street, Washington, D. C.

Capt. Sanford Kronenberg, M.C. (01693635) 118th Station Hospital, A.P.O. 464, New York, N. Y.

Capt. H. C. Marsico, Deshon Gen. Hospital, Butler, Pa.

Maj. Stephen W. Ondash, M.C., 4th Aux. Surg. Group, Lawson General Hospital, Atlanta, Georgia.

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St. Elizabeth's Hospital Nurses

Regina Aleksiejezyk Rita Bahen Ruth Billock Bettijane Binsley Roselyn Block Clara Bossa Margaret Brinsko Ursula Burke Betty Lou Butler

Eleanor Cassidy
Ann Chmura
Mildred Clarke
Louise Cox
Catherine Crogan
Virginia De Paul
Helene Dluhos
Ann Dorsey
Catherine Doyle
Mary Rita Duffey
Mildred Engel
Mary Fehrenbaugh
Ceclia Flannery
Virginia Frame

Hilda Gherasin Mary Grace Gabig Irene Griffin Ann Hassage Ann Heiser Margaret M. Hogan Catherine Holway June Jugenheimer Mary L. Kelley *Mary Klaser (Deceased) Helen Kral Laura Kuclveski Mary Lubonovic Mildred Lymburner Mary McCambridge Clara McNeish Eileen Magill Theresa Magyar Margaret Maletic Josephine Malito Matilda Margison Annabelle Mouskey

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ANNUAL REPORT OF YOUNGSTOWN HOSPITAL ASSN.

In the Annual Report for the year 1943 I made the comment that present facilities would not permit a much higher occupancy than prevailed in the year 1943. While we did not admit many more patients, the number being only 295 more than for 1943, we did have a slightly higher average occupancy, due to a lengthening of the average period of stay. We admitted to the hospital, as bed patients, during the year 1944, 19,128 individuals. The average number of patients per day totaled 546, as compared with 519 for the year 1943. The lowest number of patients was 343, on the day before Christmas, as has been our experience heretofore. The highest number of patients in any one day totaled 634, on August 16.

Our total number of in-patient

days was 199,346 and represented 54,466 Medical days, for an increase of 9%; 99,276 Surgical days, representing an increase of 9½%; while the Obstetrical days totaled 45,604, for a decrease of 6½% from the previous year.

The increased number of days in Medicine and Surgery accounts for the crowded condition of the hospital during the year, and created a serious problem in furnishing the patient the accommodations desired.

The X-Ray Department made 11,-197 examinations on patients in the hospital and 21,048 examinations on ambulatory patients; also 11,757 treatments were given during the year. As the figures show, our X-Ray Department has been extremely busy and the present facilities and equipment are being taxed to capacity.

The Laboratory Department made

89,964 examinations. Here, again, the facilities of the department, especially at the South Unit, are not adequate to handle the present load. Dr. G. B. Kramer, who had been the head of this department for the last twenty-one years, tendered his resignation in October of 1944, to take effect January 1, 1945. The hospital has obtained the services of Dr. Horace K. Giffen to head the Department of Laboratories. Upon the arrival of Dr. Giffen it is proposed to remodel the present Laboratory at South Unit, in order to improve the working conditions in that department. As I feel this is one of the most important departments of our hospital I hope that the present facilities may be so remodeled as to allow the type of service that this department should give to our hospital.

MISCELLANEOUS DEPTS.

In the Physiotherapy Department three trained Physiotherapists were kept busy all year, giving 16,617 treatments; also in this department 22 patients suffering from poliomyelitis were given 2,531 treatments, including 70 tank treatments.

The Out-Patient Department had approximately the same number of visits as in 1943, although a large proportion of the visits were in the Dental Clinic.

9,403 individuals were given care by the Emergency Department. This has become an extremely active department due to the fact that some of the doctors have many of their patients come to this department for treatment, while they are working in the hospital. A great deal of this work is represented by the treatment and follow-up of fractures.

During the year, the Blood Bank was expanded to take care of all transfusions and intravenous therapy. An additional room was equipped with facilities necessary for handling this work, and while the changeover was not made until the end of the vear it is felt that this department will be able to give better service along these lines than has been possible under the methods previously employed.

	1944	1943
Number of Patients admitted	19,128	18,833
Total Patient Days	199,346	189,681
Average Number of Patients per Day	546	519
Number of Births:		
Male	1,188	1,372
Female	1,215	1,298
Total	2,403	2,670
Highest Number of Patients on Any One Day	634	605
Number of Emergency Visits	9,403	7,455
Number of Operations	10,794	9,914
Total Laboratory Tests	89,964	83,456
Total Number of X-Ray Examinations	32,245	28,681
Total Number of X-Ray Treatments	11,757	9,849
Physiotherapy Treatments	16,617	15,048
Polio Cases—Number of Treatments	2,531	
Number of Nurses in Training School Dec. 31	305	282
Number of Cadet Nurses in Above Total	247	164
Number of Nurses of Youngstown Hospital that are		. "
in the Armed Services	155	

Youngstown Hospital Association

The regular January meeting of the Youngstown Hospital Association staff was held January 9th in the Auditorium of the Nurses' Home of the South Side Unit with Dr. Brant presiding. X-Ray films of three unusual cases were presented. The first case was that of a spontaneous mediastinal pneumo-thorax with comments by Dr. Bunn. The second case was that of a large bladder calculus. This calculus had formed around the end of a catheter. The catheter had been inserted thru the uterus about 2½ years ago. On operation it had apparently ruptured thru the bladder wall and the calculus had formed around one end of the catheter. The third case shown was that of a very large lipoma involving the right side of the abdomen and extending down thru the internal ring into the scrotum and forming a very large scrotal mass.

Dr. Buchanan presented some facts and figures taken from the publication of Lahey Clinic. These facts and figures dealt with the number of operations for tumors of the stomach during a five year period. About two per cent of these were benign and the remainder were various types of malignancy.

Dr. Patrick presented a resume of an article on penicillin in syphilis of the new-born. Some promise that the method would be helpful was given. The final answer on the method was not expressed.

Dr. Brant detailed an account of enterectomy for cirrhosis of the liver. This is a relatively new procedure and gives promise of help in individuals with a large amount of ascites. The procedure involves removal of seven or eight feet of small bowel. Theoretically this cuts down the exudative portion of the peritoneum and increases the absorptive portion of the peritoneum. Considerable discussion followed the presentation of a case.

Annual Report—St. Elizabeth's Hospital

The facilities of St. Elizabeth Hospital have been used to the utmost during the year 1944. An increase in the number of bed patients also increases load in other departments, such as Dietary, Housekeeping, maintenance, laundry, stores, etc. as the reports from each department indicate. The daily average number of patients was 300.

Comparative reports-1943 1944 Total patients ... 11,475 11,985 Patients days 101,971 109,619 Average per day . 279,4 300 8.9 9.2 Average days stay Emergencies 2,635 3.139 Laboratory tests . 53,892 61,632 Physiotheraphy 12,127 treatments 6,440 Out-Patient visits 2,880 3,665 3,514 Operations 4,066 9,844 X-Ray 11,805 Of the above number of patients 1570 were newborn babies.

St. Elizabeth Hospital

Speakers at the last four monthly meetings of the Staff of St. Elizabeth Hospital were as follows:

In June, Dr. P. J. Mahar read a paper on Nephritis."

In September, Dr. E. H. Young read a paper on "Thiourea and Thiouracil Treatment of Hyperthyroidism in Pregnancy;" Dr. J. B. Birch a paper on "The Care of the Erythroblastotic Newborn;" and Dr. A. J. Brandt discussed "What the Mother of an Erythroblastotic Infant Should Know."

In October, Dr. L. G. Coe read a paper on "Vesical Tumors" and Dr. F. W. McNamara a paper on "Lesions of the Breast and the Influence of Sex Hormones on Breast Development and Breast Pathology."

In November, Dr. B. J. Dreiling read a paper on "Hyperthyroidism" and presented statistics on the last fifty consecutive cases he had operated upon in St. Elizabeth Hospital. There were no fatalities in this group.

In December, the annual election of officers of the Staff of St. Elizabeth Hospital was held. Dr. F. W. McNamara was elected Chief of Staff; Dr. E. H. Nagel, Vice Chief of Staff; Dr. Saul J. Tamarkin, Secretary-Treasurer; Dr. R. B. Poling, Director of Medicine; Dr. J. M. Ranz, Director of Surgery; Dr. A. J. Brandt, Director of Obstetrics and Gynecology and Dr. J. B. Birch, Additional Member to the Executive Committee. Dr. C. D. Hauser was elected Staff Representative to Associated Hospital Service Incorporated.

New Pathologist At Youngstown Hospital

The Executive Committee, through Superintendent Endres, has chosen Dr. Horace K. Giffen as pathologist at the Youngstown Hospital to succeed Dr. Gabriel Kramer, resigned. Dr. Giffen comes to us from Lakewood Hospital where he has had charge of the pathology department since July 1, 1942. He expects to take up his duties at the Youngstown Hospital about February 1. His family will remain in Lakewood until the end of the present school year.

Dr. Giffen did his undergraduate work at Muskingum College. He graduated from Western Reserve Medical College in 1926. Following this he interned for one year at the Cleveland city Hospital. He then studied in the School of Tropical Medicine in the University of London for five and one-half months, and has a diploma in Tropical Medicine and Hygiene. During 1931 and 1932 he studied pathology X-Ray at New York Post Graduate School. He was in the School of Oriental Studies in Cairo for one year and in the General Hospital at Assiut, Egypt, for nine years. The first five years were in Major Surgery, X-Ray and General Medicine. He returned to the United States in 1939 and spent three years with Dr. Karsner at Western Reserve Medical School where he was Assistant, Assistant Resident and later Resident in Pathology. From here he became pathologist at Lakewood hospital.

Dr. Giffen is a member of the American Medical Association, the Ohio State Medical Society, the American Society of Tropical Medicine, the Ohio State Pathologists, the Cleveland Academy of Medicine, the Cleveland Library Club, the Kiwanis Club, the Lakewood and Cleveland Clinical Clubs and the International Leprosy Association. He has a diploma in the American Board of Pathology in Pathological Anatomy, is a Fellow in the American Society of Clinical Pathology, Secretary of the Cleveland Pathologist Club, Instructor in Pathology, Tropical Medicine, and Parasitology at Western Reserve University. Dr. Giffen is a member of the United Presbyterian Church.

We feel that the committee has chosen well when they asked Dr. Giffen to come to the Youngstown Hospital. We extend to him a hearty welcome and hope that he will be very happy in Youngstown and in the Mahoning County Medical Society.

Lawrence County Meeting

The Lawrence County Medical Society will hold its next regular monthly meeting on Thursday evening, March 1, at 9:00 P. M. in the Coral Room of the Castleton Hotel in New Castle, Pennsylvania. The speaker on this occasion is to be Dr. John Henry of Pittsburgh, Pa. Dr. Henry will discuss the treatment of varicose veins and the management of other peripheral vascular diseases. Special emphasis will be put upon the technique of injecting varicose veins.

Talk By Col. Wright

(Continued from Page 39)

venous aneurysms to be rather common. The treatment is surgical. Kodachromes were shown of frost bites resulting from high altitudes. This frost bite is almost instantaneous and may be moist or dry. Trench foot was the final syndrome mentioned. This problem is an old one first described by Napoleon's surgeon. It is allied to frost, bite. Feet are markedly swollen. There are numerous parasthesias. Prevention as far as possible is more important than any treatment.

LET'S CONTRIBUTE TO A GOOD CAUSE

We got an idea at Rotary a few weeks ago which we think is an excellent one. At each member's place at the table was a postal card addressed to a member of Rotary in the armed services. We were asked to send a greeting to the absent member on this postal card. It occurred to me then that this same plan could be used in writing to the members of our profession, who are away at war. Members of the armed forces have told us many times that the thing they appreciate above everything else is to hear from those at home. We have written in our spare minutes a few letters to those in the armed services whom we know best, but these letters have been far too few and when we think of the many months that have passed since our heroes went to war, we are thoroughly ashamed that we have not, written them more often. A soldier at war wants news from home more than fruit cakes or cigarettes. News from home makes him realize that we are thinking of him and that we have actually taken enough time out of our busy day to sit down and write him a note. When you have been in the battle lines for two or three weeks without any warm food whatever, or when you are sitting out on some lonely island in the Pa-

cific, or if you are on routine duty in one of the hospitals in this country, a letter from your co-workers will certainly raise morale.

In the Bulletin this year we plan to feature news for the boys away and news from the boys away about themselves. We believe this a better plan than to have strictly scientific articles.

So we propose a trial of the following plan and we do hope that it meets with your approval and is successful. We will have a postal card addressed to each and every member in the armed services. Half of these cards will be left in the St. Elizabeth's staff room and half at Youngstown Hospital staff rooms. Now, when you come in and see this pile of postal cards, select one addressed to someone you especially know, or pull one out at random and write that soldier a personal message. Just leave the card on the table and we will see that it is mailed promptly. We will repeat this plan once a month or once a week depending on the response that you give this idea. If you were sitting out in some lonely God-forsaken place on K rations, we think you would be very enthusiastic about this

Numerous though the ideas of personal interest are, these postal cards should not neglect other matters of importance to physicians on the fighting front. Comments on proposed legislation (both state and national) as well as ideas concerning the development of voluntary medical-care plans. Informative shop-talk is never wearisome to a doctor, especially if he happens to be several thousand miles away from home.

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Herman Wolf Weinberg, M. D.

February 16, 1875

December 31, 1944

Dr. Herman Wolf Weinberg, aged 69, of 1625 Ohio Ave., a physician here for 43 years, died in North Side unit of Youngstown Hospital. He retired about a year ago because of ill health.

Dr. Weinberg was born in Hungary, Feb. 16, 1875, a son of Morris and Betty Mittler Weinberg. He came to the United States as a child, living in Cleveland before moving to Youngstown.

He was examining physician for the Youngstown Civil Service Commission in the early days of the commission.

He was a member of the Rodef Sholem Temple, the Masonic Lodge, Aut-Mori Grotto, and was a life and honorary member of the Mahoning County Medical Society.

Besides his wife, the former Amelia Simon Weinberg, he leaves one son, First Lt. Maurice B. Weinberg, in France.

VENEREAL CLINIC REPORT FOR 1944

VIII OILLIO TILLI OILLI OILLI OILLI	
No. of Syphilis cases treated	997
No. of Syphilis cases—New	107
No. of Blood Tests taken	1,288
No. of Blood Tests—Positive	262
No. of Blood Tests-Negative	1,026
No. of Spinal Punctures taken	36
No. of Spinal Punctures—Positive	7
No. of Spinal Punctures—Negative	29
No. of Syphilis cases Hospitalized	1
No. of Syphilis cases referred to Pvt. M. D	61
No. of Syphilis clinic visits	7,702
No. of Arsenicals given	2,417
No. of Arsenicals reactions	3
No. of Bismuth given	4,077
No. of cases of G. C. treated	367
No. of G. C. cases—New	59
No. of Smears, examined wet & stained	314
No. of Smears, stained—Positive for G. C.	81
No. of Smears, stained—Negative for G. C	233
No. of G. C. cases Hospitalized	0
No. of G. C. cases referred to Pvt. M. D.	15.
No. of Complications	0
Total G. C. Clinic Visits	498
No. of cases of Chancroid treated	1
No. of cases of Chancroid—New	1
Total Chancroid clinic visits	2
Cases referred to Pvt. M. D.	0
No. of cases Hospitalized	156
No. of Urine tests made	156
No. of Urines tested for Sugar	156

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Strained --- 9¢

Blended --- 12¢

Vegetables: Peas, green beans, spinach, carrots, beets, squash. Fruits: Prunes, applesauce and apricots. Oatmeal and blended liver, vegetable and lamb.

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Occupational Therapy
• Hydrotherapy

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Fair Oaks Villa Sanitarium is a member of the American Hospital Association and Central Neuropsychiatric Hospital Association

No. of Urines Positive for Sugar No. of Urines Negative for Sugar	0 156
No. of Urines tested for Albumin	156
No. of Urines Positive for Albumin	0
No. of Urines Negative for Albumin	156
	314
Other tests, Specify, Micro Exams	
Darkfield tests—Inadequate equipment	0
Public Lectures	5
Field Visits	300
Other service	
Eye Exams	55
Heart Exams	157
Chest Exams	157
No. of cases of Syphilis released as cured or arrested	7
No. of cases of G. C. released as cured or arrested	7
Total clinic visits	9,200
	·
Total Cases	1,790
PERSONNEL—REGULAR	,
Physicians	1
Nurse	
Clerk	
Orderly	1
Janitress	1
ROTATING SERVICE	
Consulting Physicians	3
Nurse	1

COUNCIL MEETING

The regular monthly Council meeting was held at the office of the Secretary on the 8th of January. The following doctors were present: W. H. Bunn, J. P. Harvey, V. J. Goodwin, J. B. Birch, R. B. Poling, E. J. Wenaas, W. M. Skipp, E. C. Baker, G. M. McKelvey, E. J. Reilly, and E. H. Nagel.

The meeting was called to order at 9:00 P. M.

The minutes of the December meeting were read and approved.

A letter was read from the Mahoning Chapter American Red Cross, relative to their coming campaign. Secretary was instructed to reply stating that attention would be called to our members at the February meeting.

The application of Dr. J. H. Cronick, for Active Membership, was returned by the censors. A motion was made, seconded, and duly

passed to accept Dr. Cronick as an Active Member.

Dr. John Francis Stotler, 910 Mahoning Bank Bldg., Youngstown, O., was accepted as an Associate Member on a transfer from Olmstead County Medical Society, Rochester, Minn.

Active Membership Dr. J. H. Cronick Associate Membership Dr. J. F. Stotler

Unless objection to the above applicants is filed in writing with the Secretary within 15 days, they become members of the Society.

Bills were read. A motion was made, seconded, and duly passed to pay same.

Meeting adjourned at 10:00 P.M. G. M. McKelvey, M. D. Secretary.

Radio Programs

The Mahoning County Medical Society presents a radio program over WKBN, every Saturday at 11:30 A. M. This program is for the education of the public on medical problems. We believe that there is quite a large listening audience; however, we would like a still larger audience and we therefore urge that you tell your patients about these programs. We believe that they will be enjoyed. Programs presented this year are:

January 6—"Home Care of the Sick."

January 13-"Common Cold."

January 20—"Infantile Paralysis."

January 27 — "Enjoying Poor Health."

February 3—"Superstitions About Health."

February 10—"Visiting with the Sick."

February 17 — "Washington's Death."

February 24—"Will I Have a Nervous Breakdown."

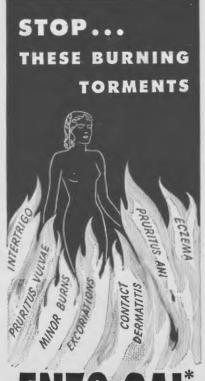
Ladies Auxiliary

The Auxiliary to the Mahoning County Medical Society held its first meeting of the New Year on Monday, January 15, 1945. It was held at the Women's City Club. Mrs. A. Earl Brant presided.

Miss Elizabeth Crawford, Executive Secretary of the Mahoning County Red Cross, gave an interesting talk on the history and function of the Amercian Red Cross.

The next meeting will be an Informal Evening get-together, February 19, 1945, at the home of Mrs. Paul Fuzy, Fifth Avenue.

-Ellen E. Tims.



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Nurses For Military Service By RUTH E. AUBREY

There seems to be much confusion among the members of the nursing profession as well as the public, regarding the possibility of nurses being conscripted for military service. Nurses from this city and district have volunteered for service in numbers which are above the quota set by the National Recruitment Committee. Since the critical need for nurses to serve our Government has arisen, no definite quota has been set, but more and more nurses are expected to volunteer. Our nurses are accepting this challenge and during the month of January the number of nurses who have acknowledged their obligation has accordingly increased. Yet, there is still a need for more and more nurses.

We nurses recognize the fact that our soldiers must be cared for when they are wounded or injured and we want to do our duty to them and to our country. Most of the recently registered nurses are responding to the call. However, in a few isolated cases a young nurse who is performing a responsible position in the school of nursing by teaching or supervising young student nurses would hardly be fulfilling her obligation by joining the service until a successor is found, who would be qualified to do her work. She would be leaving a decided gap in the rank and student nurses who are potential volunteers for government service would be deprived of necessary instruction or supervision. In the end, it would be the members of our armed forces who need the best of nurses to care for them who would suffer. It is best for this nurse to remain at home to do the difficult. task she has to perform, that is, to continue with her work as teacher or supervisor for U. S. Cadet Nurses. This work receives no credit what-

ever, it is tiring and at times discouraging and receives very little recognition.

The above explanation is an example of why every nurse is not serving her country today. The nurses who remain at home, if investigated carefully, will be found to be physically unfit for service or past the age limit. Also there are those nurses to be found who have families and must give their children the care and attention that only a mother can give. With a few exceptions, these are the nurses who are caring for the civilians at home.

The pressure of public opinion has developed to a high peak and only few nurses remain at home who should be in the service. These young women are given only a regard of utter contempt by their fellow nurses.

There is no need of a selective service act to be passed by Congress which would conscript nurses into government service. It is totally unfair and not the "American Way" to discriminate between any one group. Every woman in our country must be considered from the viewpoint of what she can contribute as her part in this effort. There are many women, who could give much but apparently have not assumed any obligation to assist in meeting this vital need and no doubt would be willing to do or give something for her country if she were made aware of the need for her individual help.

The nursing profession has given perhaps more than any other profession, some work long hours and do tiring tasks, yet never complain. There have been too few leaders among this group and today it is even more noted. Every nurse does her job and say nothing, therefore the public knows very little about this group and when it is stated that nurses are not responding for service, a lack of substantial evidence is not given consideration.

FROM OUR DOCTORS IN THE SERVICE

Doctors are earnestly requested to write the Bulletin of their activities and by all means CHANGE OF ADDRESS. Let's help keep the good work up.

Captain T. J. Tims

France, December 18, 1944
I hope that you are having nice weather at home. I read where there is a cold spell over the northern half of the United States. I hope that it isn't too cold. All we are having are continual rains. All the rivers are flooded or are high and if the rains continue, we will have floods very soon. The Seine is the highest it has been since 1908. Today began as a damp morning, then the sun came out and we really had a lovely day. This is a rare treat. A week today is Christmas. My third consecutive one away from

I am still roaming and visiting all over Paris and seeing as much as I can. I received a Christmas card from our Nurses and they are in Belgium. Haven't met anyone from home in a long time. I'm fine and getting along well. I'd love to get home, but I guess that is out of

the question.

Major R. E. Odom

January 2, 1944 The weather is warm enough to work in shirt sleeves during the day and cool enough for a blanket at night.

So far I have not received any Christmas packages and this is 2 January. I am away from my home base a lot of time and I am finding my work very interesting.

Major H. E. Hathhorn

It is 7:30 P. M. I have just finished a half hour of exercise and sat down to write you a little letter, and then to the hut and bed. We have to get up at 4 A. M. for another train of patients, and then we start all over again.

We have not had any holiday but worked right through Christmas the same as any other day. We had Santa Claus at the club on Christmas eve. He distributed presents to all—I got a bar of soap. The Nurses gave the officers a reception in their lounge last evening

with grapefruit juice punch.

Capt. Henry Sisek

Philippine Islands, December, 1944 Our hospital came in on the heels of the assault troops and I mean just that. Last night we were strafed by Jap planes and the medical supply dump got a direct bomb hit, and we were all jarred off our feet. We've worked till exhausted and then started right in again. My birth-day present—the invasion . . . nice birth-day! Temperature is 116 to 120; nights are cool and very damp. The hospital has been flooded, bombed, and strafed since we've been here. Ran out of gowns, linens, and some essential supplies. Our clothes are full of mud, and we're all yellowish from the atabrine. Our enlisted men have been superb.

Mailed you two fifty foot reels of kodachrome movies, some taken enroute. We're operating now in an underground surgery, complete with running water; it's safer, though we've had no trouble

lately.

Your inability to get cigarettes is readily understandable to me; we have

all we can use.

The inside of our quarters is lined with a blue silk parachute; the place doesn't look too bad. I'm being heckled while I write, but one of the men is spraying insecticide so I can write without being devoured. We are having some time to ourselves now, and the chief topic of conversation is, as you may well know, rotation to the States. Most of us have been here nearly three years.

Capt. Barclay M. Brandmiller

December, 1944
It's now 6:00 P. M. and the Philippine Hour on the radio is just starting. Starts out with ten minutes of newsfive minutes of the Pacific news followed by five minues of the news from the European theater. There's always a big crowd around the radio tent for the latest information.

Another busy day. Another hour of drill this afternoon. I think it was hotter today than yesterday—if that's possible. Rained a little this morning. The rain soon turned to steam and it's stickier

than ever.

Capt. John A. Rogers

December, 1944
The hospital is set up and working
now. The first patients are running true
to form. Several prize bits of crockery
that have been on the shelf for some time.

Our hospital is a two story school building with a long basement and an attic. The class rooms are used for wards. One room was converted to surgery.

We have a little heat now and then but the wards are still cold. One has to hurry-up the examinations to keep from freezing both the patient and oneself.

Major John S. Goldcamp

From the Philippines (Leyte) Dec., '44 We are at the location where we are going to set up for work and, boy, all our other places were paradises in comparison. Of course it looks bad now because nothing has been done. It might be pretty decent after we get it fixed up. Had quite a truck ride last nite, never saw so much mud in all my life. These kids really know how to drive the trucks and these roads are supposed to be pretty good ones! The way the truck slid around I was ready to jump any moment. Wasn't afraid of getting hurt by landing in all that soft mud. But we all come through safely though one truck load had quite a time-one front wheel over the edge of a bridge and later on mired down. I got to our area about 9:30 last nite and it was sure discouraging as there was mud everywhere due to a heavy rain earlier in the evening. I was mud half way up to my knees. Got myself a cot and took my shoes off and tried to get to sleep. It got quite cold during the nite so that I had to get up a couple of times, also got up to help direct the unloading of the trucks coming in. Had none of my luggage except my pack but luckily I had a dry pair of socks and a flashlight. We all got up early this morning and the boys worked like beavers so now the area looks much better as it has dried a little and a lot of cleaning of the land has been done. Tents are up and we have our cots in them though we are pretty crowded, twenty-five to a tent. Haven't had much to eat the past two days but that doesn't bother me any. Had our first meal today shortly peaches, afternoon-flapjacks, canned and coffee and it sure tasted good.

Water is scarce so there are going to be a lot of beards for a week or so at least. The natives are plentiful now, a little village here. They are friendly and glad to see us. They are very good workers and will do lots of chores for cigarettes, money or clothing. I paid one of them an undershirt for doing a little odd work

Their huts are interesting, they moved a lot of them today to make room for us. Lift the roofs off and carry them, then the sides, and then the floor. One would think it impossible for such a large family to get into such a small hut. Their stories are interesting. Most of them hid from the Japs and are very glad to see the Americans.

Lt. Comm. J. H. Fisher

Aboard the U.S.S. Gage, Dec. 25, 1944 We are anchored in the harbor enjoying a very quiet Christmas day. Yesterday we had our Christmas service and it was indeed unique. Protestant divine service with a red headed Catholic chaplain, and me playing the organ and leading the singing. The chaplain is young and is anxious to have everybody get the Christmas spirit, so he insists on playing Christmas Carols on records over the loud speakers. Now our loud speakers are very fuzzy and raspy, and they sound terrible. It is worse than the radio and one can't shut them off. We get radio too at mealtime and as soon as we get something reasonably good the boys up in the control room switch it off and turn on swing music. We have all growled at the Communications officer but they do it just the same....

Think I told you we have several corpsmen who hit the beach in Normandy. One of them is a big red headed boy who has been A. W. O. L. several times. He is A. W. O. L. again today. In France he got "lost" from his outfit, and wandered all over Normandy. He was reduced from a 3rd Mate to a H.A 1/c as punishment....

Tell all the gang I will miss them very much around New Year's Eve. I miss my family very much too....

SINCE LAST MONTH—

Major S. R. Cafaro, home on leave, attended the December meeting of the Staff of St. Elizabeth Hospital. He gave a very interesting extemporaneous talk on his experience as Assistant Chief Surgeon at a base hospital in England.

Lt. Comm. Hiram Evans is back on short, leave after twenty-two months of sea duty in the South Pacific. After a short visit in Texas with his family, Mr. and Mrs. Evans spent a few days in Youngstown, before going to his new assignment in Norfolk, Virginia.

Capt. Henry Carl Marsico has returned to the states after twenty months overseas duty. He is now a patient in the Deshon General Hospital.

Lt. Comm. Stanley Myers is convalescing at the Chelsea Naval Hospital in Boston, having undergone a recent operation on his back.

Dr. S. R. Zoss, recently elected to membership in the American Academy of Allergy, will speak before the Mercer County Medical Society in Greenville, Pa., February 14, 1945, on the subject, "Allergy, Its Concepts and Manifestations."

Dr. J. H. Heberding spoke before the Rotary Club at their meeting on January 24th. Dr. Heberding's subject was Cancer.

Dr. W. D. Collier addressed the Portage County Medical Society on January 4th at Ravenna Memorial Hospital. Dr. Collier's subject was Rh Factor of Blood.

Lt. Comm. John A. Renner, USNR, with Mrs. Renner and their children, arrived from Great Lakes, Ill., and spent a five day leave with their parents. Lt. Comm. Renner is now stationed at Great Lakes Naval Training Station after two years of sea duty.

Dr. and Mrs. Claude B. Norris and their son, Phillip, have returned from a sojourn at their plantation, "Belle Nemus," Powhatan, Va. Phillip has resumed his studies in Western Reserve Academy.

Capt. Nathan D. Belinky, Youngstown, Japanese prisoner since the fall of Corregidor, is alive and well, and working in a hospital, according to an enemy propaganda broadcast picked up and transmitted to the family by the War Department.

Word has been received that Dr. Clarence J. Duby of 2221 Goleta Ave., former interne at St. Elizabeth's Hospital, has been commissioned a captain. Capt. Duby is stationed at a general hospital somewhere in France.

Dr. A. C. Montani has left Youngstown to establish his residence in Las Vegas, New Mexico. His family are with him.

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SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

ITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

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