



17th
POSTGRADUATE
ASSEMBLY
APRIL 11, 1945

BULLETIN

of the
Mahoning
County
Medical
Society



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Published monthly at 787 Wick Avenue, Youngstown, Ohio

Annual Subscription \$2.00

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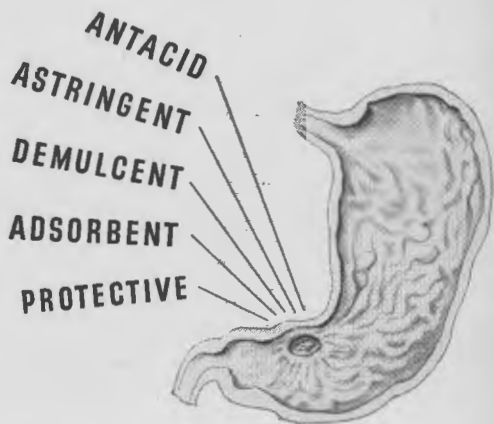
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PRESIDENT'S PAGE

One of the fine traditions of the Mahoning County Medical Society is the perpetual desire on the part of its members to be well informed on current medical progress. To this end, the monthly scientific meetings through the years have been of very high order but the climax of the year's instruction has always centered around Post Graduate Day. We have been particularly favored in having the best teachers from the United States and Canada spend a day with us each spring presenting formal lectures and inspiring us by their very presence.

Elsewhere in this issue of the Bulletin is a list of the nationally known scientists who have addressed us. The program page shows the group from Marquette coming this year. Why are these busy educators willing to come here without hope of financial gain? What explanation is there in many instances for their personal sacrifice of time and of money? How can they justify to their College Boards a day away from office, laboratory, or class room? There certainly is no enjoyment in riding two nights in a pullman car and little recreation in sitting all day in a dark smoky room. It may well be that the answer to these questions can be found in the great sense of duty which these men feel for their profession. Perhaps it may be summed up in the title of Bliss Perry's autobiography, "And Gladly Teach." Whatever the reason, we are honored to have them here.

It would be a fine gesture if every member of the Society would personally tell each speaker of this year's group just how much he appreciates his presence in Youngstown.

W. H. BUNN, M. D.,
President.

Editorials:-**Our February Speaker**

Dr. Anton Carlson gave us a talk that was entertaining, informative and challenging. His preamble was a brief account of the background of medical experimental work which enabled him to draw the conclusions that were given us. He had the second Alexis St. Martin. His particular patient had a complete stricture of the esophagus. With his patient he studied hunger, thirst and appetite. In addition to this opportunity he also had a man who felt that doing without food was a cure for all ills. With this particular individual he has controlled studies with complete absence of food for a period of forty-two days.

He has seen under-nutrition on the scale of millions in the Orient. Immediately following the last war he saw the results of mass starvation in Belgium. His background then, in regard to vitamins was very complete.

At a recent food conference, Dr. Parran of the U. S. Public Health Service said that less than twenty-five percent of the people have a good diet. This was amplified by Mr. McNutt who said that the loss of stamina and intelligence can be treated with synthetic vitamins.

Dr. Carlson, however, states that there are still many obstacles in the laying down of an optimum diet. We do not yet know all of the factors necessary. A number of drawbacks were stated in regard to an optimum diet. Many of our food habits are like religions. These habits are clung to tenaciously. The ancient Romans regarded white bread as a matter of social distinction. This

still lingers on. Food advertising is against an optimum diet. Much of this is skillful lying. Food refining and food processing are against us. The good people of the U. S. A. are the most wasteful of food in kitchen and at the table in the world. The waste of this country would probably feed fifteen million people the year round. Poverty is against us. The data on which Parran based his judgment, however, was faulty. If there is chronic malnutrition there will be loss of weight and with children lack of development. These are objective findings and can be measured. A controlled experiment in Toronto showed ninety percent of a series of school children were deficient in their intake of vitamins and only two percent showed any evidence of disease.

Oleomargarine equals butter in every known factor but the laws are against our using it. Our production of butter actually involves a loss, as the skim milk, which is one of the products, is either thrown away or fed to pigs and this contains a superior protein and many salts. Some of this skim milk goes into plastics.

The recognized deficiencies from vitamins have been known for a long time. The American Indian three or four centuries ago knew how to cure scurvy. Some of the vitamin deficiency diseases are due to processing of foods. As for instance, in the use of white bread instead of whole wheat bread, whereby the vitamin factor is milled out in the process of making the flour. Over the last few years the number of vitamins have multiplied almost as fast as the hormones. One factor that is forgotten is that man and



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animals below man do produce vitamins in the intestine.

Dr. Carlson stated that the K ration of this war is a good ration except for flavor and variety. This is in contra-distinction to the fact that the similar ration in the last war was not as good. In speaking of the known diseases he said that scurvy is almost non-existent, active rickets is rare and pellegra has nearly disappeared.

Because of the advertising and the medical use of the vitamins patients at the present time are conditioned to a psychosis of needing vitamins. Vitamins do not kill any patient. There is, however, no reliable criteria to know when the real lack of vitamins begins.

He mentioned an experiment which he helped to conduct in relation to tuberculosis and vitamin C with the definite conclusion that Vitamin C has no effect on tuberculosis. He then showed a number of advertisements starting with one of Duffy's malt whiskey of forty years ago. At that time this was claimed to have cured several million people of consumption and numerous other diseases. At the present time the advertisers of vitamins make claims almost as broad and sweeping in character. These, however, are without real medical foundation.

His debunking of the tremendous use of vitamins at the present time was extremely instructive, and while it appeared to be amusing he very definitely tried to leave the impression that this was a crusade in which we were engaged and that we should by all means help to stop this terrific loss to the ordinary pocket-book. Definitely the conclusions were that the tremendous use of vitamins at the present time was unwarranted, and due to skillful advertising rather than any known need.

SECRETARY'S REPORT

The regular monthly Council meeting was held at the office of the Secretary on March 12th. The following doctors were present: W. H. Bunn, G. M. McKelvey, E. J. Reilly, J. P. Harvey, C. A. Gustafson, Wm. M. Skipp, and E. J. Wen-aas.

The regular monthly meeting of the Society was held on March 20th at the Youngstown Club. Our speaker for this meeting was Dr. Anton J. Carlson, professor Emeritus of Physiology, University of Chicago, and his subject, "Vitamins."

G. M. McKelvey, M. D.,
Secretary.

YOUNGSTOWN

(Written by a busy physician at an odd moment.)

Low-placed eaves of dirty brown
Make up the roofs, the valley thru.
The sides all plated up and down
With Sheeted iron of smoky hue.
The sky-line marked with myriad
stacks

From out the tops they rise
In twos or threes or seeming racks,
From candlestick to lighthouse size.
Beneath the dusky, ugly sheds
The brilliant ribbon metals show
And from the distance on the ledge
Like dragon-tongues they breathe and
blow.

By day, the rugged furnaces
Pour forth their senna rust.
Like old Vesuvius from far off,
Fills all the air with dust.
But, under all this powdered flux
That covers all the town about,
The pulsing heart is quickened more
By working on and working more.

—Lincoln Phelps, M. D.

JUST A MINUTE—

"Are you John A. Van Dorky?"
asked the young man beside the coat-rack.

"No," was the surprised reply.
"Well, I am," came the frosty rejoinder, "and that is his coat you are putting on."

Our Postgraduate Speakers Since 1928

First Annual Postgraduate Assembly by a group from the Graduate School of the University of Pennsylvania. Speakers: Dr. John A. Kolmer, Dr. W. Estell Lee, Dr. J. Claxton Gittings, and Dr. Harry L. Bockus.

Second Annual Postgraduate Assembly by a group from the Mayo Clinic. Speakers: Dr. D. C. Balfour, Dr. H. I. Lillie, Dr. H. Z. Giffin, and Dr. W. C. McCarty.

Third Annual Postgraduate Assembly by a group from Jefferson Medical School. Speakers: Dr. Louis H. Clerf, Dr. J. T. Rugh, and Dr. Elmer H. Funk.

Fourth Annual Postgraduate Assembly by a group from Johns-Hopkins University School of Medicine. Speakers: Dr. Emil Novak, Associate Professor of Clinical Gynecology. Dr. Thomas B. Futcher, Associate Professor of Clinical Medicine. Dr. William E. Reinhoff, Jr., Instructor in Clinical Surgery. Dr. Louis Hamman, Associate Professor of Clinical Medicine.

Fifth Annual Postgraduate Assembly by a group from Harvard University. Speakers: Dr. Henry A. Christian, Hersey Professor, Theory and Practice of Physic, Harvard University, Physician in Chief, Peter Bent Brigham Hospital, Boston, Mass. Dr. Samuel A. Levine, Ass't Professor of Medicine, Harvard University, Senior Associate in Medicine, Peter Bent Brigham Hospital. Dr. Merrill C. Sosman, X-Ray. Dr. William C. Quinby, Clinical Professor of Genitourinary Surgery, Harvard University.

Sixth Annual Postgraduate Assembly by a group from Memorial Hospital of New York. Speakers: Dr. James Ewing, Director, Professor Oncology, Cornell University Medical School, N. Y. Dr. Burton J. Lee, Clinical Director, Memorial Hospital, N. Y., Clinical Professor of Surgery, Cornell University Medical School. Dr. Lloyd F. Craver, Attending Physician, Memorial Hospital. Dr. Benj. S. Barringer, Attending Urologist, Memorial Hospital.

Seventh Annual Postgraduate Assembly by a group from McGill University, Montreal, Canada. Speakers: Dr. J. C. Meakins, Professor of Medicine. Dr. Wilder G. Penfield, Clinical Professor of Neurological Surgery. Dr. John R. Fraser, Professor of Obstetrical Gynecology. Dr. J. B. Collip, Professor of Bio-Chemistry.

Eighth Annual Postgraduate Assembly by a group from Mayo Clinic, Rochester, Minnesota. Speakers: Dr. Walter C. Alvarez, Professor of Medicine. Dr. C. F. Dixon, Associate Professor of Surgery. Dr. Frank C. Mann, Professor of Experimental Surgery and Pathology. Dr. Henry Meyerding, Associate Professor of Orthopaedic Surgery.

Ninth Annual Postgraduate Assembly by a group from College of Physicians and Surgeons, Columbia University. Speakers: Dr. Walter W. Palmer, Professor of Medicine and Chief of the Medical Service, Presbyterian Hospital. Dr. Allen O. Whipple, Professor of Surgery and Chief of the Surgical Service, Presbyterian Hospital. Dr. Dana W. Atchley, Associate Professor of Medicine and Associate Attending Physician, Presbyterian Hospital.

Tenth Annual Postgraduate Assembly by a group from University of Michigan. Speakers: Dr. A. C. Furstenberg, Professor of Otolaryngology and Dean of the Medical School. Frank N. Wilson, Professor of Internal Medicine and Head of the Department of Cardiology. Dr. Frederick A. Collier, Professor of Surgery and Chief of the Department of Surgery. Dr. Cameron Haight, Ass't Professor of Surgery and Ass't Professor of Thoracic Surgery. Dr. John Sheldon, Instructor in Internal Medicine and Chief of the Department of Allergy.

Eleventh Annual Postgraduate Assembly by a group from Lahey Clinic, Boston, Mass. Speakers: Dr. Frank H. Lahey, Dr. of the Lahey Clinic. Dr. Gilbert Horrax, Neurosurgical Service. Dr. Everett D. Keifer, Gastro-Enterology. Dr. Elmer C. Bartels, Internal Medicine.

Twelfth Annual Postgraduate Assembly by a group from University of Pennsylvania, Philadelphia, Pa. Speakers: Dr. C. C. Wolfarth, Professor of Clinical Medicine, School of Medicine. Dr. E. P. Pendergrass, Professor of Radiology in the Graduate and Undergraduate Schools of the University. Dr. R. A. Kern, Professor of Clinical Medicine.

Thirteenth Annual Postgraduate Assembly by a group from Johns-Hopkins University Medical School. Speakers: Dr. Warfield T. Frior, Acting Chief of Surgery. Dr. Richard M. TeLinde, Professor of Gynecology. Dr. Benjamin Baker, Associate in Medicine. Dr. Lloyd G. Lewis, Chief of Genito-Surgery.

Eighteenth Annual Postgraduate Assembly by a group from the University of Wisconsin and Wisconsin General Hospital. Speakers: Dr. William S. Middleton, Dean and Professor of Medicine. Dr. Joseph W. Gale, Associate Professor of Surgery. Dr. Elmer L. Sevringhaus, Professor of Medicine. Dr. Ralph M. Waters, Professor of Anesthesia.

Fifteenth Annual Postgraduate Assembly by a group from the Northwestern University. Speakers: Dr. J. Roscoe Miller, Dean and Professor of Medicine. Dr. J. R. Buchbinder, Associate Professor of Surgery. Dr. Harry Culver, Associate Professor of Urology. Dr. Paul S. Rhoads, Assistant Professor of Medicine. Dr. George H. Gardner, Ass't Professor of Obstetrics and Gynecology.

Sixteenth Annual Postgraduate Assembly by a group from Georgetown University Medical School, Washington, D. C., and two of our own doctors. Dr. E. R. Whitmore and Dr. Ross Veal from Georgetown University and Dr. E. C. Baker, Youngstown Hospital, and Dr. W. D. Collier, St. Elizabeth's Hospital.

17th Annual Postgraduate Assembly

PROGRAM BY A GROUP FROM MARQUETTE UNIVERSITY

**Morning Sessions at Hospitals
Afternoon and Evening Sessions at Hotel Pick-Ohio
Visit Exhibits Between Sessions**

MORNING SESSIONS

- 10:00 A.M.—Clinical Pathological Conference at Stambaugh Nurses' Home, South Unit.—Dr. Francis D. Murphy and Dr. Joseph F. Kuzma.
- 10:00 A.M.—Surgical Clinic at St. Elizabeth Hospital—Dr. Carl Eberbach.

AFTERNOON SESSIONS

- 1:00-2:00—Registration, Ball Room Pick-Ohio Hotel.
- 2:00 P.M.—"Present Trends in Hemorrhagic Diseases"—Dr. Fred Madison.
- 3:00 P.M.—"Treatment of Biliary Tract Diseases"—Dr. Carl Eberbach.
- 4:00 P.M.—"Diagnosis and Treatment of Nephritis"—Dr. Francis D. Murphy.

DINNER 6:30 P. M.

- 8:00 P.M.—"The Future of Medicine"—Dr. Eben Carey, Dean of Marquette University School of Medicine.

WEDNESDAY, APRIL 11th

Pick-Ohio Hotel

Youngstown, Ohio



Eben James Carey, M.D.

Dr. Carey was born in Chicago, Ill., July 31, 1889. He was educated at St. Vincent's Schools and College in Los Angeles, the University of California and Creighton University, Omaha, Nebraska, where he was graduated B. S. in 1916 (M.S., 1918; D.Sc. 1920.)

From 1913 to 1920 he was instructor and assistant professor of anatomy at Creighton University. Later he studied at Rush Medical College, Chicago, where he was graduated M.D. in 1925. His internship was served at the Presbyterian Hospital in Chicago.

In 1920 he joined the faculty of Marquette University School of Medicine, Milwaukee, Wisconsin, being professor and director of the department of anatomy, 1920-26; dean of medical students, 1921-26; acting dean of the school in 1926 and dean and professor of anatomy since 1933. He was also medical director of the Marquette Dispensary in 1924 and chief of staff of Marquette Hospital in 1926. Dr. Carey is widely noted for his work in bone and joint development, teratology, myogenesis, and bone and joint pathology. His early research was concerned chiefly with teratology. His later work has been more concerned with the biophysical factors involved in the structure of muscle tissue. In this field he has made original contributions of great value. In addition to various other papers contributed to professional publications, he is the author of "Studies in Anatomy" (1924) and "The Experimental Transformation of the Smooth Bladder Muscle of the Dog, Histologically into Cross-Striated Muscle and Physiologically into an Organ Manifesting Rhythmically."

Dr. Carey is a director of the Wisconsin Anti-Tuberculosis Association, a fellow of the American Association for the Advancement of Science and the American Medical Association and a member of the American Association of Anatomists, American Medical Editors' and Authors' Association, Radiological Society of North America, Wisconsin State Medical Society, Milwaukee County Medical Society (president, 1942-43), Milwaukee Academy of Medicine (president, 1939-40), Seven Arts Society of Wisconsin (president, 1937), Knights of Columbus, B.P.O.E., Lambda Chi Alpha, Phi Chi, Alpha Omega Alpha, Pi Kappa Apsilon, the University Club of Milwaukee and the Rotary club of Chicago. He is a lieutenant colonel in the Wisconsin National Guard.

Dr. Eberbach was born in 1889.



Carl W. Eberbach, M.D.

Education and Training: A. B. 1912, M. D. 1916, University of Michigan. Founders member American Board of Surgery, 1937. Associate Professor of Clinical Surgery, Marquette University.

Hospital affiliations: Chief Surgical Staff, Milwaukee Hospital. Surgical Staff, Columbia Hospital.

Medical Societies: A. M. A.; F. A. C. S.; Western Surgical Association. American Medical Association; Fellow American College of Surgeons.

Dr. Murphy was born in New Diggings, Wisconsin, on November 7, 1895. He attended Marquette University, receiving a Bachelor of Science degree in 1918, and his M. D. in 1920. In 1924 he received an M. S. degree from the University of Pennsylvania.

Dr. Murphy began practice in Milwaukee in 1920; he specializes in Internal Medicine. He is Clinical Director of the Milwaukee County General Hospital and Chief of Staff of St. Joseph's Hospital. He became Head of the Department of Medicine at Marquette University in 1928, and in 1941 was given the Chair of Medicine. He was awarded the Certificate of Honor by the American Medical Association in 1933 for special work on Bright's Disease. Dr. Murphy has been carrying on special research work on the Nephritis and Hypertension for many years at the Milwaukee County Hospital and Marquette University School of Medicine.

He is a Fellow of the American College of Physicians and a member of the American Medical Association, Central Society for Clinical Research, American Association for the Advancement of Science, Wisconsin State and Milwaukee County Medical Societies, Milwaukee Academy of Medicine, Chicago Society of Internal Medicine, Milwaukee Surgical Society, American Therapeutic Society, American Heart Association, Wisconsin Historical Society, and Phi Beta Pi.

Dr. Murphy has contributed articles to many medical publications, and is a member of the Editorial Board of the American Journal of Digestive Diseases and Nutrition. He is also author of the recent book, "The Diagnosis and Treatment of Acute Medical Disorders" and the recent series of "Doctor Murphy's Bedside Clinics."



Francis D. Murphy, M.D.

Dr. Madison was born in Mazomanie, Wisconsin, December 22, 1889.

Education and Training: A. B. University of Wisconsin 1921; A. M. University of Wisconsin 1922; M. D. Columbia University 1924. Interns and medical resident Philadelphia General Hospital. Practice internal medicine Milwaukee since 1927.

Associate clinical professor of medicine, Marquette University School of Medicine.

Currently Head of Division of Medicine—Milwaukee County General Hospital.

Chief of Staff—Columbia Hospital.

Member of Staff—Milwaukee Hospital.

Societies' Milwaukee County Medical Society; Milwaukee Academy of Medicine; American Therapeutic Society; Milwaukee Surgical Society; Central Society for Clinical Research; Institute of Medicine of Chicago; Heart Club of Wisconsin; A. M. A. American College of Physicians; Milwaukee Internists Club.



**Frederick W. Madison,
M.D.**



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 1st Lt. James Delmar Miller, M.C., U.S. Army (0473617)—90th Field Hospital, Camp Gruber, Oklahoma.
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 Major David D. Colucci, 131st Gen. Hosp., Camp McCain, Miss.
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YOUNGSTOWN CLUB

HOSPITAL VISITORS

"No, my friend, the circus is not in town. It is just a regular visiting day at one of the Youngstown hospitals."

The purpose of this article is to help the patient get well sooner. Keep that in mind. For many years we have felt that there is entirely too much visiting in the hospitals of Youngstown. When we attend hospitals of the same size in New York, Pittsburgh, Chicago or Cleveland, we are impressed by the absence of visitors and the quiet atmosphere that prevails. The lobby of one of our hospitals on visiting night is usually so congested with visitors coming and going that one would indeed be inclined to think that the circus was really in town.

The control of visiting in the hospital is an age-old problem. Various methods of attempting to control the number of visitors have been developed and put into effect with questionable results. The ability to enforce satisfactorily any rules and regulations with respect to visiting is the main difficulty encountered. The general public seems to have the idea that it is their duty to visit the sick and therefore feel that any restrictions placed upon their discharge of this duty are unfair and subject to circumvention if at all possible. It

seems to be the concept of the public that whenever relatives or friends are admitted to a hospital each person is "duty bound" to visit the patient as soon and as many times as possible. No doubt, each person sincerely believes the average visitor is not necessary to the patient's recovery, but if he gets to the bedside of the ill person, there is magic in his visit which assists the unfortunate one to recover. There is also the idea that friends and relatives may believe he is negligent and to thus ease his conscience he has another reason why usually more than one visit must be accomplished. It had long been recognized by the hospital and doctors that visitors to patients are necessary. Visiting, properly done, aids in the patient's recovery.

But what about the poor patient? First there are the pains and discomforts of his illness and on the whole he does not especially care whether he lives or dies. He is in no mood for visitors and certainly unable to converse with anyone, but, regardless, they come singly or in groups. They overstay any reasonable visiting period, during which time their criticisms include the hospital policies or management and the good judgment of the physician. Then they discuss gruesome experiences,

ask unreasonable questions, unthinkingly tell the patient how ill he appears, give advice as to what he should do to get better, and in general keep up a boring discussion of his past aches and pains—all slightly exaggerated. After several hours of an experience such as this for an afternoon and evening, is it any wonder the patient has a reaction. Visiting improperly done, can be very detrimental to the patient's condition. When visitors come in large numbers the noise in the corridors alone is annoying to very ill patients and to patients trying to rest. If a patient has had four or five visitors during a visiting period, it exhausts him. He tries to be friendly and to be a good host, thus, many times exerts himself more than his condition allows. A patient who is very ill or who is uncomfortable from recent surgery is in no mood to welcome even his family, and usually wants to be alone.

Often it is difficult for the nurse to quiet the patient after the departure of his visitor to the place where he can relax and try to sleep, yet he may be physically and mentally exhausted, but keyed up to such an extent he is unable to close an eye until hours of tossing and turning have ensued. The nurse tries to remember everything she has learned and tries to recall all former experiences for successful methods she may have used to assist her patient to that important and needed rest the physician expects as a part of the hospital regime. The patient now is worried about this condition and believes there is something decidedly wrong. This adds to his confusion and emotional upset. Some patients may be emotionally upset for 24 hours and after a restless night, the following day is also difficult. Pity the poor nurse if she has one or two patients of this type, which may not be unusual. Often the woman patient must have a fit of weeping which upsets her as well as the patient in the room

with her, if she does not have a private room.

Nowhere is the effect of visiting hours more noticeable than in the children's ward. In a ward containing 20-30 babies and children, the visiting of 40-60 parents daily makes a disturbance that is almost immeasurable. Since we do not have closed cubicles for each patient, the danger of cross-infection is very great. Although visiting from one bed to another is discouraged, a certain amount does exist. And, especially in the winter time, 40-60 visitors would undoubtedly introduce by air-borne infection a great increase in the number of colds and upper respiratory infections. An even greater effect is made upon the behavior of the child. Anyone who has not seen a children's ward immediately after visiting hours, cannot imagine the scene. Children who were perfectly happy before their parents arrived are in tears and tantrums when they leave. While the outburst may be over in from 15 minutes to 2 hours, a great deal of harm is done when this emotional disturbance is repeated daily. The contrasting effect is seen in cases where the parents are sensible enough not to come in every day or to look at their child when he can not see them. Such children, particularly if not disturbed by seeing parents of other children, are much happier, more quiet and more easily treated. Permitting parents of seriously ill patients to visit at any time is of course necessary, but too often the privilege is abused. Long after the child has passed out of the dangerous stage, the mother is visiting for as long as she desires. Most feeding and treatment can be done better when the mother is not present. She not only handicaps her child, but disturbs his neighbor who can not understand why his mother can not stay with him.

The doctors are usually the greatest offenders. Not wanting to dis-

turb the mother of a sick child—or just not wanting to be bothered—too often says, “Oh, yes, you may see Johnny although visiting hours are not until tonight.” The nurses are then forced to break the visiting rules, to interrupt their procedures to get a gown for the visitor, perhaps to argue with some observer who says, “She went in,” and then to comfort the child and quiet the rest of the ward when the mother leaves. This could be avoided if all doctors would reply, “You must observe the rules of the hospital and visit only when the Head Nurse says you may.” Most hospitals permit visiting only once or twice during the week. The parents may talk to the interne on the other days. That might be too drastic to introduce at once, but perhaps if Monday and a day later in the week, say Thursday, were taken off the visiting list, a great deal could be accomplished.

In certain departments of the hospital visitors are regulated by law. In spite of this many persons come to the hospital and deliberately misrepresent themselves in an attempt to get into the patient's room. If visitors could realize that the regulations are made for the patients' welfare, it is certain cooperation would be more forthcoming. To visit a patient best is to send a cheery card or a short note while he is in the hospital and visit him when he is recuperating at home when he would welcome a friendly visit. After careful consideration and it is believed a visit must be made to a patient who is in the hospital, the time should be the minimum, five to ten minutes. Visiting should be done quietly in respect to the individual patient and to the other patients who are located near by who may be disturbed.

The most common system in general use in hospitals to control visiting is that of the card system, where-
by two cards are assigned to each patient, and issued to visitors apply-

ing for permission to visit the patient. When these two cards have been issued and are out of the file any other individuals desiring to visit the patient must wait until the cards are returned. This does not work too well because of the fact that people are prone to neglect to return the cards to the information clerk. Also, some visitors, once they attain access to the various wards and floors, make the rounds of their friends who happen to be in the hospital, on the card issued for another patient. Another means of attempting to curb visiting in the hospital is that of establishing certain specified hours during which the patient may be visited. This does not seem to have the effect of reducing the number of visitors, but rather compressing the traffic into a short period of time. Some idea of the number of people who may be visiting in the hospital during the specified visiting time is gained by considering the fact that, assuming there are three hundred adult patients in the hospital on a given day and two visitors are allowed each patient, you have a minimum total of six hundred people in your hospital during the visiting time. Certain specialized departments have stricter visiting regulations than others, but often it is extremely difficult to enforce these regulations without considerable dissatisfaction on the part of those desiring admission as visitors and even in some cases of the patient or the immediate family of the patient. It is extremely difficult to inform the parents of small children who may be patients in the children's section of the hospital that they are restricted in visiting their child. Yet, it is an established fact that the patient is happier when such visiting is reduced to a minimum. The most satisfactory means of restricting visiting to a patient in the hospital rests with the attending physician. In his instructions to floor supervisors, he should make it clear that no visitors be permitted the pa-

tient. This information is relayed to the information clerk, and in most instances very little trouble is encountered with the general public when they are given the information that the doctor does not permit visiting. Also, if the general public could be educated to the fact that visiting restrictions and regulations are designed solely for the well being of the patient and as an aid in the patient's speedy recovery, much more could be accomplished in this direction than by strict regulations.

In conclusion may we make some suggestions. In the lobby of each hospital there should be a sign conspicuously placed and inscribed, "Is this visit really necessary?" Physicians should take time to write on their order sheet "No visitors" for seriously ill patients. We believe it would be well if hospitals would limit each patient to one visitor daily as a maximum. A hospital is a place where a patient can be quiet and not a place where confusion reigns.

Lawrence County Meeting

The Lawrence County Medical Society will hold its next regular monthly meeting on Thursday evening, May 3, 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. R. Israel, Supt. Warren State Hospital for the Insane and his subject, "War Neurosis."

Suggested Reading

We recommend these books for thinking people interested in keeping well-informed:

"Prejudice" by Cary McWilliams.

"Road to Serfdom" by Friedrich Hayek.

"World of Washington Irving" by Van Wyck Brooks.

"Economic Order and Religion" by Frank H. Knight and Thornton W. Merriam.

"Tragic Ground," by Erskine Caldwell.

1945

Our Doctors in Service

February, 1945

"I want to thank the Society for the beautiful Christmas card I received a few days ago, it is certainly valued by me as a present with all the signatures.

My unit has moved again and we all are more pleased with our present location than the former one. We had a fine trip here with only a little excitement from air and sub alerts and the presence of a few Jap planes but no damage. We ate top side and the head was built top-side and we were fortunate to have salt water showers topside.

We are camping in a large cocoanut grove and have plenty of banana trees around. All in all it is a fine set-up with the exception of the rainy season. It has now been raining for a week and mud is half way to ones knees, but it doesn't last forever. Hank Sisek is some 50 miles from me and I will see him in about one week. I understand he is doing some excellent surgery. Thanking you again for the card."

Capt. Densmore Thomas

*

February, 1945

"For several months I have been intending to write to express my appreciation for the various Bulletins which the Society has sent to me. Today my feelings of gratitude were increased even further when I received the very beautiful Christmas card. Seeing the many signatures brought numerous pleasant memories to mind.

Since landing in France during the first week of this invasion. I have been traveling through the various countries with elements of the First Army. All during this time, I have been on the alert for some of the doctors from Youngstown. Thus far I have been unsuccessful in my efforts—but still have hopes of bumping into some of them.

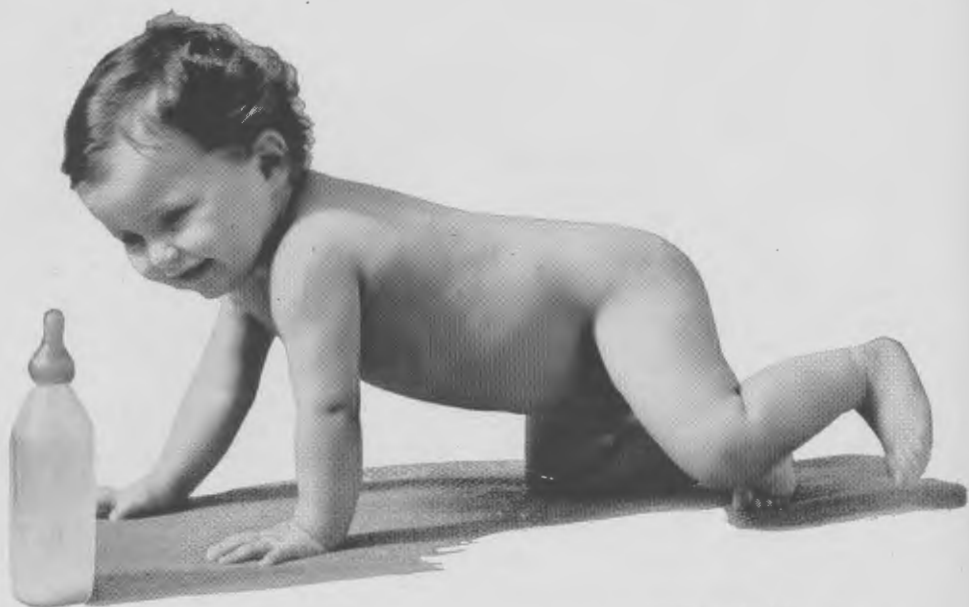
Thank you again for the many kindnesses, and my best regards to all."

Capt. Howard E. Possner

*

Germany, Feb. 10, 1945

"We've moved back to enemy soil again after a bit of 'detouring' around in Belgium for a few more battles with the Germans. The weather was cold and the snow deep so it was rather rugged living for a while. Some time we had difficulty in finding shelter. One night a farmer and his wife invited my dentist and me to sleep in their wrecked home and the four of us slept on the kitchen floor. Twice we lived in chateaus,—large and quaint but cold and lacking



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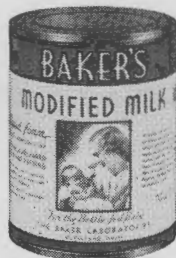
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I hope you're well and send my best wishes."

Capt. Oscar Axelson

*

Germany, December 6

"A lot has happened since my last letter. I'll just put down a few of the high lights since leaving Metz.

We kept going day and night without a letup. Progress was slowed up because of weather, and fighting was hard all the way to the Saar. Jerry didn't want us to get the high ground commanding the Saar basin and he fought like a cornered rat. The Maginot Line was a laugh! Those pillboxes and forts didn't give us as much protection as an ordinary German house. Jerry didn't even stop to fight back there. After the initial break-through, we travelled at full speed and hit Saarlautern before they had a chance to blow up the main bridge over the Saar River. Saarlautern was the toughest town to date. House to house fighting, and daily progress measured by houses. They were pretty mad about our taking that bridge and they turned every gun of the Siegfried Line right at us. In two days 7,600 enemy shells hit our side of the town. Mopping up took quite a while, and then we sat awaiting orders. What next? The counterattack in the First army sector. All plans changed. "Daddy George" Patton was called in to help those boys out up there. And now we're waiting.

You should see these German houses. Each one a pillbox itself. And they are not new, either. They were built years ago. Foundations really solid, wall of basements three to four feet thick and reinforced with steel girders or thick wooden beams. Quite a few have airtight, air-conditioned rooms to be used in case of chemical warfare. Bunks are built-in in basement rooms and each room is equipped with an individual stove. Plenty of coal and coke stored. All sorts of canned food. The homes themselves are furnished beautifully. These people really lived well. There's no evidence of food shortage in Saarlautern—the first large town in Germany we've hit.

One of the first nights in Saarlautern the Major and I had just crawled into bed in our first floor room—inner-spring mattresses, sheets and everything—when a shell hit fairly close. It sounded like a freight-train coming in. After the second one we looked at each other, won-

dering if we should take to the basement. The third shell had us flying downstairs in our underwear. We were down there in the dark for almost two hours—colder than hell. When we finally went back, our beds were covered with glass and plaster. We moved to the basement.

Medical personnel of the Division have done a wonderful job throughout the campaign. Many have been cited for bravery and rewarded for heroic deeds. Aid men and litter-bearers, constantly under artillery and small arms fire, have saved hundreds of lives at the risk of their own. They work like lightning and their work (dressings, splints, medication, etc.) is excellent.

Not getting any ENT work, I routinely look at all ears, noses, and throats, just to keep in mind what the normal looks like. One of these days I'm going to get mad and do a submucous or a tonsillectomy. Then they'll courtmartial me and send me back to a hospital or the States for punishment.

Looking around in the drug stores and hospitals in search for medical supplies we could use, I came across cases of champagne, cognac, and rum. It took my jeep and trailer to carry it all. Now all patients get a good healthy shot (not in the arm). I have very small sick call. The boys don't come in unless they're really sick. No more riding the sick book. The trip across France and into Germany cured them. They're fightin' men now—lots of 'em real heroes.

As a note before I close—I think Patton is the best leader the Army has. Look at his front now!

Am in good shape and feeling fine. Give my best to everybody."

Capt. Richard Goldcamp, MC, AUS

*

7 March 1945

"Was sorry not to get over to see you when home, last week, but illness and lack of time prevented. The town looked about the same, and it did me good just to be there, rain, soot, etc.

My replacement as Chief of EENT Section here, at Camp Callan, has arrived now and I am about to change address. I don't know what my new job will be, except that I am to be kept strictly in the nose and throat field. We are already running into complications from overseas men, however, so that malaria and all the tropical complications have to be learned just the same.

I want to thank you for sending the County Bulletin which I received regularly. I do appreciate the maintenance of contact. My new address will be, Madigan General Hospital, Tacoma, Washington—SOU 1915."

Lt. Robert L. Piercy

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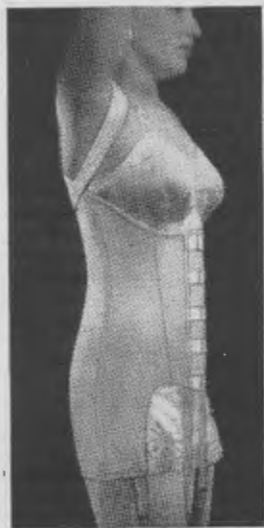
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1928 Mahoning Ave.
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February, 1945

"I was very glad to hear from you the other day, also received the Mahoning County Medical Bulletin, which I read from cover to cover.

I sure hope the war is over before you receive this letter. The way things look tonight it can't last too long.

Our General Hospital has just opened its fourth hospital over here. Two in England and one in Normandy. It is the university unit of Indianapolis. We came to France in the first group of five General Hospitals and functioned about four months. We were in Belgium over two months and are now some place in Germany. The first General Hospital to open in Germany. It is a very new German Hospital, built on the same style as North Side Hospital and twice the size.

It is very advantageous working with a university unit as the trend toward teaching is always present. The type of Emergency we do here differs from that done in civilian practice, but the two things I have learned are: first, how to handle tissue, and second, how to handle instruments as they should.

Living conditions in our unit have been very good on the whole. At times we have lived in very cramped quarters and in the open. But when we were functioning, we lived quite comfortable.

Capt. Robert J. Heaver

*

Feb. 16th, 1945

"Since the war here in the Pacific has moved on to the Philippines our squadron has been extremely discontented with being left so long on this increasingly abandoned island. We keep wishing something would happen to break the monotony. Even a Jap raid would be welcome, if it didn't do too much damage.

But—I wage a bloody and bitter war each day with the mosquitoes. So far it's about even with the mosquitoes being reinforced, however, by several divisions daily. This little island is teeming with them now. They're not the disease carrying type, but they make you itch just as bad and they're unreasonable by biting as badly, or even worse, in the daytime as at night, not following at all the treaty as laid down at the School of Tropical Medicine, Walter Reed Hospital, Washington, D.C. And they fly with their engines muffled, so that one is, never aware of their approach. I suspect they wear sneakers because one seldom feels them as they alight. I've killed any number of them, though, and have caused quite a few to succumb from shock. To be a successful mosquito sniper, one must sit all bunkered up, with arms akimbo,

and pretend to be looking straight ahead while jerking the eyes spasmodically from one side to the other, then leaping to the attack whenever a mosquito comes within range. It's an arduous pastime, but quickens the pulse and gives one a satisfying sense of combat well done.

We're still trying our luck at fishing to pass some of our spare time. I wish you could have the opportunity sometime to see a coral floor under a tropical ocean. It looks like a fairy wonderland. The water is so clear that one can look down through it for a distance of many feet and indeed it enhances the beauty of the many colors of the water plants and the shades of the coral formations. This morning we saw hundreds of fish with bright blue bodies and gold tails and fins in sizes from one inch to twenty four inches. Tiny silver fish continually danced out of the water into the air, in large flocks of hundreds at a time. A long line of porpoises extending for several hundred yards went by looking like a sort of endless conveyor belt as they rolled in perfect spacing and succession. No fish were tempted by our bait, however, though we wiggled it about in the most enticing manner. It seemed as though the fish that we could see, were themselves too entranced by the beauty of the setting to give thought to any such banal desires as food for their stomach."

Capt. F. L. Schellhase

*

February, 1945

"Just came back from a meeting at one of the General Hospitals here. It is quite a big thing and part of a two day affair, I imagine there are about 800 officers attending. Saw McElroy and had a chance to visit with him. Old Mac is just the same."

Major G. G. Nelson

*

February, 1945

"I have been a little slow in writing this week, have been busy as the dickens. I am O.K. but darned anxious to get home. So far there isn't even a responsibility. Think I need a couple months at home. Can you arrange it?"

Saw Nelson last night and had the first steak in two years. Boy, was it good. You know I get a craving for the darndest things. If I ever get home on leave, the first thing I want to eat is a banana, then strawberries, then a good salad, followed by a quart of milk.

I know this is a heck of a letter but haven't done anything outside routine work so I can't write anything interesting. Haven't had mail for a while now. Hope I get lots when I do."

Lt. Col. W. D. McElroy

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SINCE LAST MONTH—**Miller Is Captain**

Roy D. Miller has been promoted to captain in the medical corps at Camp Gruber, Okla. Captain Miller and his wife are residing in Muskogee, Okla.

Dr. and Mrs. Claude B. Norris and their son, Philip, are home from their Virginia plantation, "Belle Nemo," at Powhatan, following a visit in New York City. Philip has returned to Western Reserve Academy at Hudson, O.

Lt. Robert L. Piercy, with the army medical corps at Camp Callan, Cal., was home on leave visiting his wife and children and his parents, Dr. and Mrs. F. F. Piercy. He has returned to Camp Callan for further orders.

Dr. Arcangelo R. T. D'Amore, with the 116th Evacuation Hospital with the Seventh Army, has been promoted to captain. The young doc-

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tor has two brothers also doctors and captains in the army: Captain Amanto with the 360th Station Hospital in the Philippines and Captain Adante, a flight surgeon until the surrender of the Philippines, now a prisoner of the Japs.

Dr. Dean Collier was recently called to Kallaway, Nebraska, by the critical illness of his mother.

P. J. McOwen, son of Dr. McOwen, is improving at North Side Hospital following an accident.

Dr. T. K. Golden spoke before the Lisbon - Columbiana County Medical Society, on March 6, 1945. His subject was, "Treatment of Elbow Fracture."

At a beautiful candlelight wedding at Westminster Presbyterian Church at 4:30 P. M. Saturday, March 10th, Miss Jeanne Stiles became the bride of Dr. Eugene G. Anderson. The bride, a nurse, and Dr. Anderson, an interne at Youngstown Hospital, both have enlisted for service, Mrs. Anderson in the Red Cross reserve and Dr. Anderson in the army reserve corps. He will leave for active duty at the completion of his internship in August.

Dr. Cronick Joins Rotary Club

Dr. Hubert Cronick became a member of the Rotary Club on March 14. He come in under the classification of psychiatry. He was sponsored by Dr. C. A. Gustafson.

BETWEEN US GIRLS

Two women were discussing a mutual acquaintance.

"She has a very magnetic personality," said one woman.

"She ought to have," replied the other woman, "every stitch she has on is charged."



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The American Physicians Art Association, through the cooperation of Mead Johnson & Company, announces the following Prize Contest:

1. **SUBJECT:** "Courage and Devotion Beyond the Call of Duty" — on the part of members of the medical profession — in military or civilian practice. Any contestant may portray either the military or civilian aspect of the subject (or both, if shown in one piece).
 2. **MEDIA:** The physician-artist's choice of one of the following:
 1. PAINTING in oil or egg tempera.
 2. WATER COLOR, transparent or opaque.
 3. SCULPTURE in any medium.
 4. DRAWING in any medium.
 5. PRINTS, including etching, engraving,
 - lithography, wood block and linoleum block (on paper or cloth).
 6. PHOTOGRAPHY, including bromoil, tinted and kodachrome, as well as photo-montage.
- SUGGESTIONS: COMPLETE SKETCHES FOR MURAL DECORATIONS:** In oil, egg tempera or water color drawing; **PHOTO MURAL; BAS RELIEF SCULPTURE:** are all eligible.
3. **ELIGIBILITY** — See Footnote *
 4. **DEFINITION** — See Footnote *

5. PRIZES: Forty-two prizes, divided amongst the two groups of physicians:

To medical officers:

- 1 \$2,000 War Bond (E or F series)
- 10 \$1,000 War Bonds (E or F series)
- 10 \$ 500 War Bonds (E or F series)

To civilian physicians:

- 1 \$2,000 War Bond (E or F series)
- 10 \$1,000 War Bonds (E or F series)
- 10 \$ 500 War Bonds (E or F series)

No physician may submit more than one piece nor win more than one of the 42 prizes. No physician is eligible for a prize unless he also submits for exhibition at either the 1945 or the 1946 annual exhibition of the A.P.A.A. at least one other original work (not previously exhibited at an A.P.A.A. Exhibition) in any medium, on any subject of his own choice. Prizes will be awarded on a basis of conception and execution, irrespective of medium employed.

6. **JUDGES** — See Footnote *
 7. **EXPIRATION DATE** — See Footnote *
 8. **PURPOSE OF THE COMPETITION:** To memorialize the heroism and devotion of the medical profession in war and peace. All exhibitors (including prize-winners) shall retain ownership of their pieces. It is understood, however, that the A.P.A.A. shall have reproduction rights and also the privilege, for a period of three years after the close of the contest, of displaying prize-winning objects, at art museums, libraries, county medical societies, medical schools, hospitals, and similar institutions for the purpose of enhancing the public's estimate of the medical profession. The Association shall also have the right to offer institutions such as those mentioned above, the privilege of copying any of the prize-winning objects for use as murals, cornerstones, friezes, architectural designs, etc. — for the purpose of memorializing the medical profession's importance in war and in peace.
- * **FURTHER INFORMATION** available on request of the Association's Secretary, Dr. F. H. Redewill, Flood Bldg., San Francisco, Cal., or Mead Johnson & Co., Evansville 21, Ind., U.S.A.