A man who is good enough to shed his blood for his country, is good enough to be given a square deal afterwards.

More than that no man is entitled to, and less than that no man shall have.

—Theodore Roosevelt.

BULLETIN

of the

Mahoning County Medical Society

Vol. XV No. 7

July 1945

S·I·M·I·L·A·C

Similar to human milk

★The name is never abbreviated; and the product is not like any other infant food — notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol. XVI, 1933) . . . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk . . . Similac, like breast milk, has a consistently ZERO curd tension . . . The salt balance of Similac is strikingly like that of human milk (C. W. Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932). *No other substitute resembles breast milk in all of these respects.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

SIMILAC } SIMILAR TO HUMAN MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

THE MAHONING COUNTY MEDICAL SOCIETY

Published monthly at 787 Wick Avenue, Youngstown, Ohio — Annual Subscription $2.00

Vol. XV—No. 7 — **July, 1945**

CONTENTS

★ **PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN** ★

In the Sterilization of the Operative Field

Phe-Mer-Nite offers the surgeon powerful germicidal action in a stable, odorless, nontoxic, nonirritating solution. Preoperative Tincture (1:3000) produces dependable skin sterility within 3 minutes.

For therapeutic purposes, Phe-Mer-Nite Solution (1:1000) is used advantageously in open wounds, burns, abrasions, etc. Its bactericidal action is not impaired by pus, blood, or serum. Even in dilutions as high as 1:125,000 to 1:1,000,000, Phe-Mer-Nite proves bacteriostatic to streptococci, staphylococci, gonococci, B. coli, B. typhosus, and B. subtilis.

PHE-MER-NITE

(Brand of Phenylmercuric Nitrate)

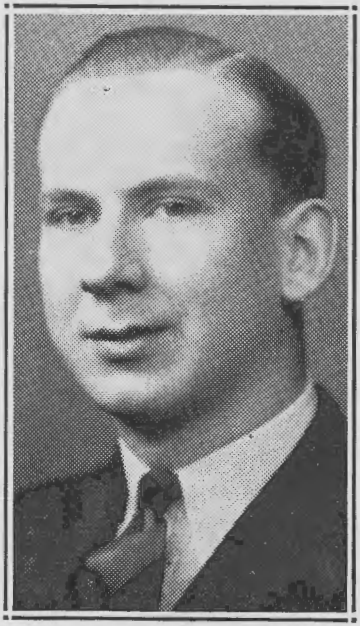
Virtually nontoxic. Does not precipitate tissue proteins. Diluted 1:4 (water) the Solution sterilizes instruments and rubber gloves harmlessly in 5 minutes. This Solution may be applied to burns and other lesions requiring antisepsis.

Phe-Mer-Nite Tincture and Solution are supplied in gallon and pint bottles. Surgeons are invited to send for literature and liberal clinical test samples.

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.

NEW YORK • SAN FRANCISCO • KANSAS CITY SEMCO

In Memoriam



CAPT. WALTER FREDERICK BARTZ, M. D.

Born: Oak Harbor, Ohio, November 8, 1913

Died: In the Service of his Country, a prisoner of the Japanese, October 24, 1944.

An intelligent, industrious, conscientious physician.

TESTIMONIAL FROM A FELLOW PRISONER

"I have seen him sit up all night caring for a patient, then go on with his regular work the next day."

"I never saw him without a smile on his face and a cheery word for the sick."

"Through the darkest days, he never lost spirit or forgot the ideals for which the medical profession stands."

"A small obstacle like the Japanese can never swerve him from his aim in life—the helping of humanity."

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

BULLETIN of the Mahoning County Medical Society

JULY 1945

INDICATIONS FOR PULMONARY RESECTION

The June meeting of the Mahoning County Medical Society was addressed by Dr. Freedlander, of Cleveland. He needed no introduction to his audience. His ability as a surgeon, especially in the procedures involving the chest, has been utilized by the medical men here. He spoke to us on indications for pulmonary resection. Over a period of years the technical phases have been well standardized. The resection of lung tissues no longer involves as serious operative difficulties as it did a few years ago. With the technical phases well known the time has arrived when the question is asked—Why pulmonary resection is done? When should it be done? What are the indications?

With this brief introduction Dr. Freedlander showed a number of cases, by means of lantern slides, to illustrate the different types of disease which are definite indications for lung resection.

The first such disease considered was bronchiectasis. This is a disease of the young. The results from surgery are good. Bronchiectasis in young individuals creates a social problem for that individual which is very important. The foul smell of the breath and the foul sputum, more or less isolates the individual from the surrounding people of his own age. This may cause the patient to become an introvert. With the removal of the affected part the patient becomes a normal individual. From the medical standpoint many things about bronchiectasis cannot be answered. The typical history would run about as follows:—The patient had Whooping Cough at the age of a few years. This was followed by frequent colds and then a pneumonia. Following the pneumonia there was an increasing amount of foul sputum daily. These patients do have fair exercise tolerance and fair appetite. For some reason some of these patients do not seem to reach adult life. Probably the death occurs from pneumonia. It was brought out that no disease makes the patient so sick so quickly. One day the patient appears perfectly well and the next day is critically ill. Hemoptysis may occur out of a clear sky and may be very severe. In this disease the individuals under twenty-one should be definitely advised operation. The danger from the disease is greater than that of the operation. In older patients the risk must be considered against the age of the patient. A case was presented which followed a metallic foreign body.

Following the inhalation of the foreign body a sacular bronchiectasis of the right lower lobe developed. This was successfully resected. Another case had had pneumonia at twelve years of age. There was a decreased exercise tolerance in this case. The lipiodal studies of the lung showed a fusiform bronchiectasis of the right lower lobe and the lingula of the upper lobe. This is an involvement which is often found, and must be carefully watched for or bronchiectasis will not be completely cured. Another case had had pneumonia two or three times. Severe hemorrhage had occurred on more than one occasion. Oil studies of the lung showed a dilatation of the bronchi of the right lower lobe.

Following resection a small piece of Christmas tree was found in one of the bronchi. Apparently from the history this could have been coincidence. Bronchoscopy and the lipiodol studies of the lung fields are most important for the diagnosis of this condition.

Bronchiectasis rarely changes in position once it is recognized. The symptoms which the patient presents depend on drainage and infections. In young persons three lobes of the lung can be removed and leave enough reserve for ordinary activity. In the upper lobe bronchiectasis may be stenosing tuberculous process of a bronchus. The stenosing tuberculous lymph node lying against the bronchus.

At times in bronchiectasis a very severe hemorrhage may occur with a negative X-ray and even the spot from which the bleeding occurs. Such cases may have to be cronchoscoped during the attack of bleeding to identify the bronchus which is involved. In cases of this type the lobe that shows the bleeding may be removed with no other evidence than the bronchoscopic identification of the bleeding part. After removal very little evidence of bronchiectasis may be found in the resected lung. This type is called dry bronchiectasis. Very severe bronchiectasis may show large sacules and be called cystic disease.

The second group of cases presented were those of benign tumors of the lung. These are not supposed to be common; however, the routine chest examination may bring in many such cases. A case of fibroma of the lung was shown. Suspicion preoperatively that this was malignant did not prove to be the case after removal. The portion of the lung containing the fibroma was successfully removed. A case of angio-endothelioma of the lung was shown. Then a short discussion followed of bronchial adenoma. Eighty percent of bronchial adenomas occurred in women. Hemoptysis occurs at the time of menstruation. These tumors may infiltrate the bronchus but are benign tumors. A lot of cases of carcinoma of the lung are now seen. The symptom which should arouse suspicion is that of persistant cough. With this history any unusual shadow seen in the lung fields in X-ray films should be studied by every means at our command. About sixty-five per cent of the cases can be positively identified by bronchoscopic study with the removal of a small piece of this tissue for diagnosis. Of the remaining thirty-five per cent of these cases a small number cannot be proved because of the peripheral location of the carcinoma. Unfortunately these cases are also the most operable. With operation in carcinoma of the lung there are few cures. An occasional case of carcinoma of the lung may have no lung symptoms. The first warning sign may be a metastasis to some place else in the body.

The last type of case considered was that of tuberculous. The evidence in this type of work is all very recent and is not yet complete. Certain preliminary evidence indicates that this may be helpful in selected cases.

RADIO PROGRAMS
WKBN 12:45 Noon

July 7th—"Suggestions for Summer."

July 14th — "Vacations and Health."

July 21st—"Dietary Dilemmas."

July 28th—"Mental Health."

Aug. 4th—"The Inner World of the Child."

Aug. 11th—"When to Call the Doctor."

Aug. 18th—"Health Records of the American People."

Aug. 25th—"Care of the Feet."

BILIARY TRACT

By CARL W. EBERBACH, M. D.

(Dr. Eberbach addressed our Postgraduate Assembly April 11th, 1945)

Dr. Eberbach, in the afternoon, discussed recent trends in surgery of biliary tract disease. He gave a short historical summary of the surgery of biliary tract starting with the drainage of the gall bladder in the last century by Kocher. The gall bladder was removed in 1882. Before and up to this time there had been considerable argument as to whether digestion could go on with the gall bladder out. Following successful removal the gall bladder was removed rather than drained for a considerable period of time. Then the Graham-Cole test came along and helped considerably in diagnosis. Of recent years surgery of the ducts has been emphasied and in necessary cases reconstruction of the ducts has been given successful attention. Acute cholecystitis has been given considerable attention and thought in recent years. Statistically biliary tract disease is said to occur in about thirty percent of adults and more of these women than men. In his own figures women showed pathology in seventy-three per cent; men in twenty-seven per cent.

Sixty per cent of these cases lie between forty and sixty years of age. If gall stones are demonstrated these cases should be operated upon. In the cure of the symptoms the duration of the disease is the most important factor and also in the mortality of gall bladder operations. Primary pathology in biliary tract disease is obstruction. Infection following obstruction is not as serious as formerly thought.

In acute cholecystitis the patient must be prepared for operation. Complications from an acute gall bladder are not given enough attention. Conservative management of such cases have a low mortality rate; but these figures do not consider the late complications. Common duct stone found in an operation puts the patient back where he was before the operation. The Leahy Clinic finds stones in the ducts about twenty-three per cent of the time. In his own series about thirteen per cent of his patients showed duct stones.

The small chronic fiberous gall bladder may have stone in the duct. Stones are also found in the pancutitis and with the dialated common duct. The non-calculus gall bladder is a source of controversy and in this particular type many failures to cure are found. Operations on the non-calculus gall bladder may be unsatisfactory. Cases of this type may vary from normal gall bladder to acutely inflammed gall bladder. When inflammation does occur in the gall bladder, as a rule, the rest of the biliary tract is involved. This inflammation of the remainder of the biliary tract may cause trouble. Following removal of the gall bladder the ducts show a compensatory dilatation. When the gall bladder is inflammed the rest of the biliary tract is usually involved. This may cause later trouble. Following the gall bladder removal t he ducts show compensatory dilatation. Spasm of the sphencture of odi may cause pain and biliary disconesea. The indications for operation on a non-calculus gall bladder were given. The acute gall bladder is of course operative. Repeated X-ray finding of pathology with no return to normal under conservative means may need operation. Repetition of the statement was made that operation on the non-calculus gall bladder is frequently unsatisfactory.

Dr. Eberbach does not operate on a normally functioning gall bladder by X-ray. In pre-operative care it may be desirable to give vitamins. In the aged no special preoperative care is necessary. A diabetic shows good results when the diabeties is under control. The gall bladder disease may be and is frequently associated with coronary disease. At times coronary disease may be improved following cholecystectomy. Such patients again do not require extra care usually. In the jaundice patient with severe liver damage bleeding can be controlled by Vitamin K. A high carbohydrate diet protects the liver. High protein is also necessary in cases of this type. The recent use of amino acids promises help. Use of bile salts is important on a very rational basis.

Dr. Eberbach concluded his study with slides showing various cases to illustrate some of the points of his talk.

ATTENTION:
(Doctors Please Read)

Many discharged Veterans of the present war are coming home. Many have contracted malaria while in the service and still are having attacks of this disease. The Red Cross Mahoning Chapter is usually contacted by relatives of these cases asking for advice. The Red Cross will refer these service people to their family doctor for treatment and advice. If, in his opinion the case should be hospitalized, the Red Cross will transport him to the Veterans Hospital at Brecksville, Pa.

Dr. J. W. Cass, Chief of the O.P.D. of Brecksville, gives this advice for treatment, using Atabrine. While having the attack, 1 tablet 4 times a day; then one tablet twice a day for the next 6 days.

The service individual usually carries some of this drug with him. If not, it can be obtained at the South Side Unit of the Youngstown Hospital.

W.M.S.

Congratulations, Dr. Monroe!

IN THE NAME AND BY THE AUTHORITY OF THE

COMMONWEALTH OF KENTUCKY

SIMEON WILLIS

Governor of the Commonwealth of Kentucky

To All to Whom these Presents shall come. Greetings:—

Know ye, that Dr. Frazer Fletcher Monroe, Youngstown, Ohio, having been duly appointed, is hereby commissioned as an Aide-de-camp on the staff of the governor with the rank and grade of Colonel.

I hereby invest him with full power and authority to execute and discharge the duties of the said office according to law, and to have and hold the same, with all the rights and emoluments thereunto legally appertaining, for and during the term prescribed by law.

In testimony whereof, I have caused these letters to be made patent, and the seal of the Commonwealth to be hereunto affixed. Done at Frankfort, the 19th day of June in the year of our Lord one thousand nine hundred and forty-five and in the one hundred and fifty-fourth year of the Commonwealth.

SIMEON WILLIS
By the Governor

CHARLES K. O'CONNELL
Sec. of State

SPECIAL COUNCIL MEETING

A special Council meeting was held at the Youngstown Club, previous to the regular monthly meeting, June 19th. The following members were present: W. H. Bunn, G. M. McKelvey, W. M. Skipp, E. C. Baker, C. A. Gustafson, R. B. Poling, J. P. McOwen, E. J. Wenaas and Dr. J. Heberding was a guest.

A letter from Dr. S. W. Weaver was read and discussed, relative to release from armed services. Moved, seconded and passed that all such matters be referred to Special Committee on Procurement and Assignment for action, its decision to be final.

The following letter was read and discussed.

MAHONING COUNTY
TUBERCULOSIS AND
HEALTH ASSOCIATION
318 Dollar Bank Bldg.
Youngstown, Ohio

June 16, 1945

Dr. Wm. H. Bunn, President,
Mahoning County Medical Society,
Youngstown, Ohio.

Dear Dr. Bunn:

The Trudeau School of Tuberculosis will present its thirty-first session September 10th to October 5th at Saranac Lake, N. Y., with a supplementary course October 8th-19th at Bellevue Hospital, New York City, under the auspices of the Faculty of Columbia University.

The tuition for this six weeks course is $100. Board and room at Saranac Lake will cost $100 for a month and $100 for two weeks in New York. Travel to Saranac Lake from Youngstown and then to New York and return will cost $75.00 including meals.

The Tuberculosis and Health Association in the interest of better health has allocated $400 for a fellowship covering the six weeks course, four at Saranac Lake, and two at New York City. It is our hope that the Mahoning County Medical Society will encourage one of our younger physicians, preferably one who has had tuberculosis himself, if such a person exists, to take advantage of this offer.

The Tuberculosis and Health Association would like to provide this opportunity annually to a local physician who would be interested in learning more about tuberculosis and who would be interested in returning to Youngstown and in cooperation with the Tuberculosis and Health Association give direction to the Tuberculosis control program.

We hereby request that the Mahoning County Medical Society consider this offer and advise the Association if there is any possibility of its being accepted this year. The Trudeau School of Tuberculosis is holding a place in this year's class for a candidate from Mahoning County.

The only obligation a candidate would involve would be to return to Youngstown and in cooperation with the public and private health agencies endeavor to secure a better Tuberculosis control program.

Your consideration and assistance in presenting this offer to the Mahoning County Medical Society will be most appreciated.

Sincerely yours,
Whitney H. Herr, Secretary.

Moved, seconded and passed that offer be accepted; and printed in the Bulletin.

Dr. Heberding discussed the establishment of a Cancer Control Clinic in co-operation with local Cancer Society and Mahoning County Medical Society. The former has recently raised $14,000.00 to spend

on such a program of which about $5800.00 would remain locally for use locally.

Dr. E. C. Baker discussed Philadelphia Cancer Control Clinics; principally the set-up and administration. Moved and seconded and passed to accept report and instruct committee to proceed on organizational set-up with final action to be taken at future Special Council Meeting.

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

OUR DOCTORS IN SERVICE

June 3, 1945, Sunday

Spending a couple of weeks on the Riviera. It's beautiful here and the weather is perfect. I am touring the Riviera and getting a good coat of tan.

Major Walter J. Tims

*

May 30, 1945

Dear Mrs. Metzger:

Tell those so-called Engineers, Lawyers, Real Estate men, and Doctors to start practicing snappy salutes and saying "Sir" so they will be ready when I get back. I want nothing but respect from them and very little of that. I am now a shellback and a Golden Dragon. I have ribbons and my brass buttons are green from saltwater. We will hold a deck court and string them from the yard arm. From now on all food is chow, floors are decks, and walls are bulkheads. We are having a wonderful time out here in the broad blue Pacific and I wish they were all here (instead of me.) Our mascot is a fox terrier born on Guadalcanal. His mother was captured from the Japs on Saipan and he talks English. That's something.

See you in 1950.

"Doc" Fisher

*

19 January 1945

"Thank you for your kind letter and your consideration in knowing that my wife's health is vital to me. It helps knowing she is better especially when I am so far away. The penalty of a physician is being one when his family is ill; he knows too much and thus worries needlessly.

Have had a tremendous experience in anesthesis since being overseas. The German push kept us going day and night. I'm glad it is over. We were very busy, but managed to get our patients to surgery very quickly. The great bulk of the work is orthopedic and I'm glad to say many limbs are being saved by using conservative treatment in cases that would have been amputated in the last war. The patients are marvelous; when blood is collected they line up to donate. You see, we even help overseas in the collection of that vital fluid.

Thanks again. Regards to the doctors."

Major Sam Goldberg

*

16 May 1945

"It is hard for me to realize that you wrote me in February and I received the letter in March and am just now getting around to answer it. We certainly have been very busy since then, but just lately are getting a let up. I have been too busy to get very homesick up until now, but at present I have an acute case. Have always gotten to go home after every war I've been in over here, but that was before they started this point business. Now I have no points, and justly, so that men like Kaufman, McElroy, and others should go home first. Probably it is a good thing for me to get that experience in the tropics, in order to care for the men when they come home. I will know what they have been through and will know a little better what to do for them.

Have been running into a lot of Youngstown people; the mother of one of my patients wanted me to visit her son, who had been wounded and was at a hospital some distance away. By chance I caught a ride there, and ran into Captain Clark, C. R.'s daughter. I also ran into Major Bowman a few days ago, and Major Fowler, a former interne, at a nearby big town. (Censorship still on). Captain Johnson N. J., 34 G. H., APO 519, wants his name in the Bulletin. I ran into him yesterday at a medical meeting. He has been near us, but never knew it. Captain Brody has been in the same hospital since we left the states. We are to broadcast home some time in June. There has always been at least one patient from Youngstown in our hospital ever since we started operating. Some I have known before. Wish I could be seeing you soon, but it is not in the cards."

Capt. C. M. Askue

(Continued on Page 221)

Honor Roll

Capt. C. M. Askue, 0545102, 131 General Hospital.
Capt. W. H. Atkinson, Jr., M.C., 0543569, Med. Det., 1697th Eng. Comb. Bat., APO 758, c/o Postmaster, N. Y. City.
Capt. O. A. Axelson, 01693329, Med. Det., Div. Hq. Co., A.P.O. 253, c/o Postmaster, New York City.
Capt. Morrison Belmont, M.C., 01693481, Med. Det., Brookley Field, Mobile, Ala.
Capt. M. H. Belmont, 01693481, Bruns Gen. Hosp., Santa Fe, N. Mex.
Capt. P. L. Boyle, M. C., 0500187, D9, A.P.O. 633, c/o Postmaster, New York City.
Capt. B. M. Brandmiller, 0-1693331, Hq. Med. Det., 593rd E.B.&S.R., APO 704, c/o P. M., San Francisco, Calif.
Capt. J. R. Buchanan, Sta. Hosp., Hammar Field, Fresno, Cal.
Major R. S. Cafaro, 0349741, 97th Gen. Hosp., A.P.O. 647, c/o Postmaster, New York City.
Capt. H. E. Chalker, M.C., (0205925) 183rd Sta. Hosp., APO 942, c/o Postmaster, Seattle, Wash.
Lt. Comm. R. V. Clifford, U.S.S. Knox, APO 46, c/o Fleet, P.O., San Francisco, Cal.
Capt. Joseph Colla, M. C., Post Surgeon & Comm. Officer, 2542 S. U., P. O. Box 1142, Alexandria, Va.
Lt. Comm. Martin E. Conti, M.C., U.S.N., Naval Civil Affairs Staging Area, The Presidio, Monterey, Cal.
Major Fred S. Coombs, M. C., Truax Field, Madison, Wis. (Res. 2142 Rowley Ave.)
Lt. Comm. A. R. Cukerbaum, M.C., U.S. Nav. Hosp., Great Lakes, Ill.
Capt. S. L. Davidow, 0335701, 178th Gen. Hospital, APO 513, c/o Postmaster, N. Y. City.
Capt. G. E. DeCicco, 0-1693334, 532 E. B. & S. R., Med. Det. APO 321, c/o Postmaster, San Francisco, Cal.
Major L. S. Deitchman, Oakland Gen. Hospital, Oakland, Calif.
Capt. Samuel Epstein, M.C., (0342038) 31st Field Hospital, APO 331, c/o P. M., San Francisco, Cal.
Lt. Comm. W. H. Evans, U. S. Naval Hospital, N.O.B., Norfolk, Va.
Capt. B. Firestone, M.C., 6th Gen. Disp., Delta Base Section, APO 772, c/o Postmaster, N. Y. City.
Lt. Comm. J. L. Fisher, M.C., USNR, U.S.S. Gage, APO 168, c/o Fleet P.O., San Francisco, Cal.
Capt. J. M. Gledhill, 0296900, Percy Jones Gen. Hospital Annex, Battle Creek, Mich.
Mayor S. D. Goldberg, M.C., 0-347772, 135th Gen. Hosp., A.P.O., 121-B, c/o P. M., N. Y. City.
Capt. John S. Goldcamp, 0-316784, 44th Gen. Hospital, APO 72, c/o Postmaster, San Francisco, Cal.
Lt. Comm. M. B. Goldstein, M.C., c/o Comm., 7th Fleet, Fleet P. O., San Francisco, Cal.
Capt. Raymond Hall, Sta. Hospital, Camp Knox, Ky.
Major H. E. Hathhorn, 0-228588, 83rd Gen. Hosp., APO 209, c/o Postmaster, N. Y. City.
Capt. Malcolm H. Hawk, M.C., 0-406615, 44th Gen. Hospital, A.P.O. 4759, c/o Postmaster, San Francisco, Cal.
Major H. H. Ipp, (32911) 62nd Field Hospital, Unit B, APO 350, c/o Postmaster, N. Y. City.
Capt. P. M. Kaufman, M.C., A.S.N. 0-481412, 23rd Gen. Hospital, APO 377, c/o N. Y. City.
Capt. M. M. Kendall, (0-1693337) 395 Sur. Squadron, APO 557, c/o Postmaster, N. Y. City.
Lt. Comm. J. P. Keogh, M.C., USNR., U.S. Naval Hosp., Seattle, Wash.
Lt. Col. J. E. L. Keyes, A.S.F.T.C., Ft. Lewis, Washington.

HONOR ROLL (Continued)

Capt. S. J. Klatman, M.C., 0-446195, Army-Navy Hosp., Hot Springs, Ark.
Capt. Herman A. Kling, M.C., (0483382) Dispensary No. 12, 5th Regt. ASFRD, Indiantown Gap, Army Reservation, Pa.
Capt. J. B. Kupec, M.C., Sta. Hosp., Army Air Base, Alamagordo, N. Mex.
Comm. O. M. Lawton, Military Government Medical Facilities, G6, Co. 63, APO 331, c/o P. M., San Francisco, Cal.
Capt. L. J. Malock, M.C., Borden Gen. Hospital, Chickasha, Okla.
Lt. Col. A. C. Marinelli, M.C., Camp Surgeon, Camp Plauche, New Orleans 12, La.
Capt. H. D. Maxwell, M. C., Camp Ripley, Minn.
Lt. Col. W. D. McElroy, M.C., 0-481929, 32nd Sta. Hosp., APO 364, c/o Postmaster, N. Y. City.
Capt. R. H. Middleton, M.C., 304th Gen. Hospital, Ft. Knox, Ky.
Passed Ass't Surgeon (r) A. W. Miglets, U. S. Marine Hosp., Seattle, Wash.
Lt. Comm. Stanley S. Myers, Chelsea Naval Hospital, Boston, Mass.
Capt. M. W. Neidus, M.C., Reg. Surg. 5 Disp., Ft. George Meade, Md.
Major G. G. Nelson, M.C., 0230600, 182nd Sta. Hosp., A.P.O. 382, c/o Postmaster, N. Y. City.
Lt. Col. John Noll, Jr., M.C., Sta. Hosp., Mitchell Field, N. Y.
Major R. E. Odom, M.C., 0-494870, 230 Med. Disp. Avn., APO 218, c/o Postmaster, N. Y. City.
Maj. T. E. Patton, Med. Dept. Replace. Train. Center, Camp Grant, Ill.
Lt. Robert L. Piercy, M.C., 0543543 Maddigan Gen. Hosp., Tacoma, Wash.,—SOU 1915.
Major Asher Randall, 0389026, 314th Gen. Hosp., APO 75, c/o P. M., San Francisco, Cal.
Capt. Clara Raven, M.C., 0528130, 239th Gen. Hosp., A.P.O. 513, c/o Postmaster, N. Y. City.
Major L. K. Reed, M.C., 0500176, 307th Gen. Hosp., Ft. Benning, Ga.
P. Ass't Sur. (R) H. J. Reese, Apt. 2006-D N. Portier Ct., Mobile, Ala.
Lt. Comm. John A. Renner, U. S. Naval Hosp., Quarters K, Great Lakes, Ill.
Capt. John A. Rogers, M. C., 0449653, 2nd Plat., 35th Field Hospital, APO 528, c/o Postmaster, N. Y. City.
Capt. M. S. Rosenblum, M.C., 01693517, A.R.D., APO 853 c/o P.M., Miami, Fla.
Capt. J. M. Russell, M.C., 01693386, Advance Base, New Guinea Disp., APO 929, c/o P. M., San Francisco, Calif.
Lt. Comm. Samuel Schewebel, M. C., USNR, Naval Air Station, Boq. 600, Room A 237, Pensacola, Fla.
Capt. L. S. Shensa, M.C., Lawson Gen. Hosp., Chief Fever Therapy Dept., Atlanta, Ga.
Capt. Henry Sisek, M.C., 0417070, 76th Sta. Hosp., A.P.O. 952, c/o Postmaster, San Francisco, Cal.
Maj. Ivan C. Smith, 0-234333, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
Lt. (jg) Wm. E. Sovik, M.C., U.S.N.H., Memphis 15, Tenn.
M. M. Szucs, U.S.P.H.S. (R) Passed Ass't Sur., U. S. Public Health Hospital, Manhattan Beach, Brooklyn, N. Y.
Major Samuel Tamarkin, 01693501, 316 AAFBO, McGill Field, Tampa, Fla.
Capt. Densmore Thomas, M. C., Co. D, 113 Med., Bn., APO 38, c/o Postmaster, San Francisco, Calif.
Maj. W. J. Tims, (0-466186) 10th A.D.G., Hq., A.P.O. 149, c/o Postmaster, New York City.
Capt. Frederick Tingwald, M. C., 0368277, Hq. 18th Reinforcement Depot, APO 872, c/o P. M., N. Y. City.
Capt. C. C. Wales, M. C., 0327480, APO 957, 219 G. H., c/o P. M., San Francisco, Cal.
Major S. W. Weaver, M.C., Sta. Hosp., SAAAB, Santa Ana, Calif.
Capt. L. W. Weller, M. C., 1850 Ser. Unit, Camp Chaffee Sta. Hosp., Ft. Smith, Ark.
Capt. John A. Welter, 0-1693346, 437th Med. Coll. Co. (Sep.), A.P.O. 403, c/o Postmaster, New York City.

HONOR ROLL (Continued)

Comm. H. S. Zeve, M.C., (USNR) Sampson Naval Hosp., Sampson, N.Y.
Capt. Samuel Ziegler, A.A.F., MSTS (0537220) Robbins Field, Ga.
Lt. Sam Zlotnik, c/o Rec. Office, Madyn Gen. Hosp., Ft. Lewis, Wash.

Members Discharged or Released from Active Military Service

Lt. J. M. Benko, Lt. C. H. Cronick, Maj. C. W. Sears, Capt. J. L. Scarnecchia, Capt. L. H. Moyer, Capt. D. A. Belinky, Capt. M. H. Steinberg. Lt. J. J. Wasilko and Major P. R. McConnell.

Youngstown Hospitals' Internes

Lt. W. Frederick Bartz (A prisoner of the Japs)
Capt. David E. Beynon, 903rd AAA AW Bt'n, A.P.O. 827, c/o Postmaster. New Orleans, La.
Capt. David R. Brody, M.C., U. S. Army, 01747239, 131st Gen. Hosp., APO 314, c/o P. M., N. Y. City.
Capt. Kenneth E. Camp, M.C., (01693332) Co. B., 113th Med. Bn., A.P.O. 38, c/o P. M., San Francisco, Cal.
Lt. (jg) David J. Carlson, MC-USNR, U.S.S. PASIG AW3, c/o Fleet Post Office, San Francisco, Cal.
Capt. Louis D. Chapin, 0447640, 198th Gen. Hospital, APO 887, c/o P. M., N. Y. City.
Lt. C. E. Davis, M.D., 0542153, Battery Gen. Hospital, Rome, Ga.
Lt. (j.g.) Andrew Alfred Detesco, M.C., U.S. Navy—LCI (M) 631, Staff Group 61 FPO, San Francisco, Calif.
Lt. Walter V. Edwards, Jr., Ft. Hayes, Columbus, Ohio.
Lt. Howard R. Elliott, Ft. Benjamin Harrison, Indiana.
Lt. Frank Gelbman, M.C., U. S. Army—APO 942, c/o Postmaster, Seattle, Wash.
Capt. William E. Goodman, M. C., Med. Det. 180th Inf., A. P. O. 45, c/o Postmaster, N. Y. City.
Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, A.P.O. 43, c/o Postmaster, San Francisco, Cal.
Lt. James Hamilton, M. C., U.S.N.R., Dispensary, MCAS, Cherry Point, North Carolina.
Capt. Woodrow S. Hazel, (0-381726) 42nd Bomb Sq., (H) 11th Bomb Gp., APO 246, c/o Postmaster, San Francisco, Cal.
Lt. R. J. Heaver, 0-435472, 32nd Gen. Hosp. APO 350, c/o Postmaster N. Y. City.
Capt. Joseph M. Herbert, Ft. Sam Houston, Texas.
Capt. Herbert Hutt, 0444445, A.P.O. 7684, c/o Postmaster, N. Y. City.
Richard P. Jahn, (Address Wanted)
Lt. Nicholas J. Johnson, M.C., U.S. Army—Home address 133 Maple St., Rossford, Ohio.
Major Louis R. Kent, M. C., (0379847) Med. Det., 506th Parachute Inf. Reg., A.P.O. 472, c/o Postmaster, New York City.
Capt. Sydney Keyes, A. P. Hill Military Reservation, Virginia.
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.
R. S. McClintock, S.A. Surgeon, U. S. Marine Hospital, Baltimore 11, Md.
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, Lovell General Hospital, Ft. Devens, Massachusetts.
1st Lt. James Delmar Miller, M.C., U.S. Army (0473617)—90th Field Hospital, Camp Gruber, Oklahoma.
Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.

HONOR ROLL (Continued)

Lt. Melton E. Nugent, Aberdeen, S. Dakota.
Lt. Raymond M. Nesemann, Algoma, Wisconsin.
1st Lt. Stewart Gill Patton, Jr., M.C.-U.S. Army—Carlyle Barracks, Pa.
Capt. Howard E. Possner, Jr., 0-352554, 509 M. P. Bn., APO 230, c/o Postmaster, N. Y. City.
Capt. Louis G. Ralston, A.S.N.-O-47972, 533rd Sqd., 381st Bomb G. P., A.P.O. 634, c/o Postmaster, New York City, N. Y.
Lt. Jack Frederick Schaber, M.C., U. S. Army—Home address 210 Hearne Ave., Cincinnati, Ohio.
Capt. Frederick L. Schellhase, M.C., 0-490063, 92nd Airdrome Sq., APO 710, c-o Postmaster, San Francisco, Cal.
Lt. (j.g.) E. A. Shorten, M.C., USNR, L.C.T. Group 110, c/o Fleet P.O., San Francisco, Calif.
Major Charles R. Sokol, M.C., 15th Fighter Group, A.P.O. 959, c/o Postmaster, San Francisco, Cal.
Lt. Charles McClellan Suttles, M.C., U. S. Army—Home address R.D. 3, Conneaut, Ohio.
Capt. Frederick R. Tingwald, M.C., (0368277) Hq. Det., 103rd Repl. Bn., 11th Repl. Depot, APO 131 c/o Postmaster, N. Y. City.
Lt. Nevin R. Trimbur, 2nd Ech., Cub 9, c/o Fleet P.O., San Francisco, Cal.
Capt. Richard W. Trotter, Hq. 151st Med. Bn., A.P.O. 689, c/o Postmaster, New York City.
Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.
Lt. Clyde K. Walter, (0-529601) 228 Sta. Hosp., APO 316, c/o Postmaster, N. Y. City.
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., 0-357508, c/0 4 Park Road, Woodsdale, Wheeling, W. Va.
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.
Lt. Francis J. Gambrel, M.C., (0475440), 362nd Inf., Med. Det., APO 91, c/o Postmaster, N. Y. City.
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, 94th Evac. Hospital, APO 464, c/o P.M., N. Y. City.
Capt. H. C. Marsico, Deshon Gen. Hospital, Butler, Pa.
Maj. Stephen W. Ondash, M.C., 4th Aux. Surg. Group, Lawson General Hospital, Atlanta, Georgia.
Capt. A. K. Phillips, Patterson Field, Fairfield, Ohio.
Lt. C. E. Pichette, 185 Otsega, Ilion, N. Y.
Capt. Joseph Sofranec, (0489202) 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.
Lt. L. J. Thill, c/o U.S.S. Bibb, Fleet Post Office, New York, N. Y.
Lt. John Veit, Southwest Pacific. (Correct address wanted).

Dentists In Service

Lt. S. R. Abrams, Great Lakes Nav. Train. Sta., Ill.
Capt. Myer Alpern, Sta. Hosp. No. 3, Fort Bragg, N. C.
Major N. J. Altiero, A.S.F.C., Fort Lewis, Wash.
Lt. Comdr. G. R. Backus, Naval Air Sta. Disp., Norfolk, Va.
Lt. Balmenti, 893 Tank Des. Batt. B. W., Camp Hood, Texas.
Capt. F. C. Beaumont, 4th Field Hospital, c/o Postmaster, N. Y. City.
Major Thos. L. Blair, No. 10 B. T. C. Hospital, Greensboro, N. C.
Lt. Erwin L. Boye, I. D. Com. G. P. Hospital, Fleet P.O., S.F., Calif.
Capt. Robert Van Court Carr, Bat. Dent. Sur. APO 252 c/o Postmaster, N. Y. City.
Capt. Chas. C. Fester, Base Hospital, Dental Clinic, Army Air Field, Muskogee, Okla.
Capt. A. E. Frank, 2nd Med. Batt. Co. D. A.P.O. 2, c/o Postmaster, N. Y. City.
Lt. (jg) Louis Galvin, Casu 65, c/o F.P.O., San Francisco, Calif.
Lt. Roland P. Hahn, Dental Clinic B, P. O. 2, Camp Swiss, Texas.
Lt. Comdr. R. C. Harwood, Naval Station, Algiers, Louisiana.
Lt. P. B. Hodes, Med. Det. No. 1, U. S. Gen. Heq., Camp Butner, N. C.
Capt. Jos. J. Hurray, Sta. Hosp., Scott Field, Ill.
Lt. Francis D. Irwin, HQ & AQ SQ 86th A.D.G., APO 149, c/o Postmaster, N. Y. City.
Major Wm. J. James, Station Hospital, Scott Field, Illinois.
Lt. (jg) J. J. Jesik, 8th Div. Ships Co., USN, ABPD, San Bruno, Calif.
Capt. Thos. K. Jones, 31st Replacement B.N., APO 372, c/o Postmaster, N. Y. City.
Lt. Comdr. H. E. Kerr, 415 Keith Avenue, Waukegan, Ill.
Lt. John J. Laneve (address wanted)
Lt. Albert S. Laskey, Burksdale Field, La.
Lt. Donald E. Lease, Dental Disp., Parris Island, S. C.
Capt. A. Malkoff, 163 Med. Disp. Det., APO 520, c/o Postmaster, New York City.
Capt. Walter J. McCarthy, Station Hospital No. 1, Camp Bowie, Texas.
Capt. Joseph L. Maxwell, 135th Gen. Hosp. APO 115 c/o Postmaster, New York, N. Y.
Capt. Wilbur V. Moyer, Chief of Oral Surgery, McCaw Gen. Hosp., Walla Walla, Wash.
Lt. Arthur Nicolette, 32 A USN, T.S., Farragut, Idaho.
Capt. J. Parillo, Sta. Hospital, Alexandria Air Base, Alexandria, La.
Capt. Andrew E. Phahy, 148th Gen. Hosp., APO 960, c/o Postmaster, San Francisco, Calif.
Capt. Frank K. Phillips, Sta. Hospital, Fort Hamilton, Brooklyn, N. Y.
Capt. Wilbert S. Port, Med. Det. 542, AAA AW Bu, Camp Stewart, Ga.
Capt. Robert W. Price, Sta. Hospital, 531 Clearing Co., Camp Pickett, Va.
Capt. Earl W. Reed, 315 Washington, Lawton, Okla.
Capt. Peter P. Ross, 6810 Hosp. Center Prov., APO 209, c/o Postmaster, New York, N. Y.
Major W. R. Salinsky, Regional Hospital, Camp Blanding, Fla.
Major Jos. J. Schmid, A. A. F. C. H., Bowman Field, Louisville, Ky.
Capt. Roger A. Senseman, Chanute Field, Urbana, Ill.
Lt. James T. Sigler, S. North Dental Disp., U.S. N.T.S., Sampson, N.Y.
Lt. James E. Shafer, 11th I. M. Reg. D. C. No. 4, Camp Lee, Virginia.
Lt. P. W. Suitor, USN, USS Indiana, c/o Postmaster, San Francisco, Calif.
Lt. J. J. Sirotnik, Miami, Florida.
Capt. J. Thornhill, Profile Board Bldg. 400, Fort Lewis, Wash.
Lt. (sg) R. E. Wales, 888 Deerpath Inn, Lake Forest, Ill.
Lt. Comdr. A. I. Wargelin, Dental Clinic N. A. Tech. Tra. Center, Memphis 15, Tenn.
Capt. D. J. Welsh, 332nd Ser. Grp. GQ & HQ APO 650, c/o Postmaster, New York City.
Capt. Allen T. Willis, 1560 S. W. Med. Sec., Camp Atterbury, Ind.

Honor Roll

Youngstown Hospital Nurses

Mabel Anderson
Ellen Andre

Mary Babnic
Erma Baker
Ethel Baksa
Dorothy Barner
Mary Berkowitz
Vera Best
Grace Black
Suzanne Boehm
Stella Book
Jane Bowles
Betty Boyer
Florence Brooks
Dorothy Buckles
Lucille Burgett
Ruth Burrage
Marjorie Bush

Mary Callen
Frances Cooper
Jennie Couch
Mary Crivelli

Victoria Dastoli
Margaret Davis
Mary Deeley
Dorothy Dibble
Patricia Donlon
Marietta Dressel
Helen Dudzensky
Mary Dudzensky
Rita Duffy
Nellie Duignan

Clara Esterhay
Margaret Fajak
Ruth Friedman
Sally Friedman

Rita Gefsky
Jane Gay
Naomi Goebert
Ethel Gonda
Alice Gosnell
Dorothy Graves
Lois Griffith

Evelyn Louise Hahlen
Elizabeth Heaslip
Mary Ann Herzick
Mary Hetner
Gertrude Hitchcock
Rosemary Hogan
Frances Bulla Holden
Mary Jane Holloway
Mary Hovanec
Elizabeth Hudock
Jane Hull

Irene Janceski
Betty Johnston

Agnes Keane
Kathleen Kemerer
Phyllis Kerr
Katherine Keshock
Eugenia Kish
Lois Knopp
Irma Kreuzweiser

Jessie Lane
Ayer Lawyer
Marietta Leidy
Vivian Lewis
Virginia Lickner
Selma Lightbody
Olive Long
Ruby Lundquist

Mary F. Malone
Frances J. May
Ada Marinelli
Jean Marsh
Elizabeth McBride
Pauline McCoy
Rosemary McGavin
Doris McGonigal
Barbara McKinstry
Jeannette McQuiston
Delma Moore
Hilda E. Mort
Frances Moyer

Avis Neidlinger
Ruth Nelson
Vera Nespecca

Helen Ornin
Dorothy Oswald

Geneva Parks
Phyllis Patrick
Anglynne Paulchell
Ruth Peters
Mary Petransky
Janet Pflugh
Ellen Podolsky
Mary Racich
Catharine Radanovic
Edna May Ramsey
Lucille Reapsummer
Mary Reedy
Mary Resti
Ruth Richey
Ruth Rider
Betty Rigby
Marie Rolla
Rose Rufener

Margaret Scarnecchia
M. Schnurrenberger
Virginia Schwalm
Elvira Sferra
Miriam Shaffer
Burdetta Sherer
Mary Margaret Shore
Ruth Simmons
Virginia Slaugenhaupt
Mary Louise Smith
Mary Stanko
Donna Stavich
Virginia E. Stewart
Stella Sylak

Mary Taddei
Julia Takach
Elizabeth Takash
Freda Theil
Ursula Thomas
Marilou Thompson
Jean Tims

Rebecca Ulansky

Anna Vanusek
Phyllis Viggiani
Madaline Vranchich
Helen Vukovic

Hylda Walker
Vera Weisent
Agnes Welsh
Eleanor Whan
Ruth Whiteside
Edna Williams

Pearl Yanus
Mildred Yocum

Jennie Zhuck
Rhoda Zundel

Honor Roll

St. Elizabeth's Hospital Nurses

Veronica Adriano
Regina Aleksiejezyk

Pauline Babyak
Rita Bahen
Ruth Billock
Bettijane Binsley
Roselyn Block
Clara Bosso
Mary Brincko
Margaret Brinsko
Ursula Burke
Betty Lou Butler

Eleanor Cassidy
Ann Chmura
Mildred Clarke
Mary E. Coleman
Louise Cox
Katherine Coyne
Catherine Crogan

Sylvia Delisio
Virginia De Paul
Helene Dluhos
Dolores Dolak
Ann Dorsey
Catherine Doyle
Mary Rita Duffey
Margaret Dustman

Alice Ellert
Mildred Engel

Mary Fehrenbaugh
Ceclia Flannery

Virginia Frame

Hilda Gherasin
Mary Grace Gabig
Irene Griffin
Margeurita Guarnieri

Ann Hassage
Ann Heiser
Audrey Hobbs
Margaret M. Hogan
Catherine Holway

June Jugenheimer
Rosemary Julian

Mary L. Kelley
*Mary Klaser (Deceased)
Genevieve Kollar
Helen Kral
Laura Kuceyeski

Virginia Lequyer
Virginia Lorenz
Mary Lubonovic
Mildred Lymburner

Mary McCambridge
Clara McNeish
Eileen Magill
Theresa Magyar
Margaret Maletic
Josephine Malito
Matilda Margison
Carmel Miller
Rose Mozzillo

Annabel Moushey

Phyllis Norman
Margaret Novak

Shirley O'Horo
Theresa Ondash
Catherine O'Neil

Alma Pepper
Marie Perfett
Congetta Pietra
Ann Pintar

Mary Reedy

Teresa Schlecht
Jean Shriver
Helene Sofranko
Margaret Somplack
Anna Sullivan

Susan Vanish
Rose Vertucci
Irene Vassey

Ann Walko
Beverly Walton
Jennie Witkey
Inabel Wood

Sara Yacono
Mary Louise Yamber
Ethel Yavorsky

Helen Zamary
Helen Zerovich
Mary Ziroff

Honorably Discharged

Catherine Holway Mildred Yavorsky

MUCH APPRECIATED

The Bulletin Committee has tried to get communications to our doctors in service by means of distributing postals at meetings and in staff rooms of the hospitals. Several of our colleagues have expressed appreciation of our efforts, hoping it will continue.

IF YOU HAVE A CHANGE OF ADDRESS, PASS IT ON, BY CALLING 44513 or DROPPING IN MAIL to 1204 Central Tower.

Clinical Pathological Conference, St. Elizabeth Hospital

Presented by DR. J. K. HERALD

White 54 yr. old female.

C.C.: Severe pain in back.

P. I.: 7 years—loss of weight (65 lbs.) and strength. Present weight 120 lbs. Increasing nervousness and nervous indigestion, accompanied by nausea and vomiting. Few months previous to admission, pain in back, more frequent nausea and vomiting, rapid loss of strength and polyuria. Three days previous to illness, extreme back pain, constant nausea and vomiting. Comatose when admitted after generalized convulsion.

Physical Exam.:—Admission. T. 98, P. 105, R. 20, B. P. 120/75. Skin dry, tongue thickly coated. Breath sounds were harsh. Moist rales both bases. Heart—negative. Abdomen distended. A large mass was felt as if arising from the pelvis. The mass extended to either side apparently pressing the intestines medially. The upper borders of the mass on either side could not be made out and the medial borders could not be felt. It was thought that the mass extended up almost to the diaphragm on either side. Part of the mass that could be best felt appeared to be nodular, but not well defined nodules. Possibly an irregular surface might be the better description. The liver and spleen were not felt.

R. B. C.—3,460,000; Hbg. 12; W. B. C.—25,000; Stabs, 15; 77 segs; 8 lymphs. Serology negative. N.P.N. 200; sugar 129 mgs. Urine sp. gr. 1.010; PH 5; a trace of albumin and loaded with W.B.C. both singly and in clumps. Only a rare R.B.C. was seen.

We must consider first the possibility of a pelvic origin of this mass. This mass must grow in such a way as to present similar tumors on both sides of the abdominal cavity. (1) Bicornuate uterus fibroids. (2) Parovarian cysts. (3) Ovarian cysts. Number one could hardly present so similar tumors although by pressure on ureters they could cause some phases of this clinical picture. Number two—Parovarian and ovarian cysts who might reach this size tend to be unilateral. The common characteristics of all pelvic tumors which do most to exclude them is that they tend to grow in the mid line and usually produce these disorders in some stage of their existence. The possibility is that these tumors may have arisen from above and grown downward. The paired organs most likely to produce such masses are the kidneys.

Kidney tumors are carcinomatous (including hypernephromata), those of papillary and teratoid origin (Wilms') and polycystic kidneys benign adenomata.

Symptoms having their beginning seven years previous, make the possibility of malignant tumors unlikely; the malignant tumors tend to be unilateral.

Benign adenoma beginning seven years ago and undergoing malignant change is a possibility except that they tend to be unilateral and would hardly be so similar upon palpation.

The teratoid group might be bilateral and might attain such size, but they are found in the age group 1-5, and could not produce symptoms for seven years since they are so undifferentiated.

The possibility of massive bilateral hydro-ureters is present, but such a state is incompatible with such a long history, and is at variance with abdominal findings of an irregular tumor mass.

The one entity which satisfies most of the criteria for a diagnosis, i.e.: Back pain of long duration; nausea, vomiting, loss of weight, polyuria

with infected urine resulting in uremia and death is polycystic kidneys.

Polycystic kidneys when they produce no symptoms during early childhood are most troublesome during the fifth and sixth decades. They must be the first consideration in the presence of bilateral kidney tumors. They progressively destroy renal parenchyma and tend to produce infected urine because of distention and obstruction of ureters and pelvies.

CL. Diagnosis:

(1) Bilateral Polycystic Kidneys.

(2) Uremia with convulsions and death.

Path. Diagnosis: Bilateral polycystic kidneys; uremic fibrinous pericarditis, pleuritis, ulcerative colitis and parenchymatous degenerative changes in viscera.

SINCE LAST MONTH—

Dr. John Heberding addressed the Rotary Club on June 13, 1945. The Clatter has this to say about Dr. Heberding's talk.

"If anyone doesn't know about radiography and roentgenology now it's their own fault, after Dr. John Heberding's very thorough discussion. The slides were especially illuminating, after they were properly explained—so there's no excuse for not knowing why you don't tick after you see an X-ray of yourself. Thanks again, Dr. John, for an interesting program."

Major and Mrs. William Neidus were home recently on a short leave from Camp Meade, Maryland.

Major Sam Tamarkin and his family are enjoying a three week furlough in Youngstown. Major Tamarkin is stationed at McDill Field, Tampa, Florida.

Major R. E. Odom recently arrived home from the C. B. I. Area for a thirty day furlough.

Dr. J. J. McDonough, who recently had an appendectomy, is recuperated and now back to work. They also announce the birth of a daughter at St. Elizabeth's Hospital.

Dr. Pohlman, an intern at St. Elizabeth's Hospital, left for Tampa, Florida, because of the serious illness of his mother.

Miss Clarita Hovirson and Dr. Raupple, intern at St. Elizabeth Hospital, were married a few weeks ago.

Dr. and Mrs. F. F. Piercy have returned home after a visit with relatives in Des Moines, Delta, and Winterset, Ia.

Dr. and Mrs. F. F. Monroe, with their daughter, Peggy, have gone to Kentucky to visit relatives, attending the Kentucky Derby at Louisville before returning. Joining them at the Derby were Dr. and Mrs. C. A. Gustafson.

Dr. and Mrs. R. R. Morrall have returned home from Philadelphia where they attended commencement exercises at Jefferson Medical School.

Lois Elaine Goldblatt, daughter of Dr. and Mrs. L. Jay Goldblatt, was married Thursday, June 14th, to Alvin Winton Salisch, Petty Officer 3/c, USNR, at "Charlouis," Canfield Road Home of Dr. and Mrs. Goldblatt.

Dr. John J. McDonough became a Rotarian on June 20. He was introduced by Reverand Luhman. Too bad he wasn't in a month or so ago or they'd all had cigars. Maybe the next time, John, maybe the next time! !

Dr. William W. Richardson, who has been in charge of the Mercer Sanatorium for many years, died with a Cerebral Hemorrhage on June 10, 1945. The Sanatorium is being operated by Dr. John A. McKay, who was Dr. Richardson's assistant for twenty-two years.

Dr. and Mrs. J. P. Harvey have returned from attending the graduation of their son, Joseph Paul, from Harvard Medical College. The young Dr. Harvey will interne at the Peter Bent Brigham Hospital.

REHABILITATION OF THE RETURNING MEDICAL OFFICER

JOSEPH L. FETTEMAN, M. D.

(From The Bulletin of the Academy of Medicine of Cleveland)

The medical officer who comes home and changes his army uniform for civilian clothes experiences mixed emotional reactions. He looks back upon his army career with a feeling of satisfaction; he relives memories of days of intense, terrific pressure alternating with days of idleness. Pictures of countries visited, of friends made, of soldiers' lives saved, pass through his mind. Yet there is a feeling of sadness, as he thinks of how lonesome he has been for his loved ones at home, sadness tinctured with a sense of bitterness. But it is happiness which dominates his thinking as he returns home and looks forward to resuming his life as a civilian. What a sense of relief to be free of regulations and authority! What joyous comfort to be back amidst his accustomed haunts with his wife and children, in place of being moved by secret orders to unknown destinations, living in barracks and foxholes, exposed to danger. This joy of return is mixed with uneasiness and strangeness as he is confronted by changes and problems of adjustment. The neighborhood has changed, people are older, some have grown dreadfully sick, others are rich and prosperous. Even his wife has changed, and that little child whom he left in a crib is now a youngster of three. Changed by his own experiences, the medical officer comes back to the civilian world. He has hopes and doubts and wants. He would like additional education, he needs a place to live and practice, and above all, he wants patients.

Lt. Col. H. C. Lueth summarized the answers to a questionnaire* of some 21,000 medical officers in the service as to their educational wishes. The replies indicated that about 80% of these officers were eager to obtain additional medical training, 20% desiring short refresher courses, and 60% asking for longer study periods or residencies with a view towards certification by specialty boards. The reasons for this large percentage of requests are several: there is a small number of men who have been handicapped by illness or injury, for whom a specialty might be easier than general practice; there are many who feel the need of a course which would bring them into the stride of advances in practice, and there are some who have been inspired by their assignments and contacts to go forward into special fields. Whatever may be the motive, thousands are interested in additional study.

It is the duty of the medical profession to assist such physicians to reach these goals. Medical schools are planning postgraduate courses to meet this need; hospitals should also increase the number of residencies for this purpose. In addition, busy specialists can supplement these limited opportunities by providing assistantships for returning medical officers. Such an apprenticeship will offer several distinct advantages; the training will be practical; the training period will be remunerative, inasmuch as an established physician may be able to reward his "apprentice" financially. It is suggested that specialists with large practices and the love of teaching provide such assistantships, and that the specialty boards give the physician in training proper credit towards his certification.

The returning medical officer needs a home and a place to practice. Some have been fortunate enough to have retained their homes, but others will return literally homeless, officeless, and penniless. Fortunately the War Manpower Commission pro-

The Special Liver Fraction used as the base of Beta-Concemin provides the *complete* B complex.

This has been demonstrated in experiments where chicks fed a diet supplemented with the Beta-Concemin Liver Fraction develop optimum feather growth, whereas those fed a diet supposedly adequate in all *known* vitamins do not feather normally.

Moreover, this Liver Fraction has a favorable effect on growth, mortality and hemoglobin formation in the laboratory animal.

BETA-CONCEMIN

Brand of Vitamin B Complex

Contains the COMPLETE B Complex

Delicious, fruity ELIXIR BETA-CONCEMIN is supplied in 4-oz., 12-oz. and gallon bottles—average dosage is 2 or 3 teaspoonfuls daily. Convenient BETA-CONCEMIN TABLETS are supplied in 100's and 1000's—average dosage is 2 or 3 tablets daily. CAPSULES BETA-CONCEMIN WITH FERROUS SULFATE, expressly designed for treatment of iron-deficiency anemias, are also available in 100's and 1000's—average dosage is 4 to 6 capsules daily.

MERRELL

117th Year

Trademark "Beta-Concemin"
Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY · CINCINNATI, U. S. A.

vides priorities for such physicians, so that they may obtain small government approved houses and apartments. Though one doctor previously accustomed to a spacious home referred to such an apartment as a foxhole, he was grateful for the chance to occupy a clean and efficient, even if small apartment.

The problem of offices may be severe in certain communities. Much of the office space formerly occupied by the returning physicians has been rented by other doctors. They and their patients have become accustomed to the new location, and the present occupant will be reluctant to give up his new quarters, regardless of the claim of the returned medical officer that he is morally entitled to reoccupation of his former place. If the physician at home does not find it expedient to vacate his suite, perhaps he may invite the returning doctor to share his space at different hours. Few will voluntarily give up their offices, but I am confident that many will accept the suggestion given by the New York Academy of Medicine, of sharing space until more suites have been provided.

The need for patients and a practice is reflected by the reports in Lueth's second article, entitled "The Medical Officer Returns to Civilian Practice.† Among the 21,000 reporting, 47% indicated that they preferred to resume their old practices, 21% signified that they did not intend to re-engage in practice in their former communities, while the remainder, chiefly recent graduates, gave no answer.

Civilian physicians can assist the returning medical officer in getting established. Physicians with tremendously busy practices may find it advisable to employ younger associates. Doctors who have been overworked for a number of years could use a vacation or study period. They may conveniently plan trips or postgraduate courses, and at the same time entrust their practices to the returning officers. All physicians should encourage those patients who had previously been treated by a doctor in the service to return to him when he resumes practice. The failure to do this has been a cause of deep resentment on the part of several dentists and medical men who have already returned from service. They were greeted enthusiastically with word of welcome—"Glad to see you, glad you are back. How I envied your interesting assignments! How overworked we've been!" Yet rarely did such a welcome include such a remark as "I am taking care of several of your former patients—may I send them back to you?" It is not expected that doctors know whence all their patients come to them, nor will all such patients wish to go back to their previous physicians, yet in keeping with the high standing of the medical profession, the common bond between us, and particularly the moral duty enforced by public opinion, every physician who remained at home will encourage such patients to return to the medical officer who is back in practice.

The returning physician also wishes to regain his hospital position or his industrial job. The Academy should encourage a policy of concrete assistance to returning officers. Strong disapproval should be heaped upon schools, hospitals, and plants which disregard this moral duty.

Procurement and assignment in the post-war period means procuring for the officer a home, a place to practice, and patients, and reassigning him to his former position in the community. With aid from their colleagues, time, and their own efforts, most returning medical officers will make a successful rehabilitation.

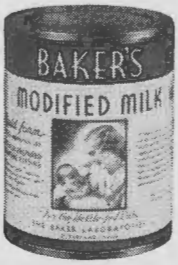
---

*Lueth, Lt. Col. H. C., "Postgraduate Wishes of Medical Officers," J.A.M.A. 127:13, March 31, 1945.

†Lueth, Lt. Col. H. C., "The Medical Officer Returns to Civilian Practice," J.A.M.A. 127:16, April 21, 1945.

"Our doctor says it's easy to feed babies with BAKER'S MILK"

WHEN you prescribe Baker's Modified Milk (liquid form), only one thing need be remembered by the person who feeds the infant—dilute Baker's with an equal part of water, previously boiled. Baker's not only provides the essential nutritive elements for a well-nourished and happy baby, but you also save time and avoid possibilities of error when you must depend upon lay help to mix formulas. Here's an important advantage much appreciated by busy physicians and hospitals. Mothers, too, like to feed Baker's because it is convenient and economical . . . because it is safe for others to prepare Baker's, and because, as the baby grows older, no formula change is necessary —just increase the quantity of each feeding.



POWDER OR LIQUID

Baker's Modified Milk is advertised only to the medical profession. We invite physicians' inquiries for a folder giving complete information about this infant food with a solid foundation in medical experience.

★ ★ ★

Baker's Modified Milk is made from tuberculin-tested cows' milk in which most of the fat has been replaced by animal and vegetable oils with the addition of lactose, dextrose, gelatin, iron ammonium citrate, vitamins A, B1 and D. Not less than 400 units of vitamin D per quart.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

THE BAKER LABORATORIES

CLEVELAND, OHIO

BRANCH OFFICES: SAN FRANCISCO, CALIFORNIA, DENVER, COLORADO

From Our Doctors in Service

(Continued from Page 207)

July 5th, 1945

"Left Ephrata about March 26th, had six weeks assigned at Crile General Hospital in Cleveland, then went to Ashford, at White Sulphur Springs, 2-3 weeks, to fill a vacancy there—was shortly replaced by an older man and got orders to this very "hot" General 307th. Saw fine stuff at Crile and Ashford. Was home a time or two in the period of three months, but was so busy with personal affairs I didn't get to see many friends. Saw Bunn, Baker, Bennett, Morrall and Allsop at the Hospital one Thursday and we hashed over a few things.

I am with a good outfit, Sackett from Cleveland is Chief X-ray and is a great guy, M. D. Tyson is Chief of Surgery and Dick Daibe from Dallas is my Chief. The outfit was ready at Kilmit to go to Europe and recalled V-E Day. Our ready date is the 10th of July and will likely be close to it. Hints are that it will be China. Guess it doesn't matter, but sure busy getting ready for a long journey."

Major L. K. Reed

The Medical-Dental Bureau Elects Officers

The Eleventh Annual Meeting of the Medical-Dental Bureau was held on June 7 at the Mahoning Country Club. The business meeting was preceded by a dinner which was enjoyed by one of the largest turn-outs the Bureau ever had.

A short business session was held, followed by comments from Dr. W. M. Skipp, President, about Bureau operations. Re-elected to the Board were Drs. W. M. Skipp, E. J. Wenaas, and F. H. Simmerly. Dr. G. M. McKelvey was elected as a new member.

NEW OFFICERS AND BOARD

Dr. W. M. Skipp, President, Dr. E. H. Nagel, Vice-President, Dr. E. C. Brown, Secretary, Dr. F. H. Simmerly, Treasurer and Dr. H. E. McClenahan, Ass't Treasurer; Dr. A. J. Brandt, Dr. W. H. Hayden, Dr. E. J. Wenaas and Dr. G. M. McKelvey.

Bragging Again—

If you don't have time to read your own BULLETIN, take a look at Medical Economics, they read our publication. "Hospital Visitors" written by one of our Associate Editors and published in the April issue, made the pages of Medical Economics, they only hit the high spots, so We're not so bad.

PRIVINE
IN
ALLERGIC RHINITIS

Whether the *seasonal* type of allergic rhinitis is due to a sensitivity to pollens of the common trees, grasses or ragweeds, or whether the *perennial* type is caused by animal danders, vegetable powders, house dusts, foods or drugs ..PRIVINE* (Naphazoline) is extremely effective for shrinking the pale, swollen and "water-logged" nasal mucosa without compensatory swelling.

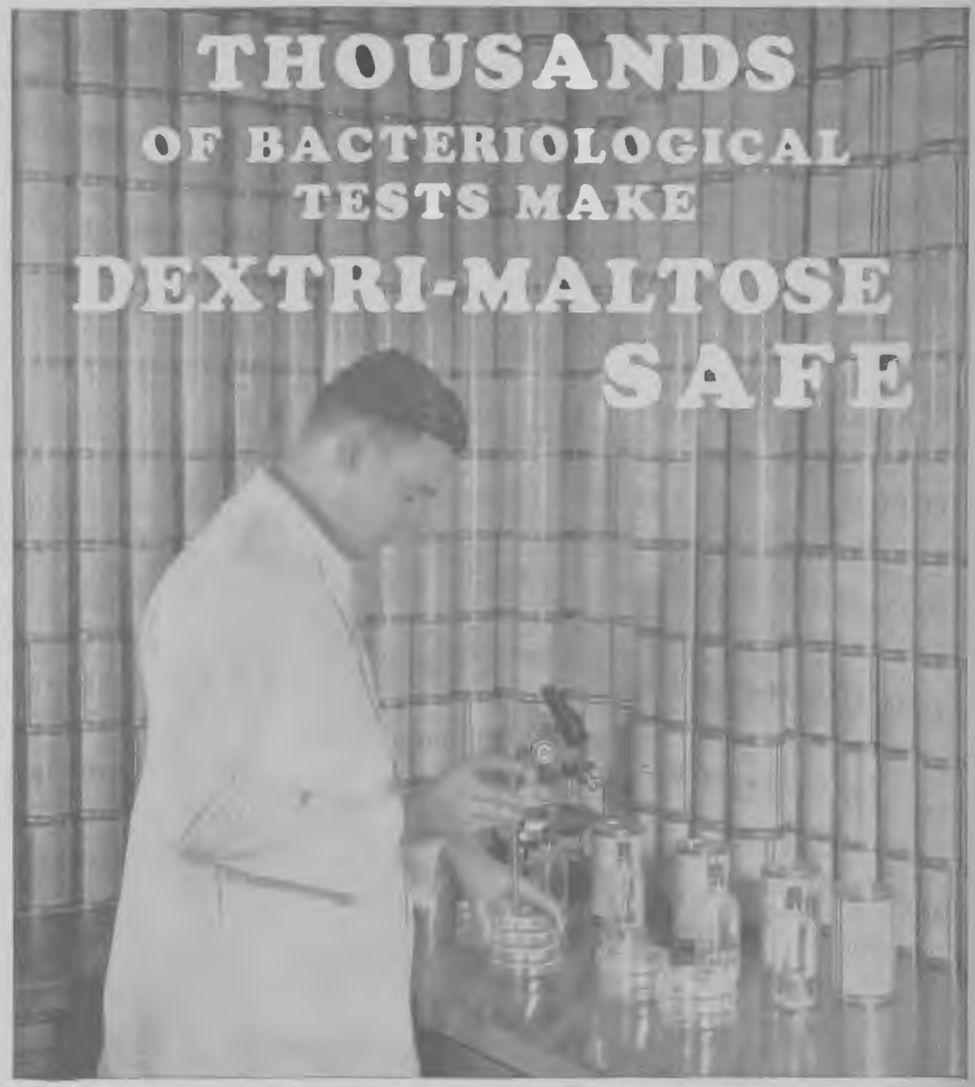
This aqueous, isotonic solution, buffered at pH 6.2 readjusts the alkaline secretion to normal acid range, and produces prompt and prolonged symptomatic relief for 2 to 6 hours without reapplication.

PRIVINE
HYDROCHLORIDE

***Trade Mark Reg. U. S. Pat Off..**

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
IN CANADA, CIBA COMPANY LIMITED MONTREAL



Skilled bacteriologists constantly test Dextri-Maltose

THOUSANDS of samples of Dextri-Maltose, secured both during the course of manufacture and after packing, are continually analyzed bacteriologically. This close correlation between laboratory and factory results in a product having a remarkably low bacterial count. A quarter of a century of clinical success has demonstrated that such ceaseless vigilance is indispensable to safety. Here, where the life and health of the infant and the reputation of the physician are in the balance,—VALUE, NOT PRICE, IS THE TRUE MEASURE OF ECONOMY.

SANITARY CONTROL OF DEXTRI-MALTOSE . . . (NO. 2 OF A SERIES)

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons. Mead Johnson & Company, Evansville, Ind., U. S. A.