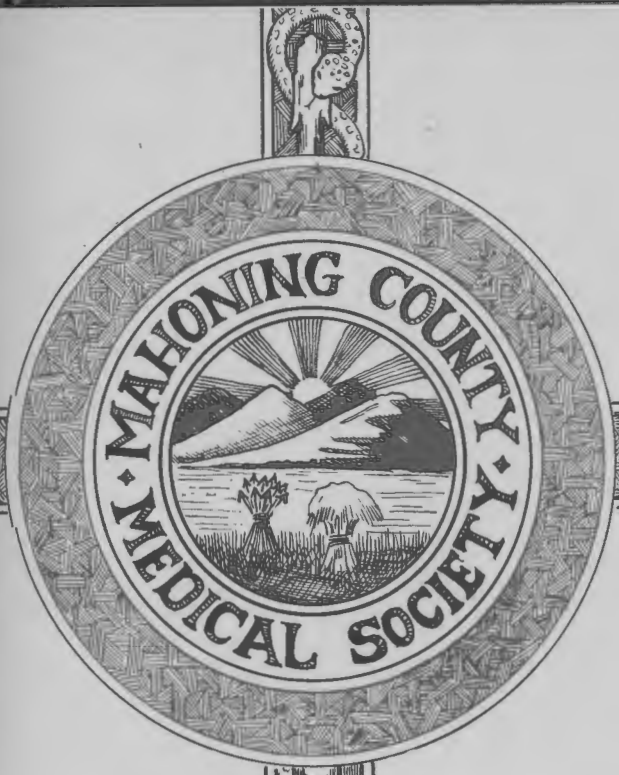

"A faith is a necessity to a man.
Woe to him who believes in nothing."
—Victor Hugo

BULLETIN

of the

Mahoning
County
Medical
Society

Vol. XV No. 11
November 1945

Dependable Nourishment

DURING THAT

all-important

FIRST YEAR OF LIFE

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THE MAHONING COUNTY MEDICAL SOCIETY

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

Vol. XV—No. 11 November, 1945

CONTENTS

ADVERTISERS' LIST

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BETHIAMIN

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PRESIDENT'S PAGE

There is a feeling in Council that if we are ever to have a building suitable for the Mahoning County Medical Society's activities now is a propitious time to begin this undertaking. When the roster is scrutinized from the viewpoint of the ability of the individual members to subscribe to a building fund, a certain conclusion is obvious. We who are not in military service can afford it. Such gifts are tax free and that is especially attractive this year. No taxes would be assessed against such an institution if established for non-profit.

What about the upkeep of this building? We are at present spending between seven hundred fifty and one thousand dollars per year for rental of space for our monthly and postgraduate meetings. Perhaps space could be rented to the Nurses' Registry. These items plus the rental of the auditorium for certain meetings should cover the item of overhead.

It would be a credit to the physicians of this county to have their own home, an auditorium seating about three hundred, a side sitting room with a fireplace et al for smaller meetings, a supper room under the elevated floor of the main hall, and suitable office space. There may be families of deceased members who would underwrite the expense of one of the rooms as a living memorial. Each seat could carry a permanent bronze plate bearing the name of the member who subscribed.

We have about fifteen thousand dollars saved through the years and set aside for this specific purpose. This amount plus five hundred dollars each from one hundred fifty members would be sufficient to construct in classic style and to equip such a building. Do we have the enterprise and vitality to carry out such a project?

W. H. BUNN, M. D.,

President.

BULLETIN of the Mahoning County Medical Society

NOVEMBER 1945

TALK BY DR. MORITZ

Dr. Moritz said that he was a conventional pathologist until eight years ago. As a conventional pathologist he believes that medicine can never discharge its obligations to the post mortem room. The work of such conventional pathologists was largely educational.

About eight years ago he became a legal pathologist. There were several other terms used in the course of his talk for this type of work; legal pathology and public pathology. This talk he wished to relate directly to the public health as a public pathologist.

On the continent of Europe public health and the public pathologist function together for the good of the community. Public health in most American cities is practiced badly and has been completely divorced from public health.

The reason for the bad practice of public health in the United States is politics. Men are displaced from office every so often because of politics. Yet the actual reason for the coroner is to insure that a murder does not pass unrecognized. The legal pathologist is not a detective. His work is definitely bound up with public health.

About one death in five in this country results in violence or occurs after so brief an illness that no one knows what caused the death. All of these deaths of course should be investigated by the public pathologist. There are dividends from such investigations other than that of recognizing legal responsibility.

One of the dividends is the recognition of unsuspected hazards to life. A case was quoted of a four year old child that had died of a rapid increase in intracranial pressure and a history of a slight injury in an automobile accident. Post mortem revealed no subdural hemorrhage but a very acute edema. This suggested toxic poisoning from lead. Further investigation revealed no knowledge by the mother that the children were getting lead; however, the paint on the porch was peeling and she admitted that the children liked these flakes of paint and the child that had died was especially fond of these flakes. The proof that this was lead poisoning found at post mortem saved the other children of the family.

In Boston where Dr. Moritz works hardly a week goes by without some such knowledge being gained which helps the people that are still living.

Another dividend is the recognition after death of people who have been walking the streets in such physical shape that accidents are liable to happen. Innocent people may be involved in the death of such a person. A case was demonstrated which proved this particular point. Frequently the public pathologist is called on to help identify a corpse which is in a bad state of decomposition or even shortly after death. Many such aids were

demonstrated. The blood chemicals change at a definite rate after death for a period of the first seventy-two hours. This chemical change is a very positive indication as to the time of death. Small traces of other substances in the region of the body must be kept for various types of examinations. Another case was quoted in which small tiny glass beads and tobacco were found near a body with traces of these substances on the body. These were finally traced to a tavern near by and the murder of this particular person solved. Even the finding of a torso in the ocean close to Scotland was traced by the public pathologist in that area to the individual that had been murdered.

To sum up, much of the talk was highly dramatic. The main theme, however, was to demonstrate the relation between public health, civil justice and the public pathologist.

LIFE-AND-DEATH REFORMS

(Vindicator Editorial)

The Mahoning County Medical Society deserves wide support in its efforts to improve the administration of public health and of what is called "legal medicine," or public pathology.

Under Youngstown's charter the health commissioner, a physician, is appointed by the mayor. Under Ohio law the coroner, also a physician, is elected every four years. The officials are thus products of politics.

Both the jobs are part-time, and paid on that basis. Actually each is a specialty, as much as eye-ear-nose work or surgery, requiring postgraduate training after a medical course. But no trained man will devote his career to a part-time, insecure job. So whatever the personal zeal and medical competence of the office-holders, they are untrained for their special tasks.

Recently we have seen the costliness of this system, or lack of system, in the public health field. Money is available for venereal, tuberculosis, and cancer clinics. Yet Youngstown has never had a really good venereal clinic, and for the last year has had virtually none. There is no cancer or tuberculosis clinic.

The cost of having an untrained, part-time coroner was brought out in Dr. Alan R. Moritz's address this week to the medical society. He showed that without a trained medical examiner and proper autopsies, criminals go free, innocent people are convicted, hazards to life go unsuspected, wrong findings are made in civil liability, personal indemnity, and workmen's compensation.

A complete reform of public pathology here would take a change in Ohio law. Yet much might be done locally by arranging co-operation among the coroner, the prosecutor (who orders autopsies), and the hospital pathologists. A reform of public-health administration is in Youngstown's hands; it would require only an amendment of the charter. The medical society should have public and official support toward both purposes. They are, quite literally, matters of life and death.

1945

STARK COUNTY POST GRADUATE DAY

The annual Postgraduate day of the Stark County Medical Society was held at Onesta Hotel, Canton, Ohio, on Wednesday, October 17. More than twenty doctors from Mahoning County attended this meeting. Among the doctors present were: Seidwitz, Ranz, Hauser, Monroe, Fry, H. E. Patrick, J. A. Patrick, Owens, Nagel, Casky, MacGregor, Reilly, Miller, Skipp, Shirk, Leinbach, Allgood and Gustafson. The program was given by a group from the University of Cincinnati Medical College; Drs. Blankenhorn, Zinninger and Altemeier. Altogether, it was an excellent meeting and the evening concluded with a delicious steak dinner. At the first session, Dr. Blankenhorn gave a "Diagnostic Clinic" and presented four cases. The first was of a female of 50 years of age with a splenic infarct. The second case was a male of 34, who in November of 1942 noticed a cough, bloody sputum, shortness of breath, weakness and night sweats. He was X-rayed and nothing was revealed. He had been told some years before that he had a heart lesion, but nothing could be heard. In dyspnea with hemoptysis, think of a mitral lesion. Make the patient exercise to hear the murmur. This patient probably had a low grade rheumatic fever with night sweats. Sedimentation time was accelerated. Later in this case there was unequal congestion in the bases of the lungs. This is probably due to the fact that the heart rotates and kinks off the pulmonary vein on one side, so that the blood drains from the lungs unequally. The dilated capillary produces a hemorrhage. The third case was that of a man aged 51, from Macedonia who was a farmer. He came to America in 1930; developed pinched and bulging mass in epigastrium about 1937. The patient found the mass himself. The differential diagnosis lay between pancreatic involvement or complications of the liver, although there was no capsular friction. There was no briut like a vascular tumor of the liver. An angioma would be noted. This could not. He had no liver spots. There was no thrill like any kind of echinococcus cyst. X-ray showed the diaphragm high on the right, duodenum and stomach pulled to the left and the gallbladder to be in a transverse position and pulled to the left. This should rule out renal tumor. If this were pancreas, the duodenum would be displaced to the right. The most likely diagnosis is primary tumor of the liver. Exploration was recommended. It could be needled. Liver tests are not revealing. Eosimophiles were 6 per cent. Kahn and Kline were negative. One could get an antigen and skin test for echinococcus cyst.

The second session of the morning was given by Dr. Altemeier on "The Value of Chemotherapy in the Treatment of Traumatic Wounds." His conclusions were: the local and general use of sulfonamide does not decrease the incidents of wound infection. They may sensitize the patient to sulfonamide. Sulfadiazine does prevent invasion infection and does decrease general severity of the infection. No therapeutic agent can take the place of sound surgery. Sulfonamides in the peritoneal cavity give, only a high blood level. Therefore give sulfonamides in the blood or muscle before operation. This lecture was followed by a three reel colored film on the treatment of wounds of violence, detailing their management at Cincinnati General Hospital.

In the afternoon Dr. Zinninger gave a discussion on "Postoperative Complications: Prevention and Treatment." One of the most common postoperative complications of the respiratory tract is atelectasis. Factors in prevention of this include oral hygiene, good anesthetics, deep breathing after anesthetic, moving in

bed, out of bed early after operation and carbon dioxide inhalations. The diagnosis of atelectasis can be made by the presence of pain, fever, shortness of breath and cyanosis. The treatment consists in postural drainage and bronchoscopy. In lung abscess one should not wait too long before surgical drainage. Thrombosis, another complication, can be prevented by getting the patient out of bed early. Some of the factors that cause thrombosis are slow circulation, trauma of the intima and increased clotting time. The silent type of thrombosis is the most difficult to recognize. Sometimes a perivertebral block will make the patient more comfortable. Ligation of the profunda sometimes indicated. Heparin intravenously may be used. Local heat and elevation of the leg are good therapeutic agents. Postoperative infections may be lessened by free drainage, careful bacteriologic study of organisms to know how to attack and which drug to use, careful preparation of the skin. Soap and water is the most effective. Careful operative technique. It is well to wash the wound with Saline before closing. In wounds that fail to heal, Vitamin C in doses of 100 to 300 mgms, daily is the important factor. On account of Chemotherapy, early peritonitis is often overlooked. Intra-abdominal abscesses are usually not tender. X-rays in Trendelenburg position may help in finding subphrenic abscesses. To prevent mechanical obstruction close all openings where the bowel may go. Also, be careful in placing the drain. The drain should not be placed between loops of bowels, but if possible between bowel and abdominal wall. In operations for mechanical obstruction, the operation should be done through the old incision.

In the afternoon Dr. Blankenhorn discussed the cause of death in pneumococcus pnuemonia and what to do about it. The question of why so many people get pnuemonia is still unanswered. Some factors may be dirty air, poor housekeeping. Why do people die when they get pneumonia? In penumococcus pneumonia 12-18 per cent of civilians die. This is much more than in military hospitals. Public enemy number one is type 7 pneumonia. This does not respond to sulfonamides. Can it be possible that we are developing drug fastness? Patient's don't die from progressive bacteremia, for drugs control that. Kidney damage may be another factor. There are no deaths from agranulocytosis. In 71 patients who were autopsied following deaths from pneumonia, 15 died from respiratory failure, 15 from congestive failure, 16 from coma and 9 from shock. In non-pneumococcal pneumonia in 47 autopsies, 27 were respiratory failure, 3 congestive failure, 18 coma and 16 shock. From these autopsies we learn that the chief cause of death from pneumonia is respiratory failure. The next common cause is shock, then comes coma and the circulatory failure ranks fourth in cause of death. Young persons have more reserve, less fibrosis and more respiratory reserve and this is probably the reason why death rate is higher with civilians than in military forces. What can be done to stop the spread of pneumonia? Early treatment and adequate treatment. Serum was the best but it is too cumbersome. Sulfonomides and penicillin will not stop the spread of pneumonia. An antidote to the spreading factor is aspiration. In the third place, oxygen should be given to practically every person with pneumonia. Fourth on the list of therapeutic weapons is aspiration of the trachea. Adrenalin or Aminophylline may be given for bronchial asthma and to stimulate breathing. Don't give old people much morphine. Unsymmetrical wheezes are diagnostic. For the treatment of shock we have no good tool. Plasma in liter doses is good. This should be done early. Also, use intravenous fluids and oxygen. Don't give adrenalin. For the

Regular Monthly Meeting

October 20th, 8:30 P. M. **Youngstown Club**

Speaker:

Wm. F. RIENHOFF, Jr., M. D.
Johns-Hopkins University

Subject:

"THE PRESENT STATUS OF THE TREATMENT OF MALIGNANT TUMORS OF THE LUNGS"

Special Meeting

OCTOBER 27th, 8:30 P. M. YOUNGSTOWN CLUB

Speaker:

R. E. S. YOUNG, M. D. (Columbus, O.)

Subject:

"PRINCIPLES AND OBJECTIVES OF THE A.A.P.S."

Dr. Young is an active leader of the Association of American Physicians and Surgeons, Inc., and member of the Association's Medical Economics Committee. He is a sincere, interesting speaker, and is well informed as to the principles and objectives of the Association.

The principles of the Association have recently been endorsed by the Columbus Academy of Medicine, Ashtabula Co. Medical Society.

treatment of coma there are no bedside tricks. For the treatment of congestive failure we may use digitalis, oubaine and strophanthus. If venous pressure is high use old-fashioned bleeding. Anemia is the only contraindication. Bleed early if the patient needs to be bled.

The second paper of the afternoon was given by Dr. Altemeier. The topic was "Penicillin in the Management of Acute Hematogenous Osteomyelitis." Penicillin has revolutionized the treatment of osteomyelitis. In the Cincinnati Hospital, 54 cases were treated with penicillin and only 1 death occurred, and that patient was almost dead when brought to the hospital. Morbidity in all cases was definitely lessened. Mortality dropped from 15 or 30 per cent to 1.9 per cent. In the treatment of hematogenous osteomyelitis an effort should be made to make the diagnosis early. Give penicillin, 15,000 to 25,000 units every 3 hours intravenously or intramuscularily until at least one and one-half million units are given in two to four weeks. Immobilize the parts for three weeks. Open the large abscesses and aspirate the small ones and refill with half the volume of penicillin solution.

SERVICE RECORD

(The Bulletin plans to print a service record of every physician who returns from service. We would appreciate it very much, if those returning will contact the editor or someone of the Editorial Committee, and give them information that will enable us to compile such a record. —Editor)

CAPTAIN GABRIEL E. DE CICCO

Dr. DeCicco entered the service as a first lieutenant and joined the amphibious engineers at Camp Edwards in September of 1942, remaining in that outfit until he was discharged. He was a battalion surgeon. Going overseas in January, 1943, he went to Australia and participated in the first landings at Lae and Hollandia, New Guinea, Leyte, and Mindoro, the Philippines, landing within the first hour. He worked mostly with evacuees to hospital ships. Dr. DeCicco had 38 months in the service, 29 of which were spent overseas.

CAPTAIN SAMUEL EPSTEIN

Dr. S. Epstein enlisted April 1, 1941, going into the army as a first lieutenant and attained his captaincy in December of 1941. He was sent to Fort Jackson, South Carolina, for training and in July of 1943 he was transferred to the 31st Field Hospital. He went overseas in November, 1943, to Hawaii. Dr. Epstein has four battle stars for Kwajalein, Saipan, Leyte and Okinawa. He served right behind the battle lines in a field hospital.

CAPTAIN JOSEPH COLLA

Dr. Colla entered the service in September, 1942. He was stationed at Fort Sam Houston, Texas, and then at Camp Bowie, Texas, station hospital.

He was then transferred to the General Hospital Dispensary, Pentagon Building, Washington, D. C. While there he was assigned to special duty which took him overseas on several occasions. From Washington, Dr. Colla went to Alexandria, Virginia, where he was post surgeon and commanding officer of a service unit, Intelligence Secret Post. Later he was at Camp Atterbury, Indiana, with a plastic surgery battalion. His last assignment was heart and lung examiner at Camp Atterbury, Indiana, Separation Center. He was discharged from service on October 10.

CAPTAIN BARTRAM I. FIRESTONE

Dr. Firestone spent six months at Camp Rucker, Alabama, and was then sent to North Africa with the Sixth General Dispensary. He was then assigned to the 165th General Hospital and the 225 General Hospital. He was also on missions to Corsica, Sardinia, Sicily and Italy. He was stationed a year in southern France and participated in the battle of the Rhineland. He wears three stars for participation in major battles. He was overseas for 32 months.

LT. COL. WILLIAM D. McELROY

Dr. William D. McElroy entered the service as major on active duty July 17, 1942. He was sent to the pool at LaGuarde General Hospital. He was then assigned to the 32nd station hospital forming at Camp Rucker on August 4th. He went overseas, embarking on January 13, 1943, and landed at Oran on January 26. He was stationed at Tlensen, Algiers, until November at which time he was sent to Goat Hill for staging. He landed in Naples three days before Thanksgiving and was staged until New Years, when he was sent to Caserta, Italy, where he remained until July 26, 1945. He was then transferred to the 26th General Hospital for transportation. During this time his unit took care of 38,000 hospital cases, 28,000 out-patients and had about 5,000 operative cases. Dr. McElroy received two battle stars; one for the Rome-Arno campaign and one for the Naples-Foggia campaign. He received a Bronze Star in August of 1945 for meritorious service. He left Naples on August 13 and landed in Boston on August 22. He was discharged on the 14th of October, 1945, and is now on terminal leave. He was overseas 33 months.

MAJOR WALTER J. TIMS

Dr. Walter J. Tims spent 36 months in the European theater serving with the medical corps of the Army air force. He served for 16th months with the Eighth Air Force and for 20 months with the Ninth Air Force. He was in England, Normandy, France, Belgium, Holland, Luxembourg, and Germany. After his return to the United States, he was stationed at Camp Robins, Macon, Georgia. He was commissioned a first lieutenant in May, 1942, and was

promoted to captain in January, 1943. He was advanced to the rank of major in September, 1943.

MAJOR HERMAN H. IPP

Dr. Herman H. Ipp entered the service on the 15th of July, 1941, as a first lieutenant. He was sent to Kelly Field, Texas. He was made a captain on the 2nd of June, 1942. In July of 1942 he was sent to the San Antonio Aviation Cadet Center. In January of 1943 he was sent to the San Marcos Army Air Base Navigation School. He was made a major in July, 1943. He went overseas with the 62nd field hospital in September, 1944, and functioned in France and Germany. He flew back from Europe on the 19th of September and was separated on the 19th of October. He was overseas 12 months and in the service for 52 months.

MAJOR GORDON G. NELSON

Dr. Nelson entered the service in 1942 and was overseas for 26 months. His first assignment was to Camp Breckenridge, Kentucky, where he stayed about a year. Then he went to Africa with the 182nd Station Hospital and from there to Naples. The winter of 1943 he went through the Naples-Foggia campaign with the Naples Medical Center. In April of 1945 he moved to Montecatino where casualties were brought in from the Apennine campaign. Major Nelson was chief of the orthopedic service for the 182nd Station Hospital. After one air raid, 75 casualties were brought in. On October 21, 1943, the Germans bombed the army hospital. After he had gone through about 100 air raids, he stopped counting them. Dr. Nelson went to the Italian operas and heard the symphonies when he wasn't busy operating. When he left Italy, he was commanding officer of the 35th Field Hospital at Trieste. He will resume his practice immediately.

LT. CMDR. SZUCS

Dr. Szucs spent 36 months in the service with the United States Public Health Reserve. Most of his period of service in the Army was spent in Manhattan Beach and Sheepshead Bay base hosptals. He was appointed cardiologist of the hospital at both bases supervising all rheumatic fever cases. In 1944, he was appointed cardiac consultant of the New York Police department, a position he held until his release from the service.

MAJOR HENRY SISEK

Dr. Sisek entered the armed forces on July 28, 1941. He was a reserve officer and went into the Army as a first lieutenant. He was discharged as a Major in June of 1945 with three battle stars for the Leyte and Philippine campaigns.

1945

CAPTAIN RAYMOND HALL

Dr. Hall entered the service on July 17, 1942. He was sent to the Medical Replacement Pool at LaGuarde General Hospital. From there he went to Camp Rucker and the 32nd Station Hospital where he worked in ENT. He then went to Fort Benning and then to Camp Kilmer. He stayed here until January, 1942, when he was sent to Africa to Tlemcen with the 32nd Station Hospital where he worked under Col. McElroy and had charge of the ENT department. He was returned as a patient to the states in March of 1944 and entered the Newton D. Baker Hospital. Upon discharge he was sent to Carlisle Barracks and then to Fort Knox in the ENT department. He finished his Army career at the Armed Forces Induction Center in Cleveland where he had charge of the ENT department. He was discharged on October 19, 1945.

CAPT. OSCAR A. AXELSON

Dr. Axelson entered the service on July 19, 1942. Trained at Camp Grant and was assigned to the Third Armored Division and sent to the California desert, finally was sent to Camp Kilmer, N. J., and in September of 1943 he arrived in England. A few days after D-Day he was in Normandy and served in five different campaigns: Normandy, North France, Belgium, the "Bulge Battle" of Ardennes, Rhineland, Central Germany. He was overseas for two years. Just before returning home he was with the occupation troops in Southern Germany. He has battle stars for five campaigns, the Bronze Star and the Presidential Unit Citation. General Maurice Rose, killed by the Germans in the Ruhr pocket, was one of his patients and friends. Dr. Axelson was with the First Division in Cologne and was the first medical officer to take care of the Gestapo and political prisoners. After discharge, he took refresher courses at the University of Michigan before returning home.

COMDR. HERMAN S. ZEVE

Dr. Zeve has returned after 32 months in Trinidad, South America. He entered the service in May of 1942 with the rank of lieutenant commander and was on the staff at Great Lakes. On August 21, 1942, he was sent to Trinidad and was the only urologist between Brazil and Puerto Rico. It was at Trinidad that big ships refueled on their way to Africa, the Red Sea, India, the Persian Gulf and South America. The large battleships, aircraft carriers, cruisers and destroyers all stopped there for practice maneuvers and tests. For the first 18 months he was often at sea, picking up U-boat victims and other casualties. When he left Trinidad, he was executive officer and had been a Commander since February, 1944. He came back to this country in March and was assigned to the naval hospital at Sampson, N. Y.

TESTIMONIAL

FROM

YOUNGSTOWN HOSPITAL ASSOCIATION

TO

JOHN TOD

President from October 24, 1930, to January 26, 1945

"In recognition of your distinguished leadership, constant devotion and untiring service to the citizens of Youngstown and Mahoning Valley, the Board of Trustees and the Women's Board of The Youngstown Hospital Association wish to record their expressions of gratitude and appreciation.

"During the period which has spanned your history with the Association, since the first day of June, one thousand nine hundred and eighteen, when you were elected Trustee, you have seen the capacity of the hospital doubled and its facilities modernized—and we recognize and appreciate the important part you have played in its development.

"During your tenure of office as Vice President and as President, your conscientious efforts, high minded leadership, excellent judgment and constant fidelity have been largely responsible for the great strides and progress made by our Hospital Association.

"Now that you have concluded that it is advisable to relinquish your duties as President, proper action has been taken by the Board to grant your request, and in doing so we regard ourselves as richly privileged and honored in electing you for life as

"PRESIDENT EMERITUS"

In bestowing upon you this well earned recognition and richly deserved honor, we cherish the hope that in this capacity we may continue for many years to have your helpful guidance to inspire the best efforts of those associated with you in this great humanitarian work.

"Our warm regard and high respect for you shall be ever continuous."

PAUL WICK
President of the Board of Trustees

MRS. WALTER E. WATSON
President of the Woman's Board

1945

William E. Ranz, M. D.

Born, March 20, 1873 **Died, October 20, 1945**

In the death of Dr. Wm. E. Ranz, born in Cincinnati in 1873 and died at his home in McAllen, Texas, on Saturday, Oct. 20th, our medical profession loses an outstanding, capable and energetic man. He had practiced as a physician and surgeon in Youngstown since 1903, was graduated from the University of Cincinnati in 1899 and was associated with Dr. Rufus B. Hall at Cincinnati where he had an excellent training in abdominal surgery and gynecology. He soon established a very lucrative practice in his chosen profession and took an active interest in civic affairs and was a member of the Board of Education for several years, where he made an enviable record. He had the courage of his convictions.

He was a fellow of the American College of Surgeons having been admitted to fellowship in 1913. He served as Captain in World War I and received his Majority at Camp Sherman, then was transferred to Salt Lake City, Utah. He had basic training in Texas before being transferred to Camp Sherman at Chillicothe.

Dr. Ranz had served on the staff of the old Mahoning Valley Hospital and later was a member of the Surgical Staff of St. Elizabeth Hospital from 1912 to 1939. He was associated with his brother, Dr. J. M. Ranz in the practice of surgery here in Youngstown until the time he was stricken with coronary thrombosis.

He then retired to San Juan, Texas, where he devoted his time to supervising his fruit farm. He had previously been admitted to practice medicine and surgery in the state of Texas and on different occasions performed emergency operations when a local surgeon was not available.

He invented a bed known as the "Ranz Beds" which affords various positions and which are now commonly used as standard hospital equipment in almost all modern hospitals but are known by other names. They are named according to the positions they afford.

Dr. Ranz' legal strength made him in great demand as a witness in medico-legal cases.

He was a big public spirited man and will be missed by the community at large as well as by the medical profession.

CHARLES D. HAUSER, M. D.

THE YOUNGSTOWN HOSPITAL ASSOCIATION

Plans are being prepared by The Youngstown Hospital Association for an addition to the North Unit of the Hospital. This is to take the form of a new wing on the west side of the building, extending to the north, and would be similar in size and architecture to the present maternity wing of that Unit. It is proposed that this wing will consist of three floors of patients' rooms, both private and semi-private, housing approximately thirty-four patients per floor, or a total of one hundred two beds. A fourth floor will contain a new Laboratory Department.

The proposed addition will relieve the crowded conditions which exist at the North Unit and will allow for the expansion and remodeling of the maternity wing. Approximately twenty-two beds are now utilized in the maternity wing for medical and surgical semi-private patients and these will be transferred to the new unit along with the twenty—twenty-five patients now being cared for in the various sun parlors, thus freeing these sun parlors for general patient use. The additional fifty odd beds will allow for the fluctuation that occurs in the patient census so that all demands for semi-private and private rooms will be able to be met.

The completion of this new addition will allow all maternity patients to be housed in the maternity wing on the three floors that make up this wing. It is planned to remodel the nursery on the first floor, enlarging it considerably so that the unit will be able to take care of a daily census of between eighty and ninety patients.

In addition to the plans for the new wing at the North Unit, a remodeling program is being developed and plans drawn for the rebuilding of the South Unit. It is contemplated to replace the various cottage wards with a west wing and a south wing, so that the unit will be in the shape of a cross. While this will not materially increase the bed capacity of this unit, it will provide modern facilities for the care of patients coming to that unit, and the large amount of ambulatory work that is carried on there. In this remodeling it is contemplated to provide new surgical quarters, new laboratory quarters, and new obstetrical quarters, and to remodel and enlarge the present x-ray facilities. The start of this remodeling work will depend a large part on the availability of funds for this project.

OUT-PATIENT DEPARTMENT

The Youngstown Hospital Association is planning to construct a new Out-Patient Department upon the site of the present Stewart House. It will be approximately 58 ft. long by 34 ft. wide, which will consist of two stories and a basement. The present Stewart House will be torn down, and the classroom that is housed therein will be moved to the third floor of the present service building.

The proposed building will house all of the out-patient clinics now operated by the hospital, and, in addition, it is proposed to establish therein a Venereal Clinic, Cancer Clinic, and a T. B. Clinic.

The building will be so constructed that, if it is thought desirable at the time of the remodeling of the South Unit that the Out-Patient Department be housed therein, this building may be readily converted into intern's quarter's. This then will eliminate the necessity of housing the interns in the hospital proper.

PATHOLOGY CONFERENCE

On Friday, October 19, 1945, Staff of Youngstown Hospital Association held their weekly Clinical Pathology Conference.

The conference consisted of interesting Gynecology cases.

1st CASE:

The case was that of a Papillary Adenocarcinoma of cervix with dermoid of one ovary. The incidence of Papillary Adenocarcinoma is not as high as the epidermoid type of carcinoma. The epidermoid type of carcinoma constitutes about 94.5 per cent of all cervical cancer, whereas the remaining 5.4 per cent consists of adeno-carcinomas.

2nd CASE:

One of the most interesting cases presented at the conference was that of a Bilateral Ectopic Pregnancy. This patient's symptoms lead the surgeon to the diagnosis of Ectopic Pregnancy on the one side. At the operation, an ectopic pregnancy was found in the intramural right fallopian tube and also an ectopic pregnancy in the left fallopian tube. The endometrium of the uterus shows hemorrhage and necrosis with some slight decidual reaction. Bilateral Ectopic Pregnancy is a rare condition. Review of the literature shows that only 81 such cases have been reported.

3rd CASE:

This case consisted of a Bicornate uterus with fibromyomata in each cornu. Pre-operative diagnosis was that of fibromyomas of the uterus. At surgery it was discovered that there was a bicornate uterus. With considerable difficulty the surgeon was able to remove the uterus. Pathologic examination confirmed the diagnosis of bicornate uterus with fibromyomata.

4th CASE:

The case was that of a 66 year old negress who complained of pain in her vagina. Pre-operative diagnosis was that of a chondroma or fibromyoma. At operation the mass was found to be in the antero-lateral vaginal wall adherent to the underlying tissues. The mass was completely removed. Pathologic diagnosis was that of epithelioma adenoides cysticum. The condition usually originates in the skin of the head and upper body but no reports of such tumors could be found in the genital tract.

E. E. BRANT, M. D.

Visual Education Meeting

Of the many groups of technicians at the service of the medical profession one of the liveliest and one that is most anxious to improve its service is that represented by the Biological Photographic Association, Inc. At the Fifteenth Annual Convention held in New York September 13-15th, which was attended by Mrs. Mary Wick Miles of the Photography Dept. of the Youngstown Hospital Association, a varied program was presented covering many aspects of scientific photography from the effects of the application of evaporated films to lenses for improving definition and rendition to methods of reproducing X-Rays for publication. Represented by the membership were designers and manufacturers of optical equipment, lights, film and other photographic equipment; educators; physicians; and photographers. All of these have sought through the Biological Photographic Association to pool their knowledge for mutual aid and improvement in the work of recording scientific material for research and education.

Of particular interest to medical photographers was a discussion of the education and training requirements for scientific photographers led by Mr. Tom Jones, head of the Department of Illustration of the University of Illinois Medical School and President of the newly organized Association of Medical Illustrators. Mr. Jones envisoned an Institute of Visual Education which would offer to the prospective medical illustrator basic instruction in the pre-medical and

pre-clinical science together with training in the specialized techniques of illustration including exhibit arrangement and problems of reproduction for publication as well as in photography and drawing. The discussion was concerned chiefly with the question of which subjects should receive most emphasis:—those dealing with technique or with content of illustration. The answer lies with the medical profession. If the profession demands instructive as well as handsome illustrations of its work it will have them but it will not get them as long as it accepts second rate material.

MARY WICK MILES.

"Where Angels Fear To Tread"

As one comes up the hill to the South Unit of the Youngstown Hospitals, the visitor or newcomer usually asks, "Is that the county jail?" The black stone is a dismal sight and someway does not fit a place to get well. Do you too apologize when you show it to visitors? I hurry on to tell of the splendid work inside but I could never be proud of the outside nor of the site. Now they tell me much of that dirty, gray stone on the west side is to remain even when the unit is remodelled!

To me the location of the South Unit may be justified as an emergency unit or admitting hospital, but it can never appeal to me as a good atmosphere to restore health. The space available is totally inadequate and the environment does not fit a modern hospital.

Let's not let the smoke fog our vision! The center of population is south now. Let's not perpetuate an error by expanding here where land and air are at such a premium. Youngstown now needs a new south hospital down in Midlothian region, and perhaps leave only admitting and emergency equipment here.

Are there not other dreamers who envision a better set-up for the South Unit? Let's not be condemned in the next decades for lack of perspective, vision and courage! !

FORWARD YOUNGSTOWN.

H. K. G.

OCTOBER COUNCIL MEETING

The regular monthly council meeting of the Mahoning County Medical Society was held on the 8th of the month at the Secretary's office. Doctors present were:

Dr. W. H. Bunn
Dr. G. M. McKelvey
Dr. E. H. Nagle
Dr. J. B. Birch
Dr. W. M. Skipp
Dr. P. J. McOwen
Dr. E. J. Wenaas
Dr. J. P. Harvey
Dr. C. A. Gustafson
Dr. V. L. Goodwin
Dr. J. N. McCann
Dr. E. J. Reilly

Minutes of the previous meeting were read and approved. Bills read. Motion made, seconded, and duly passed to pay same.

Letter from Dr. John J. McDonough relative to A. A. P. S. Motion made, seconded, and duly passed that a speaker from A. A. P. S. be invited to address a meeting of the Mahoning County Medical Society to be held in November, 1945.

Public Health Committee reported that Assistant Director of Public Health of the State of Kentucky will be through Youngstown within six weeks to make a survey of the public health situation.

Council discussed the possibility of a building to house Mahoning County Medical Society and possibility of raising money for such purpose this year.

Moved and seconded that Mr. W. C. Fisher be appointed to audit the books of the Society for 1945.

The present status of the medical staff of the Mahoning County Tuberculosis Sanitarium was discussed. Dr. J. N. McCann suggested that a meeting between staff members now here and trustees of the Tuberculosis San-

itarium meet to solve medical probiems now urgent.

Dr. Nagle called attention to establishment of a Cancer Diagnostic Clinic at St. Elizabeth's Hospital under the direction of Dr. A. J. Brandt.

G. M. McKELVEY, M. D.
Secretary.

SINCE LAST MONTH—

Dr. and Mrs. A. Earl Brant spent a few weeks vacation in the East.

Dr. Armin Elsaesser has returned from Wallingford, Conn., where he spent a few days with his son, Emil Peter Elsaesser, student at Choate School.

Dr. and Mrs. Herman Kling have left by motor for Arizona after a two-month stay in Youngstown following Dr. Kling's discharge from the service after overseas duty. On their way to the Southwest they will stop in Kentucky to see their son, Paul, who is also home from overseas duty.

Dr. Oscar Axelson has arrived home after two years service in the ETO and after spending a week with his wife and children, Marilyn and Alan, at their home, 131 W. Philadelphia Ave., went to the University of Michigan to take a refresher course. On his return he will resume his practice in the Medical Arts Building.

Dr. and Mrs. M. J. Kocialek have returned from Wooster, where they accompanied their daughter, Jacquelyn, who is enrolled as a first-year student at the College of Wooster.

Dr. Morris Rosenblum, Mistletoe Ave., has arrived home after receiving his discharge from the Army in which he held the rank of captain. He returned to the states by plane from Puerto Rico where he served 28 months. Mrs. Rosenblum, with her sons, Gerald and Richard, and her niece, Miss Elaine Kraus, motored to Camp Atterbury to meet him. Dr. Rosenblum has gone to Columbus to take a refresher course at Ohio State University.

D'AMORE HOME AFTER 3½ YEARS OF JAP PRISON CAMP

Maj. Adanto A. S. D'Amore is back after years in Jap prison camps during which he had ample opportunity to learn the ins and outs of the Japanese mind.

He was captured on Mindanao May 10, 1942.

Dr. Clara Raven has been promoted to major at the 239th General Hospital near Paris. She has been overseas a year and has been in military service a year and a half.

Dr. and Mrs. H. Bryan Hutt and little daughters have returned from a trip to Florence, S. C.

Drs. Harvey, Wenaas and Vance have been vacationing at Lake Nipissing, Canada. Dr. Harvey has to his credit a 170 Lb. 9 point buck deer and ducks too numerous to mention. Drs. Wenaas and Vance have not returned but Dr. Harvey is well supplying his friends with venison.

Dr. Paul J. Harvey, Jr., has received an appointment of Fellowship in Surgery at Peter Brent Brigham Hospital.

Dr. W. H. Bunn attended the annual meeting of the American Heart Association held October 15th at New York City.

Dr. Williams of Girard is a patient at the North Unit. Drop in and see him—Room 273.

Dr. H. Bryan Hutt, overseas 18 months as captain in the army medical corps, is now in Cleveland as a physician at Babies and Childrens Hospital. His wife and small daughters will remain here for the present with her parents, Mr. and Mrs. Mason Evans, Jr., Loganbrooke.

Mrs. Andrew A. Detesco, Woodford Avenue, has gone to Chicago to meet her husband, Lieutenant Detesco, medical corps, USNR, who is enroute home from the Pacific.

Dr. and Mrs. O. J. Walker, 2104 Volney Road, were in Hudson for the week-end attending Parents' Day at Western Reserve Academy where their son, William, is a student.

Dr. and Mrs. B. J. Dreiling, Mahoning Avenue, returned home from Baltimore and New York City. In Baltimore, they visited their son, John, who is with the U. S. Merchant Marine.

Dr. and Mrs. Orrin W. Haulman have returned from a hunting trip in Michigan.

Dr. J. D. Brown is studying gastric surgery at the University of Michigan during November and December. Dr. Gabriel DeCicco will be in Dr. Brown's office three days a week.

WEDDINGS

SALLY ROSENFELD BRIDE

The Mayfair ballroom at the Plaza Hotel in New York City was the setting for a beautiful wedding Sunday afternoon, October 14, when Miss Sally Elaine Rosenfeld became the bride of Dr. Jay B. Cohn, son of Mr. and Mrs. Louis M. Cohn of New York.

The bride is a daughter of Dr. and Mrs. Joseph Rosenfeld, Redonda Road.

MAJOR ONDASH, ARMY NURSE MARRIED

Major Stephen W. Ondash, U. S. Army Medical Corps, and his bride, the former Lt. Sabina A. Kozlowski, U. S. Army Nurses Corps, are in New Orleans following their wedding which took place in St. Augustine Church at Thomasville, Ga., on Oct. 10. They will make their home here where the bridegroom will practice.

Major Ondash has just returned from 26 months in the ETO and has served also in the Bahamas and Greenland. Among his citations are the Legion of Merit Medal, the Bronze Star with one oak leaf cluster and five battle stars.

Physician-Artists' Prize Contest

The American Physicians Art Association, with the cooperation of Mead Johnson & Company, is offering an important series of War (Savings) Bonds as prizes to physicians in the armed services and also physicians in civilian practice for their best artistic works depicting the medical profession's "skill and courage and devotion beyond the call of duty."

For full details, write to the Association's Secretary, Dr. F. H. Redewill, Flood Bldg., San Francisco, Cal., or Mead Johnson & Co., Evansville 21, Ind. Also pass this information on to your physician-artist friends, both civilian and military.

Your dues in Mahoning County Medical Society for the year 1946 will be due December 1, 1945. Kindly remit promptly.

MISTAKEN CLAIMS FOR SOCIALIZED MEDICINE

DR. A. M. SIMONS

(Former Assistant Director of the Bureau of Medical Economics of the American Medical Association)

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Many fallacies regarding compulsory sickness insurance are being circulated by its advocates in the United States. Generally they speak with no personal knowledge of the European system they would introduce here, for its American students are few. But to one who has investigated government sickness insurance abroad first hand, as I did prior to the war for the book of which I was co-author, "The Way of Health Insurance," the weakness of much of the current propaganda is self-evident.

The popular arguments in behalf of compulsory sickness insurance have become standardized through constant repetition. Refutation of most of these claims is written clearly in the working of all existing systems.

Appeals for socialized medicine begin with evidence that sickness is greater and medical care inferior in the low income classes. This no one denies. But this condition has by no means been removed where sickness insurance is most extensive and has been long established.

For many years, both before and after sickness insurance was adopted in Great Britain, the official vital statistics have shown that those with assured and adequate income have had the advantage of longevity over the lower income groups. Similar statistics disclose the same situation in practically all other populations covered by compulsory systems of sickness insurance.

An official investigation also showed that the average days lost by sickness in the insured population increased steadily and rapidly during the first years of insurance and have not declined since.

Next comes evidence that rural districts have fewer, older, and less-well-trained physicians in proportion to population than the larger cities and that these physicians must work with inferior medical equipment. The indictment is true, but the invariable conclusion that a politically operated system of insurance is the remedy has no basis in facts.

A committee representing practically every European country having sickness insurance made a report on medical service in rural districts to the International Labor Office shortly before World War II. The conditions described are just the same as those so often delineated as existing in the rural United States, and which are held to demonstrate the need for national sickness insurance.

Everywhere rural physicians were older, fewer, with inferior education and less ambition than urban practitioners, and they were forced to work with more inadequate facilities and to receive smaller incomes.

An official German report on rural medicine found districts where there was but one physician for 3,000 and even 5,000 population, which is worse than ever existed in the pre-war United States.

Proponents of political action in the medical field always list the millions of man-hours lost to production in the United States because of the illness of workers. They say nothing about the fact that European insured workers lose from 50 per cent to 100 per cent more days per year than the residents of this country who are not compelled to receive medical care under government supervision.

There is much evidence that compulsory insurance in many countries

has features which create much of the "sickness" which is treated. This is especially true where the physician must give certificates of illness entitling the patients to cash disability payments while sick.

It is indisputable that the amount of "recorded illness" given in official reports show a steady increase year after year.

Many medical writers claim that both the name and the disease known as "traumatic neurosis" came into existence with cash compensation for injuries. Statistics of the German sickness insurance show that what was known as "disabling illness" during the period of monetary inflation varied in much closer correlation with the value of the marks paid during such "disability" than with any element supposed to influence health.

Advocates of compulsory insurance are just now making use of the large number of rejections by draft boards in support of their cause. They never break down those figures to show how many were rejected for "illiteracy" in spite of free and compulsory education. Neither is there usually any mention of the percentage of physical disabilities which cannot be prevented or cured by medical care.

No one mentions the fact that the percentage of rejections is fixed by the standards of acceptance and that in no other country are these so high as in the United States. If the standards required physical perfection, few would be chosen. Since the whole argument is designed to prove that compulsory insurance would reduce the number of rejections, it would seem natural to cite the many countries that have operated the sort of governmental systems that are being urged for adoption here as proof of the inferiority of American medicine.

This comparison is never made, which suggests that some of those who are using this argument may be aware that such countries were all compelled to set lower standards of acceptance for military service and then were unable to show a smaller percentage of rejectees.

It is also notorious that many were refused because of psychiatric difficulties.

Because of the general acceptance of the need of restraint in at least some psychiatric ailments, which sometimes involves legal action, this form of medical care has been generally intrusted to governmental institutions. The result has not been such as to encourage further incursions of political activity in the field of medicine.

The current investigation of the Veterans' Administration emphasizes these facts. Here there is no question of dishonesty, but only of incompetence which, in human relations, may be even more cruel. Some of the leading advocates of governmental sickness insurance are now pointing out in the medical service of the Veterans' Administration all the weaknesses and worse to which they are blind in compulsory sickness insurance. In both, the service is superficial, hurried, impersonal, scientifically antiquated. As the Germans long said of the care furnished by their government, "Es ist immer von zweite Klasse" (It is always second class).

Another claim for compulsory insurance which experience refutes is that it encourages preventive medicine. The argument has a logical sound. There will be free access to physicians. Certainly everyone will receive regular "physical examinations," and will go to his physician whenever a slight discomfort may indicate an "incipient" disease which might develop into a dangerous one.

Actually no insurance system has ever proposed regular comprehensive examinations. Their administrators all shudder at the threatened cost. Insured persons do not seek medical care early in case of threatened dis-

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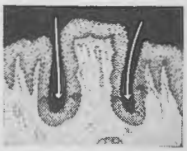

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ease. The reasons thereof are not so clear that it is safe to be dogmatic. There is considerable evidence of a lack of confidence in the judgment of the physicians that practice under government supervision.

There are many things in the field of health that government can do, and that cannot be done without governmental compulsion. Such are sanitary measures.

But untrained politicians cannot exercise supervision over standards of medical treatment and equipment or adjust the human relations between patient and physician. Yet every proposed state or national law for compulsory sickness insurance proposes, intentionally or not, to do just these things.

Better health results can unmistakably be obtained in the United States through voluntary methods rather than by resort to compulsory sickness insurance.

RETURNED SERVICE MEMBERS

The following is a list of our members who have been discharged from service and are practicing medicine. Any ommissions should be reported immediately.

O. A. Axelson, M. D.	Medical Arts Bldg.	84118
Joseph Colla, M. D.	518 Dollar Bank Bldg.	32256
C. H. Cronick, M. D.	160 W. Princeton Ave.	25300
G. E. DeCicco, M. D.	1008 Market St.	31215
Samuel Epstein, M. D.	2004 Elm St., (Dr. Yarmy's Off.)	32625
B. I. Firestone, M. D.	508 Home Sav. & Loan Bldg.	36722
S. D. Goldberg, M. D.	506 City Trust & Sav. Bank	31223
R. A. Hall, M. D.	Home Sav. & Loan Bldg.	36656
H. H. Ipp, M. D.	304-6 Home Sav. & Loan Bldg.	
P. M. Kaufman, M. D.	304-6 Home Sav. & Loan Bldg.	
Samuel Klatman, M. D.	409 City Bank Bldg.	31422
J. E. L. Keyes, M. D.	617 Home Sav. & Loan Bldg.	73643
P. R. McConnell, M. D.	19 Lincoln Avenue	38112
W. D. McElroy, M. D.	1006 Central Tower Bldg.	41677
G. G. Nelson, M. D.	138 Lincoln Avenue	77650
C. W. Sears, M. D.	3031 Market St.	24617
M. M. Szucs, M. D.	608 Dollar Bank Bldg.	47315
Herman Zeve, M. D.	228 Lincoln Avenue	77650

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SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

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

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

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

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

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