



"'Tis no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and noblest kind, not alone in curing disease but in educating the people in the laws of health, and in preventing the spread of plagues and pestilence."  
—Osler

# BULLETIN

of the  
**Mahoning  
County  
Medical  
Society**

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**Merry Christmas  
and a  
Happy New Year**

May we take this opportunity of extending our season's greetings to the members of the Mahoning County Medical Society, and to those just returned from the armed services an especially hearty welcome and the best of good cheer.

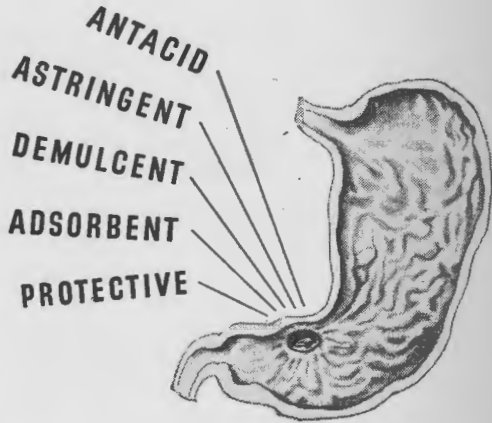
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## PRESIDENT'S PAGE

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There has been in the past a traditional distrust of social agencies among physicians. This stems from a difference in point of view. The physician sees the social problem as related to the individual patient and heretofore has been able to cope with this situation by caring for the needy sick out of the goodness of his heart. Much of this kind of free will and personal service is still being efficiently rendered and this will always be true. However, this system, altruistic though it may be, leaves wide areas of medical need not covered. It is necessary to have agencies which can study the over-all problem and see the whole picture. The directors of these organizations, once looked upon as idealistic visionaries without a thought for the practical, are now for the most part thoroughly trained. They have the advantage of the counsel of civic minded business and professional men who make up their boards of directors.

There will naturally be different points of view between the various social agencies and the medical society but there need be no serious misunderstandings which can not be solved in a friendly manner for the benefit of the community. Fullest cooperation can not be achieved until the cloud of mutual distrust of motives is entirely dispelled. Locally, the clash of strong personalities has been a deterrent to good team work. Surely these differences can soon be solved.

W. H. BUNN, M. D.

President

**MALIGNANCY OF THE LUNG**

By DR. REINHOFF

At present too few cases of malignancy of the lung are recognized and sent to a thoracic surgeon in the time for proper procedure. Of three hundred operative cases sixty five to seventy percent were inoperable. Part of the difficulty lies in the fact that the patient does not recognize that anything is wrong until after it is too late. This is especially true of the peripheral type of tumor.

Cancer of the lung seems to be on the increase. Of the malignancies of the lung ninety eight percent are carcinomas. In his own records he has had several single metastases which have been successfully removed. In the consideration of the reason for the increase of lung malignancy Dr. Reinhoff said that Baltimore had plenty of smoke and plenty of gas in the atmosphere. He believes these factors have played a role in the production of cancer of the lung.

Since 1933 an increasing number of lungs have been removed in a number of places in this country. Better technique and better methods of anesthesia and the new drugs such as the sulfas and penicillin have helped in making the final results much better than at first. Of the malignancies of the lung eighty five percent of these tumors are near the hilus. Hilar tumors grow upward into the trachea or perforate the bronchus and grow along the bronchus outside of the trachea extending usually toward the hilar lymph nodes and the mediastinum. The latter type frequently involves the veins. Such cases are inoperable.

The terminal stages of these inoperable cases are rather terrible. As the trachea and bronchi are gradually occluded by the tumors the breathing of these patients can be heard for some distance. This is extremely distressing both to the patient and to those who are taking care of the patient.

In considering the symptoms which carcinoma of the lung develop one hundred and eighty one consecutive cases were analyzed. Over seventy six percent of these cases had a cough. This cough was a departure from the normal for that individual. In other words if the patient had a cough for years the cough which resulted from the carcinoma of the lung was changed in character from the previous cough of years duration. This departure from the normal of any particular patient is important.

Hemoptysis was the next most prominent symptom. The amount could vary. Assumption now is that hemoptysis results from a malignant process until proved otherwise. Next most prominent symptom is pain. This was deep and dull and boring in character. It was not related to respiration. The patient frequently could relate the pain to the site of the trouble. Fourth most prominent symptom is a recurring pneumonitis. With the history of several bouts of pneumonitis the patient should be very carefully investigated for the possibility of carcinoma of the lung. The last prominent symptom mentioned was paroxysmal hypernea. This could occur without exercise.



To members of the medical profession, their aides and families, the Isaly Dairy Company extends the season's greetings and best wishes. For valiant, untiring service, on the home front and in battle areas, you have earned the right to every happiness at this peacetime Christmas season. Sincerely, we wish this joy for you and yours.

**ISALY'S**

*Dairy Specialists*

This might come from a mucous plug added to a partial bronchial block.

In the type of tumors the majority are flat celled tumors and are slow to metastasize. The other group of tumors are mixed cell tumors and these are usually an adenomatous type. The second type are more rapidly growing and metastasize early.

In Dr. Reinhoff's opinion lung carcinoma offers more chance of cure than that of the breast, thyroid, stomach or colon. In one hundred percent of the cases change was shown on the x-ray films. A plea was made for bronchoscopy. This does not do harm. It should be done in all cases. Seventy percent of these cases give information and sixty percent of the cases give a positive biopsy. Bleeding may be observed and the point from where the bleeding is coming may be a great help in localizing the tumor. Fixity of the tissues can be picked up bronchoscopically. In his experience aspiration biopsy as practised in some of the clinics of the country is considered bad. Prior to operation all patients are carefully examined for a brain and skin metastasis. There is no use in operating on a patient with a lung carcinoma when there is any evidence of metastasis. With the first operations the mortality was forty percent; now the mortality over the country in the hands of a good chest surgeon is between fifteen and twenty percent.

A very excellent point brought out by Dr. Reinhoff was when not to try to operate and remove the lung. Thoracotomy is easily done and carries with it very little damage to the patient. Do not, however, try to dissect the patient from the tumor. Technically artificial pneumothorax is very helpful. This gives evidence as to whether the patient can breathe with the remaining lung and it helps the surgery.

It is believed that the collapsed lung has less circulation. The chronological age is no contra-indication to lung surgery. The opposite lung forms a compensatory dilatation which is not true emphysema. The contra-indications to operation are plural effusion, palsy, Horner's syndrome and metastasis of any kind. Carcinomas of the lung should have a total pneumectomy.

Dr. Reinhoff's presentation was an excellent one in regard to the present status of lung cancer and the best method to deal with it.

---

### Information of Interest Presented at the 1945 Annual Meeting of the Central Society for Clinical Research

By RICHARD A. KENWORTHY, III, M. D.

On Friday, November 2, 1945, the eighteenth annual meeting of the Central Society for Clinical Research was called to order in the ballroom of the Drake Hotel in Chicago. The customary purpose of this meeting is to present the business of the society as well as the recent work of its members who constitute an assemblage of some of the most outstanding clinicians and medical researchists of the Central area. Guests are always welcome at meetings and the attendance at this particular event was considered extremely gratifying.

The meeting was divided into three sessions: Friday morning and afternoon, and Saturday morning. In the course of these sittings, thirty-four papers were presented. These were short and concise and were illustrated by lantern slides of graphs, x-rays, photographs, and so forth. Ample time was allowed following the presentation of each paper for comment, discussion, and questions.

In the few paragraphs to follow an attempt will be made to describe briefly some of the outstanding disclosures and especially those of definite clinical and practical importance as opposed to those more academic in nature. No attempt will be made to distinguish between information brought out in the original paper and that divulged in the subsequent discussion.

In a paper presented by Dr. M. B. Finkelstein and Dr. C. J. Smyth the effectiveness of a new mercurial diuretic drug, Mercuhydrin, was discussed. Besides the fact that Mercuhydrin is as effective a drug as Mercupurin it was also disclosed that the new diuretic may be administered intramuscularly without pain and the diuresis produced by both drugs may be doubled if their use is preceded by a three-day period of Ammonium Chloride therapy. It was stated that neither drug is as effective when given orally as when administered by a parenteral route. Toxic manifestations of Mercuhydrin were not observed and the only change noted was a transient increase in the number of hyalin casts present in the urine.

Although strictly experimental in nature, the work of Doctors J. R. Smith and Julius Jensen seems to be of such importance that it bears mention here. Their work concerned the effect of Theophylline Aminoisobutanol upon the heart-lung preparation caused to fail by the addition of chloral Hydrate to the perfusing blood. When failure had definitely been established, the Theophylline derivative previously mentioned was added to the perfusing blood with the following immediate effects: (1) myocardial vigor and strength of contraction was increased and heart size and intra auricular tensions were decreased, and (2) the striking decrease in pulmonary congestion led the investigators to pursue this phenomenon more fully as they had been led to postulate that the drug had a separate effect upon the lungs themselves. They found, however, that Theophylline Aminoisobutanol had no significant effect upon pulmonary edema induced by the inhalation of ethel acetate, or by simple mechanical chronic passive congestion.

Dr. John F. Renshaw and his associates as a result of roentgenological and pathological studies upon patients with gastrocolic and enterocolic fistula as well as animals with similar lesions artificially produced pointed out that the loss of weight, diarrhea, and so forth, which commonly accompany such conditions is very probably due to irritation of the small intestine caused by the passage of regurgitated fecal material rather than the shunting of ingested food from the upper alimentary tract to the colon as has generally been believed. This supposed shunting takes place, only to an insignificant extent and this they proved roentgenologically.

Dr. Michael H. Streicher and associates reported the results of clinical, chemical, and bacteriological studies concerned with Sulfathalidine and have found that the evidence so far obtained shows that this agent is superior to any sulfonamide used in the colon. It is effective in doses of only one gram orally three times daily and may be given over long periods of time without untoward effects. Prolonged administration and increased doses of this agent does not elevate the blood concentration above 1 to 1.5 mg. per 100 cc. of blood.

A paper by Dr. Carl G. Harford and his co-workers was concerned with the effect of superimposed bacterial pneumonia on the severity of sublethal infection with influenza virus and the experiments which they performed upon mice were prompted by the belief that the fatalities of the influenza pandemic of 1918-19 were due to bacterial pneumonia superimposed upon

a primary viral infection. Their results seemed to discount the possibility that the two infections are synergistic and they concluded that chemotherapy should be of great assistance in treating such cases if a similar epidemic recurs.

The effects of massive doses of iron given intravenously to patients with hypochromic anemia were discussed by Dr. Anne Tomlins Goetsch as a result of work done by herself and co-workers in St. Louis. They administered as much as 1.32 grams of iron as colloidal ferric hydroxide or ferric oxide intravenously in a single infusion and found that the reticulocyte response and daily rise in hemaglobin surpassed the results achieved when similar amounts were given orally. However, toxic reactions (nasal stuffiness, paresthesias, palpitation, nausea, transient fall in blood pressure, and later, manifestations of fever and weakness) were so severe that they made this route of iron administration impractical. Dr. Goetsch humorously concluded that the results of these experiments left her convinced that the best method of giving iron intravenously was still by transfusion.

Dr. Armand J. Quick presented the results of experiments on the actions of various drugs on the prothrombin of the blood. He found that massive doses of vitamin K given to rabbits, dogs, and humans caused no change in the prothrombin. He also concluded that xanthenes and quinine had no significant effect on the blood prothrombin.

An interesting and very practical paper was read by Dr. Robert C. Hardin of Iowa City. He reported figures collected in the Army comparing the reaction rates of transfusions given with group specific blood (4.22% out of 7299 transfusions) and those given using universal donor, (type O), blood (4.80% out of 9392 transfusions) and seems to indicate that the dangers supposed to surround the use of universal donor blood are somewhat exaggerated.

A study of the metabolic and physical changes associated with the oral and intravenous administration of amino acid preparations to human subjects was reported by Dr. C. J. Smyth and associates. Probably the most interesting aspect of the paper was the conclusion that in all probability reactions encountered from the intravenous administration of amino acid preparations are the result of giving of the preparations at too great a speed, the symptoms and signs resulting from the production of hyper-aminoacidemia.

A paper by Major Harry A. Warren, M. D., Major F. S. Coombs Jr., M. D., and associates on the effect of salicylate therapy in acute rheumatic fever concluded that the administration of large doses of salicylates does not reduce the time necessary to reach a normal sedimentation rate and does not protect against the occurrence of polycyclic rheumatic fever. It does eliminate the temperature elevation sooner than small doses. It does not prevent the occurrence of valvular heart disease or prevent the progression of pre-existing cardiac damage to any greater extent than small doses.

Doctors Ovid O. Meyer and Charles J. Thill presented their findings in regard to the use of penicillin and dicumarol in the treatment of subacute bacterial endocarditis. They concluded that no beneficial effect is derived from the use of dicumarol. It was also stated that the efficacy of penicillin may be materially reduced if any other than latex tubing is employed in giving it intravenously.

The above is only a very small fraction of the wealth of material presented at the meeting. In addition to the thirty-four papers read during the course of the meeting, an additional thirty-four were printed in the program "to be read by title".

---

Dr. E. C. Baker  
Youngstown, Ohio

Dear Sir:

At the request of the Director of Public Welfare, Frazier Reams, a local committee was appointed to make suitable arrangements for the formal dedication, inspection, and opening of the Youngstown Receiving Hospital, located on East Indianola Avenue, (east of South Avenue) in Youngstown.

The Committee on Arrangements requests your presence at the dedication to be held at the Receiving Hospital on Tuesday, November 20th. The program will begin promptly at 3:00 P. M.

There is enclosed Executive Order No. 3, Series 1945, governing procedure and admittance to the Receiving Hospital and listing the counties served by this Hospital.

Appreciating your interest in the problems of the mentally ill in Ohio and the services rendered by you in the furtherance thereof, we look forward with pleasure to seeing you at the dedication.

Sincerely,

CLIFFORD M. WOODSIDE, *Chairman*

William F. Maag, Jr., *Youngstown Vindicator*

Ralph W. O'Neill, *Mayor of the City of Youngstown*

Mrs. Erskine Maiden, Jr., *President of the Youngstown Federated Women's Clubs*

R. P. Swanner, *President of the Mahoning County Bar Association*

Dr. William H. Bunn, *President of the Mahoning County Medical Society*

L. A. Beeghly, *President of the Chamber of Commerce*

H. R. Packard, *Executive Secretary of the Chamber of Commerce*

Sister Germaine, *Superintendent of St. Elizabeth Hospital*

David A. Endres, *Superintendent of the Youngstown Hospitals*

Ralph R. Miller, *Chairman of the United Veteran's Council*

Dr. Eugene E. Elder, *Superintendent of the Youngstown Receiving Hospital*

CMW:eimh  
Enclosure

December



## State of Ohio, Department of Public Welfare

Subject: Youngstown Receiving Hospital  
EXECUTIVE ORDER NO. 3 - Series 1945

Acting under the provisions of Sections 1890-16 and 1890-17 of the General Code, and under an agreement to lease, and to purchase property located in Youngstown, Mahoning County, Ohio, as provided for by House Bill No. 477, 96th General Assembly, effective October 18, 1945, there is hereby established in the city of Youngstown a receiving hospital, to be known as the Youngstown Receiving Hospital.

Admissions to this facility are limited to legal residents of the state and of the counties allocated to the Massillon State Hospital District, as prescribed by Sec. 1890-17 G. C., namely:

Ashland, Ashtabula, Carroll, Columbiana, Harrison, Holmes, Jefferson, Mahoning, Medina, Portage, Stark, Trumbull, Tuscarawas, Wayne.

Three procedures are specified by law for admissions to receiving hospitals:

1. *Emergency Admissions.*

Section 1890-26 G. C. provides that if facilities are available a person believed to be mentally ill and who is violent or dangerous or has suicidal or homicidal tendencies may be detained, without a warrant, in a receiving hospital for a period of not to exceed five days.

2. *Probate Court Placements.*

Section 1890-27 G. C. provides that in a probate court hearing in mental illness, and after a determination by the court of the patient's need for specialized care and treatment, the court may order that the patient be placed in a receiving hospital for observation or treatment or both.

3. *Voluntary Admissions.*

Section 1890-50 G. C. permits voluntary admissions to receiving hospitals, upon the written application of a patient who is or appears to be, or believes himself to be mentally ill, or on behalf of a minor by a parent, guardian or the person having custody of the minor, or on behalf of an adult incompetent by the guardian or other person having custody of the incompetent. The application shall be on a form prescribed by the Division of Mental Hygiene, and must be accompanied by a certificate of a reputable physician.

Admissions shall be restricted to those who reasonably may be expected to show improvement under intensive treatment of short duration. Patients which after admission to Youngstown are found to require more prolonged care and treatment may be admitted to the Massillon State Hospital by regular commitment as directed

by Section 1890-28 G. C., or upon acceptable voluntary application. The number of patients cared for shall be determined by the Commission of Mental Hygiene. The superintendent of the receiving hospital shall be given an opportunity to advise the court or the applicant whether a bed is available, and whether the patient appears to be suitable for care in a receiving hospital.

#### *Clinical Service*

Under Section 1890-9 G. C., the Bureau of Prevention and Education under the supervision of the Commissioner of Mental Hygiene shall promote and develop a system of mental hygiene and psychiatric clinics. Such clinical service will be offered at Youngstown for any residents of the district who wish to avail themselves of this privilege.

#### *Records*

Statistical records, admission cards and daily reports, shall be kept and filed with the Department of Public Welfare on all court and voluntary admissions, and the reporting of such cases shall be essentially the same as for the state hospitals.

No admission cards shall be filed with the department on clinical patients; but the number of such cases seen shall be reported each day on the last page of the daily report.

Records shall be kept at the hospital on clinic patients, in the form prescribed by the Commissioner of Mental Hygiene and copies shall be filed with the Bureau of Research and Statistics.

Department of Public Welfare  
(signed) Frazier Reams  
Director

---

## HOSPITALS NEED GRADUATE NURSES

---

Youngstown Hospitals must have additional graduate nurses immediately to meet demands for nursing service, Miss. C. Marie Fawcett, Chairman of the Youngstown Nursing Council, has said. Twenty graduate nurses are needed by the Youngstown Hospital Association and 20 more by St. Elizabeth Hospital. Additional patients, release of nurses whose husbands have returned from the armed forces and similar causes contributes toward the shortage. Nurses who will work will be employed as many hours a day as they will serve. "We cannot hope that enough nurses will be released from the army and navy in the near future to meet the need because there are many wounded who still need nursing care," Miss Fawcett said. "We have to count on getting inactive nurses back to work in the hospital."

# ANNUAL ELECTION MEETING

Tuesday, December 18th, 1945

8:30 P. M.

YOUNGSTOWN CLUB  
(Buffet Lunch)

The following officers are to be elected:

President-Elect

Secretary	Incumbent	Dr. G. M. McKelvey
Treasurer	Incumbent	Dr. V. L. Goodwin
Delegate	Incumbent	Dr. W. M. Skipp (Term Expires)

	Dr. James B. Birch	} (Terms Expire)
Alternate Delegates:	Dr. P. J. McOwen	
	Dr. C. A. Gustafson	

Representative of the Society on Associated Hospital Board:	Incumbent	Dr. H. E. Patrick
---	-----------	-------------------

BE SURE TO BE ON HAND TO

# VOTE

# January Meeting

Tuesday, January 15th—8:30 P. M.

Youngstown Club

**Speaker:**

**MAJOR FRED S. COOMBS**

**Subject:**

**"THERAPEUTIC AND TOXIC EFFECTS OF  
SALICYLATES"**

---

## IMPORTANT MEETING

**Chicago Medical Society Annual Clinical  
Conference**

**Palmer House, Chicago, March 5, 6, 7, and 8, 1946**

The program committee has invited outstanding members of the medical profession to present papers of general interest to all the profession. The space in the Exhibition Hall has been completely allotted to a carefully selected group of Technical Exhibitors and the Committee on Scientific Exhibits is busy processing the large number of applications submitted for presentation at this meeting. These plans assure the success of this the first major general meeting in Chicago since the cessation of hostilities. It should prove intensely interesting to all physicians in and near Illinois.



### Tuberculosis Must Be Faced as a Postwar Problem

By HERBERT L. MATTHEWS, Chief, London Bureau, New York Times

Those of us who have seen what tuberculosis can do in war and after war are more frightened about it more likely to take it seriously than those who have had to stay at home. That is the only reason why a layman like myself, who knows nothing about medicine but who has seen much suffering, can dare to write about disease. I have been a war correspondent for ten years now—from Abyssinia to Spain to the World War—and TB is as much a part of war as shells and bombs.

Sometimes you sort of take it for granted, as in Ethiopia or India where misery seems so natural that you have to force yourself to remember that much of it is man-made and preventable. Sometimes you see why it happens, as I did in Rome, for instance. I lived there from 1939 to 1942 and I knew, vaguely, that the Italian capital was notorious for having a high TB rate. But it was not startling and the average person never thought about it.

Then came the war, and we conquered Rome on June 4, 1944. Allied Military Government, our civil affairs branch of the Allied Armies, went in the same day with its health authorities who immediately began a survey. A few weeks later the chief health officer told me that, incredible though it sounded, they were finding that one person in every five had tuberculosis.

When we invaded Southern France in August and fought all over the streets of Marseilles, I remember being told over the luncheon table that "so many people have TB now!" Later, a French authority estimated that in 1943 tuberculosis had increased 48 per cent in Paris over 1939.

In the past, TB killed more people than wars did. In the places I have mentioned and been in during recent years, the high TB death rate was due to war conditions, or poverty which the wars aggravated. At home in the United States we have not got that excuse—at least not yet, but TB develops slowly and it is too soon to tell what may happen after the war. That is

when the real test comes, a test we are beginning to face.

And it is in its way a test of democracy. In Italy, under Fascism, I saw the State interesting itself to some extent in the prevention and relief of tuberculosis. Fascism, along with its multiple evils, found it useful to do some good things for the masses. In every field of human progress there is a challenge to democracy to show that the will of the people can provide as well as the fiat of a dictator.

A victory that left a legacy of disease would be a hollow one. World War I, it will be recalled, was accompanied and followed by an influenza epidemic which took many more lives than all those killed in the conflict. It is as if Nature sets out to show us that if we must have destruction she can go us one better. Yet the conquest of that aspect of Nature is at the basis of civilization and progress.

What we see in the war-devastated countries is an abnormal condition where malnutrition, poor housing or no houses at all, lack of sanitation, lack of clothing and the like weaken the individual's resistance to disease germs. That has been unavoidable during the war, and doubtless will continue to be for another year or so, but Allied Military Government, or its equivalent, is fighting disease in every country of Europe.

In the United States there is no convenient A. M. G., but neither is there destruction, famine, homelessness. The excuse is infinitely less. In America, education and popular contributions could be enough to reduce the 57,000 annual deaths from TB to a minimum. We Americans are apt to take our blessings for granted, although the soldiers who have been fighting far from home will not do so when they return.

They have suffered their share of TB, too, which is an extra pity, because they went into the Army after chest X-ray examinations which showed they were free of tuberculosis. But war has its casualties beyond those tragic lists of killed, wounded and missing which you see every day. You get no Purple Hearts for dysentery, jaundice, malaria or tuberculosis, but the victim is as much a casualty of war as the others. So many veterans of the first World War broke down with tuberculosis that it cost about one billion dollars to care for them. This is already a much longer war, with many more men involved.

Now that V-E day is past one wonders how many of those who escaped both bullet and germ should now be going home to face that same old enemy of mankind, the "mycobacterium tuberculosis?" It is to reduce that number, and those victims who are the relatives or sweethearts of the returning soldiers, that the campaign to sell Christmas Seals this year takes on added meaning. The battles that are fought with fire and steel are won or lost, and that is the end of them, but the other battles, the ones that men and women fight against disease never end and the arms can never be laid down.

It is to provide the arms that all of us have been asked to buy Christmas Seals.

## THE LIBRARY CORNER

The following journals are available at The Youngstown Hospital Staff Library:

1. American Heart Journal.
2. American Journal of Digestive Diseases.
3. American Journal of Diseases of Children.
4. American Journal of the Medical Sciences.
5. American Journal of Obstetrics and Gynecology.
6. American Journal of Physiology.
7. American Journal of Surgery.
8. American Journal of Syphilis.
9. American Review of Tuberculosis.
10. Annals of Internal Medicine.
11. Annals of Surgery.
12. Archives of Internal Medicine.
13. Archives of Neurology and Psychiatry.
14. Archives of Pathology.
15. Archives of Physical Therapy.
16. Archives of Surgery.
17. Bulletin of John Hopkins Hospital.
18. Bulletin of New York Academy of Medicine.
19. Cancer Research.
20. Endocrinology.
21. Gastro-enterology.
22. Journal of American Medical Association.
23. Journal of Biological Chemistry.
24. Journal of Bone and Joint Surgery.
25. Journal of Clinical Endocrinology.
26. Journal of Clinical Investigation.
27. Journal of Experimental Medicine.
28. Journal of Infectious Diseases.
29. Journal of Laboratory and Clinical Medicine.
30. Journal of Neuro-physiology.
31. Journal of Neuro-surgery.
32. Journal of Urology.
33. Lancet.
34. Medicine.
35. New England Journal of Medicine.
36. Ohio State Medical Journal.
37. Physiological Reviews.
38. Proceeding of Staff of Mayo Clinic.
39. Proceeding Society Experimental Biology and Medicine.
40. Surgery.
41. Surgery, Gynecology and Obstetrics.
42. War Medicine.
43. American Journal of Ophthalmology.
44. Archives of Oto-Laryngology.
45. Archives of Ophthalmology.
46. Annals of Otology, Rhunology and Laryngology.
47. Radiology.
48. American Journal of Roentgenology.
49. American Journal of Clinical Pathology.

## 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 JOHN A. ROGERS

Dr. John A. Rogers entered the service as a first lieutenant on April 27, 1942 at Camp Sutton, North Carolina, where he remained until May 1943. He was then sent to Camp Shelby, Mississippi, to help activate the 262nd. Station Hospital. He departed for overseas duty on August 21, 1943 and landed at Oran, Algiers, where he stayed for two months on Goat Hill. On October 28, 1943, he landed at Bagnoli, Italy. He was on the medical service of the 262nd. Station Hospital at Aversa, Italy, until June 1944, at which time he was transferred to the 35th. Field Hospital. He was sent to a staging area on October 1, 1945, and left for the States October 17, arriving at Hampton Roads November 4th. He was separated from the service on November 9. He was overseas 26 months.

### LT. COL. JOHN E. L. KEYES

Dr. Keyes entered the service in June of 1942 with the rank of major. He was sent to Walter Reed Hospital and then to Bushnell General Hospital in Utah. Here he was promoted to Lieutenant Colonel. He had charge of the EENT department. This hospital is a surgical eye center. He remained here for two years and was then transferred to Fort Lewis commanding officers school and then to the regimental hospital at Camp Surft, Texas. Here there were forty thousand troops in camp. Dr. Keyes was chief of the EENT department and later was executive officer of the Army Nurses Basic Training Center. His next assignment was at the Fletcher General Hospital, Cambridge, Ohio. He was discharged from the service in June of 1945.

### CAPT. MORRIS ROSENBLUM

Dr. Rosenblum has been honorably discharged from the Army medical corps after 38 months of active service. He was commissioned in August of 1942 and sent to Columbia University to study tropical diseases. He went to Puerto Rica in May, 1943, where he served for 28 months. He was stationed first at Losey Field where he was chief of the medical service Station Hospital. Then he went to the 161st General Hospital at San Juan as a member of the medical staff and later became surgeon of the special training center. He received two commendations. The first was for "special emergency service rendered during severe weather conditions" and the second "for outstanding service as surgeon of the special training center."



## CLINIC PATHOLOGICAL CONFERENCE

By W. C. BEAM, M. D.

At the weekly conference of the Youngstown Hospital Association the two following cases were presented.

(The first to be presented will be presented in more detail later by the private physician, Dr. J. C. Hall.)

This patient came into the hospital with a chief complaint of malaise, muscle aches, and a dry cough of several weeks duration, and a temperature of 101° to 103°. Epistaxis and diarrhea were the only other complaints during this time exempt anorexia with slight loss of weight.

The past history, systemic review, and family histories were non-contributory. The social history revealed that the patient had intimate contact with a pair of recently acquired parakeets, one of which had soon thereafter died.

Physical examinations revealed a fairly well developed, poorly nourished 50 year old white female appearing chronically but not acutely ill. The examination was completely negative save for rales in the left lung posteriorly. The T. P. R. were normal on admission.

X-Ray at this time revealed considerable infiltration amounting to consolidation extending out from left hilus, having the appearance of an acute process. Blood, urine and other laboratory findings were non-revealing.

Being suspicious of the relation of the patient to the parakeets some blood was drawn and sent to special laboratories where a compliment fixation specific for psitticosis was done and revealed fixation in significant titees.

Thus the tentative diagnosis of virus pneumonia was repaired in favor of the specific virus pneumonitis-psitticosis.

The principle treatment was large doses of penicillin. The patient was discharged on her 9th. hospital day in good condition.

It was explained by the Roentgenologist, Dr. E. C. Baker, that this condition is in reality a pneumonitis rather than a pneumonia. Although during the course of the disease rales may be heard clinically presumably due to edema fluid in the alveoli.

The second case was that of a 72 year old white woman who had been admitted to the hospital with complaints of emesis and cough. The latter being productive of blood streaked sputum. The patient had been in bed at home for several weeks with a tentative diagnosis of hypostatic pneumonia and possible cardiac failure.

Three months previous to this admission patient had been admitted for a few days observation during which time X-Rays revealed in the abdomen gall stones in the gall bladder with possible one in the cystic duct also a large soft tissue mass in the upper left quadrant which displaced the left kidney and ureter medially as well as the colon. The nature of this mass was not determined by X-Ray. I. V. pyelogram and Barium enema added no new information. During this hospital stay the T. P. R. were normal and patient was apparently comfortable and the laboratory findings were relative-

ly normal; the urine showed a trace of albumen and in the sediment bacteria and amorphous urates. The blood revealed 3,700,000 red blood cells/cm with a hemoglobin of 70% and a white count of 4,550.

Physical examinations during the present admission revealed an acutely ill pale 72 year old white female with evidence of recent weight loss.

**HEAD AND NECK:** Negative save for extreme pallor of mucous membrane.

**CHEST:** Positive findings were rales in both bases and a dull note to percussion in the right apex anterior and posterior.

**THORAX:** The heart was moderately enlarged with a gallop rhythm. An apical systolic murmur and diastolic murmur was heard at base especially aortic area.

**ABDOMEN:** Large, oval, firm, moveable mass in upper left quadrant, extending down into lower left quadrant; no tenderness, pain, rigidity or other masses present.

**Extremities:** Normal.

**Reflexes:** Physiological.

X-Ray of the chest at this time revealed a large rounded mass projecting from the right side of the super-mediastrium. This mass had the appearance of tumor and extended from the 2nd to the 7th dorsal vertebra. Coincidentally a pneumonic process was seen in the base of right lung, a pronounced scoliosis with curve to right and a slight enlarged heart.

When it was found that the red blood count was 1,200,000 with hemoglobin 26% and WBC 2,250 with the other findings an impression of tumor with metastases was considered after 4-5 days of intermittent temperature which progressed increase. The patient expired. Penicillin and digitalis did not seem to affect the downhill course and transfusion was discouraged by the family as "prolonging the agony".

An autopsy was performed and the large abdomen mass was found to be spleen and the mass in the chest was an enormous benign adenomatous thyroid gland.

The case was discussed from the clinical and pathological aspects and the conclusion was obtained that the case represented one of the variations of splenic anemia, simulating Banti's Disease. The pathology in the thyroid gland apparently contributed nothing to the lethal exodus.

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## HEALTH SURVEY

(A detailed report of these findings will be published in a later issue.)

Lt. Col. Ralph Gregg of the U. S. Public Health Service has arrived from Louisville, Kentucky, to conduct a survey of Youngstown Health problems. Colonel Gregg expects to be here two or three weeks for a thorough study of the organization and action of the city health department. Venereal disease control, tuberculosis, food handling, sanitation and milk supply will be some of the problems to consider, Colonel Gregg said. He will meet interested groups. Gregg is making the city health department, fourth floor of the City Hall his headquarters. Many communities, Gregg commented, are getting good health department service considering the amount of money they put in them. He said that his study would include any recommendations for improvement which might be warranted on the basis of his findings.

## COUNCIL MEETING November 12th, 1945

The regular monthly council meeting was held at the office of the secretary on the 12th of the month. The following doctors were present: W. H. Bunn, W. M. Skipp, J. N. McCann, R. B. Poling, C. A. Gustafson, P. J. McOwen, G. M. McKelvey and E. H. Nagel. Dr. E. E. Elder, medical director of Youngstown Receiving Hospital was guest.

Meeting called to order at 9:10 P. M.

Dr. Elder discussed Youngstown Receiving Hospital problems.

Council recommended that the 3 admissions to the hospital be published in the bulletin. (Published elsewhere in this Bulletin.)

Dr. Bunn appointed Dr. R. B. Poling to serve as temporary charge of the executive board of the Youngstown Receiving Hospital, who will call a meeting of the committee soon.

Dr. Bunn read a letter from the American Social Hygiene Association Inc., Chicago, relative to a possible meeting December 7th. Discussion followed.

Motion made seconded and duly passed to turn over to the Public Health Committee with instructions that we co-operate in the sponsorship of this program with other organizations interested.

Motion made seconded and duly passed that Dr. Bunn send the following Telegram to the American Social Hygiene Association, Inc. "Council of Mahoning County Medical Society agrees to be co-sponsors of your December meeting in Youngstown."

Dr. Skipp reported on the Ohio State Medical Association meeting held at Columbus Nov. 11th, also problems of similar societies pertaining to "Housing."

The following applications were returned to Council by the Censors.

### ACTIVE MEMBERSHIP

Dr. Walter J. Weickenand  
2626 Market Street

### ASSOCIATE MEMBERSHIPS

Dr. Winthrop R. Hubler  
244 Lincoln Avenue

### INTERNE MEMBERSHIP

Dr. Martin Carl Raupple, Jr.  
1503 Elm Street

Unless objection in writing is filed with the secretary within 15 days, they become members of the society.

G. M. McKelvey, M. D.  
Secretary

### Promotions

Dr. Alexander K. Phillips was promoted to major in the army medical corps Oct. 12. Now a surgeon with the 117th Station Hospital near Tacloban, Leyte, Philippines, Major Phillips has been overseas since August, 1944. He entered the army on August 18, 1942, and was in the surgical service at Patterson Field, Ohio, before going overseas. Before entering military service he interned at St. Elizabeth Hospital.

Dr. J. P. Keogh has been advanced to commander in the U. S. Naval Reserve at the Sampson, N. Y., Navy hospital, where he is chief chest surgeon. He began service in June, 1941, as a lieutenant junior grade. In June, 1942, he was advanced to full lieutenant and in May, last year, was promoted to lieutenant commander.

### December 7th Meeting

A report of the one-day conference on "Postwar Aspects Of Social Hygiene" which the Mahoning County Medical Society along with the Youngstown Junior Chamber of Commerce is co-sponsor will appear in the January issue of the Bulletin. The chairman of the Public Health Committee, Dr. J. B. Birch, is to be the presiding officer at the luncheon meeting.



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### TB Sanitarium Annual Meeting

The annual meeting of the Mahoning Tuberculosis Sanatorium was held Tuesday, November 27th, at the hospital. Dr. E. E. Kirkwood, medical director of the Sanatorium, was elected president of the hospital staff, Doctors John Heberding, Vice President, and John F. Stotler, secretary-treasurer. Members of the executive committee are Drs. Joseph P. Keogh, W. H. Evans and Paul McConnell, all for three year terms; Drs. J. M. Ranz and T. K. Golden for two year terms and Herman Zeve and Saul Tamarkin for one-year terms.

Hospital trustees, A. Grover Welsh, Dr. John N. McCann and Del Courtney, asked the doctors for aid in setting up an active staff and additional facilities at the hospital as part of their plan to have the hospital approved by the American Medical Association and American College of Chest Surgeons.

"The problem of tuberculosis in Mahoning County is critical", Dr. McCann said. He pointed out that Akron, a large industrial city, has combated the disease by clinics and mass X-ray programs until its death rate is only 9.5 person per 100,000 population as compared to 35 per 100,000 population in Mahoning County.

Dr. McCann explained the trustees plan to set up special facilities such as thoracic surgery, pathology, x-ray, laboratories and other departments at the hospital needed to fulfill the requirements of the AMA. The new executive committee and the trustees will work out this plan.

The proposal calls for setting up these specialized departments with local specialists to head them. Several members have already volunteered their services.

### Youngstown Receiving Hospital Elects Staff

At a meeting held at the Auditorium, South Side Unit, the following were elected, Doctors R. B. Poling,

President, F. F. Monroe, Vice President, J. A. Rogers, Secretary-Treasurer. The executive staff consists of the following: One year term, E. J. Wenaas and F. F. Monroe, two year term, E. H. Nagel and J. A. Rogers, three year term, J. C. Vance, C. A. Gustafson and G. G. Nelson.

### SINCE LAST MONTH—

Dr. and Mrs. William L. Mermis, S. Lakeview Avenue., spent a week in Chicago where Dr. Mermis was attending the American College of Allergists, fall graduate instructional course in allergy, at Northwestern University.

Dr. and Mrs. O. J. Walker, Volney Road, their son, Sgt. O. J. Walker Jr., who is at home on furlough from Washington D. C., attended the Navy-Notre Dame game November 3rd.

Dr. and Mrs. Herman H. Ipp have returned from a motor trip to Montreal.

Dr. and Mrs. Peter J. McOwen, Loganbrooke, are home after a week in New York City where they were guests at Hotel Barclay. On the way east, they stopped at Mercersburg, Pa., to visit their son, Peter Jr., a student at Mercersburg Academy.

Dr. Eugene Elder, superintendent of Youngstown Receiving Hospital, was guest speaker for the Junior Presidents of Youngstown Federation of Women's Clubs.

Dr. and Mrs. S. W. Goldcamp are moving to the former George J. Renner home on Michigan Avenue.

Dr. and Mrs. Richard Goldcamp have left for Boston where they expect to make their future home.

Dr. and Mrs. Paul J. Fuzy, Fifth Ave., have returned from New York City where they spent 10 days, guests at the Barbizon-Plaza. They attended the Navy Day Celebration.

Dr. and Mrs. A. M. Rosenblum have arrived at Sarasota, Fla., where they will spend the winter months.

Dr. and Mrs. Francis W. McNamara spent the Thanksgiving holiday in the East. They were guests at the Waldorf-Astoria.

Mrs. James D. Brown and children joined Dr. Brown at Ann Arbor for Thanksgiving and attended the Michigan-Ohio State football game. Dr. Brown is studying Gastric Surgery at the University of Michigan.

The 19th annual reunion of Base Hospital, No. 31, nurses of World War I was held recently at the Tod Hotel.

Drs. W. H. Bunn and R. A. Kenworthy attended the 18th annual meeting of the Central Society for Clinical Research in Chicago, on Nov. 2 and 3.

The offices of Medical Dental Bureau Inc. will be moved about January 1 from the Central Tower to the second floor of the Schween-Wagner Building.

Dr. W. M. Sipp, president, explains the bureau needs more space now that physicians and dentists released from the armed forces are increasing membership.

Dr. J. P. Harvey spent a week last month at Boston visiting the Lahey Clinic course of lectures and also visited his son Paul who is interning in Boston.

Atty. and Mrs. John Ford Elsaesser announce the birth of a son, their fourth child, on November 11, at North Side Unit, Youngstown Hospital. The boy, who is to be named Alexander, is a grandson of Dr. and Mrs. Armin Elsaesser.

Dr. and Mrs. Walter J. Timms attended the Ohio State-Pitt game.

Capt. and Mrs. John A. Welter and their daughter Margot are spending a few weeks at Fort Lauderdale, Florida, following Captain Welter's return from overseas. He will return soon to Youngstown to continue his medical practice.

Dr. Adanto A. S. D'Amore has been promoted to Lieutenant Colonel

in the army medical corps. He was a prisoner of the Japanese for three and a half years. He is home on leave until January.

Dr. and Mrs. Orrin W. Haulman have recently returned from a hunting trip to Bowling Green.

Dr. H. E. Kerr who has just received his release from the U. S. Naval Reserve in which he served as commander, has arrived home from Oakland, California. Dr. Kerr was in the service four years.

Mahoning County Commissioners have announced the appointment of Del Courtney, manager of the Hotel Pick-Ohio, as a member of the tuberculosis sanatorium board of trustees. Courtney will serve the unexpired term of Thomas R. Atwood, who died recently. The term will end in April, 1946.

For members of the Women's Auxiliary to the Mahoning County Medical Association the event of the month was a luncheon and book review arranged at the Woman's City Club. Mrs. J. N. McCann was chairman. Luncheon was followed by a review of James Hilton's widely read novel "So Well Remembered" given by Mrs. Renwick Miller. Assisting Mrs. McCann were Mrs. R. B. Poling and Mrs. M. M. Kendall. Mrs. Robert E. Odom was co-chairman.

Speaking to Junior Presidents of Federation of Women's Clubs recently, at Women's City Club; Dr. Eugene Elder gave an account of the help being given the mentally ill at the new Youngstown Receiving Hospital.

Lt. Col. Louis Deitchman is stationed at Oakland, California and hopes to be discharged soon. He intends to stay in California until July, 1946, when he plans to return to Youngstown.

Dr. and Mrs. James B. Birch attended the Michigan-Ohio State football game at Ann Arbor.

Dr. Eugene Elder was guest speaker at the meeting of the Quota Club.

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Mrs. Myrtle Davison 257 Lincoln Ave.  
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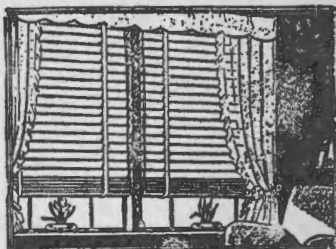
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Joseph Colla, M. D.	518 Dollar Bank Bldg.	32256
C. H. Cronick, M. D.	160 W. Princeton Ave.	25300
G. E. DeCicco, M. D.	1008 Market St.	31215
Samuel Epstein, M. D.	2004 Elm St., (Dr. Yarmy's Off.)	32625
W. H. Evans, M. D.	Dollar Bank Bldg.	42147
B. I. Firestone, M. D.	508 Home Sav. & Loan Bldg.	36722
S. D. Goldberg, M. D.	506 City Trust & Sav. Bank	31223
M. B. Goldstein, M. D.	Stambaugh Bldg.	32554
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
H. A. Kling, M. D.	Albuquerque, New Mexico	
A. Marinelli, M. D.	1204 Central Tower	
A. W. Miglets, M. D.	61 E. Florida Ave.	
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
Carl Raupple, M. D.	Thornton & Elm	36441
John A. Rogers, M. D.	603 Home Sav. & Loan Bldg.	41944
M. S. Rosenblum, M. D.	406 Home Sav. & Loan Bldg.	31912
Herman Zeve, M. D.	228 Lincoln Avenue	77650
C. W. Sears, M. D.	3031 Market St.	24617
Henry Sisek, M. D.	317 Home Sav. & Loan Bldg.	39873
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Through its markedly sustained anesthetic action, and great potency, NUPERCAINAL\* is of unique value to the doctor in treating and dressing painful lesions . . . NUPERCAINAL appears to encourage quicker healing and more rapid epithelial formation.

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NUPERCAINAL is ideal because it

- Provides effective and prolonged anesthesia.
- Keeps gauze from sticking to wound surface.
- Helps healing processes.

# NUPERCAINAL

AVAILABLE: in tubes of 1 oz. and jars of 1 lb.

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

"Nupercainal" identifies the product as containing Nupercaine (α-butylloxycinchonic acid-γ-diethylethylenediamide) 1% in lanolin and petrolatum, an ointment of Ciba's manufacture.

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**The rooster's legs  
are straight.**

**The boy's are not.**



**The rooster got plenty of vitamin D.**

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Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

One of the surest and easiest means of routinely administering vitamin D (and vitamin A) to children is MEAD'S OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL. Supplied in 10-cc. and 50-cc. bottles. Also supplied in bottles of 50 and 250 capsules. Council Accepted. All Mead Products Are Council Accepted. Mead Johnson & Company, Evansville 21, Ind., U.S.A.