



With things investigated know-
ledge becomes complete.
—Confucius.

BULLETIN

of the
**MAHONING
COUNTY
MEDICAL
SOCIETY**

Vol. XVI No. 7
JULY . . . 1946

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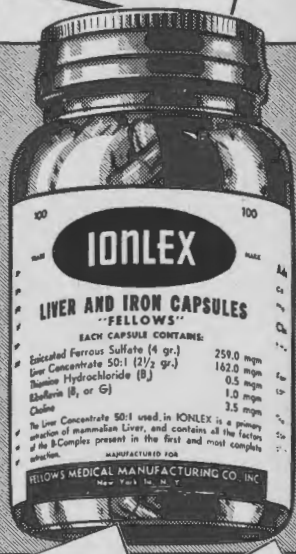
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PRESIDENT'S PAGE



CANFIELD FAIR EXHIBIT

As announced at our regular monthly meeting in June, the Society will have an exhibit at the Canfield Fair, starting August 26th through September 2nd. This elaborate set-up will require attendants at the booth at all times. We need the help of every member in order to make this a success. If you have not already done so, please sign and return the postal you received recently expressing your willingness to serve.

July and August are vacation months. Your Social Committee, headed by Dr. Herald, expects to return to pre-war activities, golf meet, picnic, etc.

Dr. V. L. Goodwin takes over as Program Chairman this Fall and he has a full program lined up to start in September.

EDWARD J. REILLY, M. D., President



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BULLETIN of the Mahoning County Medical Society

JULY

1946

JUNE MEETING

Dr. George T. Pack, attending surgeon at the Memorial Hospital for Cancer and Allied Diseases and professor of clinical surgery at the New York Medical College was the speaker at the June meeting of the Mahoning County Medical Society. He gave an illustrated lecture on cancer treatment. It was one of the best meetings of the year. About two hundred members were present. We had several out-of-town guests. Dr. Pack was introduced by Dr. L. G. Coe, a classmate at Ohio State University.

Malignant melanomas of the skin, Dr. Pack said, are the most acceptable for treatment of all the cancers, and yet are the most abused of all. They originate from benign nevi and should be removed while they are benign. They never metastasize until after puberty. They are influenced by the hormones. They are often fatal during pregnancy. Here is an opportunity for real cancer prevention. They should all be examined microscopically. When they are found to be malignant a very radical operation should be done. They are infinitely more dangerous than the ordinary type of cancer. They should be treated fully as radically as one of the larger cancers. Excision and closure of the skin is not enough. They metastasize by way of the lymphatics. An operation should be carefully planned for each individual case. In 50 per cent of the cases there are cells in the regional nodes. Therefore, the cancer, the lymph nodes and all intervening lymphatics should all be removed. The Memorial Hospital clinic has had nine hundred cases of the melanomas in the last twenty years. The curability when metastases has occurred is low. In the case of melanoma of the foot where inguinal glands occur, a radical groin resection is not sufficient. The leg should be sacrificed, a hip-joint disarticulation with deep dissection should be done. In case of the upper extremity the same type of operation should be done. The whole axilla should be excised. Dr. Pack showed pictures of hemi-pelvectomy, as done in extreme cases.

He held out hope for the patient with stomach cancer and said that it is no longer hopeless and when cancer occurs in the upper end of the stomach this can be removed. A high percentage are cured and returned to useful lives.

Dr. Pack praised Youngstown's two new cancer detection clinics. He stated that this type of clinic has been a great success in other cities. In many clinics, appointments are filled up for as much as six months ahead.

Following the address of the evening, the secretary read several applications for membership. He also read an amendment to the constitution which will change the dues to \$35.00 per year. The amendment will be published in the September issue of the *Bulletin* and voted on at the September meeting.

Dr. Skipp discussed Veterans' care and urged that all members sign the post cards from the Columbus office and return them at once.

C. A. G.

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—Certain Cardiac Syndromes?

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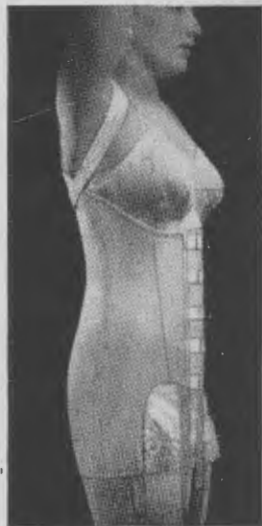
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COUNCIL MEETING

The regular monthly Council Meeting was held at the office of the Secretary on the 10th of the month. The following doctors were present: E. J. Reilly, G. M. McKelvey, P. J. McOwen, C. A. Gustafson, W. H. Evans, E. H. Nagel, W. H. Bunn, E. J. Wenaas, J. N. McCann, W. M. Skipp, E. C. Baker, J. J. McDonough and W. J. Tims.

The following applications were acted upon favorably:

For Active Membership

H. K. Giffen
S. S. Unit, Youngstown Hospital
Elizabeth Ann Brungard
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For Associate Membership

R. V. Clifford
19 Lincoln Avenue
U. A. Melarango
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C. E. Pichette, Jr.
704 Dollar Bank Building
James D. Miller
603 Home Savings & Loan Bldg.
A. K. Phillips
250 Lincoln Avenue

For Non-resident Membership

Philip B. Giber
4 N. State St., Girard, Ohio

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

V. L. GOODWIN, M. D., *Secretary*

A BETTER PEDIATRICS SERVICE

By E. R. THOMAS, M. D.

During the last ten years there has been an increasing demand for hospital facilities for infants and children. Both hospitals have equipped and furnished wards which must be considered excellent compared to the previous dingy quarters allotted to children. But even with all the improvements made, we are not prepared to give the best service and especially the best protection to these patients. When 4 East was completed, there was every reason to believe that the layout of the floor was adequate and designed well enough to handle the number of patients usually admitted and that the isolation quarters would be large enough to carry out good precautions against contamination of the floor in case an infectious disease developed or by mistake was admitted. Since the floor at present is receiving an average of three to four cases per day and running at capacity most of the time, it is plainly evident that it is impossible to carry out any isolation technique at all when at best only seven beds are available for newly admitted patients. The patients, accompanied by the family plus clothing and blankets which are all considered contaminated, are conducted to the bed, unnecessarily exposing other patients in the room or

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ward. Any patient, whether picked up on the street with an injury or referred to the hospital with some very evident non-infectious disease, is still a potential carrier and should be treated as such until a reasonable time elapses and laboratory findings prove otherwise. Some years back all cases admitted had routine nose and throat cultures, vaginal smears, and Tuberculin tests and also if any suspicion of syphilis or blood stream infection a Wasserman or blood culture taken. This did not pertain only to house cases but was routine for all cases admitted. Since Diphtheria has been practically eliminated all these precautions and procedures have been discontinued excepting when specifically ordered.

Another contaminating factor which should be remedied is the admitting of cases for tonsilectomy, minor surgery, and casts, patients only in for a day or two and placed in the open wards. A number of times a house epidemic of some infectious disease has been traced to this source. Some years ago this was discussed and recommendation made that such patients be housed elsewhere, but so far the same condition prevails and these patients are placed on open wards.

The shortage of nurses is more of a handicap to the efficient operation of a children's department than to any other service. It has been complained of many times that it is a common practice to deplete the children's ward when some other section would be short of nurses. At various times only one nurse has been on duty for a night shift having to serve as high as 42 patients, including 7 small infants in the crib room. Certainly, no precaution of cross contamination could be successful during this period. More nurses per capita are required on the children's floor than any adult ward, since these patients can do so little for themselves; also as a preventative against serious injuries incurred by falling from beds, etc., which are so difficult to explain to the parents.

When 4 East was opened for operation, it was considered practical that everybody visiting patients should wear gowns. These were supplied for physicians also and were donned by them for a short time. Some physicians took exception to wearing gowns and went into both isolation and open wards without them. So at present it is the exception rather than the rule. I have observed the same neglect in the North Side crib rooms. I have heard older physicians agree that in years of practice they never had any suspicion of an infectious disease being transmitted by them from one home to another. That may be perfectly correct, but in the hospital where it is possible to carry out perfect isolation all should co-operate.

The foregoing is only a brief outline of the most common causes for the introduction of infectious diseases into the children's wards. There certainly is no more serious problem confronting the superintendent's office than being informed that an epidemic of an infectious disease has developed exposing 40 or more patients, many who are susceptible and having the disease superimposed upon one of these already seriously ill would likely prove fatal. Some few years ago this did happen. A burn case was admitted to the open ward and soon began to desquamate. This was explained as being due to the extreme toxicity produced by the extensive burn. Following the usual incubation after exposure, 4 other cases of Scarlet Fever developed resulting in 2

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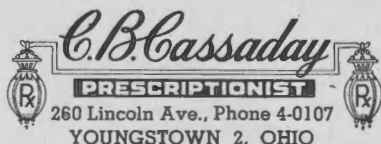
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deaths. Now if proper isolation of the burn case and throat culture was done on admission this contamination could have been prevented.

A history that a child has had the disease which is present on the ward is not proof enough to allow him to be admitted there. You all know how inaccurate the family history usually is concerning the diseases their children have had and consequently cannot be depended upon.

Of course the main interest in discussing this subject is: What can be done to prevent or diminish the occurrence of contagion of 4 East? Without question adherence of all concerned to the usual regulations pertaining to isolation and admissions would do much even with the inadequate facilities on 4 East. But better still a separate isolation ward apart from the main floor where all cases would be admitted regardless of diagnosis would be ideal. Entering into a combination examining and bath room where all clothing was either sterilized or placed in a locker or wrapper to be taken home. This room to be so located that accompanying persons have no access to the rest of the ward. Here the interne could take the history and make his examination before the patient was admitted to the ward. If infectious disease was discovered the case could be transferred elsewhere without exposing the ward. This isolation ward should be large enough to conform to the average daily number of patients admitted. It could be of the cubical type, making possible strict isolation technic for each patient. Here the usual cultures and tests could be done and if after ten days no evidence of contagion were evident the patient could be transferred to the clean ward if hospital treatment was still necessary.

Also included on this floor a modern contagious department should be available. There is reason to believe that a well-equipped contagious ward would be well patronized. So far, physicians have not had available desirable accommodations for infectious disease where the facilities of the general hospital were at hand. This would provide material for the teaching of infectious disease to both internes and nurses which has been lacking to the present time.

There is every evidence that the children's ward will be busy for a long time due mainly to the improved facilities offered, education and especially hospital insurance. The attitude of parents has changed remarkably in recent years about sending their children to the hospital and certainly every effort should be expended to afford the greatest protection against contagion and injury befalling them while in the hospital.

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PHYSICAL TREATMENT IN PSYCHIATRY

(Abstract of an address given by Dr. Robert A. Olson before the attending staff of the Youngstown Receiving Hospital at their monthly meeting on March 21, 1946.)

Physiological treatment of psychiatric symptoms is as old as scientific medicine itself. It has been well recognized that the appropriate treatment of the restlessness and agitation of hyperthyroidism, the dullness and torpor of myxedema, the neurasthenia of certain avitaminoses, is the physiological treatment of the organic condition. In spite, however, of the fact this has been true and the fact also that the most spectacular results have been achieved through physiological means, namely the treatment of general paralysis physiological treatment of psychiatric syndromes has been relatively neglected until the past ten years. In that time notable advances have been made. I refer specifically to insulin treatment of schizophrenia, convulsive treatment of the affective disorders and prefrontal leucotomy.

Since Sakel's first communication in 1933 insulin therapy has undergone several modifications. At first it was thought that the convulsion was the therapeutically effective agent. Today it is felt that convulsions are undesirable complications and the technical goal is the induction of coma. An accepted technique is to start with 20 units in the early morning after a previous 10 to 12 hour fast. This dose is increased daily until a dose sufficient to produce coma in about three hours is reached. Various therapists allow the coma to persist for various lengths of time. A useful average is thirty minutes. At that time the coma is interrupted by the giving of glucose either through a nasal tube or by intravenous injection. Various complications are reported. We have mentioned convulsions. In about 20 per cent of the patients who convulse, fractures are reported. Most of these are asymptomatic compression fractures of thoracic vertebrae but fractures of the long bones do occur and a small number of the vertebral fractures involve the intervertebral discs and have painful sequelae. Our knowledge of insulin is still insufficient to mathematically gauge the dose required for the effect we strive to produce and allergic reactions occur. Hypersensitivity to insulin is probably the cause of the most important complication, prolonged coma which does not respond to the injection of intravenous glucose. The direct mortality rate of treatment has been gauged at about .1 per cent, of which slightly more than half are due to irreversible coma, the remainder to pulmonary infections.

Since it was first thought that the convulsion effected the improvement, it was natural that other methods of inducing fits should be explored. In 1934 Meduna described a method of using Metrazol to induce epileptoid convulsions that were followed by improvement in a substantial number of psychotics. The metrazol fit was accompanied by such a dread and horror of treatment that the search continued and in 1938 a method of inducing fits electrically was described by Cerletti and Bini which has at this time largely superseded all other methods of inducing convulsions. The smallest amount of current necessary for the shortest interval of time is passed through the brain by means of electrodes applied on either side of the temples. A typical epileptic fit ensues accompanied by a retrograde amnesia covering the begin-



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ning of treatment and followed by confusion that lasts from a few minutes to several hours. The patient is then able to go about the activities usually engaging him. Direct mortality is rare. Until 1942 only four case were reported in the literature. Fractures occur, again mainly of the asymptomatic compression type of the thoracic vertebrae. Suitable restraining techniques either through manual restraint by nurses, or drugs such as curare have made other fractures very infrequent and when occurring usually due to errors in technique. A more important complication is the tendency of fits to activate latent infection particularly pulmonary tuberculosis and the presence of infection constitutes the most serious contraindication to the use of this type of therapy.

In statistically evaluating the results of therapy, I am using the conclusions of Pollack who evaluated these treatments in over 12,000 cases resident in New York State Hospitals.

Results in schizophrenia:

	<i>Insulin</i>	<i>Convulsions</i>	<i>Controls</i>
Recovered	13%	7%	3.5%
Socially recovered	28%	30%	11. %
Total improvement	65%		22. %

Manic depressive — depressed phase (convulsion therapy): Recovered, 60%; much improved, 30%; unimproved, 10%.

Involitional melancholia (convulsion therapy): Recovered, 40%; much improved, 30%; unimproved, 30%.

The lower rate in involitionals is attributed by some writers to the older age incidence and the presence in the brain of irreversible vascular damage.

Manic depressive—manic phase: Recovered, 46%; much improved, 34%; unimproved, 20%.

In both forms of therapy, relapses are frequent but in general in Schizophrenia insulin treatment offers a recovery rate that is immediately four to five times greater than that of any other form of therapy and a distant recovery rate (two years following treatment) twice that of any other method. In the affective psychoses, convulsion therapy offers a shortening of the illness to weeks instead of months or years. It is almost specific for certain symptoms such as suicidal drives, negativism, refusal of food. It is used in the schizophrenics to combat these symptoms and provide a basis of co-operation for the more effective insulin therapy.

Prefrontal leucotomy or the severance of the association fibers between the frontal lobes and the mid brain has been used since 1938. Following the operation, patients are generally more euphoric, less preoccupied with distressing somatic delusions. Its use has been recommended for several obsessional syndromes, involution melancholiacs that have proved unbenefited by other forms of treatment. The mortality is distinctly low but other complications including periodic seizures, incontinence, loss of moral responsibility and consideration for others have been quite common.

Other physiological procedures have been popularized by the necessity dur-

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ing war time of using methods applicable to great numbers of patients. These include a modified insulin therapy in which the dosage is kept just short of the amount necessary to produce coma. Continuous narcosis by using any of the hypnotic drugs and allowing the patient only sufficient time during the 24 hours to eat, bathe and satisfy his toilet need has been repopularized. The use of hypnotic drugs in dosage sufficient to put the patient in a relatively uninhibited condition has found great application in war psychiatry. There is no evidence that these methods have any physiological virtue in themselves but rely for their efficiency in producing optimum conditions for intensive psychotherapy.

LEPROSY IN YOUNGSTOWN

At the Friday Conference of the Youngstown Hospitals, May 31, 1946; there was presented a clinical case which came to us through the laboratory. A local dermatologist, Dr. Hubler, sent in a small biopsy of tissue from a 35 year old female who had had a peculiar skin rash for a long time. Apparently, this had existed for at least eight years. Various diagnoses had been made and there were intermittent varied subjective symptoms. Most of the skin lesions were dull red, macular with fine brany scaling over the surfaces. Some of the lesions showed decrease in sensitivity. There were no definite nodules but some parts of the lesions were slightly elevated. She had no nose bleeds but her eyes were photophobic. The rash was worst on the extremities but was visible over the face and trunk as erythematous, slightly elevated, poorly defined areas. The condition was prominent over both malar bones of the face. The patient volunteered the information that some of the lesions were partly anesthetic. Microscopically, there was found granulomatous, chronic inflammation which was peculiar to the usual inflammatory reaction seen in skin lesions in this part of the country. Acid fast stains were done and these lesions proved to have abundant typical acid fast bacilli of leprosy. The case was demonstrated before the regional dermatology meeting at Cleveland a few weeks ago. Microscopic and Gross Diagnoses: Lepromatous Leprosy of the Diffuse Type.

This woman has five small children, the youngest being a nursing babe in arms. There is a distinct risk that these children will acquire the disease, since they are in close contact with this type of case which shows abundant leprosy bacilli throughout most of the superficial tissues of her body. The patient was born in Syria and lived for a while in Alexandria, Egypt, but came to this country in 1937. Dr. Hubler contacted the local public health department in the district from which this patient came. She lives across the border in Pennsylvania and the local health doctor stated that there had been many types of diagnoses made from the patient and he did not seem alarmed at the diagnosis of Leprosy. No disposition of the case has been made as far as is known to date. The importance of the diagnosis is mainly to the close contacts of the patient. The children are definitely in danger of acquiring the disease. It is the most contagious type of leprosy. Most leprosy is very slow in being transmitted. However, this type is more contagious than any of the others. Such cases are probably more prevalent than statistics would indicate, since the diagnosis is often missed.

—H. K. G.



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- . . . helpful in correcting regurgitation, constipation, loose or too-frequent stools . . .
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THOSE NAMES!

Well, it wouldn't be half so bad if it wasn't for those names. Here we were for the last three or four years taking care of the boys, using lots of atabrine, penicillin and sulfonamides, and they got along all right. They didn't ring the phone all night and they reported to sick call in the morning to get their A. P. C.'s when they were told to. We used amphetamine to keep them awake and sodium pentobarbital to put them to sleep and life was simple.

Now we are back taking care of civilians and things get more complicated every day. At the hospital the internes and nurses talk glibly about Ergon and Fergon and Carbrital; the baby's mother asks is Vi-Daylin better than Vitrate; the aged arthritic demands Prostigmine so that he may walk again. In confusion we search the medical journals; in desperation we pore over Abbott's *What's New*, Lilly's *Bulletin*, P. D.'s *Therapeutic Notes*, Roche's *Organon*; in fury we turn to *Time* and the *Reader's Digest*. Fancy names, fancy drugs, and fancy prices! Pentaplex, Ri-Plex, Surplex, Ulex, Betasymplex—meet the plexes and get a complex. The Vi's are vying with each other for your attention: Vi-Syneral, Vio-Cal, Vi-Delta, Vioform. You're away behind if you don't give your arthritic patients Darthranol, Navitol, Auricol and Sulphocol. What will they think of you?

They're clever, those names. They haunt you until the pen hovers over the blank prescription, then they vanish into limbo. Let's see, was it Hykinone or Amethone or Tridione? Better be sure because it makes a whale of a difference! Who ever thought up Bidupan for gall bladder stasis was good. It ought to fill the bed pan every time. They took Seconal which is brief and Amytal which is long and put them together. They called the two Tuinal which is so doggone clever it is slightly nauseating. Butisal, Eupral, Donnatal, Evipal, Nembutal—just call me "Al" and I'll be your pal.

The detail men are clever too. They know the situation is so confusing that they seldom try to detail more than one item at a time. The idea is to try and make the name stick, and stick it does, sometimes as long as fifteen minutes. Then they leave those nice little bottles and packages of samples for us to try on our patients. So we try the stuff on our poor patients and find out that there are effects the detail man forgot to mention, such as gastro-entefitis and toxic dermatosis and agranulocytosis.

The cause of the whole mess is that once in a while a clever name sticks. It becomes a household word and the manufacturer makes a killing. For instance, do you order ephedrine or Adrenalin, pituitary liquid or Pituitrin, pentobarbital sodium or Nembutal? People buy Listerine instead of Liquor Antisepticus, Lysol instead of compound solution of cresol, Argyrol instead of silver protein mild. Unwittingly we aid in the build-up of a situation that has progressed to ridiculous proportions.

Sometimes it seems better to chuck them all out the window and just use the simple remedies we had on the Navy supply list. But the objection is that some of the new preparations with their fancy names do have real merit. The manufacturers say that the product must have a name and it might as well be a good one. That is true for some, but others don't need a name, they don't even need to exist. How to separate the good from the bad is the real problem. Somebody who has been following the trend should break into print and give us some information and a few working rules to follow. That would make a good article for the *Bulletin* and be a real service to the returned, confused, disoriented, maladjusted medical veteran.

J. L. F.

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FROM OUR OWN NURSES

"Forward—with Caution" was the theme of the Forty-third Annual Meeting of the Ohio State Nurses' Association convening in Cleveland, June 7th and 8th of which District No. 3 is a part. The registration was well over a thousand—sixty members represented District No. 3.

Many speakers of note, specialists in their respective fields participated in the two-day program that dealt especially with post-war problems as they affect the nursing profession. Private duty, Public Health, Industrial, School and Hospital Nurse Administrators were represented.

D. M. Keating, M. D., Vice President Cleveland Academy of Medicine, was the speaker at the closing General Session Saturday morning,

his subject being, "American Medicine at the Crossroads", discussing the proposed National Health Bill and its implications.

Following Dr. Keating's address the Association went on record as unanimously opposing the present National Health Bill with the recommendation to District Associations that individual members write their respective Representatives opposing the Bill.

District No. 3 is justly proud of the high honor conferred on Mrs. Edna W. Viets (one of its members) who was elected to the Presidency of the State Association for 1946.

EMMA S. MODELAND, R. N.
President, District No. 3.

MEDICAL-DENTAL BUREAU ELECTS OFFICERS

The twelfth Annual Meeting of the Medical-Dental Bureau, Inc., was held on June 13th, at Piccadilly Room, Tod Hotel.

A short business meeting was preceded by a dinner enjoyed by one of the largest turn-outs the Bureau ever had.

The following officers were elected: Dr. W. H. Hayden, President; Dr. H. E. McClenahan, Vice President; Dr. E. C. Brown, Secretary; Dr. A. J. Brandt, Treasurer and Dr. C. A. Gustafson, Assistant Treasurer. Other board members are Drs. J. L. Fisher, G. M. McKelvey, E. J. Wenaas and M. W. Baker.

The Bureau enjoyed a very successful year with every department functioning efficiently.

The Bureau tie-in with the Credit Bureau of Youngstown on credit ratings has been quite effective.

Doctors of Mahoning County can well be proud of their Bureau which is owned and operated by themselves,

and which has long since taken its place as one of the best in the nation.

During the year there has been an increase in membership of 68. Twenty-nine of these were new members and thirty-nine re-instated. Collected for the doctors in Mahoning County during the year was \$75,000. Telephone calls have doubled since the first of the year.

SERVICE RECORDS WANTED

As a matter of record, the *Bulletin* would like to complete its service records and the following have not furnished the necessary information. *Let us hear from you.*

Doctors Atkinson, Bowman, Boyle, Buchanan, Clifford, Coombs, Cronick, Evans, Fisher, Goldcamp, Kaufman, Kendall, Keogh, Klatman, Kling, Marinelli, Middleton, Mignlets, Neidus, Noll, Odom, Phillips, Piercy, Reese, Russell, Sears, Sofranec, Sovik, Steinberg, Weller, Welter, Zlotnick.

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NEWS . . .

Dr. and Mrs. V. C. Hart and Mr. and Mrs. Edgar A. Miller spent the week end at the Mt. Summitt Hotel at Uniontown, Pa.

Dr. and Mrs. Henry Sisek announce the birth of a son, James Henry, born June 15th in North Side Unit, Youngstown Hospital. Mrs. Sisek was formerly on the staff of Mercyhurst College and Dr. Sisek was in the service.

Dr. and Mrs. M. J. Kocialek had as their week end guests recently Mrs. Earl Strock and her daughter, Sally, of Wooster. Miss Strock and Miss Jacquelyn Kocialek are roommates at the College of Wooster.

Miss Grace Zeve, daughter of Dr. and Mrs. Herman Zeve, entertained classmates at a graduation tea following the Rayen School commencement.

Dr. and Mrs. W. L. Mermis are spending a month in San Francisco, where Dr. Mermis will attend the national meeting of the American College of Allergists and also the American Medical Association Convention.

Dr. and Mrs. Barclay M. Brandmiller and their daughter, Ann, are spending some time in Chicago where

Dr. Brandmiller is taking a course at the American Academy of Pediatrics.

Among members of the Mahoning County Medical Society attending the American Medical Association Convention at San Francisco are: Dr. and Mrs. Wm. M. Skipp, Dr. J. P. Harvey, Dr. A. E. Rapport, Dr. and Mrs. W. Stanley Curtis, and Dr. and Mrs. P. R. McConnell.

Drs. J. P. Harvey, D. A. Gross, A. M. Rosenblum and Morris Deitchman attended the American College of Physicians meeting at Philadelphia in May.

Hoffer-Cook Rite at Chapel

In the presence of the immediate families at 4 p. m. Sunday, July 7, Carol Ruth Hoffer, daughter of Mr. and Mrs. J. Frank Bowers, Cortland, and Dr. George W. Cook, son of Rev. Thomas Cook, formerly of Youngstown, were married in the Chapel of Friendly Bells. Dr. H. A. Dalzell, New York City, performed the ceremony, using the double ring service.

The bride is secretary to Dr. E. C. Baker of the Youngstown Hospital Association, and Dr. Cook is the resident orthopedic surgeon at the Youngstown Hospital. The young people are spending a few weeks at Virginia Beach, Virginia.

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American Journal of Surgery.
V. 71, May, 1946, pp. 652-656.
Philip Thorek, M. D.

Five years' experience with spool cotton as a suture material.

1,000 operations with cotton as suture material leads the author to conclude that this material is the suture of choice.

American Journal of the Medical Sciences.

V. 211, April, 1946, pp. 395-416.

Reuben Mokotoff, M. D.; William Brans, M. D.; Katherine M. Howells, M. D.

Treatment of Bacterial Endocarditis with Penicillin.

17 cases of bacterial endocarditis, treated with Penicillin alone are reported with 14 recoveries and 3 deaths.

American Journal of Medical Science.
V. 211, April, 1946, pp. 448-459.

T. Gillman and J. Gillman.

The Value of Speransky Method of Spinal Pumping in the Treatment of Rheumatic Fever and Rheumatoid Arthritis.

In the study of 70 cases which were treated with spinal pumping, the authors report spectacular relief of symptoms.

ANNUAL PICNIC AND GOLF MEET

DETAILS TO BE PUBLISHED
IN NEXT BULLETIN.

SPECIAL NOTICE TO THE PROFESSION

The Eleventh Annual Assembly of the United States Chapter of the International College of Surgeons, will be held in Detroit, Michigan, October 20, 21, 22, 23, 1946.

The program is one of the finest that can be arranged, and is designed to bring to the profession, the latest methods of diagnosis, and treatment, of a given subject. Many distinguished surgeons of foreign countries will appear on the program.

The membership of the College is composed of eminently qualified surgeons of the United States, and possessions who, by training, or the crucible of surgical experience, have qualified for the high standards required for Fellowship. The rapid growth of the College is reflected in the fact that its membership has practically doubled during the past year.

The Convocation will be a most impressive one this year, with a class of some four hundred surgeons to be inducted into the College, and the address will be given by a world renowned speaker.

The Officers and Fellows of the United States Chapter of the International College of Surgeons, therefore, extend to all members of the profession, especially the Armed Forces and returned Veterans, a cordial invitation to attend the Assembly.

HERBERT ACUFF, M. D., *President*

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