

What is right may well be said
even twice.—Empedocles

BULLETIN

of the
**MAHONING
COUNTY
MEDICAL
SOCIETY**

JANUARY 1947
Vol. XVII No. 1

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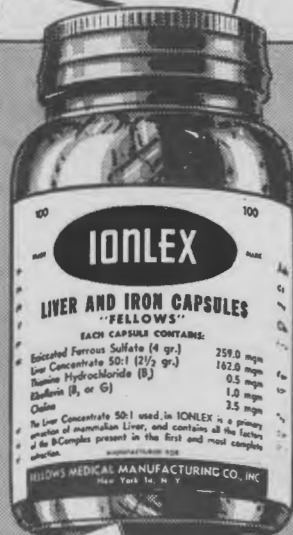
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THE MAHONING COUNTY MEDICAL SOCIETY

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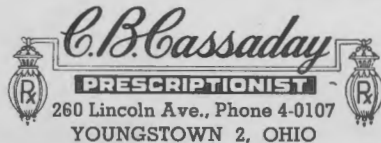
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PRESIDENT'S PAGE

The Presidency of the Mahoning County Medical Society carries with it a deep sense of responsibility—both to the past traditions of ourselves as physicians, and to the fine achievements of our group as a Society during many preceding years.

These achievements do not represent, however, the efforts of any one man, but rather the sum total of the labors of your Council and your Committees. Being Chairman of a Committee is not an honorary position, but is really an invitation to spend a great deal of our spare time for the good of our Society. It means work—and work which oftentimes seems to be unproductive of tangible results. Yet its worth is recognized by and appreciated by the Council, which is charged with running the affairs of your Society. Constructive criticism and active help are always most welcome to your Council. If you have either to offer at any time, exercise your prerogative. Come to any Council meeting and present your problem.

Recently it has come to our attention, via the *Vindicator*, that some of our members are refusing to make night calls. This is, of course, perfectly within their rights. It would seem, however, more ethically correct if these men would make provision for these calls to be taken care of—either by arrangement with some other man, or by personally contacting another man, at the time, to cover the call. The double bogeys of Federalized Medicine and Economic Depression are still with us. Your Society is doing its best to improve Public Relations and yet our finest work can still only be done via the close relationship of Doctor and Patient. Let's all co-operate in this matter and see that all calls are adequately and carefully covered.

During the past month, the Trumbull County Medical Society put on an excellent Post-Graduate Day, having Dr. Cattell and a group from the Leahy Clinic. It is increasingly difficult to obtain such groups at present, and yet we must maintain our high standards if we are to retain our position in North-eastern Ohio.

I should like to congratulate Dr. E. J. Reilly on his very successful term as President. He has worked and will continue to work for the good of our Society. In the past he has given unstintingly of his time and energy and, if given a job to do, he has done it, thoroughly and completely. May his example permeate to our younger members, particularly and give inspiration to them to keep our Society on its present high plane of achievement.

GEORGE M. McKELVEY, M. D.

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JANUARY, 1947

NUMBER 1

Published for and by the members of the Mahoning County Medical Society

C. A. GUSTAFSON, Editor

ASSOCIATE EDITORS

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J. L. FISHER
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H. J. REESE

UPON WHAT MEAT . . . ?

The confusion of world affairs makes apparent the scarcity of men who can command attention and who are at the same time worthy of confidence. The need of mankind for trustworthy leaders of thought has never been greater than now. We need not merely men of action, of these there is no dearth; we need formulators of thought, undisturbed by acclaim or by denunciation, responsible alone to consciences attuned to the researches of the age.

Those of us who must be followers have not only the responsibility of co-operation but that of discrimination as well. We cannot take for granted that those who have pushed themselves to the front are competent to guide us and to mold the minds of our sons. Nor should the duty of shaping the growth of our offspring be consigned to a system without watching its effect. The dearth of which we are aware must have had a remote origin.

No doubt we need more honest self-analysis. We need more rational effort to strengthen the weak places. We need less conceit concerning those qualities which need no reinforcement.

We are experiencing again the same kind of reaction which followed the first world war. In considering ultimate effects of national policies, we are accusing ourselves of neglect of definite duties which could not have been foreseen; and thus of throwing the accumulating burden on the shoulders of our sons.

Much of this serves not only as argument for the subversive influence which is now our great menace; but it is also vanity, thinly disguised. It smacks of insincerity; and isn't even a plausible way of escape.

Even the corollary of accumulated burden adds nothing to the concept that "the thoughts of men are widened with the process of the suns." It does, however, point definitely to a duty from which there is no honorable means of escape: accomplishment and demeanor which in itself is sufficient to obtain and to hold the respect and admiration of those younger ones upon whom eventually all burdens are cast.

We frequently recall to mind those older men whom we knew in our early days, and remember with gratitude their contributions toward our efforts to measure up to their expectations.

It is true that we sometimes heard boasting of accomplishments; but we never heard them boasting of their neglect, in order to inflate our expanding ego. Liberties were permitted, but we were not shielded from offense. We were purposely offended sometimes and it was necessary for us to sit on our offense. It sometimes altered our thought fundamentally! Yet there was a latitude in the restrictions, which gave ample room for choice. That a de-



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veloping child should be made to understand that a position of influence in the household was not a concomitant of birth, but was an attainment, could not justly be regarded as tyranny. It was a reward for effort and accomplishment.

Some idea of what was proper and of the responsibility that was inevitable, an increasing self-imposed limitation which lessened the need of external authority: these are now seen to have been important factors in the training to which their young people were subjected.

All of this would probably have been without much beneficial effect had the growing child and youth not also known that it would be necessary for him to study many years before he could hope to approximate the parental attainment which seemed to keep advancing more rapidly than he could pursue.

This does not discourage spontaneity. It is an incentive. It encourages the growth of that spirit which is nourished on reality. Emulating a worthy parent does not make an automaton of the child; it makes quality attractive. And though many mistakes are made which young eyes may see, the parent's attitude toward these mistakes and the effort made to correct them, may strengthen the tie that binds. Yes, the effort of originating constructive thought and of building a peaceful world must begin at the fireside.

And now, after this long lapse of time, and the woodshed has faded away into the limbo of forgotten causes, the self-imposed restraint, which it was intended to originate, has remained as an adjunct of that emulation.

No, the world will not take you at your best if you insist upon being taken at your worst.

And while negative virtues may serve to supplement that quality called humility, whose existence is still debatable, they are not a satisfactory substitute for those positive ones upon which progress has been established.

Self-accusation is of too unstable material to serve as foundation for either personal or national character. This must be made of sterner stuff.

W. D. C.

KEEP VIGILANT

The New Deal was well on the way to give us Socialized Medicine. The New Deal is no more. But that doesn't mean that the danger of socialization is past. It may be only a temporary respite. The political pendulum can swing very rapidly. A lot of seeds of "socialized" medicine have been planted in "fertile soil." A lot of people have been sold on socialized medicine. The only way to keep our system of free enterprise is to make it better than any other system. The people will be neither desirous of, nor willing to accept a change. So we must continue to give adequate medical service at a fair price. But our vigilance must be maintained. Candidates made their

pre-election promises to us. We must help them keep their promises. We must inform our representatives so that they may present our case in the right way and at the right time. This doesn't mean that we shall obstruct everything that the government suggests, but rather that we must offer constructive help. We must continue to remove the cause for dissatisfaction with our profession and its practices.

RABIES CONTROL

Is the high incident of Rabies in Mahoning County due to lack of adequate laws or due to failure to enforce the laws we now have? We shall be glad to publish the answer to this question in the *Bulletin*.

Who knows the answer? G.

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THIS IS YOUR BULLETIN

This IS your *Bulletin*. It is published by and for the members of the Mahoning County Medical Society. As editor, during the past year, I have heard very few comments which would indicate whether or not, the present type of *Bulletin* fills the needs that are expected of it. Believe it or not, during the past year, three members (one since deceased) of the Society have told me that we have a good *Bulletin*. "Mary" says that as long as we don't hear anything, everything must be all right.

The *Bulletin* committee is anxious to edit the type of *Bulletin* that the Society wants. So let us have expression of your desires. During the war, the *Bulletin* was used to keep the military members informed about the news and events at home and abroad. This is history. What shall we do now? Some have said that a County bulletin is no place for scientific articles. Do you agree? Others have said that we should report activities of members, such as attendance at football games, etc. Do you agree with that?

Some months ago a post card was addressed to each member of the Society, carrying a request for an article for the *Bulletin* on any subject of the writer's choice. These cards are being mailed out at the rate of twenty a month. There has been response to these requests but not as great as was hoped. There are, on file at the library of the South Side Hospital, about twenty-five exchange magazines. Drop in and look these over. See what members are writing about in other localities and what type of magazines are being edited. And when you get your post card asking for your contribution to the *Bulletin*, remember that this is your *Bulletin*.

RETIRING PRESIDENT ENTERTAINS

Dr. E. J. Reilly, retiring president for 1946, entertained Council of the Mahoning County Medical Society, at the Youngstown Club, prior to the Annual Business Meeting held Tuesday, December 17th. A delicious steak dinner was enjoyed by members of Council.

SAVE YOUR BULLETINS

Bill Skipp has bound volumes of the *Bulletin*—15 volumes. He loaned them to the Canfield Fair. Many thousands looked through them. When they were returned to his library, he undertook, one afternoon to put them back on the shelf. He opened Volume I and began reading. It brought back old memories. He couldn't put the book aside until he had glanced all through it.

And when he had finished the last volume, the afternoon had passed, and all too quickly, and he had had a good time, living again the days when our Society was struggling and working to be deserving of being called the best county medical society in Ohio.

And we urge you to save and bind your *Bulletins*. Some day they will be the most interesting reading in your library. And if you find some of your own contributions in the *Bulletin*, you will enjoy them even more. So that's a hint—write something for the *Bulletin*.

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JANUARY

PERSONAL OBSERVATIONS OF THE ACTIVITIES OF THE AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES — Dec. 9, 1946

The House was called into session at 10:00 A. M. at the Headquarters Building of the Association, 535 Dearborn Street, Chicago, Illinois. The roll call revealed that 90% of the 175 delegates were in their seats and before the session was one hour old the whole house was seated.

The speaker called for reports of standing committees which were mostly rather short and showed a trend in that the work was being performed rapidly and in a constructive manner.

The Secretary's report showed a membership on December 1, 1946, of 129,145, an increase of 3,674 in one year. Fellowship of which there were 67,567 as of December, 1945, while for December 1946, 71,553.

I bring this to your attention because of a general misunderstanding regarding membership and fellowship classifications of the A. M. A. A word of explanation. You are a member of the Association if you are a member in good standing of your County Society and State Association, but you are not a fellow until you apply for fellowship and are accepted by the House of Delegates as a Fellow after investigation by the Judicial Council. As the chapters pertaining to Fellowship are rather lengthy, I would suggest you read Chapters 12 and 13, Page 29, of the By-Laws of the Association and if you are not sure you hold a Fellowship rating write the Secretary of the A. M. A., Dr. George L. Lull, 535 Dearborn Street, Chicago, because you may be receiving the *Journal* and still not be a Fellow. If you are not a Fellow, please make application at once. If you are not a Fellow, you are denied some privileges of the Association.

The appointment of State Delegates applies to all of us, even though all are not delegates to the House; every 3 years there is a re-apportionment of the entire membership and as there can not be more than 175, there are apportioned according to the number of paid members of each State Association, dues having been received on or before February 1st of the year of the apportionment. This year the State of Ohio lost one delegate because some of its members did not pay their dues before the deadline. Our total membership dropped before the re-apportionment so that next June at the Annual Session we will have a total of 7 instead of 8 delegates to the National Assembly. Our State membership is larger now than it was a year ago but we lost one of our State Representatives because of unpaid dues. Please see that your dues are paid promptly.

In the Board of Trustees' report one section dealt with the establishment of full-time health units in localities now employing part-time health officers. It has been urged both by our State and National Houses of Delegates and also by our Society that this become a reality. Particularly are we urging this for the City of Youngstown. All members should get behind the movement for a full-time Health Director with an adequate budget to carry on efficient work in Youngstown.

The Council of Scientific Assembly reported an outstanding meeting for the Centennial Celebration at Atlantic City with an array of distinguished American and foreign speakers. The meeting will extend from Saturday to Saturday, June 7 to June 14, 1947. They also urge you to make hotel reservations now if you expect to attend.

The Council on Medical Service reported at length on its activities in regard

JANUARY MEETING

Speaker: JOHN M. SHELDON, M. D.

Department of Internal Medicine
University of Michigan

Subject: "Food Allergy, Diagnosis and Treatment"

TUESDAY, JANUARY 21, 1947

8:30 P. M.

YOUNGSTOWN CLUB



FEBRUARY MEETING

Speaker: DR. PAUL R. CANNON, M. D.

Department of Pathology
University of Chicago

Subject: "Recent Advances in Protein Nutrition"

TUESDAY, FEBRUARY 18, 1947

8:30 P. M.

YOUNGSTOWN CLUB

to prepayment medical plans and the rapid increase of subscribers to these plans, with 5 million now being enrolled in the nation. (Note) Ohio's plan is stepping along, with some 70,000 subscribers.

A lengthy report was received in regard to the survey that has been conducted in the coal mining areas. The report was given by Rear Admiral Jod T. Boone, who submitted a lot of data in regard to the poor health conditions in the coal regions, regarding medical service, public health, hospitals, etc.

The Trustees, with the Council, have had repeated meetings with Senator Taft in regard to the writing of a national health bill and will have further sessions with the Senator in January, 1947. It is hoped that a satisfactory health bill will be written.

The Washington office of the Council has functioned well and is giving a good service to our lawmakers and a worthwhile service to the physicians back home on how our representatives react to medical legislation.

The Council reported that the American Cancer Society was anxious to co-operate with the entire medical profession and that no plan would be set up unless the local Society was in complete accord. The clinics would be entirely detection, and patients would be referred back to the physicians of their choice. The Ohio plan was given as an example of a well-functioning organization.

The Judicial Council reported upon the unethical relations between ophthalmologists and optometrists and various plans being proposed, saying that most, if not all, plans proposed were unethical, citing Chapter 3, Article 1, Section 5, of the Principles of Medical Ethics as reason for the statement. Some plans involved the use of combined bills which has been considered unprofessional and as a tendency to encourage the division of fees (or fee splitting).

The Council on medical education and hospitals reports a marked increase in approved residencies from 5,256 in 510 hospitals in 1941 to 9,028 in 948 hospitals in October, 1946, or 70% expansion in hospitals, but that great numbers of returning officers have not been accommodated because of lack of hospital inspections and approvals.

New medical schools are being set up, old ones increasing their enrollment. All have returned to annual admission of students. They are finding themselves in financial difficulty because of stoppage of government tuition fees.

Report of special committee for consideration of Rich Report—The report of Raymond Rich associates covered a couple of hundred pages but the committee found very little that was controversial, which covered all the departments of the Association and all of its activities including publications. Departments were to be re-organized, new heads hired, others transferred. Many of the suggestions of the report had been put into practice by the Board of Trustees, before the meeting.

The A. M. A. was urged to take on its own public relations, do its own fighting and carry its battle to the people. Not to stop because of the trend of the times but to lay plans for further attacks from all fronts interested in compulsory health insurance. This is only a breathing spell. The A. M. A. was urged to disconnect itself from any organization like the National Physicians Committee and stand on its own feet. After heated debate on both sides the committee recommended the adoption of its report with the exception of the committee report dealing with N. P. C. The reference committee on the section of the Rich report dealing with the National Physicians Committee for the extension of Medical Care follows: "This Committee recognized that each member of the American Medical Association is primarily a citizen with



An answer that raises a question

Youngsters can quickly settle the question as to who is the "bigger." The more subtle question, "Am I as 'big' as I ought to be?" is more difficult to answer.

Physicians know that an important factor in optimum growth and health is an adequate diet. To assure adequacy of vitamin intake, one or more of the essential vitamins are commonly prescribed.

'Homicebrin' (Homogenized Vitamins A, B₁, B₂, C, and D, Lilly) contains five vitamins known to be most essential for optimum growth and development. Up to two times the optimal daily requirements are provided in approximately one teaspoonful (5 cc.).

'Homicebrin' is pleasant to the taste and is miscible with milk, water, or orange juice. It is available in bottles of 60 cc. and 120 cc. at retail drug stores everywhere.

the inalienable right to join any organization; (2) That the House of Delegates has on two previous occasions endorsed and commended the work of the National Physicians Committee for the Extension of Medical Care; (3) In line with the new program in the process of accomplishment, this Committee feels that the A. M. A. should and must do its own public relations and legislative work; (4) In view of the controversial character of the Rich Report and in view of lack of documentary evidence relating to the National Physicians Committee for the Extension of Medical Care, this Committee recommends further study of this portion of the report; (5) This implies no lack of appreciation of work performed or to be performed by any other allied organizations."

Several resolutions were introduced in regard to Specialty Boards; first in regard to Preceptorships which related to a young man being associated with Diplomats of the Specialty he chooses as his life work, thus receiving credit; that an older practitioner of a Specialty shall be given credit for his years of practice and not be required to pass a severe test on basic subjects. Both were voted down by the House as not acceptable.

A resolution on general practice was introduced which was modified and approved with this interpretation, that each hospital be requested to establish a section on general practice and that no individual physician shall be required to be a member of any Specialty Board in order that he may become a member of a Hospital Staff or a head of a department, but that his proficiency in the specialty he practices and his educational qualifications shall be considered to be equivalent to board approval; in other words his qualifications are equivalent to Board Membership.

A resolution introduced in regard to the Political Activity of the Public Health Service was debated heatedly on the floor of the House. This resolution was the result of a letter written to all public health officers both active and reserve of the United States by Surgeon General Parron after President Truman had proposed his health program to Congress the early part of this year, wherein the Surgeon General instructed all officers to work and talk for governmental medicine. The committee on Legislation and Public Relations approved a substitute resolution which informed the Surgeon General that it was not his duty as a public servant to instruct his subordinates to work for or advocate any type of controversial medical legislation of the type that has been proposed in the Wagner-Murray-Dingell Bill and that it was not his duty to instruct his staff and officers how they were to think and talk.

There were many more important matters discussed which are related to the practice of medicine at home, State and National. To me this was one of the most progressive sessions the House of Delegates has ever held, anyhow that I have attended.

The Association is now working for its members and is directing the attack rather than being on the defense continuously. I feel the A. M. A. is now trying to fight our battles and is not continually covering up.

We at home have the same fight. It is a combined attack, individual physicians united in the County Societies making a united effort with State and National Associations. Discord must be set aside. Each physician must work for the common good. The efforts of the County, State and National Associations must be supported. The three units are all working for the same purpose. One cannot function successfully without the other. We must stand united or we will fall with governmental medicine as our yoke.

W. M. SKIPP.



FOR EVERY OFFICE PROCEDURE

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The indications for the use of an antiseptic in the physician's office are indeed many and varied . . . So much depends upon the efficacy of the antiseptic used that its selection becomes a matter of prime importance.

Phe-Mer-Nite (a brand of phenylmercuric nitrate) is a *dependable* antiseptic. It is bacteriostatic in dilutions as high as 1:1,000,000; it destroys spore-forming organisms in dilutions as high as 1:37,500; it is so nontoxic and nonirritating that it may be used in dilutions as low as 1:1000.

For routine use on the unbroken skin, Tincture Phe-Mer-Nite, 1:3000, is the antiseptic of choice. The tincture is intended primarily for preoperative skin preparation . . . For routine use in the treatment of abrasions, lacerations, infections, burns, and other skin lesions, Solution Phe-Mer-Nite, 1:1000, usually diluted further with four parts of water, is the antiseptic of choice. It is also used as a spray or gargle in infections of the nose and throat . . . The solution is effective even in the presence of blood, pus, or exudate. It is a dependable agent for the sterilization of instruments and rubber gloves.

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CLINICAL CHARACTERISTICS OF ESSENTIAL HYPERTENSION IN RELATION TO PROGNOSIS WITH A COMPARISON OF THE EFFECTIVENESS OF MEDICAL AND OF SURGICAL TREATMENT*

ROBERT STERLING PALMER, M. D.

Patients with essential hypertension may be graded as follows:

Grade I (early or mild): There is variable hypertension, the blood pressure ranging from 150 to 200 systolic and from 100 to 120 diastolic, in 23 per cent of cases falling to normal levels (140 systolic, 90 diastolic, or less) with rest or sedatives, and occasionally under stress going above the limits noted. The fundi show minimal, if any, changes, as represented by narrowing of arterioles. The heart or kidneys show minimal, if any, changes.

Grade II (moderate): There is variable hypertension, the blood pressure ranging from 170 to 250 systolic and from 110 to 130 diastolic, usually at the lower levels, occasionally even lower, but in 11 per cent of cases falling to normal with rest or sedatives. The fundi show arteriovenous compression, narrowing, and caliber changes in the arterioles. The heart shows slight enlargement or prominence in the region of the left ventricle up to moderate enlargement, but no symptoms or signs of actual or impending failure. The urine shows no change or a slight grade of albuminuria and minimal numbers of formed elements in the sediment. The renal function is normal or slightly impaired by concentration and intravenous phenolsulfonephthalein tests.

Grade III (late benign): There is variable hypertension, with the blood pressure almost always over 170 systolic and 110 diastolic, but in 8 per cent of cases falling to normal levels. The fundi show arteriovenous compression, caliber changes in the arterioles, with light reflexes and exudates or hemorrhages in the retinas. The heart is usually enlarged, often with symptoms of congestive or anginal failure. The urine often shows albumin and casts. The renal function is often impaired, but actual failure (uremia) is unusual. Cerebral accidents sometimes occur. The grade of hypertension is as a rule of many years' standing.

Grade IV (malignant): The blood pressure, especially the diastolic, is usually very high. The symptoms are often of recent onset in a patient almost always under fifty and often under forty, the cardinal signs being edema of the optic disks, with or without exudate and hemorrhage. Cardiac enlargement and congest-

ive or anginal heart failure are often present. Renal impairment and failure are common.

The over-all mortality in a group of 316 followed to date of death was 30 per cent, being 6 per cent in Grade I, 17 per cent in Grade II, 36 per cent in Grade III, and 80 per cent in Grade IV. It is exceptional for patients to die under 50 and in Grade I especially, two of the six deaths were over 70, another had gastro-intestinal hemorrhage, a fourth of an intercurrent infection, another of an accident, though a cerebral accident was not excluded. In Grade II the three of ten deaths during the period of follow-up were of cancer, two of cerebral accident, two of heart disease, and three of cause unknown. In Grade III, one quarter of the deaths were of heart disease, one quarter of cerebral accident, one tenth of uremia, a third of cause unknown, the rest of miscellaneous disorders often unrelated to hypertension. In Grade IV, the mortality is very high, one third of the deaths being due to uremia, a few of cerebral accident and heart failure, although in this group 40 per cent of the deaths were of cause unknown since they were at a distance and there was no clinical observation and no report of autopsy.

In a large group of patients with essential hypertension treated actively and followed at intervals with no treatment, it is well to emphasize that part of our ignorance which is unaware of how well patients may do rather than that part which is unaware of how badly they do, i. e. 40 per cent of Grade I patients are known to survive six years or longer, 50 per cent Grades II and III; or, looking at it from the other direction, a little over one fifth of Grade I patients have had known hypertension more than 10 years, nearly a fourth of Grade II patients and nearly a third of Grade III patients have had known hypertension more than 10 years, some of them up to 30 years.

Effect of Medical Therapy on Level of Blood Pressure

In our therapy we have tried always to obey first and foremost the hippocratic injunction to do no harm. After a complete history and physical examination, as encouraging an attitude as possible is taken, not superficial blanket reassurance, which

these suggestable patients resist but a reasoned explanation of the present status and an earnest persuasion that the uncertainty is not how badly but how well they may do. Doubt is instilled about the bad prognosis with which they have been saddled or with which they have saddled themselves. Sometimes a detailed personality review is done and an attempt made by direction, advice, and persuasion to readjust their attitudes toward their life situation. Finally all other details of the therapeutic outline are accompanied by as much favorable suggestion as possible.

At least nine hours in bed and when possible daytime rest together with the appropriate amount of graded exercise often in the form of walks is given. Simple sedatives are used in the form of phenobarbital usually 16 mgs. (grs. $\frac{1}{4}$) four times daily, often with tincture of belladonna for associated irritability of the gastrointestinal tract. Digitalis or the so-called coronary dilating drugs are prescribed when indicated by actual or impending congestive or coronary heart failure. The diet is a low cholesterol one, chiefly limiting fats, together with high protein provided renal failure is not present. Formerly salt was limited to a light amount used in cooking. More recently we have been employing a strict low sodium diet and on occasion a rice diet when that commodity is readily available. As yet, we cannot report definitely on the effectiveness of these latter diets. Care is taken in prescribing the regime, always to avoid unfavorable suggestions in obtaining co-operation in treatment, never frightening the patient into compliance.

In the course of the first few weeks to months of treatment commonly after the first visit a fall in the blood pressure is noted. In nearly a half (40 per cent) a fall of 10 to 50 mm. of Hg. systolic and 10 to 30 mm. of Hg. diastolic will be noted (4). Changes in the life situation, however, may make as notable changes either favorable or unfavorable. Transient return to normal as noted above occurs in 23 per cent of grade I, 11 per cent of grade II, 8 per cent each of grade III and IV. Therapeutic efforts such as outline rarely results in sustained return of the blood pressure to normal levels.

After an initial period on the above outline a certain number of patients have been given potassium sulfocyanate. One hundred of these treated for varying periods the past five years have been reviewed. Excellent results (fall to below 150 mm. of Hg. Systolic and 100 mm. of Hg. diastolic) were obtained in 12 per cent while a sustained fall of 30 to 50 mm. of Hg. systolic and 20 to 30 mm.

of Hg. diastolic though not to near normal levels) was obtained in an additional 16 per cent, a total of 28 per cent with a definite hypotensive action in addition to any fall in the blood pressure as a result of psychotherapy, rest, diet, and sedatives.

On conscientiously taking stock of our medical efforts from time to time we conclude as heretofore that symptomatic relief can be obtained in a very high percentage of the mild and moderate and quite a satisfactory percentage of the late group of patients with benign essential hypertension. Symptomatic relief in malignant hypertension while sometimes obtained is brief. The level of the blood pressure varies widely and except for nervous hypertension (transiently at levels above accepted limits) persistently normal or near normal levels are infrequently obtained by psychotherapeutic or other medical measures. We have followed, therefore, with lively interest the blood pressure levels of our patients who have been submitted to sympathectomy.

Effectiveness of Surgical Therapy in Reducing the Blood Pressure In Essential Hypertension

It has seemed to us that the final criterion in judging the effectiveness of therapy in essential hypertension is whether or not the blood pressure is reduced to normal and maintained here. This is a rare outcome indeed. Yet so variable is the blood pressure level, responsive both favorably and unfavorably to changes in the patient's life situation, to the patient's doctor, to methods of treatment and the encouraging or discouraging suggestions associated with these that we have measured success by a persistent return of blood pressure to normal or near normal, namely 150 mm. of Hg. systolic and 110 diastolic or lower.

After over four years' experience with dorsal sympathectomy in 74 patients, 9 patients or 12 per cent by this criterion were benefited. These were chiefly patients Graded I or II or patients at older ages with variable hypertension, the precise grading being undetermined. Previous to this time, Dr. R. H. Smithwick had suggested that a more extensive operation would more certainly denervate the kidneys; adrenals and splanchnic bed, would minimize the possibility of nerve regeneration and that consequently a larger proportion of patients might be benefited. This prediction seemed to be realized in that of 29 patients submitted to dorsolumbar sympathectomy; 20 or nearly 70 per cent, followed from months to two years, were impressively benefited in re-

spect to the blood pressure level, and for the first time patients with Grade III, and IV hypertension received help.

In 1941 results of the more extensive operation were reviewed and compared with the effectiveness of medical regime in closely matched cases. It was apparent that surgery was definitely more effective in persistently lowering the blood pressure to normal or near normal levels, that the effectiveness of the operation was especially notable in Grade I, II, and IV. The suspicion was appearing that persistence of the effect could not be relied on since the overall beneficial effect up to three years was now 53 per cent. This was confirmed in 1943 when the percentage of normal or near normal postoperative blood pressures in 101 patients followed one to four years was somewhat less than 40 per cent. At the present time, of 68 patients followed more than three years after operation about 25 per cent have normal or near normal blood pressures, 30 per cent are dead and 45 per cent are again or have remained hypertensive.

Three-fourths of the patients, impressively benefited for 3 or more years, were graded I or II i. e. those with minimal or only moderated organic change, but there are three patients who had undoubted malignant hypertension who now have normal or near normal blood pressures one over three years, the other two slightly less and slightly over five years after operation. Furthermore, it is apparent that benefit may be conferred by operation even though hypertensive levels persist since there are two patients who had malignant hypertension one over three years, the other nearly five years ago when operated upon who are alive and working without symptoms. Their lives have undoubtedly been prolonged, and they have been afforded considerable respite from their disease.

Those patients who are more likely to obtain the best effect from operation on the level of the blood pressure are female, are under 40 years of age, have variable blood pressure which falls to near normal on bed rest. The most vasospastic type of hypertension, even though severe, namely malignant of Grade IV hypertension, may be brilliantly successful. No test is sufficiently accurate to predict certain success or failure.

Marked impairment or failure of renal function is contra-indication to operation. Frank heart failure is considered very unfavorable. Patients over 50 and in general those with clinical evidence of irreversible diffuse arteriolar disease do not receive striking benefit. Certain females

at the menopause with extremely variable hypertension and occasional crises may be helped very much by operation.

Of the 21 patients in this series who have died, 3 may be considered operative deaths. They were in very poor condition, and we know now that they could not have been helped. At the present time the mortality is two percent or less.

Dorso-lumbar sympathectomy is done in two stages, with preliminary studies it requires six to ten weeks in the hospital. Basal atelectasis, extrapleural fluid, rarely pneumothorax are complications usually taken care of easily. The operation is uncomfortable since it is followed by back pain and neuritis of flanks and abdomen lasting from two to four weeks, often for two months, sometimes for nine months or a year.

A major effect of the operation is relative postural hypotension. Immediately after the second side is done, shock is considerable and requires intravenous fluids including plasma and blood and intravenous neo-synephrine. This may last twenty-four hours to two days or even longer. Thereafter on sitting or standing there is a sharp fall of blood pressure with rapid pulse breathlessness and unconsciousness. This orthostatic hypotension is minimized by tight elastic binders on legs and abdomen. It is relieved by muscular action (walking). Tolerance of the upright position improves in the course of the day, and this tolerance is cumulative. Usually leg bandages are not required for more than one to two months. Often the abdominal binder is helpful for a longer period. There may be some compensatory general vasoconstriction since patients commonly noted that the hands are colder after operation, may show Raynaud's phenomena, and two patients have had relatively mild preoperative Raynaud's disease made worse.

The pathway of pain from the upper intestinal tract is interrupted by this operation so that motor disorders of the stomach and pylorus even perforation or bleeding from a peptic ulcer may be marked. There is some evidence that gastritis and peptic ulcer is made worse after sympathectomy of this kind as there is theoretical reason to suppose it would be.

The effect of operation on symptoms is notable almost without exception relieving headache, vertigo and throbbing in the head. Patients often speak of a much clearer head. Prescription of operation thus will depend upon the severity of such symptoms, the effectiveness of medical measures in relieving them balanced

with the disability and discomfort induced by operation. At the same time the character of the hypertension and the probable prognosis will influence the choice of physician and patient.

Conclusions

The clinical characteristics and classification of essential hypertension are discussed in relation to prognosis.

When therapeutic effectiveness is judged by a persistent lowering of the blood pressure to normal or near normal dorso-lumbar sympathectomy is twice as effective as a general medical regime plus the use of sulfocyanate but after three years, is obtained in only 25 per cent of patients, though at least 60 per cent show some lowering of the blood pressure.

Relief of headache and throbbing of the head by dorso-lumbar sympathectomy is nearly a hundred per cent which general sympamatic relief by medical means varies

from 90 per cent in Grade I to 46 per cent in Grade II, is as a rule only temporary and in a smaller proportion which malignant Grade IV hypertension.

Sympathectomy at this time is regarded as the treatment of choice in malignant hypertension if renal impairment is not marked, and there is no frank congestive heart failure.

Operation may be offered to those patients with variable benign hypertension without evidence of diffuse irreversible arteriolar disease, whose blood pressures by interval observations appear to be growing worse.

We are reminded that in many cases, perhaps in a majority essential hypertension is compatible with a long and active life often is not accompanied by symptoms for many years.

** Abstract of an address delivered before the Society at the November meeting.*

TO THE MEMBERS OF THE MAHONING COUNTY MEDICAL SOCIETY:

Recently a plan of group health and accident insurance was offered to the Mahoning County Medical Society by the Commercial Casualty Insurance Company.

Council, after careful consideration, believed that the plan should be presented to our members at the December meeting of the Society. This was done and the plan was accepted by vote of the membership.

Early in January, a letter and brochure, explaining the plan in detail, with an enrollment application will be sent to you from the office of Lloyd T. Stillson and Associates, the underwriting agents. Along with this bulletin is inserted a copy of the salient facts regarding the plan which was presented and accepted at the December meeting.

We hope you will give careful consideration to the outline of this coverage when received and keep in mind that unless 50% of our members enroll, the plan cannot become effective.

L. H. GETTY, M. D., *Chairman Special Committee on Insurance.*

INVITATION

Dr. Raymond S. Lapse has been practicing in his new offices, 3100 Market Street, since August. The building is now complete and the medical profession is invited to inspect the new quarters.

REPORT OF YOUNGSTOWN RECEIVING HOSPITAL

TO: *The Council on Medical Education and Hospitals of the American Medical Association.*

The Youngstown Receiving Hospital was dedicated November 26, 1946, under the direction of the officers of the Ohio State Welfare Department. Frazier Reams is director and Dr. Frank Tallman is commissioner of Mental Hygiene, supervising the Youngstown Receiving Hospital, the supreme governing body of which is the Ohio State Welfare Department. Dr. Eugene E. Elder, a member of the American Medical Association is superintendent of the Receiving Hospital. He formerly was assistant superintendent of Massillon State Hospital, Massillon, Ohio, under the supervision of Dr. Arthur G. Hyde, Superintendent. The associate physician in the Youngstown Receiving Hospital is Dr. Charles Waltner who is a graduate of the University of Budapest, had a one-year rotating internship in the Altman Hospital in Canton, Ohio, and spent four years at the Iowa State Hospital, Mount Pleasant, Iowa, and several months in the Massillon State Hospital. He has made application for membership to the American Medical Association. Drs. Elder and Waltner are the intramural full-time physicians at the hospital and a third senior psychiatrist is contemplated soon.

The department intends to build a 200-bed hospital addition and with these facilities ready, 3 full-time physicians, a resident and two affiliating internes will be employed. The department also intends to have a mental hygiene clinic as soon as places are available with a chief, one psychologist and two social workers. The present hospital building is a well-constructed, two-story, fire-proof building which was remodeled to cover the requirements of mental pa-

tients. It is situated on a seven-acre plot on Indianola Avenue within the city limits of Youngstown, with good water, gas and electricity served by the city. This proposed 200-bed hospital will be adjacent to, and connected with the present building on the same lot. In the present set-up, all departments of medicine are represented in the hospital except obstetrics and major surgery.

In regard to the consulting staff of the Mahoning County Medical Society, the council to the Youngstown Receiving Hospital was organized. This consists of a president, vice president, secretary, treasurer and seven council members. Staff meetings are held each month, and scientific papers and case presentations are given. The hospital has free communication with the visiting staff who serve as consultants for the patients in the hospital. All departments of medical service are represented. Consultants are assigned for a two-month period of service in each department of medicine, similar to that in regular hospitals.

Extensive shock therapy is given. About 35 patients receive electric shock three times weekly and 7 to 9 receive insulin shock daily except Sunday.

There is an Out Patient Clinic, visited by about 60 patients per month. Patients requiring hospitalization are admitted from the Out Patient service.

Our average number of patients is 72; bed capacity, 81. The number of patients treated during the past year ending November 26, 1946, was 621, from which 441 were sent home as improved. Readmissions from this hospital numbered 51, with 10 deaths during the year.

The Youngstown Receiving Hospital employs 16 registered nurses, 4

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of whom are in the supervising capacity, and 16 attendants. Other employees total 40 and include office workers, kitchen help, charwomen, mechanics, etc. The cost of patients per capita averages about \$7.00 per day.

Business administration is taken care of by the business manager, his bookkeeper and secretary, who handle the buying and distribution of supplies and hospital needs, as well as supervising 40 employees in the laundry, kitchen, sewing rooms, etc.

A dentist is employed to examine each patient's oral hygiene needs and give emergency dental care.

Two social workers are employed, one of whom takes histories of the patient; the other one visits the discharged patients at their homes and makes follow-up records regarding their home adjustment.

In the psychological department use is made of the Intelligence (Wechsler-Bellevue) and Personality (Rerschach Thematic Apperception, Minnesota Multiphasic Personality Inventory) tests for assistance in diagnosis and prediction of success in various types of treatments. For rehabilitation planning, various types of aptitude (motor dexterity, mechanical, clerical, artistic, etc.) interest and achievement tests are administered and interpreted. Following electric shock, intelligence and personality tests help evaluate the results of treatments. Psychotherapy under the direction of the clinical psychiatrist is given for selected out-patients.

An occupational therapist furnishes art handwork for the patients such as finger-painting, leathercraft, weaving, etc.

Laboratory needs are cared for by a registered laboratory technician.

There is a small medical library with eight scientific journals and a fairly well-equipped nurses' library for nurses and student nurses. The

public library of Youngstown is affiliated with the Receiving Hospital and distributes books to the patients once weekly.

The Receiving Hospital is affiliated with St. Elizabeth's Hospital for nurses training in psychiatry. We have six affiliate students at the present time for about three months affiliation. The required number of lectures in psychiatry, psychology, social work and in occupational therapy are given according to the standard regulations.

In regard to autopsies, a well-trained pathologist in one of the large hospitals in the city is charged with autopsies and tissue pathology and serves in advisory capacity.

The roentgenology is done by X-ray specialists from the general hospitals who are on the visiting staff. The Receiving Hospital has ordered an X-ray machine to handle their own roentgenograms in the future.

There is little use for an anesthetist at the present time inasmuch as all major surgery is sent to the other local hospitals.

The nursing service seems to be adequate at the present time. Dietetics are supervised by a graduate nurse who has been trained for this service.

The medical reports are complete and each chart is compiled of the following:

1. Post-hospitalization Adjustment and Planning (A written report by the social worker on the condition of the patient and his home-life after discharge from the hospital.)
2. Admission slip, Voluntary or Court admission papers signed by patient and family.
3. Social History (Information concerning onset of illness, family background and patient's personal habits, taken by social worker on the admission of patient.)
4. Physical examination, Mental

examination and Diagnosis by psychiatrist.

5. Any correspondence in regard to the case.

6. Progress notes, dental notes, and a discharge note.

7. Pulse, temperature and respiratory graph (Noted daily.)

8. Treatment sheet.

9. Behavior graph (graph noting moods, habits, etc., of patients, daily).

10. Nurses' record of treatments and symptoms.

11. Nurses' daily notes.

12. Laboratory reports.

13. Clothing slips and list of patient's personal belongings.

14. Ward admission record (The apparent mental and physical condition of patient on admission.)

15. Electric shock therapy record and/or insulin shock records.

It is the intent of this report to be as accurate as possible and sufficiently descriptive of the activities of the hospital. The council on medical education should render judgment as to its merit. R. B. POLING, M. D.

PRACTICAL PATRIOTISM

Sixteen doctors and one dentist, whose offices in the Home Savings & Loan Company Building were kept unrented and cleaned for them during their years in the military service, presented a bronze plaque to the directors and officers of the company at an informal ceremony Friday afternoon, Nov. 15, 1946. The presentation was made by Dr. Morris S. Rosenblum in behalf of the group.

Dr. W. K. Allsop, chairman of the relocation committee of the Mahoning County Medical Society, in thanking James M. McKay, chairman of the company, said that he knew of no other building in the state or nation which provided such service for its doctor tenants.

Mr. McKay explained the company's action by saying, "We owe a debt to the medical profession for the lengthening of life over the last few generations and for the higher standards of hygiene and disease prevention as well as for research into the cause and treatment of disease."

Mr. McKay cited that in the Civil War more men died of disease than were killed in battle, while in the Spanish-American War this ratio was evened. "In World War I," he said, "deaths from disease were reduced to a small percentage, while in the recent war the fatalities from disease were almost unknown."

Fred Green spoke briefly, representing the banking firm, and Russell McKay, president, accepted the plaque with the elder Mr. McKay.

The inscription on the plaque is as follows:

In Grateful Appreciation

To the Home Savings & Loan Company who acted far and above their call to duty in maintaining gratis the offices of these doctors while they served with the United States Armed Forces in World War II.

Brack M. Bowman, M. D.

Frederick S. Coombs, M. D.

Alfred R. Cukerbaum, M. D.

Bertrum I. Firestone, M. D.

Raymond A. Hall, M. D.

Herman H. Ipp, M. D.

Milton M. Kendall, M. D.

Paul M. Kaufman, M. D.

John E. L. Keys, M. D.

Joseph P. Keogh, M. D.

Harold E. Kerr, D. D. S.

Morris W. Neidus, M. D.

Robert L. Piercy, M. D.

Morris S. Rosenblum, M. D.

Henry Sisek, M. D.

Ivan C. Smith, M. D.

Sam Zlotnick, M. D.

ANNUAL MEETING

The regular Annual Meeting was held at the Youngstown Club, Tuesday, December 17, 1946.

The proposed amendment to the By-Laws, submitted by Dr. A. E. Brant, Chairman, Committee on By-Laws, as outlined in the November issue of the *Bulletin*, was rejected by a vote of 24 to 17.

A special plan of Group Sickness and Accident Insurance submitted by Dr. L. H. Getty, Chairman of Insurance Committee, was unanimously approved by the Society. This plan will become a reality if 50% of the membership enroll for coverage with a 30-day period from the enrollment date to be named by the Society. More about the plan will be found on insert pages of this *Bulletin*.

Dr. C. H. Beight was voted an honorary member.

The following officers were elected for the year 1947:

President-Elect, John Noll.

Secretary, V. L. Goodwin.

Treasurer, P. J. McOwen.

Delegate (Three Year Term), E. J. Wenaas.

Alternate Delegates, G. G. Nelson, I. C. Smith, W. J. Tims.

Representative, Associated Hospital Board, H. E. Patrick.

V. L. GOODWIN, *Secretary*.

TEMPUS FUGIT — Ann Howe

January — 1932

Dr. A. E. Brant was the new president.

Dr. H. E. Welch has retired from public office after having held the position of Health Commissioner for thirty-eight and one-half years.

S. Q. Lapius observes—Business is rotten.

As a practical method by which we may go about the work of cancer prevention, a committee composed of Drs. McClenahan, Kaufman, Haulman and Osborne, suggest that our County Medical Society authorize the printing of suitable signs which each member may hang in his office, where it could easily be seen by the patients. Such a sign might read:

WE RECOMMEND

ANNUAL PELVIC EXAMINATIONS FOR MOTHERS.

CANCER PREVENTION IS WORTH WHILE.

January — 1937

Dr. Paul J. Fuzy was the new president. His slogan for the year is, "United we stand—divided we fall."

Dr. W. H. Bunn submits an article—"Some Problems in Haematology."

Dr. F. W. McNamara writes an article—"Non-penetrating Trauma of the Abdomen."

Dr. Stanley Myers, Dr. Joe Keogh of Boston and Dr. David James of Detroit spent the holidays in Youngstown.

January — 1942

Walter King Stewart is the new man at the helm.

Genevieve Delfs, announces the opening of offices for the practice of pediatrics.

"We're all in the army now!"—says J. L. F.

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SERVICE RECORD

Lieutenant Colonel John Noll

Dr. Noll was inducted August 18, 1942, with the rank of Major. His first assignment was to the A. A. F. T. S. C. (Army Air Forces Training School Command), Chicago Schools Station Hospital, Chicago, Ill. He was promoted to Lt. Col. in January, 1944. He was appointed Aviation Medical Examiner after graduation from Randolph Field School of Aviation Medicine in May, 1944. Later in August, 1944, he was appointed North East District Consultant in Internal Medicine to the Air Surgeon. He was separated from service on February 21, 1946, at Mitchel Field, New York. He resumed his practice of Internal Medicine on March 16, 1946, at 101 Lincoln Avenue.

Commander James Lee Fisher

Dr. Fisher was inducted November 6, 1942, with the rank of Lt. Comdr. His first assignment was Medical Officer to the C. E. C. Officer's Training School at Camp Perry, Williamsburg, Va., where he lectured on Military Hygiene and operated a 60-bed Sick Bay. He was transferred to Camp Endicott at Davisville, Rhode Island, in April, 1944, where he had the same duties. He was promoted to Commander in August, 1945. He was ordered to sea in August, 1944, as Senior Medical Officer of the U. S. S. Gage, A. P. A. 168. He participated in the Okinawa invasion on April 1, 1945, and handled casualties from the shore. He carried the first Marines into Nagasaki for the occupation of Japan. He was separated from service December 18, 1945, at Great Lakes N. T. S. and resumed General Practice on January 15, 1946, at 224 N. Phelps Street.

Lieutenant Colonel Frederick S. Coombs

Dr. Coombs was inducted Sept. 2, 1942, with the rank of Captain. He was first assigned as Chief of Laboratory Service, A. A. F. Regional Hospital, Madison, Wis., from October, 1942, to December, 1945, and then as Chief of Laboratory Service A. A. F. Regional Hospital, Chanute Field, Ill., from December, 1945, to May, 1946. In July, 1945, he was appointed Consultant in Laboratory Medicine, Army Air Forces. He was Director A. A. F. courses in Anti-Biotics in July, 1945. He was promoted to Major, August 4, 1943, and to Lieut. Col. on May 24, 1946. He was separated from service on May 25, 1946, at Camp Atterbury. He resumed his practice of Internal Medicine June 17, 1946, at 403 Home Savings & Loan Building.

Captain Charles H. Cronick

Dr. Cronick was inducted May 8, 1942, his first assignment being to Moody Field, Ga., where he was Flight Surgeon for one year. On April 8, 1943, he was promoted to Captain. Later he was Assistant Flight Surgeon at Maxwell Field, Eastern Training Command. He was separated from service Oct. 28, 1944, at Ft. Sheridan. He resumed practice of Psychiatry in Nov., 1945.

Commander Richard Vincent Clifford

Dr. Clifford's pre-war practice was at Girard, Ohio. He was inducted July 20, 1940, with the rank of Lt. MC-V (S) USNR. His first assignment was to the U. S. Naval Hospital, Philadelphia, Pa. He was there from July, 1940, to January, 1942, in the Surgical Service. He was promoted in October, 1942, to Lt. Commander and on November 1, 1945, to Commander. He was awarded the Defense Ribbon, American Theatre Ribbon, Asiatic (3 stars) Ribbon, and Victory Ribbon. He participated in the Saipan Invasion, Tinian, Guam, Iwo Jimo and Okinawa invasions. He was separated from service March 6th, 1946, at Washington, D. C. He resumed his practice of General Surgery in February, 1946, at Youngstown, Ohio.

Roster of Mahoning County Medical Society

Alden, A. H.	Evans, W. H.	Mariner, J. S.	Ryall, W. W.
Allgood, John Evans	Fenton, R. W.	Mermis, Wm. Leo	Scarnecchia, J. L.
Allsop, W. K.	Firestone, B. I.	Mermis, W. O.	Schmid, Henri
Altdoerffer, J. Allan	Fisher, J. L.	Meyer, N. N.	Schwebel, Samuel
Askue, Chester M.	Fusco, P. H.	McCann, J. N.	Scfield, Charles
Atkinson, W. H. Jr.	Fusselman, H. E.	McClenahan, H. E.	Sears, Clarence W.
Autenreith, W. C.	Fuzy, Paul J.	McConnell, P. R.	*Sedwitz, S. H.
Axelson, O. A.	Getty, L. H.	McDonough, John	Segal, Lawrence
Badal, S. S.	Goldberg, S. D.	McElroy, W. D.	Shensa, Lewis S.
Baker, E. C.	Goldblatt, L. J.	McGregor, H. P.	Sherk, A. B.
Baker, W. Z.	Goldcamp, John S.	McKelvey, G. M.	Sisek, Henry
Banninga, H. S.	Goldcamp, E. C.	McNamara, F. W.	Skipp, Wm. M.
Basile, J. M.	Goldcamp, S. W.	McOwen, P. J.	Smeltzer, D. H.
Beede, R. W.	Golden, T. K.	McReynolds, C. A.	Smith, Ivan C.
Belinky, David A.	Goldstein, M. B.	Middleton, R. H.	Smith, John H.
Belmont, Morris H.	Goodwin, Vernon L.	Miglets, A. W.	Smith, P. B. H.
Benko, J. M.	Gustafson, C. A.	Miller, Frances	Smith, W. R.
Bennett, W. H.	Hake, E. H.	Miller, H. C.	Sovik, W. E.
Berkson, M. I.	Hall, Joseph C.	Monroe, F. F.	Speck, M. H.
Bierkamp, F. J.	Hall, Raymond	Montgomery, D. E.	Stefanski, Clarence
Birch, J. B.	Hart, V. C.	Morrall, R. R.	Steinberg, Myron H.
Bowman, Brack M.	Hartland, Wm. C.	Morrison, R. M.	Stewart, C. C.
Boyle, P. L.	Harvey, J. P.	Mossman, R. G.	Sunday, Michael J.
Brandmiller, B. M.	Hathorn, H. E.	Moyer, L. H.	Szucs, M. M.
Brandt, A. J.	Haulman, O. W.	Myers, Stanley A.	Tarnapowicz, John W.
Brant, A. E.	Hauser, C. D.	Mylott, E. C.	Tamarkin, Samuel
Brody, E. R.	Hayes, M. E.	Nagel, E. H.	Tamarkin, Saul J.
Brown, J. D.	Heberding, John	Nardacci, N. J.	Thomas, E. R.
Buchanan, J. R.	Herald, J. K.	Neel, V. A.	Thomas, John H.
Buchanan, J. U.	Hinman, A. V.	Neidus, M. W.	Tidd, A. C.
Bunn, W. H.	Ipp, Herman	Nelson, Gordon	Tims, W. J.
Burrowes, B. B.	Jones, E. H.	Nesbit, Dean	Turner, W. B.
Campbell, C. H.	Jones, W. L.	Noll, John	Vance, J. C.
Cavanaugh, J. M.	Kaufman, P. M.	Norris, Claude B.	Wagner, Chas. F.
Cervone, Louisa	Kendall, M. M.	Odom, R. E.	Wales, Craig C.
Clark, C. R.	Kennedy, P. H.	Parillo, Guy A.	Walker, O. J.
Coe, L. Geo.	Keogh, Jos. P.	Patrick, H. E.	Wallace, J. H.
Colla, Joseph	Keyes, J. E. L.	Patton, S. G.	Warnock, C. H.
Collier, W. D.	Kirkwood, E. E.	Patton, Thomas E.	Warnock, G. C.
Coombs, Fred S.	Klatman, S. J.	Piercy, F. F.	Wasilko, J. J.
Coy, W. D.	Kling, Herman	Piercy, Robt. Lee	Weaver, Samuel W.
Cronick, C. H.	Kocialek, M. J.	Poling, R. B.	Weidermier, Carl H.
Cukerbaum, A. R.	Kramer, G. B.	Randell, Asher	Weller, L. W.
Curtis, W. S.	Kupec, J. B.	Ranz, J. M.	Welsh, W. A.
Davidow, S. H.	Lander, T. A.	Reed, L. K.	Welter, John A.
Davidow, Sidney L.	Lawton, O. M.	Reese, Harold J.	Weltman, Erhard
DeCicco, Gabriel E.	Leimbach, P. H.	Reilly, E. J.	Wenaas, E. J.
*Deitchman, Louis	Levy, David H.	Renner, J. A.	Yarmy, M. M.
Deitchman, Morris	Lewis, John S.	Rogers, John A.	Yauman, C. F.
Delfs, Genevieve	Lowendorf, C. S.	Rosapepe, A. R.	Young, Earl H.
DiIorio, Enrico	Lupse, R. S.	*Rosenblum, A. M.	Young, W. P. S.
Dreiling, B. J.	Mahar, P. J.	Rosenblum, Morris	Zervos, M. S.
Dulick, John F.	Mahrer, M. P.	*Rosenfeld, Joseph	Zeve, H. S.
Elliott, Alice W.	Maine, W. E.	Rothrock, D. M.	Zoss, Samuel
Elsaesser, Armin	Malock, L. J.	Rummell, Russell W.	
Epstein, Samuel	Marinelli, A.	Russell, J. M.	

*Died during the year.

(Roster continued on next page)

ROSTER (Continued from preceding page)

<i>Interne Members</i>	Pichette, Charles	Giber, P. B.	<i>Associate Member</i>
Belinky, N.	Raupple, M. C.	Gross, D. A.	Clifford, R. V.
Camp, K. E.	Sofranec, J. J.	McGowan, J. F.	Elder, E. E.
Keyes, Sidney	Walter, C.	Mathay, H. E.	Giffin, H. K.
Kiskaddon, R.	Zlotnick, Sam	Williams, D. R.	Hubler, W. R.
Melaragno.	<i>Non-Resident</i>	<i>Honorary Members</i>	Kravec, F. G.
Miller, J. D.	<i>Members</i>	Beight, C. H.	McCune, E. L.
Miller, Rollis	Caskey, E. G.	Blott, H. E.	Olson, R. O.
Ondash, S.	Chalker, H. E.	Lindsay, J. F.	Stotler, John F.
Phillips, T. K.	Clark, Wm. A.	Slossen, C. H.	Turner, O. A.
		Whelan, R. E.	

MEDICAL BOWLING LEAGUE GETS UNDER WAY

The Medical Bowling League got under way recently and is in session every Thursday afternoon at 2 P. M. at the Champion Alleys. A fairly good turnout has featured play and more keglers are joining the group as the season progresses. Leading the bowlers is Dr. E. J. Wenaas with an average of 158. He is closely pressed by Drs. Vincent Herman and John Renner who are sporting averages of 156. Scores to date are as follows:

<i>Name</i>	<i>No. Games</i>	<i>Total</i>	<i>Average</i>
E. J. Wenaas . . .	2	316	158
V. Herman . . .	9	1402	156
J. Renner . . .	5	779	156
R. Clifford . . .	6	891	148
E. H. Young . . .	8	1166	146
D. H. Levy . . .	13	1835	142
H. J. Reese . . .	13	1844	142
A. Phillips . . .	12	1605	134
H. Hathorn . . .	9	1180	131
J. Goldcamp . . .	2	216	130
S. W. Ondash . . .	9	1157	129
I. C. Smith . . .	14	1764	126
H. Ipp . . .	4	487	122
G. DeCicco . . .	9	1005	112
H. Davidow . . .	2	221	110

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NEWS ITEMS

Dr. John Keyes has been appointed a member of the Advisory Committee to the Registries of Pathology of the American Academy of Ophthalmology and Otolaryngology.

* * *

At the annual staff election of St. Elizabeth Hospital, held on December 10, 1946, the following officers were elected to serve for the year of 1947.

Dr. F. W. McNamara was re-elected President of Staff. Dr. E. J. Wenaas was named Vice President; Dr. S. J. Tamarkin, Secretary-Treasurer. Dr. L. G. Coe was elected Director of Surgery; Dr. M. V. Neidus, Director of Medicine and Dr. P. L. Boyle, Director of Obstetrics and Gynecology. Drs. R. V. Clifford and P. J. Mahar were elected to the executive committee which also includes the above named officers. Dr. C. D. Houser was named to the Associated Hospital Staff Committee.

* * *

NEW ADDITIONS TO ST. ELIZABETH HOSPITAL RESIDENT STAFF

Dr. Benjamin J. Lord, Jr., of Glens Falls, New York, assumed his duties as Chief Resident in Medicine on December 3, 1946. Dr. Lord was recently discharged as Captain in the U. S. Medical Department where he served with the Air Forces, being attached to the 308th Bomb Wing in Korea, Japan. Dr. Lord is a graduate of Cornell University School of Medicine, class of 1943.

Dr. H. Benjamin Munson of Fort Pierre, S. D., joined the hospital resident staff as a member of the interne group. He served as Lieutenant J. G., in the U. S. Navy and was discharged May 23, 1946. He is a graduate of George Washington University, Washington, D. C., class of 1944. He is married and has two children.

* * *

Dr. W. L. Mermis, Associate Fellow of the American College of Allergists, recently attended the meeting of the American College of Allergy at Philadelphia, Pa.

* * *

Dr. Edward C. Pichette, recently associated in surgical practice with Dr. J. M. Ranz, left to assume duties as Resident in Urology at St. Vincents Hospital, Toledo, Ohio. Dr. Pichette served as Surgical Resident at St. Elizabeth Hospital from 1941 to 1943. He also served in the Medical Department of the U. S. Army and was discharged on December 27, 1946, after three years service.

* * *

Dr. William E. Sovik is taking an extended basic science course in Ophthalmology given by the American Council of Ophthalmology at St. Petersburg, Florida. The course will serve as part of his post-graduate training in Ophthalmology. Dr. Sovik is accompanied by his wife and son. They are staying at 13137 E. 4th Street, Maderia Beach, St. Petersburg, Florida.

* * *

Dr. Winthrop M. Phelps, of Baltimore, the noted specialist of Cerebral Palsy, will conduct his annual clinic for the children of the Cerebral Palsy Project at the Rotary Convalescent Home on January 15, 1947. The clinic will be held at the auditorium in the Nurses' Home at the South Side Unit of the Youngstown Hospital. The hours are from 9:30 to 3:00. The Youngstown Rotary Club's crippled children committee cordially invites all of the members of the Mahoning County Medical Society to attend this clinic.

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