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—Lincoln.

BULLETIN

of the
**MAHONING
COUNTY
MEDICAL
SOCIETY**

FEBRUARY 1947
Vol. XVII No. 2

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MEDICAL CALENDAR

1st Tuesday 8:30 p. m.	MONTHLY STAFF MEETING, YOUNGSTOWN HOSPITAL AUDITORIUM—NURSES' HOME
2nd Monday 9:00 p. m.	COUNCIL MEETING — MAHONING COUNTY MEDICAL SOCIETY OFFICE OF THE SECRETARY
2nd Tuesday 11:30 p. m.	MONTHLY MEDICAL CONFERENCE, YOUNGSTOWN HOSPITAL AUDITORIUM—NURSES' HOME
2nd Tuesday 8:30 p. m.	MONTHLY STAFF MEETING—ST. ELIZABETH'S HOSPITAL AUDITORIUM—NURSES' HOME
3rd Tuesday 8:30 p. m.	MONTHLY MEETING — MAHONING COUNTY MEDICAL SOCIETY YOUNGSTOWN CLUB
4th Tuesday 8:30 p. m.	MONTHLY STAFF MEETING — MAHONING COUNTY TU- BERCULOSIS SANITARIUM—KIRK ROAD
Every Friday 11:00 a. m.	MONTHLY STAFF MEETING—YOUNGSTOWN RECEIVING HOSPITAL AUDITORIUM—INDIANOLA AVENUE
Every Friday 11:30 a. m.	CLINIC—ST. ELIZABETH HOSPITAL LIBRARY
Every Friday 11:30 a. m.	CLINIC—PATHOLOGY CONFERENCE AUDITORIUM NURSES' HOME—SOUTH SIDE UNIT YOUNGSTOWN HOSPITAL
4th Thursday 8:30 p. m.	TRUMBULL COUNTY MEDICAL SOCIETY — MONTHLY MEETING WARNER HOTEL, WARREN, OHIO



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THE MAHONING COUNTY MEDICAL SOCIETY

Vol. XVII—No. 2

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PRESIDENT'S PAGE

Post-Graduate Day will be held this year on Wednesday, April 16th, by a group from Temple University School of Medicine. Your Program Committee has submitted to this group a list of subjects which it feels will be of timely and useful interest to our entire membership. This is a departure from our past custom of having our guests present their own program, and the committee feels that more interest and wider attendance will be the result. Clinics will be held at the Hospitals in the morning; lectures during the afternoon and a dinner meeting in the evening. The plans are made; so let's all pitch in and really have a turnout for this tradition of our Society.

The subject of Public Relations is one that the Doctor of Medicine has been most allergic to. It seems to imply advertising in subtle form and yet the Doctor should be his own best spokesman, as only he can know the true inside picture of the Medical World. Today we must continually maintain good relations with our legislators, both State and Federal, and your Legislative Committee is doing an excellent job. However legislators keep a close ear to the grass roots of public opinion and are swayed in last analysis only by it. Consequently our Speakers Bureau is being reactivated by Dr. Fred Coombs and we ask that you cooperate in every way possible with him. Let us try to present to the layman the vast strides that Medicine has made for his benefit during the last fifty years. And let us emphasize that these have come about through individual initiative unfettered by a bureaucratic Wangle, Mangle and Dangle Bill.

One last note for those of you who may be worried about our annual statement. Our budget is back in balance and we should finish this year in the black by a small margin.

GEORGE M. McKELVEY

BULLETIN of the Mahoning County Medical Society

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

C. A. GUSTAFSON, Editor
101 Lincoln Avenue

ASSOCIATE EDITORS

F. S. Coombs
W. D. CoyJ. L. Fisher
S. KlatmanS. W. Ondash
H. J. Reese

OUR HEROES

Since in the month of February, we observe a day for each of two great men who have become established in our tradition, we have occasion to consider the idea of heroes; and also to think of ourselves in relation to their recognition and development.

Loose-tongued Parson Weems, who long preceded the modern times of unauthenticated heroes, may not have been the originator of the idea of supralaudation; but he was a jovial contributor to an expectancy. And many people relished his questionable addition to the evidence of Washington's greatness. That which is true needs no artificial support—a very ordinary fact, which we moderns seem not to have learned from that loquacious parson. In these times, we put less stress upon the earlier or developmental days, and throw it upon the accomplishment. The origin and course of an idea may have interest, but it is upon its fruition that permanent glory depends.

In looking for heroes, we seem to pass rapidly over the colonial days. We carry the accumulating interest into the time of the contemporaries of Washington and allow it to be focused on him as representative of them all. How he succeeded in bringing order out of that inharmonious group, we still like to consider as sufficient evidence of his greatness. As his civilian and military accomplishments, though varied and excellent, recede to become comparable with those of other capable men, his farewell address becomes sufficient to keep us assured of his wisdom. Though we may try to alter the evidence, his human preeminence remains as our heritage.

The early life of Lincoln, his lack of educational and social advantages, his habits and his loves, these can remain debatable. For the man, we need for our enlightenment no more than his few words at Gettysburg and his second inaugural address; for his deeds, a re-united and a free country.

How he, amidst all the discouragements, utilized the discordant elements to bring about this unity of purpose, is a study for us in self-discipline, unique, and of inestimable value.

With all that has been written concerning him, and through all that may be released during the coming year, we feel that his place is fixed for all time; except, for the increasing mellowness which characterizes our thoughts of him as we pass gradually into the time of the yellow leaf.

We must have our heroes; and rhyme helps us to a more adequate, though not a more authentic, appreciation of their deeds. Even now we can see the light of a lantern in a tower at midnight, a shadowy form leaping into the saddle, hear the hoof-beats in gallop rhythm, and see the sparks strike out 'to kindle the land into a flame with their heat.' And more than a century



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later, those sparks can ignite something in the breast of a boy, which in manhood, he would not have extinguished.

Heroes must have had at least a nucleus of greatness, something unusual or in greater degree, else they would not have attracted attention sufficient to start the process of becoming famous. What that faculty was, may not be apparent. It may have become incorporated into imaginative or ascribed additions. But they had thoughts. And so our homes and clothing, our food and transportation, the luxuries which have become our necessities, are but the materialization of the thoughts of the greater men.

In the past, our heroes have risen out of those activities which are within the understandings of ordinary men: faiths, wars, conquests, statecraft, explorations. And it is within these lines of endeavor that most of us are still alert to detect and to follow leadership which we judge to be trustworthy. It is the timeliness of the contribution that has the most influence in building up the hero concept. Through additions and apologies it becomes established. When long afterward, evidence is found which tends to disturb these fixed views, it meets with difficulty and may be suppressed.

We are incurable worshipers and will not have our idols destroyed. We are not the least disturbed by our inconsistencies. We will brush aside, as unworthy of serious consideration, such ideas as that of the Lamas that there is an incarnation in every generation. Yet we have wars, more frequently than once in each generation, and we expect a military genius to emerge from each conflict that we may show him deference. We even exalt our geniuses in special lines to be paragons of wisdom. Unfortunate experience resulting from this does not lessen our enthusiasm.

However, our propensity to have faith in superior men has its discouragements. Technical advances have opened new ways of approach into the recesses of their lives. They are not as remote; there is less that may be concealed. Weaknesses may be revealed which are difficult to reconcile with greatness. This necessitates our making a choice. As a consequence, many of us lose our faith in great men. This is a destructive experience for an individual; it would be catastrophic loss for a people. Fortunately, we take our disappointments and begin anew.

This propensity of ours is in contrast to our scientific methods. In so many ways, how far are we behind the best thinking of our age! How belatedly do we apply established truth to our thinking in other categories! A more encouraging aspect of our unreasonable propensities, is the present tendency to place the emphasis on those men who have cultivated the faculty of observation, experimenters whose work bears minute investigation; who know their own insufficiency, but who accept advice only from others who are likewise competent within their fields. This does not produce popular heroes.

In investigations pertaining to medicine, we still show deference, mostly through anatomical designation, to some of the pioneers. The changing concept of disease conditions, makes it not advisable to use names of men, since this tends to fix them to a time.

Real heroes will strive, often being unaware of the value of their efforts; and equally unaware of the fame which is their due. Their thoughts and deeds are a culmination which they personify. The soil from which they grew was not barren. So we have become enriched by their contemporaries also. In the scientific field, their contributions have enlarged by accretion until they are ours in mass. In the philosophic field, we must reconstruct what was theirs if it is to become our own.

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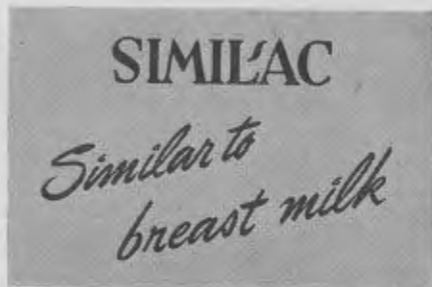


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STUDENT NURSES

We recently helped examine a group of girls who were applicants for our School of Nursing. There were sixteen applicants. We wanted seventy-five. Why did we get such a small percentage? Most of the girls came from suburban high schools; very few from our own city. When I asked these girls why more of their class-mates were not interested in nursing, what do you think was the most frequent answer? "They don't like the idea of going to bed at ten o'clock." Then my next question was, "Why do you want to be a nurse?" One girl answered that question in this way:

"A nurse may earn an outstanding reputation for herself as may be seen by such women as Florence Nightingale and Clara Barton. Of course, everyone cannot hope to achieve the heights of fame that these two women did, but by using them as ideals we may become conscious of our duties to society and do our best to help better the world. Nursing is a profession where one may serve others as well as oneself. In addition one may develop a well rounded personality by coming in contact with all sorts of people and that is something we all want. A nurse is looked upon with admiration and respect by everyone. Therefore, in my estimation, nursing is one of the most honorable professions into which a girl may enter."

And then I asked an older nurse (and she is one of our best), what reason she would give for our shortage of applicants. To this question, she replied:

"Don't you think the student of today is unhappy with the nursing course offered? We might leave that "nursing" out because my friends who have had to have hospital care in the past four years say that the "aids" do the nursing, while the students are in the classroom, getting a bit of this and

a bit of that, which, when added together doesn't mean much in the real care of the sick.

"Granted, we want high school graduates, girls of good morals, and girls, who are willing to sacrifice many of life's pleasures to fit themselves to stand at the bedside of an ill patient, and be a guide.

"Do you think it is necessary to make the student who wants to be a nurse, to care for the sick, to be put in a classroom with a lot of theory, which she really does not need, crammed into her, and when she gets back to the hospital and the patients she wants to be interested in and learn about, the time is so short she can't give the real care she came to the hospital to learn how to give?

"Your older doctors remember when you took nurses to homes for pneumonia, typhoid fever, smallpox; and many a fine baby was delivered in the home. Are your young trained nurses of today capable of that? I'll answer you 'no', and the young nurse of today realizes that; she got her training in the classroom, the old nurses at the bedside. Now, don't get me wrong. We received our R. N.'s, by taking state board, so we had sufficient class work.

"From listening to student nurses, or the young graduates, who feel they have missed a lot of their training, by too much class work, I feel it is one of the drawbacks today.

"Why don't the doctors investigate the state requirement, and see if something can't be done about putting the students back in the hospitals where they will really learn to care for the sick. Even to 'fluff' up the pillows is an art. And I feel when girls know they are not going to be put in a classroom, with old, boring subjects, but be allowed to spend most of their time with the sick, we will have girls come back to the profession, and love

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FEBRUARY

it, for to me it is the highest woman's profession in the world." •

We need to do some serious thinking on this subject of student nurses. Perhaps it might be well to appoint a special committee to study the subject from all angles and bring in a solution. There is a tendency to require a higher scholastic standard for entrance. We must have some book learning but perhaps we are trying to give too much. How many high school girls are capable of understanding the acid-base balance? Very

few; two out of 90, one instructor reports. Perhaps we shouldn't try to put all nurses through the same course of instruction. A small percentage who want to train to become instructors and supervisors could take the scientific course, while those who want to carry the load of general nursing could have most of their training in the wards.

The problem is here! It is acute!

It is something which vitally concerns the medical profession, and we must be active in its solution.

REPORT FROM COUNCIL ON MEDICAL SERVICE

With this bulletin we begin our report on the doings of the Eightieth Congress. As in previous years we shall not restrict ourselves to any particular regularity in producing our numbers, but will report promptly when we have information that would be helpful to you. The introduction of all bills relating to medical service and to public health will be promptly reported, and you will be kept informed as to their progress and the results of hearings or conferences that may be held upon them.

There are likely to be many health bills come before this Congress; the bills of last year will be reintroduced, probably more or less modified, and new ones embodying campaign promises are certain to be drafted.

Senators Taft, Smith and Ball conferred with a committee of the AMA on December 27 in Washington on redrafting their bill of last year (S. 2143). It is our understanding that the new bill will have the following features: (1) A separate government agency for its administration, outside Federal Security or Public Health Service; (2) administered by a physician, to be appointed by the President, preferably from men in private practice; (3) Advisory Committee with more than advisory powers, also to be appointed by the

President; (4) Means test to be applied on State level; and (5) the administration to be on State level, according to plans formulated by the separate states. An appropriation of \$200,000,000 will be made available, to be apportioned among the states according to a formula similar to that contained in the hospital construction law. The bill will be introduced in the Senate as soon as it can be drafted.

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FEBRUARY MEETING

Speaker: PAUL R. CANNON, M. D.

Department of Pathology
University of Chicago

Subject: "Recent Advances in Protein Nutrition"

Also Technicolor sound film, 30-minute program of all the clinical data on Folvite (Folic Acid) brought up to date. This film was made under the direction of Dr. Tom D. Spies, Hillman Hospital, Birmingham, Alabama, and Dr. Garcia Lopez, Calixto Garcia Hospital, Havana, Cuba.

TUESDAY, FEBRUARY 18, 1947
8:30 P. M.

YOUNGSTOWN CLUB

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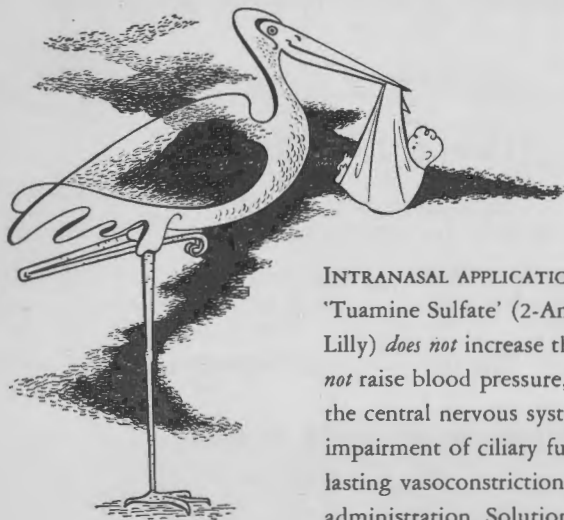
(Dr. Kinney will be guest speaker for the Youngstown Hard
of Hearing Society and the Quota Club)

**Subject: "HEARING CONSERVATION AMONGST
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SERVICE RECORD**LIEUT. COL. JOHN S. GOLDCAMP**

Dr. Goldcamp was inducted on May 1, 1941, with the rank of First Lieutenant. His first assignment was to the Station Hospital at Fort Benjamin Harrison, Ind, from May 1, 1941, to December, 1942. From December, 1942, to September, 1943, he was with the 44th General Hospital at Ft. Sill, Okla. He was then sent to Australia and Leyte, Philippines, and was there from October, 1943, to October, 1945. All of the year from October, 1944, to October, 1945, was spent with the 44th General Hospital as Chief of eye, ear, nose and throat. On December 30, 1941, he was promoted to Captain and on July 8, 1943, to Major. He was again promoted on January 3, 1946, to Lieut. Colonel. His decorations include a Unit citation in Philippines. He was in the First General Hospital in the Philippines, thirty days after the invasion. He was bound for New Guinea in 1943 from Australia for the installation of a hospital when the ship ran aground on Bouganville reef. They changed ships and returned to Australia. He was present at the Jap Bunzai attack on our hospital December of 1944, on Leyte. He was separated from service March 10, 1946, at Camp Atterbury, Ind., and resumed his practice of Ophthalmology in December, 1945, at Youngstown.

CAPTAIN PAUL M. KAUFMAN

Dr. Kaufman was inducted July 14, 1942, with the rank of Captain. His first assignment was to the Medical Replacement pool at Fort Benjamin Harrison, Indianapolis, for six weeks. He was then sent to the 35th Station Hospital, Camp Rucker, Alabama, for four months' training. From February, 1943, to February, 1944, he was with the 35th Station Hospital, Surgical Service in North Africa. Then from February, 1944, to Sept., 1944, he was with the 35th Station Hospital, Surgical Service in Corsica. He was then sent to France with the 35th Station Hospital, Surgical Service, where he was from September, 1944, to February, 1945. He was then transferred to the 23rd General Hospital in France, in Surgical Service from February, 1945 to May, 1945. From May, 1945, to September, 1945, he was at P. O. E. 2223 in France. He participated in the Rome-Arno, Rhineland campaigns and is the holder of the Meritorious Service Unit Plaque. He was separated from Service on December 20, 1945, at Indiantown Gap. He resumed his practice of surgery, gynecology and obstetrics at 305 Home Savings & Loan Building.

CAPTAIN MILTON M. KENDALL

Dr. Kendall was inducted July 2, 1942, and called to Active Duty on August 6, 1942, with the rank of First Lieut. MC. His first assignment was to the Med. Dept. Tr. Sch. at Robins Field, Ga., until Sept. 8, 1942, when he was sent to the 25th Service Group at Greenville, S. C., until July 29, 1943. He was then with the 85th Air Service Group, Venice, Fla., and went overseas August 20, 1943. The group was redesignated 448th Air Service Group, and returned from overseas Sept. 29, 1945. On March 30, 1943, he was promoted to Captain, MC. He was made a Fellow of the Royal Society of Medicine, Great Britain, in 1945. He was licensed to practice medicine in the British Isles in October, 1943. He was attached to the Royal Air Force and 9th U. S. Air Force before and after D-day in Normandy. He has the battle of the Rhineland Battle Star, Normandy Campaign Ribbon with Battle Star and the Rhineland Campaign Ribbon. He went on inactive status, (i. e. began term. leave) on Jan. 11, 1946, at Ft. Knox Sep. Ctr., Ky. He resumed practice of General Medicine at 303 Home Savings & Loan Bldg.

SAMUEL H. SEDWITZ, M. D.

1892 - 1946

It is hard to write about one with whom you have worked intimately and liked. This is especially true when the individual was as human as Sam Sedwitz. Those of us who knew him best cussed him out the most; at times only to find something to admire. To me he had an extremely curious mind. He was constantly seeking new things and trying them out. He liked to experiment. He was an enthusiast with all of the good and bad qualities that an enthusiast has. Personally he was loyal to his friends and he was frequently generous to a fault. As one doctor expressed it, "A lot of people will miss Sam."
E. C. B.



PREPARATION

That anticipation is an important factor in preparation for excellence, was observed by Aristotle, who said concerning the ancient Spartans that their "superiority did not depend on the mode of training their youth, but only on the circumstance that they trained them when others did not."

And this is still true in principle of many who are striving for excellence. It is true of the physician who seems to be superior. He has prepared in advance to deal masterfully with exigencies which may never be his. He has reinforced himself beyond his probable needs.

It is this excess of attainment which enables him, who is a seeker after what is true or is beautiful, to understand what Brahms meant when he said that "his pieces were nicer than himself, and needed less setting to rights." So when he attracts us and takes us out of our prosaic surroundings, we go with him into realms that are higher than ourselves. This excellence becomes an incentive, and is its own reward.

We sometimes see this culmination in persons who seem, in whatever they say or do, to suggest something greater than themselves. Such individuals are losing themselves that others may find them. Their candles will be found burning beside the path which leads into the unknown.

W. D. C.

PHYSICAL MEDICINE

IVAN S. SMITH, M. D.

Physical medicine may be defined as that science which deals with the management of disease by means of physical agents such as light, heat, water, electricity, and mechanical agents. The term "physical medicine" has recently been adopted, replacing the older term, "physical therapy." This was not a good name because it referred only to the therapeutic side of the field. The term "physical therapy" was supplanted with considerable difficulty, and only recently has "physical medicine" been adopted by all organizations and publications dealing with this branch of medicine. It is a better term, since the use of physical agents for diagnostic purposes is increasing.

Historical

While this branch is perhaps the newest field of medicine, it is also, almost certainly the oldest. No doubt primitive man utilized sunlight both for warmth and vitalizing action. Also, no doubt, wounds were frequently bathed at that time. Among the earliest medical writings there are references to physical agents, chiefly mechanical agents, and baths of various types. However, in the days of the Roman Empire crude electro-therapy was obtained by the use of various electrified fish. All of the great doctors of ancient times, the so-called "fathers of modern medicine," refer frequently in their writings to the use of physical agents. These consisted chiefly of sunlight, heat, hydrotherapy and electro-therapy. In the intervening time, the use of these agents was abandoned and only recently is this branch of medicine being taught in the medical schools.

Many ethical practitioners will state that they do not believe in physical therapy. It is generally true however, that they will have to interrupt themselves while explaining why, to order a nurse to use a hot water bottle on one patient, hot fomentations on another and probably a heat cradle on a third. Heat seems to be pretty generally accepted, though not as a physical agent.

There can be no doubt that much of the effect of these agents is psychic. The very types of apparatus used in many instances is bound to have a profound psychic effect on susceptible individuals. There has now been sufficient accurate scientific observation to pretty clearly evaluate the action of the various agents used. The presence of the psychic effect does not condemn the use of these agents in an ethical manner. No branch of medicine is without psychic factors. The mere consultation with a physician has some psychic effect, and certainly the submission to an operation, even if it is not needed, has a profound psychic effect. The charlatan makes use of this effect probably because it is so easily played up with the physical agents. This is not sufficient cause to discontinue their ethical use.

The scope of this paper does not permit a detailed report of all the uses of the physical agents. An effort will be made to point out some of the reliable information obtainable and some of the newer uses of these agents.

Use of Heat and Cold

The use of heat is familiar to everyone. However, some of the various means of applying heat tend to cause confusion. Hot water bottles, heat pads, etc., are commonly used. Local heating by these means is chiefly superficial, as the circulating blood keeps the local temperature low and prevents its penetration into very great depths. There will be local warmth, redness

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of the skin, dilatation of the vessels and an increase in the phagocytic action of the blood. The reflex effects are more poorly understood.

While in general, the local effects of heat are the same regardless of the source of the heat, there are forms which seem preferable in certain conditions. For example, dry air heating seems to be preferable to any other form in the treatment of arthritis while heating with paraffin baths seems to be preferable in the loosening of scars, fibrous adhesions, and in peri-articular disturbances. Where it is desired to heat deep structures, only diathermy is effective and this will be discussed under electro-therapy.

The use of cold, or cryotherapy, has within recent years been undertaken to slow the growth of inoperable malignancies. While its use in this manner has proven unsatisfactory, certain valuable points have been learned about its use in other ways. One of its greatest uses is for anaesthesia in amputations. Its use in amputations for diabetic gangrene, definitely bad risk patients, has nearly removed the danger from these operations. With its proper use, shock is almost entirely eliminated and after pain is prevented.

In hopelessly infected extremities, with a patient too sick to stand further trauma, most of the beneficial effects of an amputation without the surgical shock can be obtained by applying a tourniquet and refrigerating the part. This treatment can be continued for several days if necessary, while the patient's general condition improves under suitable management. The injured member may then be removed without additional anaesthesia, and without materially increasing the shock.

The use of local cold found great application during world war II in the treatment of frost bite, immersion foot, trench foot and so forth, which are all identical or closely related conditions. Since in these conditions, the peripheral arteries are reflexly constricted, the effect of the cold is to diminish the local metabolism to levels consistent with the existing blood supply. As the cold is gradually diminished, the vessels gradually dilate and gangrene is often prevented.

Hydro-therapy

In the field of hydro-therapy, Baruch, who was largely influential in the use of water for medicinal purposes around the turn of the century, has pointed out some of the many uses of water as follows:

- (1) Stimulant—a dash of cold water revives a fainting person.
- (2) Sedative—baths of 100°F to 105°F are soothing, and continuous baths at 100°F will calm a maniacal person when the most powerful drugs have failed.
- (3) Diuretic—drinking of small quantities of water frequently, increases urine output.
- (4) Diaphoretic—hot or steam baths.
- (5) Emetic—large draughts of tepid water are effective when powerful irritant emetics have failed.
- (6) Purgative—in the form of an enema.
- (7) Hypnotic—as a wet pack. There is nothing superior, as the most excited psychotics are calmed in this way.

While everyone speaks freely of different types of baths, few are familiar with the actual temperatures. Since the effects vary according to the temperature, it is somewhat important to know them. They are as follows:

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Generally speaking, cold baths stimulate or excite the patient while a neutral or hot baths soothe the patient. However, the very hot bath will tend to stimulate the patient. Thus it is unwise to take a very hot bath before retiring as it may cause wakefulness. On the other hand, a hot or tepid bath may help to induce sleep.

Water may be used therapeutically as the full bath, as various types of sprays, and for immersion of various parts of the body. It will vary in effect according to such factors as the temperature and the pressure behind the spray.

One of the most valuable forms of bath is the whirlpool. This merely consists of a tub with either running water and an air mixer, or a circulating pump, and an air mixer. The small bubbles of air, and the agitation of the water, plus heat, have a stimulating action helping to loosen adhesions and promote return of function to stiff muscles. Another valuable effect of the whirlpool bath which is not used nearly as frequently as it might be, is its cleansing action in sloughing wounds. Healing is promoted and the time of slough materially shortened.

In the complete bath, as in the Hubbard tank or a pool, under water exercises greatly benefit the action of weak muscles through the elimination of gravity. Here especially, careful supervision is needed as it is very easy for the patient to substitute for the injured muscles. Habits of this kind developed in underwater exercise are extremely difficult to break.

Mechano-therapy

Deals with the use of massage, exercise, manipulation and exercise with mechanical devices, including occupational therapy.

Massage is perhaps the most frequently requested form of physical therapy and the least understood. Many effects can be obtained, depending upon the type of massage used. This may vary from light stroking, which effect is entirely reflex, to brutal massage which is used chiefly in the treatment of fibrositis. In between, are various depths of stroking, kneading and tapping which empty the veins and lymphatics by a milking action, and which loosen and stretch adhesions mechanically.

One indication for general massage is in those cases where absolute rest is essential. Since these cases are nearly all circulatory in nature, and since muscle action is an extremely important factor in the return flow of blood to the heart, the use of general massage which substitutes the muscles of the operator for the muscle action of the patient in milking the blood and lymph back to the heart is obviously very valuable. While it is frequently used in Europe, it is rarely used in this country.

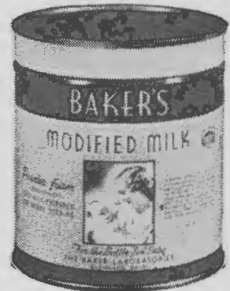
Exercise is also frequently neglected. Patients often are told to exercise and they are given no instruction or supervision. When it is observed how far afield the patient can stray in the way of exercise, it will be seen that exercise without supervision may be worse than useless. Many permanent disabilities following injuries are due to a phenomenon which results in a functional paralysis of certain muscles and substitution of other less suitable

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muscles. I believe that the greatest cause of functional failure following injuries and operations about the knee are due to a functional quadriceps paralysis, which if not corrected, will progress to marked atrophy of this muscle, and a permanently unstable knee. Sister Kenny speaks of this phenomenon as "mental alienation of the muscle." In order to avoid a discussion on the merits and demerits of Sister Kenny, I hasten to point out that Watson-Jones speaks of the same thing as "dissociation of the muscle from the brain." It will be seen that the two expressions imply the same thing. Namely: that functional paralysis results where contraction causes pain.

The use of many mechanical devices is very efficacious. This includes occupational therapy. The reason for their value is that they employ active exercise rather than passive. By the term "passive exercise," we imply that the motion is carried out by the operator without muscular action on the part of the patient. It is valuable only in those cases where it is desired to move a joint without any muscle action by the patient which would tend to separate fragments of recently fractured bones.

When the member has healed and motion is limited through stiffness, active exercise is far superior. I have frequently been able to increase the range of motion in a stiff elbow from 15 to 30 degrees at one sitting, by having the patient flex and extend the forearm against manual resistance. The first measurements were taken of the maximum range using firm traction to the point of unbearable pain.

The reason for this is simple. When a joint is moved passively, the pull is placed on the shortened muscle. This stimulates it to contract through the stretch reflex. When its opposing muscle is contracted voluntarily, the reciprocal innervation sends inhibitory stimuli to the shortened muscle, causing it to relax.

Occupational therapy not only provides an excellent means of actively exercising a part, but, through absorbing the attention of the patient in his work, diverts his mind from the injured part. This tends to improve the muscle action, at the same time, coordinating the action of the injured muscle with the well muscles. Recovery time in severe disabilities is materially shortened.

Light Therapy

To take up all the points of interest about light therapy would require more space than we have here. I will recall to your memory that the light spectrum of visible light is only a small portion of the electro-magnetic spectrum, which ranges from the shortest rays, called cosmic rays, through gamma rays, ultra violet, visible rays, infra-red rays, short radio waves, long radio waves, and alternating current.

Certain properties are possessed by some of these waves, which render them therapeutically valuable. Those wave lengths closest to the visible spectrum, are the ones concerned with in light therapy.

Ultra-violet radiation is a chemical wave. Its effect is not due to heat, but to certain specific changes in the tissues. Some wave lengths of ultra-violet are bactericidal in action, but the most valuable rays therapeutically are not the same as the best bactericidal waves.

The general effect of ultra-violet radiation is stimulating. This is particularly true of phosphorus and calcium metabolism, through the action of the vitamin D which is produced. Use of this agent is controversial in many cases. It seems to be of particular value in abdominal tuberculosis, and in of the body cavities may be reached by means of ultra-violet conducted

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through quartz crystals. Thus, tuberculous lesions of the bladder and larynx surgical tuberculosis. It should be borne in mind that tuberculosis of some have been successfully treated.

The value of ultra-violet in the prevention and cure of ricketts is accepted by all.

Beyond the other end of the visible spectrum, infra-red rays are encountered. Their effect is due to heat only. One thing of value can be pointed out. Since those wave lengths of infra-red closest to the wave length of visible light are most valuable, the use of a source of infra-red which is luminous is most beneficial. All bulb type heaters are more valuable than the type with a heating element which either does not become luminous, or just glows red. An ordinary light bulb, with a good reflector is an excellent source of infra-red rays.

A common fallacy in the use of infra-red is to heat the part for 20 minutes. This 20 minutes seems to be the magic number in Physical Medicine, and usually for no good reason. Elkins has shown that it takes 15 to 20 minutes for infra-red to produce its maximum penetration. Therefore, to be beneficial, the treatment should last for at least 30 minutes.

Electro-Therapy

In electro-therapy, two types of electric current are used. First is the galvanic or direct current, which is a current constantly flowing in one direction. The other is the Faradic, or alternating current, which flows alternately in each direction, changing a certain number of times a second, according to its frequency. It is possible to produce many variations of these currents. For ordinary use, an apparatus is usually provided which produces both currents from different switches.

The chief indications for the use of the constant current are:

1. Iontophoresis of chemicals and drugs into the skin or body orifices.
2. Depilation.
3. Stimulation of denervated muscle, to maintain its contractility until the nerve can regenerate.
4. Testing for the reaction of degeneration.

The reaction of degeneration is highly important in the determination of the status of peripheral nerves in injuries which may sever these nerves. It is dependent upon the fact that in paralysis due to lower motor neurone lesions, the muscle loses its power to react to alternating currents. However, it still will react to the direct, or constant current. A review of the physiology of muscle-nerve preparations recalls the fact that when the direct current stimulus is applied to the nerve, there is a muscle contraction only on the make, and again on the break of the circuit. While the current is flowing, there is no action. Since alternating current reverses direction as many times per second as its frequency, there are twice as many makes and breaks as the number of cycles, resulting in a tetanic contraction of the muscle. When the nerve is degenerated, the muscle no longer responds to the alternating current because the chronaxie of a nerve is much less than that of muscle tissue itself. By chronaxie is meant the length of time a certain predetermined current must flow to produce a stimulus. In the case of intact nerves, it varies from 1/1500 to 1/2000 of a second. In the case of healthy muscle, it is somewhat longer than 1/100 second; in advanced degeneration, being as long as 1/20 of a second. Since the usual alternating current is 60 cycles, which means that there are 120 makes and breaks in a second, and since only the makes and

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breaks supply a stimulus, it is obvious that the duration of the stimulus is shorter than the chronaxie of the denervated muscle.

In a typical lesion of the peripheral nerve, the usual sequence of events is that for a few hours after the onset of paralysis, there is no change in electrical reaction. After about 24 hours, the affected muscles begin to respond less and less to the alternating current. By the end of 10 to 14 days, there is no longer any response to the alternating current. There is some chance for error in this test, due to occasional difficulty in locating the motor points of the individual muscles, and to the variations in skin resistance, etc. However, repeated tests usually reveal the true nature of the lesion. In the case of the surgeon, with the nerve exposed, this test is practically infallible in determining the condition of the peripheral nerve.

In the case of upper motor neurone lesions, there is no variation from normal in the electrical reaction, since the peripheral reflex arcs are intact. Thus, in cerebral palsy, there is normal response to the electric currents, and since alternating current is more effective in stimulating muscle, its use in therapy is recommended in these upper motor neurone lesions.

Various modifications of these currents are possible and are used by many who have favorite currents. They may be surged, or they may be variously interrupted. For example, the direct current may be mechanically interrupted sufficiently few times per second in order to stay within the chronaxie of the denervated muscle. Most of these variations have no particular advantage over other forms of current.

There seems to be considerable confusion regarding the nature of diathermy. This is merely an alternating current of extremely high frequency. About 1890 it was discovered that alternating currents of above 10,000 oscillations per second produced no muscular response when passed through the body, and no sensation of shock. However, when the voltage and amperage of this type of current is increased, its passage through the body produces heat.

When the frequency of the current is between 1 and 3 million, the current is spoken of as "old", or "long wave", or better, "conventional diathermy". This form requires metal electrodes, and close contact for its medical application. The higher frequencies of 10 to 12 million, are spoken of as "short wave diathermy". These require no metal contacts, and only the placing of the part to be treated within the field of the cable of the machine.

Conventional diathermy is considered to be superior to the short wave in certain conditions. For example, in bursitis, it seems to give better results. This is probably because the output of the machine can be better controlled, and the inflamed bursa seems to react unfavorably to too great a concentration of heat. Certainly, in surgical diathermy, the conventional machines are superior to the short wave.

While the use of diathermy is of great value in heating of body tissues, it seems to me that each year, the real contraindications to its use and the conditions in which I believe it to be inferior to other forms of heat, increase. It has been said that it tends to increase muscle spasm. Certainly this is true if the heating is too intense. In acute low back strain, both from personal experience, and experience with patients, I find it less satisfactory than certain forms of radiant heat. Muscle spasm seems to increase. In the acutely inflamed sinus, unless adequate drainage is first provided, I believe that diathermy tends to increase the pain. In the presence of metallic foreign bodies, in the area to be treated, this form of heat should not be used. This contraindication should be constantly borne in mind, because the number of individuals

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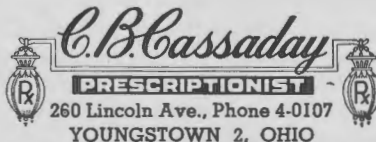
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BIOLOGICALS



SURGICAL DRESSINGS

SICK ROOM SUPPLIES

with various metallic shell fragments, bone plates and metallic sutures imbedded in their tissues, has increased markedly during the recent unpleasantness. Many nerve lesions have been sutured with vitallium wire, and, although I have never seen it happen, I believe that one diathermy treatment might permanently damage these nerves. The danger in these instances is due to the fact that the metallic bodies are better conductors and therefore heat more intensely than the surrounding tissue, resulting in some coagulation of the body tissues. In the case of nerve tissue, only slight increase in heat is necessary to cause permanent damage.

On the other hand, certain fields of possible usefulness have been insufficiently explored. Schmidt, of Northwestern University, reported a considerable series of pneumonia patients where the results were as good using short wave diathermy for 20 minutes out of each hour, day and night, as with serum or sulfonamide. I, of course, do not recommend its use in those cases of pneumonia which respond to the simpler procedure of using sulfonamides or penicillin. However, it seems to me it might well be tried in atypical or virus pneumonias, for which there is no known specific therapy. The vicissitudes of military medicine prevented my ever being able to try it, in spite of an abundance of clinical material.

Using the same technique in a few cases of ununited fracture, Schmidt was able to bring about union in a comparatively short time. An interesting observation was made in this connection. In a case of ununited fracture of the leg, a patient observed that the nails of that foot had to be trimmed very infrequently. By painting one nail of the injured foot, and one of the well foot with a water-proof polish, at the time of the injury, orthopedic surgeons associated with Schmidt were able to predict in a few instances that non-union would occur, by observing the lack of nail growth in the injured part. They assumed that poor circulation, due to vaso-spasm, was responsible for both phenomena.

Summary

In this rather disjointed and rambling paper I have attempted to cover some of the highlights in this somewhat neglected field. I hope that some interest has been aroused, and that more thought will be given to the advantages of the intelligent use of these agents. I am sure that all who have served in the armed forces are more aware and appreciative of their value than they formerly were.

1. *Read at Staff Meeting, St. Elizabeth Hospital.*
2. Krusen, Frank H., *Physical Medicine*, W. B. Saunders Co., 1941, p. 9.
3. *Fractures and Other Bone and Joint Injuries*, Watson-Jones, Williams & Wilkins Co., 1941, p. 42.

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FEBRUARY

COUNCIL MEETING

The regular monthly Council Meeting of the Society was held on January 13th, at the office of the Secretary.

Mr. W. C. Fisher, accountant and auditor, presented the audit of the Society for the year ending November 30, 1946. Council accepted the audit as presented.

The following application was approved by the Censors and voted on favorably by Council:

For Active Membership
SAM ZLOTNICK, M. D.

Home Savings & Loan Bldg., Youngstown, Ohio

Unless objection in writing is filed with the Secretary within 15 days, above applicant becomes a member.

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

E. J. WENAAS LEADS BOWLING LEAGUE

Dr. E. J. Wenaas continued to pace the Medical Keglers during a month that evidenced increased interest in this winter sport. His 159 was threatened by Dr. Herman and others who were crowding the higher scoring brackets. Other averages are as follows:

<i>Name</i>	<i>No. Games</i>	<i>Total</i>	<i>Average</i>
E. J. Wenaas	10	1590	159
V. Herman	13	2042	157
J. Goldcamp	8	1218	152
J. Renner	13	1984	151
R. Piercy	5	756	151
R. Clifford	12	1786	149
H. H. Young	8	1166	146
F. F. Piercy	7	1018	145
H. J. Reese	22	2303	144
D. Levy	17	2412	142
S. W. Ondash	18	2513	140
A. K. Phillips	18	2389	133
H. Hathorne	9	1180	131
I. C. Smith	24	3090	129
H. Ipp	18	2159	120
G. DeCicco	13	1477	114
S. Davidow	8	909	114

SLYD-RUL "ERROR"

The Ciba Pharmaceutical Products, Inc., have mailed to all physicians a Slyd-Rul to aid in converting apothecary to metric measurement. Perhaps you are one of the many who have already noted an error in the computation: placement of decimal point of the conversion from 0.4 grain to gram. This should read 0.025, not 0.25.

Ciba is extremely anxious to circulate this information in order that all doctors who receive this rule will be aware of the mistake, and advise that a corrected Slyd-Rul will be sent as quickly as possible.

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VENEREAL CLINIC REPORT

HENRI SCHMID, M. D., Chief

M. J. SUNDAY, M. D., Assistant Chief

Syphilis:

Number of cases treated this year	493
Carried over from 1945	291
Admitted this year	202
Primary	30
Sero negative	7
Sero positive	23
Early	94
Secondary	24
Others	70
Late	20
Neuro	20
Latent	23
Congenital	15
Males	102
Females	100
Discharged as cured or arrested	121
Transferred	86
Delinquents	111
Died	3
Remaining	172
Number of blood tests taken	853
Positive	311
Negative	542
Number of spinal punctures	37
Positive	4
Negative	33
Number of intravenous injections administered	2586
Number of intramuscular injections administered	4318
Number of chest and eye examinations	407
Number of patients treated with penicillin under State Aid Plan	21
Number of clinic visits	6662

Chancroids:

Number of cases treated this year	8
Carried over from 1945	0
Admitted this year	8
Discharged as cured	2
Transferred	0
Delinquents	5
Remaining	1
Number of clinic visits	24

Gonorrhea:

Number of cases treated this year	135
Carried over from 1945	4
Admitted this year	131
Acute	87
Males	84
Females	3
Chronic	23
Males	8
Females	15
Post-gonorrhoeal and non-specific	21
Discharged as cured	40
Transferred	8

Delinquents	68
Remaining	19
Number of clinic visits	667
Number of patients treated with penicillin	61
Number of penicillin injections administered	72
NUMBER OF VISITS MADE BY PEOPLE SEEKING ADVICE OR REQUESTING EXAMINATION BUT NOT ADMITTED AS PATIENTS	406
TOTAL NUMBER OF VISITS, ALL CASES	7759

We tried the cheaper method of giving single injections of 200,000 units of penicillin in almond oil as an emulsifier; this method results in too many relapses and was abandoned. Single doses of 300,000 units in wax and oil (Romansky formula) gives excellent results especially in early, uncomplicated gonorrhea.

In July, 1946, at the beginning of the present federal fiscal year, we were hoping to get some financial aid from the State. We badly need a full time social worker as can be seen from the high rate of delinquency and also a part time technician. At the present time our laboratory work is reduced to a dangerous minimum. If we are to have adequate laboratory service it certainly would be cheaper to hire a part time technician than to pay laboratory fees.

Report of Part Time Social Worker:

(Miss Grant, a visiting nurse)

Total individuals seen in home visits	358
Total home visits made	556
Types of individuals:	
Gonorrhea found in pre-induction army examination	1
Discharged from army with g. c. treatment	1
Prenatal positive serology	6
Pre-induction, positive serology	7
Premarital, positive serology	20
Discharged from armed forces positive serology	76
Contacts to active cases of gonorrhea or syphilis	62
Referred from hospitals, courts, etc.	16
Delinquents, clinic patients	141
Persons who requested a blood test but did not return for their report (positive blood)	21
Released from prisons and industrial schools	4
Referred by M. D.	3

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outdoor pursuits. Modern laboratory fa-
cilities. Address . . .

JOHN A. McKAY, M. D., Medical Director

SINCE LAST MONTH

The Youngstown Hospital Association elected new officers for the year 1947. Drs. W. K. Allsop, president; G. G. Nelson, vice president; E. C. Baker, secretary and treasurer.

The retiring officers, Drs. A. E. Brant, W. H. Bennett and H. E. Patrick were presented with individual gifts from the staff officers as a mark of appreciation for their many years of service.

Dr. John L. Scarnecchia, who has been doing postgraduate work at the University Hospital, Cleveland, is resuming his practice here some time this month.

Dr. E. R. Brody has returned to New York where he is taking a year's postgraduate course in Dermatology at the skin and cancer unit at Columbia University.

Dr. John R. LaManna, 385 Hilton Ave., has opened an office at 2912 South Avenue. Dr. LaManna spent 32 months in the Army, most of the time as arentenologist with the 135th Evacuation Hospital in Germany.

Dr. G. M. McKelvey was elected a director of the Union National Bank at the Annual shareholders' meeting, January 15th.

Two Youngstown men were among those who passed examinations for doctors given by the State Medical Board in December. They are Louis Zeller, Jr., 1007 Fairview Ave., and Vincent G. Herman, 144 Shadyside Drive.

Mrs. M. J. Kocialek and Mrs. Ralph E. Roscoe are visiting friends in St. Louis, Mo., and from there will spend some time at the Edgewater Beach Hotel, Chicago.

Dr. H. E. Patrick was elected president of the Board of Education, starting his seventh term, at the election of officers meeting Monday, January 6th.

Dr. Anthony J. Bayuk, of Johnstown, Pa., was recently named Director of the Department of Anesthesia at St. Elizabeth's Hospital.

Dr. Bayuk is a graduate of the University of Pittsburgh Medical School and interned at South Side Hospital, Pittsburgh. He began as assistant anesthetist at Walter Reed Hospital, Washington, at Station Hospital, Fort McPherson, Atlanta, Ga., and the Fourth Auxiliary Surgical Group.

While with this group he served as anesthetist of a general surgical team and participated in the D-day landings in Normandy. He was a member of a volunteer surgical team with an airborne assault unit. Dr. Bayuk was decorated with the Silver Star, the Purple Heart with three oak leaf clusters, and the presidential unit citation. He was discharged with the rank of Captain and on his return from combat duty served as chief of anesthesia at Battey General Hospital, Rome, Ga.

Dr. Bayuk completed his fellowship in anesthesiology at the University of Vermont, Burlington, Vt., and his residence at the Bishop De Goesbriand Hospital, Burlington, Vt. He has been a member of the Chittendon County Medical Society and the American Society of Anesthetists. Dr. and Mrs. Bayuk expect to make their home in Youngstown.

Lt. Peggy C. Sedwitz, WAC, daughter of Mrs. Alice G. and the late Dr. Samuel H. Sedwitz, and Dr. Oscar A. Turner, son of Mr. and Mrs. M. R. Turner, South Bend, Indiana, were married Sunday, Dec. 15, at Rodef Sholem Temple. Dr. and Mrs. Turner are living with Mrs. Sedwitz, Crandall Avenue.

Kiwanians, accompanied by their Kiwaniqueens, observed their 30th anniversary at a party honoring Dr. H. E. McClenahan, retiring president, at Hotel Pick-Ohio, Friday,

January 10th. Dr. McClenahan was presented with a diamond-studded past president's pin.

Dr. and Mrs. W. Stanley Curtis recently returned from a vacation in Miami, Florida, also Williamsburg and Richmond, Va.

The Women's Auxiliary to the Mahoning County Medical Society held a dinner and card party January 30th at the Youngstown Club. Mrs. W. K. Allsop was hostess chairman, and was assisted by Mrs. Morris Rosenblum, Mrs. C. W. Sears, Mrs. J. K. Herald, Mrs. D. A. Gross, Mrs. John Noll, Mrs. L. K. Reed, Mrs. V. L. Goodwin and Mrs. I. C. Smith.

Dr. S. R. Zoss has been appointed a charter member of the American Society of Certified Allergists.

Mrs. Brack Bowman entertained at tea for the Youngstown Branch, A. A. U. W., Saturday, January 11. Mrs. Bowman is membership chairman and this year new members numbered 52.

Dr. and Mrs. John A. Rogers had as their guests recently Dr. Rogers' parents, Mr. and Mrs. Harold R. Rogers, of Cleveland.

Dr. C. A. Gustafson spoke before the Garfield P. T. A. on January 14. Dr. Gustafson's subject was Rheumatic Fever.

Dr. O. M. Lawton has been appointed by the Ohio State Medical Association to serve on the newly-created committee, Mental Health.

Clinical Conference at Chicago

The Chicago Medical Society extends a cordial invitation to the medical profession to come to Chicago to its Third Clinical Conference on March 4-5-6 and 7.

This is an extensive postgraduate course for the General Practitioner with outstanding speakers from all over the United States. In addition to morning and afternoon lectures, there will be three Panel Discussions, a Clinicopathologic Conference and round table discussions at each luncheon. The meetings will be held at the Palmer House.

WOMEN'S AUXILIARY

The Women's Auxiliary to the Mahoning County Medical Society sends a cordial invitation to the wives of new members of the Medical Society to join the Auxiliary.

The annual dues are two dollars and may be sent to the treasurer, Mrs. M. M. Kendall, 158 Brookline Avenue. (Dues for wives of non-resident members are one dollar.)

Meetings are held the fourth Monday of the month at one thirty (with the exception of a couple of evening meetings with our husbands as guests) and are announced the preceding week in the *Vindicator*.

New Auxiliary members' names are given to Mrs. J. J. Wasilko (3665) chairman of the telephone committee and a member of her committee will phone you several days before the mtng to notify you in case you missed the publicity in the paper, and to take reservations if necessary.

The state auxiliary has high hopes of doubling its membership this year and is expecting splendid co-operation from all county auxiliaries in this undertaking. Our membership chairman, Mrs. D. M. Rothrock, is anxious that Mahoning County will be up in front when the members are counted, and we can all help her attain an increase in our membership by renewing our membership *at once* if we have neglected to do so, and also by interesting

others who are eligible in joining. (Dues for new members may be remitted and will be included in this report up to February 15th.)

This is your auxiliary and we need the help and co-operation of all to achieve our purpose, and you will be showing that willingness to help by attending meetings regularly and by taking an active part in all discussions and undertakings of the auxiliary.

Our next regular meeting will be held at the new nurses' home at St. Elizabeth's Hospital, February 24th at 1:30. Dr. W. D. Collier will be our guest speaker and has selected "The Estrogenic Hormones" for his subject, and as one of the objects of this auxiliary is to promote health education we should all plan now to be there and learn about a subject with which we all should be familiar.

CATHERINE COE, *President*

"Courage and Devotion Beyond the Call of Duty"

Through the co-operation of Mead Johnson & Company \$34,000 in War Bonds are being offered to physician-artists (both in civilian and in military service) for art works best illustrating the above title, as applied to physicians in war and in peace.

This contest is open to members of the American Physicians Art Association and will be judged June 9-13, 1947, at the Atlantic City Session of the American Medical Association. For full details, write Dr. F. H. Redewill, Secretary, Flood Building, San Francisco, Cal., or Mead Johnson & Co., Evansville 21, Indiana.

First 1947 Staff Meeting At St. Elizabeth's

The first monthly staff meeting of 1947 at St. Elizabeth's Hospital was held on Tuesday, January 14. The first portion of the program featured a technicolor movie on "Primary Dysmenorrhea," presented by a representative of the Searle Co. The film presented an interesting review of the drug, hormonal and surgical approaches to the treatment of this pathological physiologic condition of the myometrium.

Dr. B. I. Firestone presented a very interesting paper on "Colitis." He placed particular emphasis on the matter of ulcerative colitis and touched lightly on other types of colidities. The review elicited considerable discussion, with veteran physicians citing their experiences with the various types of colitis encountered in Army Hospitals.

Dr. John Stotler was announced as

essayist for the February meeting at which time he will present a paper on "Thoracic Surgery".

January 15, 1947.

Dr. C. A. Gustafson,
101 Lincoln Avenue,
Youngstown, Ohio.

Dear Dr. Gustafson:

Many thanks for the bulletin of the Mahoning County Medical Society in the January issue which printed an abstract of my talk.

I went through the bulletin and enjoyed it very much—its makeup and coverage of things of interest to the Society. It certainly represents very well your very active group in Youngstown.

Again many thanks for an enjoyable stay with you all.

Sincerely yours,

ROBERT S. PALMER.

THIS MONTH YESTERYEARS**1932**

Dr. H. E. Patrick reviews "The Mal'aria of Rome," an article published in 1824.

During the year 1931, the Youngstown Hospital treated 19,952 individuals in the hospital and out patient department and collected 55% of the total operating expenses. The St. Elizabeth's Hospital, during the same year, treated 4,877 patients.

Toledo, S. Q. Lapeus observes, must be having an epidemic of scarlet fever. He saw a sign the other day which stated, "Toledo scales."

1937

We regret the passing of another member of our society, Dr. Colin M. Reed. Dr. Samuel Zoss has opened his office at the Home Savings and Loan Building.

The Speakers Bureau gave ten talks during the previous month.

1942

Dr. J. P. Harvey writes an editorial which he entitles, "Here and There." The Bulletin announces the passing of Dr. Bertram B. McElhaney.

All physicians under 45 will be asked to enroll with the Procurement and Assignment Service at an early date.

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NARCOTIC "DON'TS" FOR THE PHYSICIAN

U. S. Bureau of Narcotics

Don't leave prescription pads around.

Addicts want them for effecting narcotic forgeries.

Don't write a narcotic prescription in lead pencil.

Avoid writing any Rx in pencil, many are changed to call for morphine.

Don't write for narcotics this way:

Morphine HT $\frac{1}{2}$ # X or

Morphine HT $\frac{1}{4}$ # 10

Several X's or zeros can be added to raise the amount. Use brackets or spelling.

Don't carry a stock of narcotics in your bag.

Addicts are on the lookout for these in doctors' offices and cars.

Don't store your office supply where patients can get at it.

Avoid storage near sink or urinal. The patient may ask to use these.

Don't fall for a good story from a stranger claiming ailment that usually requires morphine.

The addict can produce bloody sputum, simulate bad coughs or other symptoms. Make your own diagnosis.

Don't give a narcotic Rx to another without seeing the patient.

Addicts have posed as nurses to get doctors to prescribe narcotics.

Don't write for large quantities of narcotics unless unavoidable.

Diversion to addicts is a profitable business, as much as \$1 for $\frac{1}{4}$ gr. M.S.

Don't prescribe narcotics on the story that another M.D. had been doing it.

Consult the physician or the hospital records whenever possible.

Don't leave Rxs signed in blank at the office for nurses to fill in.

Signed blanks are bad practice and many have been stolen by addicts.

Don't treat an ambulatory case of addiction. Addicts must be under proper control.

Addicts go to several M. D.'s at a time. Notify this Bureau.

Don't dispense any narcotics without keeping a record of it.

Bedside and office administration are permitted without record.

Don't buy your office narcotic needs on Rx blank in name of a patient.

The law requires you to use an official order form.

Don't resent a pharmacist's call for information about an Rx you may have written.

The pharmacist is held responsible for filling forgeries. Please co-operate.

Don't hesitate to call this Bureau to get or give information. It will be held strictly confidential.

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

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

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

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

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

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

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

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