



Give thyself time to learn
something new and good,
and cease to be whirled
about. —Marcus Aurelius

BULLETIN

of the
**MAHONING
COUNTY
MEDICAL
SOCIETY**

Youngstown, Ohio
MAY • 1947
VOL. XVII No. 5



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THE MAHONING COUNTY MEDICAL SOCIETY

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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 a. 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 Tuberculosis Sanitarium, Kirk Road Monthly Staff Meeting—Youngstown Receiving Hospital Auditorium—Indianola Ave.
Every Thursday 11:30 a. m.	Weekly Surgical Conference Youngstown Hospital—Stewart House
Every Thursday 12:30 p. m.	Orthopedic Section Library—S. Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Urological Section Library—S. Side Unit, Youngstown Hospital Clinic—St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinic—Pathology Conference Auditorium Nurses' Home South Side Unit Youngstown Hospital
Alt. Saturdays 11:00 a. m.	Obstetrical Section North Side Unit of Youngstown Hospital

COMING MEETINGS

- American Medical Association, Atlantic City, June 9-13.
 American College of Chest Physicians, Atlantic City, June 5-8.
 American Congress on Obstetrics and Gynecology, St. Louis, Sept. 8-12.
 American Public Health Association, Atlantic City, Oct. 6-10.
 American Society for the Study of Sterility, Atlantic City, June 7-8.
 Mississippi Valley Medical Society, Burlington, Iowa, October 1-3.
 Twelfth Assembly, United States Chapter, International College of Surgeons, Chicago, Sept. 29-Oct. 2.

PRESIDENT'S PAGE

Our 19th Postgraduate Day has passed and from all comments it was one in which our Society may justifiably take pride. I again want to express our thanks to Dr. DeCicco and his committee for a fine piece of work well done. And I would indeed be remiss if Dr. Bunn's part were not mentioned. He saved the day by paying a visit to Temple University; and he succeeded in correcting a bit of last minute confusion which might well have upset our plans. Our sincere thanks to all of you who helped "put it over".

Dr. Emory Burnett, Dr. John Lansbury and their associates gave splendid presentations of their subjects which were of timely interest to all of us. We again thank and congratulate them and sincerely hope they may return in the not too distant future.

During the past year much dissatisfaction has arisen concerning a suitable place to have our monthly meetings. We deeply appreciate having been able to use the Youngstown Club and its excellent facilities for many years. We also realize that Jim MacGoogan and his staff have many problems which have combined to make the starting time of our meetings later and later. With this in view your Council has been investigating other places for some time. The choice, for practical reasons, seems to fall between the Youngstown Country Club and the V.F.W. Club on Boardman St. We have sent to each of you a notice for indicated preference and final action will be taken at our regular May meeting. Consider all aspects of the problem and come down prepared to argue for the place of your choice at that time.

One other important problem that one seems to hear discussed more each day is the shortage of nurses in our hospitals and the small number of girls who apply for training. This problem assumes serious proportions when we consider the proposed expansion of our hospitals. Our Medical Society has not been consulted about this problem as yet but we do want to extend our offer to be of any help possible. We must have our hospitals adequately and competently staffed if we are to carry on the high standards of medical practice to which our community has been accustomed in the past.

George M. McKelvey, M.D.

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MAY, 1947

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

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101 Lincoln Avenue

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W. D. Coy

J. L. Fisher
S. Klatman

S. W. Ondash
H. J. Reese

POSTGRADUATE NOTES

2 A.M. Thunder, lightening and rain! Hope it stops by daylight.

3 A.M. Snore.

4 A.M. Ditto.

5 A.M. Still snoring.

6 A.M. There goes that----alarm clock. Think I'll take five minutes more shut eye before I get up to meet that train.

7 A.M. Train should be here most any time now. Here it comes, there is the headlight beam down the tracks. Now that the train is here where are the speakers. Let's ask the porter. Oh! Oh! the porter forgot to awaken them. And so while the speakers dress hurriedly a-la-fireman style the train must wait. (We hope, for we do not relish a trip to Niles to pick them up.) "Only four of you? Where is Dr. Willson?"

"He spoke in Boston last night and is arriving by plane."

8 A.M. Call the airport and see what time the plane arrives. "You say that the planes from Boston are grounded because of the weather." It can't be! We are expecting an important speaker on that plane. There is a possibility of one arriving at 12:10? Hope he is on it.

Well since the hotel rooms for our guests are not ready we might as well eat breakfast. After the meal the group were placed in temporary rooms to freshen up from the long nights travel.

9:00 A.M. The exhibitors chant in unison; "Where is Mrs. Herald? Where are the tables?" One asks: "Where do I set up," and is told that he must advertise in the Bulletin to exhibit. We protect our advertisers and ask you to patronize them.



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DAIRY SPECIALISTS

10 A.M. Dr. Lansbury is conducting an excellent Clinico-Pathological conference at South Side and Dr. Burnett an excellent Surgical Clinic at St. Elizabeth's.

11 A.M. Ditto.

12 NOON Things seem ready to roll at the hotel. The exhibitors are ready, willing and able to sell anything and everything. There is plenty of everything including prices. There are some new faces this year! Bowman Brothers, Fellows, James and Weaver (What no sample office furniture?) and Connecticut Mutual Life. McMahon of Eli Lilly didn't have a table but he had a stuffed overcoat with plenty of samples. We were glad to see Baker Milk and Beil Rempes again. Fred Lyons was still passing out refreshments. Isalys had Klondikes but I did not see Sister Sue. Stillson and Associates were there to see that none of us took sick (They cover us now). Breon, Pittman-Moore, Buffington's, Ciba, Endo, Mead-Johnson, Merrell, and Similac were there again. Professional Pharmacy, Cassaday, White's Drugs and Lester's were the local Chemists represented. (can't get used to saying druggist after living in Australia so long). Helen Mantle Foster still surrounds 'em.

1 P.M. Well they are starting to come in rapidly despite the rain. No news from Dr. Willson as yet. Maybe we better delay the first lecture.

1:45 P.M. Dr. Norris did an excellent job pinch hitting for Dr. Jackson, in fact some people did not know the difference for I was told by several that they enjoyed Jackson.

2:00 P.M. An excited gentleman comes to the registration desk and says, "I'm Willson, what do I do?" We find out that he had flown over Youngstown for several minutes trying to land and the plane was ordered back to Pittsburgh so he came by train. That kinda makes us smokier than the Smoky City.

2:30 P.M. Dr. Eleanor Steele gave us an excellent discourse on Psychosomatic medicine. Many thanks to Dr. Frances Miller for seeing to it that she was made to feel at home.

3:30 P.M. Though tired and weary from a strenuous trip Dr. Willson's talk on Toxemias of Pregnancy was well given and well received.

4:30 P.M. For the second time today Dr. Lansbury impressed us. This time it was his timely discussion of Obesity.

5:30 P.M. First half is over and everything seems to be running smoothly.

6:30 P.M. Wadda ya know! The dinner actually started on time. Last years P-G chairman finally got his roast beef instead of turkey. What ever happened to that bottle?

8:00 P.M. The dinner lecture with Dr. Burnett was highlighted with two excellent color movies on thoracic surgery.

10:00 P.M. The end of a perfect day. That is all until the Sixth Councilor Post-Graduate Day in Canton on November Fifth.

G.E.D.

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Post Graduate Surgical Clinic at St. Elizabeth's Hospital

Dr. W. Emory Burnett

The Surgical Clinic, one of the features of the Post Graduate Assembly, was held at the Faculty Room of Lourdes Hall of the St. Elizabeth's Hospital School of Nursing at 10:00 a.m., April 16, 1947.

Dr. W. Emory Burnett conducted a clinic which included a review of three cases. Two gall bladder cases presenting similar characteristics were first presented and then discussed concomitantly. Dr. Burnett not only reviewed these cases but covered the diagnosis and treatment of cholecystic disease with particular reference to acute attacks and their immediate and imminent management. Considerable general discussion followed.

The third case was a diagnostic problem, that of a fifty year old adult male with a lower abdominal tumor of undetermined nature. After examination of the patient, Dr. Burnett enumerated the likely possibilities and by exclusion ruled in favor of a seldom encountered entity, an adenomata of the prostate with cystic change.

S.W.O.

Treatment In Psycho-Somatic Conditions

(Presented at our Postgraduate meeting by Dr. Eleanor Steele, Temple University)

"Treatment in Psycho-Somatic Conditions" was presented by Dr. Eleanor Steele in an excellent fashion. Dr. Steele pointed out that today, we still have, in both patients and doctors, a reluctance to use psychiatric consultation for problems and their treatment. Slowly the trend is changing to treatment of patients with problems which are still minimal, rather than waiting until they become psychoses.

Resistance to psycho-therapy is made up of multiple units:

1. Resistance to the problem at hand and unwillingness of the patient to admit why he feels as he does.
We, as physicians, must admit that the neurotic symptoms are just as legitimate as are those of appendicitis, pneumonia, etc.
2. The amount of time and expense involved to obtain the necessary therapeutic effect.
3. A feeling of inadequacy in the physician in approaching the problem because of insufficient training.
The referring physician should try to prepare the patient for the prospective psychiatric program. A skeptical doctor can have nothing other than a skeptical patient. The doctor must admit that, consciously or not, he does assert a certain psycho-therapeutic effect on the patient. Therefore,



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MAY

you should make a real effort to determine what the patient's problem is, why it has developed and try to do something for it.

A neurosis is the inability to react properly to adult environmental requirements because of a failure of usual normal separation from childhood influences. The doctor must realize this, allow for it and use it in an approach to the development of a more mature attitude in the patient. The physician must realize that the unsatisfied desires, longing and other carry-overs from childhood can express themselves in physical as well as nervous symptoms. The major key in psychotherapy lies in an understanding of the emotional dynamics within the person who presents himself for treatment of symptoms.

The kind and degree of psycho-therapy depends on the type of case and degree of ability of the physician to understand and treat that patient. Psycho-therapy attempts to substitute a real sense of security in the patient for a pseudo-sense of security and an adequate physical examination must be performed to convince both the physician and the patient. The physician must do a thorough physical examination before the patient will accept his effort at reassurance. Very often the patient will try to resist the effort at reassurance if the doctor is too precipitate in making his pronouncement.

Certain psycho-therapeutic procedures are used:

1. Pay attention to physical defects which can be corrected because of a possible relationship to the psychiatric problem.
2. Stress the attractive advantages of the patient, especially if a female, in an effort to bring up self-esteem.
3. Hydro-therapy.
4. Occupational therapy. Develop hobbies and diversions.
5. Suggestive therapy. Take advantage of the dependency wishes of the patient to please his physician. However, use care in avoiding the development of too great a dependency of the patient upon the doctor. Do not dodge sexual questions. At times it may be helpful to even ask questions of patients who may be too bashful to ask those questions themselves.

Check the entire background of the patient before encouraging him to fully reveal his story. The situation can be made worse if the wrong person is encouraged to "tell all." Help the patient to gradually see what the reality actually is in his problem and point out to him how his childhood factors are influencing him.

The physician should see the problem through the patient's eyes and experience and not through his own. The physician should ally himself with the positive and the best in the patient to achieve the best results.

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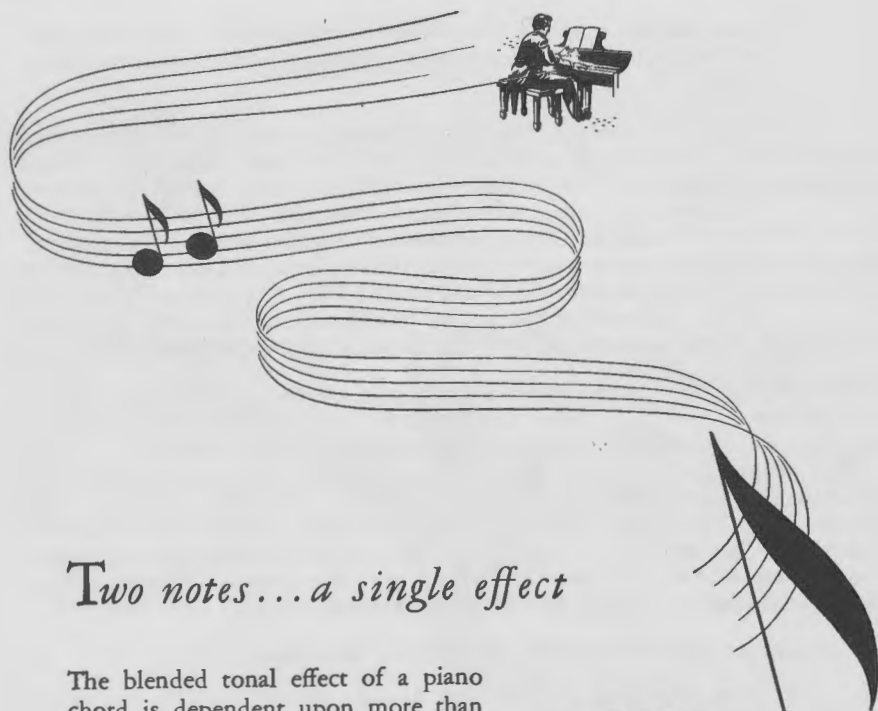
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THE LATEST DEVELOPMENTS IN ECLAMPSIA AND THE TREATMENT OF MENORRHAGIA

(Abstract of lecture presented at our Postgraduate meeting
by Dr. J. Robert Willson, Temple University)

About seven or eight percent of pregnancies present toxemia manifestations. One half of these toxemias become pre-eclamptic. The mortality rate for eclampsia is about fourteen percent while that of the pre-eclamptic is less than one percent. The etiology is unknown. Eclampsia has been called the disease of theories.

The diagnosis of pre-eclampsia is based on these factors, hypertension, proteuria and edema. If the blood pressure reaches 150 it is a sign of approaching trouble.

The first sign is abnormal gain in weight. The normal weight gain is fifteen to twenty pounds. Ten or twelve pounds of fluid can be held in the tissues before edema is visible. The reason for the edema is the abnormal retention of the sodium and chloride electrolites. Edema of the brain is considered the cause of the convulsions.

Treatment: (1) Salt free diet. Avoid salted foods. (2) Ammonium chloride 6 to 8 grams per day for three to five days only. May repeat later.

The signs of approaching true eclampsia are increased edema, the blood volume diminishes as the serum goes into the tissues. The protein in the urine increases and the hypertension rises.

The best method of altering this deranged metabolism is;

1. Hypertonic Glucose Solution, 800 cc of 25% glucose.
2. Morphine Sulphate, grs. $\frac{1}{4}$ to $\frac{1}{2}$. Sodium Luminal grs. 5 intramuscularly.
3. Magnesium Sulphate, 50 percent intramuscularly, six to eight cubic centimeters.

The ultimate cure for eclampsia is delivery; either from below or by Cesarean Section in selected cases.

H. E. McClenahan, M. D.

Obesity

(Presented at Postgraduate meeting by Dr. John Lansbury, Temple University)

"Approximately 2.66% of all applicants for life insurance are obese," Dr. John Lansbury, Associate Professor of Medicine in Temple University, declared at the afternoon meeting. He pointed out that obesity might be expected to shorten life expectancy since with it are associated hypertensive cardio-vascular disease, diabetes, and degenerative joint disease.

The diagnosis of obesity is made by inspection, Dr. Lansbury added, with an allowance of plus 15% deviation from standard tables. Body

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weight equals the calories taken in minus the calories expended for energy. Obesity is generally the result of a breakdown of this normal balance. Other tests to be done in diagnosing obesity, he added, were X-rays of the skull to rule-out pituitary disorders and metabolic cranio-pathies, and a glucose tolerance test to rule-out rare case of functional hypoglycemia.

Dr. Lansbury stressed that the predominant type of obesity was due to excessive intake of food. He said that disorders of the endocrine glands were extremely rare and explained the weight gain of the menopause as due to decreased activity and increased consumption of food.

The treatment advocated was 800-1200 calorie diet, exercise for those patients who can tolerate it, drugs (benzedrine) after patient has started to lose weight, and possibly psychotherapy. He pointed out that if fat people stop eating they will lose weight and cited the case of undernourished prisoners of war who were ill-fed.

F. S. C.

The Widening Scope Of Thoracic Surgery

Dr. W. Emory Burnett

Tuberculosis and other infections were not discussed.

Cancer of the lung (bronchogenic carcinoma) is on the increase. Twelve per cent of all cancers are found or originate in the lung. Their diagnosis in early stages is difficult. Intractable cough is the first and most pronounced symptom. It is often thought to be due to smoking and there is sometimes temporary improvement when smoking is stopped. The cough does not respond to any of the usual cough remedies. It is usually productive and cancer cells have been found in the sputum.

Weight loss is not an early symptom of uncomplicated cancer of the lung. When weight loss occurs it is a sign of considerable extension or metastasis to other organs. X-ray of the lungs is extremely important in the early diagnosis. When there is doubt of the findings biopsy can often be obtained by bronchoscopy. Needle or punch biopsy can be performed when the tumor is accessible.

Slides and films were shown demonstrating the X-ray findings in tumors of the lung and the technique of their removal.

Bronchiectasis is a common cause of hemoptysis. The amount of blood loss is liable to be considerable. Lipiodol instillation is necessary in order to determine the location and extent of the bronchial dilatation. When the involvement is limited to one or two lobes surgery is highly successful. The mortality is low in early cases but reaches twenty per cent in cases of long standing.

J. L. Fisher, M.D.

MAY MEETING

SPEAKER: J. W. CONN, M. D.

Associate Professor of Internal Medicine
University of Michigan

Subject: "Functional Hyperinsulinism"

YOUNGSTOWN CLUB

TUESDAY, MAY 20, 1947

8:30 p. m.

JUNE MEETING

SPEAKER: NORMAND L. HOERR, M. D.

Professor of Anatomy
Western Reserve University

**Subject: "The Sympathetic Nervous System
in Health and Disease"**

YOUNGSTOWN CLUB

TUESDAY, JUNE 17, 1947

8:30 p. m.

Clinical Pathological Conference At Stambaugh Nurses' Home

Dr. John Lansbury

The case histories of two patients with pituitary dysfunction were presented by Dr. R. D. Murray. The first was an eleven year old boy who had been observed for three years; his chief findings being small body size, small genitalia, puffy skin, tapering hands, knock-knee deformity, a BMR of minus 20, and X-ray evidence of a small sella turcica and retarded bone age. The second was a 15 year old girl who had been observed for a year because of small body size, lack of sexual development, very poor posture with marked "pot-belly" attitude, and again X-ray evidence of small sella turcica and retarded bone age.

Dr. John Lansbury of Temple University reviewed the history and course of these patients arriving at the diagnosis of pituitary infantilism in the first and of a probable hypopituitary hypothalamic disorder in the second. Regarding treatments, Dr. Lansbury pointed out several practical points. Pituitary hormone, since it is a protein substance, produces antibodies after administration, and gradually becomes ineffective. Thus better results can be had by giving the various factors as thyroid, adrenal cortex, estrogen and others individually. Oral administration of pituitary hormone produces fewer antibodies and is probably therefore more satisfactory than parenteral administration. Testosterone may be given by implantation method or as methyltestosterone by mouth. Testosterone is very useful in treatment of female as well as male patients.

The last case presented was that of a 36 year old white female who had had rheumatic fever in childhood with a residual heart murmur. On her terminal hospitalization, she was in rather severe cardiac decompensation. She had marked aortic regurgitation, and her blood Kahn test was found to be positive. Dr. Lansbury discussed the history, course, and eventual fatal termination in attempt to arrive at the correct etiological diagnosis of the heart disease. The anatomical findings coincided with his conclusion that she had rheumatic mitral valvulitis with also luetic aortic valvulitis and aortitis.

D. E. Stillson, M.D.

Walter F. Bartz American Legion Post Being Organized

The roll for charter membership in the American Legion Organization for physicians in the valley has been announced. For the time being, membership is being restricted to veterans of World War II. The organization will bear the name of Walter F. Bartz Post.

Dr. Bartz was a resident physician at the Youngstown Hospital Association prior to his enlistment in the military service. He was killed in October 1942 when the prisoner ship bearing him to Japan was torpedoed.

Dr. Ivan C. Smith is in charge of the membership drive. Another week remains for members to be listed on the charter roll. Veteran physicians are urged to contact Dr. Smith relative application for membership. Efforts are being made to secure a 100% representation of veterans in the valley.

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

Congratulations And Good Wishes To Dr. W. W. Ryall

To be actively engaged in the practice of medicine for 50 years and to be able to carry on beyond that time is a distinction that few of us may ever hope to enjoy.

Dr. Ryall graduated in 1897 from the West Penn. Medical School in Pittsburgh and spent the next six years in country practice in Washington County, Pa. and in Ashland and Wayne Counties in Ohio. That meant making day and night calls in all kinds of weather and conditions. Sometimes during the long winter months he had to plod along on foot when the horse and buggy could not go through the drifting snow. In those days the hospitals were few and far between, the clinical laboratories did not exist and the physician had few diagnostic gadgets. He had to rely on his own senses to make a diagnosis and often had to carry out procedures which today are performed by a nurse. Such a practice is one of the best means of acquiring a good clinical judgment. But there were bitter failures also. And all patients did not get well. There was a widow or a mother to comfort when a husband or child could not be saved. If a physician had a religious background he could do much to comfort the family when disaster struck. Dr. Ryall was raised in a very religious atmosphere (a brother of his was moderator of the Presbyterian Church and director of the Western Theological Seminary) and his religious attitude helped much to relieve the sorrow of his families when medical science had failed. There were also amusing incidences. For instance a patient had been instructed to pick up a bottle of cough medicine which the doctor would prepare for him and leave on the table in the waiting room. But the good doctor forgot and the patient picked up instead a sample of urine left previously by someone else. Strange as it may seem, the coughing patient reported that "the medicine" had cured his cough but it was the worst he had ever tasted.

After six years in the country, Dr. Ryall came to Youngstown and remained here ever since except for the time he served as captain in the Medical Corp. during the first world war. He worked hard, attended closely to his business, soon acquired a large practice and gained the reputation of a good family physician. A great deal of common sense, kind bedside manners, keen observation, good clinical judgment combined with integrity and fairness are the main qualities which gained for him this just reputation.

But as time marched on medicine also progressed and a successful physician must keep informed. This Dr. Ryall did in a remarkable manner through systematic reading, faithful service as member of the medical staff of the Youngstown Hospital and attendance to medical meetings of all sorts; he never missed one of our Postgraduate Days. We have always known him ready to ask for a consultation

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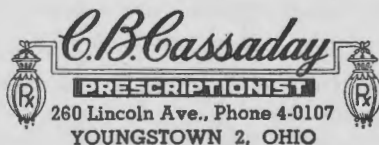
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when in doubt and never hesitating to refer a patient to another physician when it was to the benefit of the patient.

A widower rather early in life, he provided handsomely for his family, a charming daughter and two loyal sons. Many times in the past he was seen on the street, after office hours, going home loaded with bags of groceries. And here again in the faithful performance of his duties for his family, he received handsome dividends in the form of six lovely grandchildren.

Endowed with a strong physique, a dignified and cheerful appearance, a keen sense of humor and a spirit of fair play, he soon was attracted to community service. We find him in such official positions as chief examiner for the Civil Service Commission, judge for the Boxing Commission, member of the Youngstown Board of Health for 14 years under the late Dr. H. E. Welsh, member of the State Board of Health under Governor Frank B. Willis, Chairman of the Public Health Committee of the Chamber of Commerce. He has been and still is very active in his church and the Kiwanis Club which he served as director for two years and as president in 1943.

It was as Commissioner of Health however that he was able to do his best for our community. In 1935 the Mahoning County Medical Society recommended to Mayor Evans three physicians and Mr. Evans wisely selected Dr. Ryall to head the Department of Health. During this period 1936 through 1940 many worthy accomplishments can justly be credited to Dr. Ryall's leadership; the remodeling and strengthening of the city ordinance governing the display of food for sale, the dispensing of drinks, the handling of meat and poultry in transit, the enactment of a model milk ordinance which other cities copied, the placing of the visiting nurses under the authority of the Health Department, the establishment of the Venereal Disease Clinic and the initiation of diphtheria immunization on a community basis. The last two alone constitutes a major contribution to public health. By his outstanding service in the Department of Health and since part time health commissioners of his caliber are not easily found, he clearly demonstrated that our city needs a full time Health Commissioner.

It is rumored around town (this is a deep secret) that Dr. Ryall is intending to take a whole month's vacation this summer, his first real vacation in 50 years. They say he is in the same frame of mind as a mischievous boy planning to play hooky from school.

To have won the respect of the whole community and the esteem of a host of friends is a treasure that any elderly man may well cherish. But for a real physician the best reward of a useful life is his reputation. In true hippocratic fashion Dr. Ryall can justly claim this reward; this is mentioned in the last sentence of "The Oath"; "Now if I carry out this oath, and break it not, may I gain forever reputation among all men for my life and for my art."

Henri Schmid, M.D.

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FEMORAL TRANSFUSION IN SHOCK THERAPY

Stephen W. Ondash, M.D.

The immediate need of adequate whole blood and plasma infusion has long challenged the resourcefulness of the physician confronted with patients in profound shock due to acute blood depletion. The emergency room picture of frantic efforts to find an antecubital or ankle vein for infusion has often caused the removal of the little margin for recovery that is held by those in severe shock from massive hemorrhage. Search for veins and attempts at canulation for infusion have been unwarranted in too many instances because the commonly used veins are collapsed or not large enough to admit the calibre needle necessary for the required volume and speed of administration. Jugular clysis or canulation are attempted after considerable time has been spent in other effort and even then the results are often disconcerting.

The exigencies of the past war demanded expedient, rapid replacement of blood volume and such experiences have popularized a technique of administering blood replacement therapy to the end that many lives were saved. Use of the femoral vein as a portal for infusion is suggested because the loss of blood from continued hemorrhage occurs not too infrequently in civilian practice and loss of life is needless if necessary speedy action is undertaken when the patient reaches the hospital. Traumas are not alone in causing demand for blood replacement. Inadvertent vessel damage during surgery, aneurysmal ruptures, ruptured tubal pregnancies and other vascular accidents call for immediate replacement of blood volume.

While the most important function of transfusion is the replacement of acute or chronic blood loss, where shock results from an active hemorrhage, blood replacement must not only be prompt but in sufficient quantity to outrace the hemorrhage. This replacement must be adequate and can hardly be measured in one or two units of blood or plasma. As high as eight to ten units may be required before the threat to life is removed. If the bleeding is internal and beyond tourniquet the blood volume must be maintained concomitant with loss until the necessary surgery is performed and hemostasis secured. Repeated, rapid large infusions can outrace such bleeding until surgery is completed. Where whole blood is not available, plasma infusion may provide the margin of safety until blood can be obtained. World War experience has demonstrated only too clearly that to wait for a chest or abdominal case with active bleeding to attain a satisfactory blood pressure response was only to invite a catastrophe. The bleeding patient will almost invariably die before he will stabilize in pressure. Immediate and sustained vascular support is mandatory in active hemorrhage prior to, during and after surgery.

More universal use of femoral transfusion was advocated by Dr. Douglas H. Stone in an Army Medical Bulletin in 1945. The writer, long associated with Dr. Stone, made such transfusions a matter of routine in cases of extreme shock encountered in his forward Field

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Surgical Hospital. Unquestionably, a great number of lives were saved by the foregoing procedure since the forward hospital was continually confronted with exsanguinated casualties. Patients with internal abdominal or thoracic bleeding were prepared for surgery by quickly replacing lost blood volume thereby actually outracing active hemorrhage. Bleeding from extremities and extensive soft tissue traumas was treated similarly. In many instances two to three out of five patients brought to a forward surgical unit to be operated on by speciality teams were moribund and never would have reached the table were it not for the rapid, effective administration of whole blood precedent to the operation.

The technique of femoral infusion is simple and requires no previous experience. A three inch needle of No. 15 or No. 17 guage on a 10 cc Luer syringe is used after first applying antiseptic to the femoral region and upper thigh. No anaesthesia is required. A point is selected one inch distal to and a quarter inch medial to the palpable femoral pulse just below the approximate center of Poupert's ligament. The needle is then inserted to a distance of about half it's length at a 45 degree angle to the surface of the thigh in the plane of the long axis of the leg. The needle is then slowly withdrawn and aspirated until it suddenly re-enters the lumen of the vein and fills with dark blood. The question is immediately raised as to what damage, if any, is done to the vein and whether thrombosis or subsequent extravasation occurs. In post mortem examination venipuncture points were found to be sealed off and were difficult to identify. No instances of thrombosis were noted.

Once the needle has been inserted it must be held in position manually or by means of supporting apparatus strapped to the thigh. A simple apparatus can be devised of wood or a small cardboard box and adhesive tape. When neither of these is available a mound of 2 x 2 gauze strips can be fashioned about the shaft of the needle and strapped firmly against the thigh. A litre of blood can then be administered in less than ten minutes and as many as three litres in succession have been given through the same puncture needle. In most instances the patient came to surgery with the needle in place and infusion continued until celiotomy, thoracotomy or other procedure was done and the source of bleeding dealt with. Once the bleeding was stopped and peripheral circulatory response occurred the needle was removed and further shock therapy was continued by making use of the refilled veins of the extremities.

Femoral transfusion is a simple, rapid procedure; it can be done much more rapidly than a saphenous or jugular canulation and the vein is preserved. The delay in preparing for and affecting a successful canulation in many instances will cause the patient to go to an exitus.

Our records are replete with cases where salvage of life was due directly to this known but seldom used method of overcoming profound shock. There is no reason why the procedure should not be used in civilian surgical cases and thereby provide a first line measure in the resuscitation of the moribund.

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NEWS ITEMS

Dr. Bernard J. Doyle, of Northhampton, Massachusetts, has announced his association with Dr. John J. McDonough in the practice of Obstetrics and Gynecology. Dr. Doyle recently completed his Ob-Gyn residency at the Evangeline Booth Hospital in Boston, Massachusetts. He spent three years in the military service-----serving in an air evacuation unit of the A.T.C. His offices are in the Central Tower Building.

Dr. Paul J. Mahar is attending a postgraduate course in gastroenterology at the New York Postgraduate School of Medicine, New York, New York.

Dr. William E. Sovik is serving a preceptorship in ophthalmology under Dr. Cecil W. Lepard in Detroit, Michigan. He is also taking a course in the same specialty with Dr. Parker Heath at the Wayne University School of Medicine.

Dr. and Mrs. Brack M. Bowman have returned from Florida where Dr. Bowman attended the eleventh annual meeting of the Southeastern Section of the American Urological Association held at the White Hotel in Palm Beach.

Dr. W. J. Tims is in New York for a six weeks' postgraduate study.

Dr. and Mrs. J. L. Scarnecchia have returned from Cleveland where Dr. Scarnecchia attended a postgraduate lecture at University Hospital.

Dr. and Mrs. Henry Sisek have arrived home from Florida and New Orleans where they spent several weeks.

Dr. and Mrs. Wendell H. Bennett are spending a month in Florida.

The following subjects were discussed at the Nurses' Auditorium, April 8th: Surgical Treatment of Metastatic Drain Lesions by Drs. O. A. Turner and D. H. Smeltzer, A Problem in Diagnosis by Dr. D. E. Stillson and Uses of the Copper Sulphate Method in Determining Specific Gravity of Blood by Dr. H. E. Hathhorn.

Dr. F. G. Kravec discussed "Modern Advancement in the Treatment of Tuberculosis" at a meeting of the Niles Kiwanis Club, Tuesday, April 15th.

Miss Lorynne J. Davidow, daughter of Dr. and Mrs. S. H. Davidow, arrived home from Sophie Newcomb College, New Orleans, to spend the spring vacation with her parents.

O. J. Walker, Jr., a student at Ohio State University and William Walker who attends Western Reserve Academy spent the spring vacation with their parents, Dr. and Mrs. O. J. Walker.

Miss Arden and Miss Ann Smith, daughters of Dr. and Mrs. Ivan C. Smith, recently entertained at an informal open house in honor of Miss Sharon Hill, Grand Rapids, Mich.

Mrs. A. Earl Brant, who is convalescing from a recent operation had as her guest her sister, Mrs. E. A. Brayshaw of New York.

Emil Peter Elsaesser, son of Dr. and Mrs. Armin Elsaesser, spent his spring vacation with his parents.

Dr. and Mrs. V. C. Hart have returned from Roanoke, Virginia where Dr. Hart attended a post-



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graduate course at the Gill Memorial Eye, Ear, Nose and Throat Hospital.

Miss Nancy Bunn student at Oberlin College, spent her Easter vacation with her parents, Dr. and Mrs. W. H. Bunn.

Dr. Armin Elsaesser has returned from a trip to Atlanta, Ga., where he attended a medical meeting. While away Dr. Elsaesser spent a week with his children, Mr. and Mrs. Armin Elsaesser, Jr.

Dr. and Mrs. Vernon Goodwin have returned from New York after spending a week.

Dr. and Mrs. D. H. Smeltzer and Mrs. V. J. Buehrle have returned from a six-week motor trip to Miami Beach, Fla. Enroute home they stopped at Durham, N. C. to visit Dr. and Mrs. James L. Smeltzer and Dave H. Smeltzer.

Dr. and Mrs. William E. Maine spent a few days in Cleveland where they attended several operas. They were guests at the Statler Hotel.

Dr. Waldo Z. Baker and son, Waldo E. Have returned from a motor trip to Atlanta, G., where they visited Dr. Baker's sister, Mrs. Emeline Shirley.

Dr. and Mrs. John J. McDonough have returned after a three week visit in Nassau, where they were guests at the British Colony.

Dr. and Mrs. F. W. McNamara have returned from a trip to Phoenix, Ariz., where they have been guests at Jokake Inn and to the Grand Canyon.

Dr. and Mrs. Herman Zeve have arrived home after a two week motor trip through the South and Southwest. They joined their daughter, Grace, student at the University of Oklahoma and she accompanied them as far as Birmingham, Ala., returning to school by plane.

Dr. and Mrs. D. M. Rothrock, Mill Creek Drive, have returned home after a few weeks vacation in the South. They motored to Miami, Fla., took a six-day 'magic carpet' Caribbean tour by plane to Cuba, Jamaica, Haiti and Nassau, and on the way north stopped over at Lake Worth, Fla., and spent the day with Mr. and Mrs. D. H. Owen, formerly of this city. Coming back by way of Westport, Pa., they were accompanied home by Mrs. Rothrock's father and sister, N. P. Clendenen and Miss Mabel Clendenen, who will stay for a couple of weeks.

Dr. and Mrs. David A. Belinky have returned from New York City where the former attended a postgraduate course in heart disease at Columbia University.

Mrs. D. E. Montgomery and daughters, Ann and Kathleen, have returned home from a visit in Chicago.

Dr. and Mrs. W. L. Mermis and children, Bill and Gwen, have returned from Hays, Kansas. En route they spent a few days with Mr. and Mrs. Walter O. Soules in Des Moines, Ia.

Mrs. H. E. Hathhorn recently returned from Columbus where she was visiting her mother, Mrs. Fannie Delly.

Births

Dr. and Mrs. Walter J. Tims announce the birth of a daughter, Joan Ellen, North Side Unit, Youngstown Hospital.

Weddings

Bernard J. Dreiling, son of Dr. and Mrs. Bernard J. Dreiling and Miss Jeanne Hite, daughter of Mr. and Mrs. Ralph T. Hite were married April 7th at St. Columba Cathedral. The bride graduated from St. Elizabeth's Hospital School of Nursing. Mr. Dreiling spent 3½ years in the navy, two of which were overseas.

Members and Fellows

As of March 1, 1947, there were 72,243 Fellows and 131,590 Members of the A.M.A. Some doctors still believe, erroneously, that by subscription to the Journal they become Fellows. These should be reminded that application for Fellowship is a necessary adjunct.

Did you know that 50.2% of our revenue is derived from advertising in publications of the A.M.A.

A new subcommittee on Testosterone and Mammary Cancer has been elected to consist of Drs. Ira Nathanson (Chairman), Earl T. Engle, Willard Allen and Frank E. Adair. This subcommittee, under the direction of the Therapeutic Trials Committee, will act in advisory capacity in research on the use of "male" hormones in the treatment of cancer. Funds have been made available for investigators through private sources. This research will be directed toward one particular phase and will have its place in the overall fight on cancer. The first meeting of the subcommittee will be held early in May.

MEDICAL TESTIMONY. An interesting symposium on the subject "How can qualified medical testimony (scientific proof) be attained in Workmen's Compensation controversy" is scheduled for Wednesday, June 11 at 9 a.m., during the Centennial session. The program is under Section on Preventive and Industrial Medicine and Public Health. There is a roster of excellent medical, legal and industrial speakers and discussants. It will be an audience participation program. Mr. J. W. Holloway Jr., Director, Bureau of Legal Medicine and

Legislation, will be the moderator.

Did you know that the Council on Physical Medicine has standing consultant groups on 12 divisions of physical medicine? These are: artificial limbs, atomic energy, audiometers and hearing aids, contraceptive devices, education, electrocardiographs, electroencephalography, occupational therapy, ophthalmic devices, roentgen rays and radium, respirators, and American health resorts.

COMMUNICABLE DISEASES FOR MARCH 1947

(As reported by the offices of Youngstown City and Mahoning County Health Commissioners)

	City	County
CHICKEN POX	243	73
DIPHTHERIA	0	0
MEASLES	2	5
MENINGITIS	1	0
MUMPS	37	11
POLIO	0	0
SCARLET FEVER	8	15
UNDULANT FEVER	0	0
WHOOPIING COUGH	4	17
MALARIA	0	0
SYPHILIS	30	1
GONORRHEA	1	1
SMALL POX	0	0
TUBERCULOSIS	18	8
TYPHOID	1	0

NEWS

Dr. J. E. L. Keyes was elected president of the Cleveland Ophthalmological Club at the April meeting of the club.

Dr. A. J. Fisher, 5929 Glenwood Ave., Youngstown, has been appointed Director of the Department of Anesthesia at the Youngstown Hospital, April 1, 1947.

Dr. Fisher received his preliminary education at the Ohio State University and his medical education at Western Reserve University.

To Physicians of Mahoning County Medical Society:

For the benefit of new members as well as refreshing older members' minds, the Committee on Relief Work thought it advisable to bring the following points to their minds again.

1. On the Patient's first visit to the physician's office, he should be given a complete physical examination. The doctor will then be able to give the relief committee a diagnosis and an estimate of what treatment will be necessary and for what period of time.
2. Fee is same as set down by Mahoning County Medical Society: for office and house calls at various hours.
3. The patient should get necessary order for office or house call and have it for doctor when he makes the call.
4. All reports must be sent in every two weeks.
5. Please let the Relief Office know within 24 hours of any emergency calls you have made.
6. All prescriptions written must bear patient's name and address, which helps the druggist make up his necessary orders for medicine.

L. H. Getty, M. D.

Chairman-Relief Committee

PHYSICIAN AND DENTIST LEGISLATORS

In the 80th Congress there are eight physicians and two dentists, one more physician and one less dentist than in the 79th Congress. Stimulated by this knowledge, we were curious to know how many physicians and dentists might be found in the legislative halls of the states, and addressed an inquiry to representative physicians in each state.

As a result of this inquiry, we learned that in thirty state legislatures there are fifty-three physicians and sixteen dentists, while eighteen states report no physicians or dentists in their legislatures. Eighteen states have but one physician, while nine have two physicians serving this year, and three have four, five and six respectively. The governor of one state is a physician. Twelve states have one or two dentist legislators.

We did not inquire as to the number of osteopaths or chiropractors, but two states reported

that they each have one chiropractor in the Senate. One legislator holds a degree of D.D.S. as well as that of M.D.

YOUNGSTOWN HOSPITAL STAFF MEETING

The regular monthly staff meeting was held on April 1, 1947.

Dr. W. T. James presented a case report of a patient with Osteomyelitis of the Mandible. Following this there was a discussion and Slides were presented.

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PUBLIC HEALTH NURSING

The week of April 20-26 was set aside as Public Health Nursing Week. Dr. Thomas Parran, Surgeon General of the United States Public Health Service says, "The work of the public health nurse has long been recognized as the backbone of the local health program. Today's emphasis on preventative medicine places an even higher premium on the nurse's services. She plays an important part in the control of epidemics, the early detection of remediable defects, the prevention of disease, and the adoption of good health habits. No local health program can meet its goal without adequate public health nursing services. These services are available to everyone regardless of economic status. In these days of inadequate hospital facilities, the public health nurse plays a particularly vital role in keeping the nation fit."

Most of you know something of the work of the Visiting Nurses. We interrupt your busy office hours, or catch you before you leave your home in the morning to get orders for your patients. Many of you call us to do dressings on your post-operatives on their return from the hospital, to give liver extract to a patient who can't come to your office, or to teach someone in the family to give insulin. You call us to give care to chronics, and to teach the family to look after them. You certainly call us in a hurry if you're stuck with an emergency home delivery, or if your hospital maternity case goes home early.

Many of you however, do not seem to know the extent of our service, or the fact that it is available to all economic levels. Some doctors seem to fear that we are too independent. The fact is that we work under medical supervision and carry out doctor's orders exactly as hospital nurses do. We find many prospective mothers in the course of our visits, and we continue to visit them regularly, whether they go to a doctor or not, with the major objective of getting them under medical supervision early and regularly. Once they get to a doctor, we call (as usual) for instructions. We do feel that we have something to contribute in our prenatal visits. Sometimes there are warning symptoms to report. The young mother always welcomes help on supplies and equipment and preparation for the care of the baby. Frequently she has little nagging fears and worries that she never gets around to telling the doctor. We actually set up the baby's bath tray and go over the things to do in caring for the baby. On her return from the hospital, we give a demonstration baby bath and stand by to give help and answer questions the first time mother bathes the baby.

You might be surprised at the number of problems in child care and training, budgeting, or social difficulties that arise on apparently minor visits. An alert nurse may pick up early warnings of physical and emotional troubles and direct people to proper sources for diagnosis and treatment.

In addition to the usual visiting nurse services of morbidity, maternity and health supervision, the Visiting Nurse Association carries communicable diseases, tuberculosis and venereal disease work for the city Board of Health. Obviously it would be wasteful to have two sets of nurses in a city the size and layout of Youngstown.

The family pay all or part of the cost of the visit as they are able

to, depending on their income and the length of the illness requiring care. Certain Insurance companies pay for nursing visits to their industrial policy holders. Part of the cost of communicable and venereal disease work is paid by the city. This income is supplemented by the Community Fund.

Our part is to help the families attain the fullest health possible with existing resources.

Laura Reed Clark

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Council Meeting

The regular monthly council meeting was held at the office of the secretary on April 14th.

The following applications were presented favorably by the censors:

ACTIVE MEMBERSHIP

Dr. Francis Stotler
910 Mahoning Bank Bldg.
Dr. W. R. Hubler
244 Lincoln Ave.
Dr. M. C. Raupple, Jr.
1503 Elm St.
Dr. J. J. Sofranec
1007 City Bank Bldg.

ASSOCIATE MEMBERSHIP

Dr. M. Wilkoff
138 W. Rayen Ave.

NON-RESIDENT MEMBERSHIP

Dr. Paul E. Krupko
724 Washington Ave.
McDonald, Ohio

INTERNE MEMBERSHIP

Dr. Marion M. Morgan
2218 Market St.

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

Secretary read a letter from Mrs. W. K. Allsop asking for volunteer medical service for ten weeks at the Fresh Air Camp for indigent children. Children are usually sent home after first examination and the family physician called.

V. L. Goodwin, M.D.
Secretary

(Requests for volunteers were mailed recently by your society).

Tailor Made Prescription Suggestion

The past few years physicians have been writing for various ready-made douche powders. The pharmacist of today is very vitally interested in prescriptions, whereby he must use his skill in compounding and preparing ingredients. The new national formulary VIII contains a formula for a douche powder that might be of interest to the prescribing physician.

Compound Zinc Sulphate

	Powder N F
Salicylic Acid	1.25
Phenol	0.25
Eucalyptol	0.25
Menthol	0.25
Thymol	0.25
Zinc Sulphate	31.2
Boric Acid	216.0

250.0 GM.

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HOSPITALIZATION PLANS--ADDENDA

The last issue of the Bulletin carried brief description of benefits available to subscribers to various hospitalization insurance plans.

While mention was made of services offered by the Association Hospital Service--detailed data was not submitted. For sake of completeness it is described herein.

Associated Hospital Service Incorporated

What You Get:

21 days care each contract year for yourself and wife or husband and each listed family dependent under 19 years of age not married or gainfully employed, during the first two years--31 days each year thereafter.

Bed and meals and general nursing service (Ward contract limited to \$5.00 per day and semi-private to \$6.50 per day.)

All other services (except X-rays and blood or plasma) up to \$35.00 for each hospital admission.

Maternity care after ten months' membership of mother, including care of new born baby while the mother is a patient in the hospital.

More expensive accommodations may be had by paying the difference between the contract allowance and the cost of the higher priced accommodation.

The Contract Does Not Cover:

Service of physicians, surgeons, or private duty nurses; blood, or blood plasma; X-rays; hospital service when member is not a bed patient; hospitalization for injuries or diseases which may be had without cost under any laws or regulations, such as Workmen's Compensation Law; hospitalization for mental diseases, and diseases which cannot be admitted to a general hospital under existing public health regulations.

Miscellaneous charges such as sales tax, drugs taken home, and commodities not required in medical or surgical treatment, must be paid by the patient.

Additional Commentary:

A word of caution should be stated relative payment for X-ray services. In most instances out-patient and in-patient X-ray fees are not covered by hospitalization plans contrary to general opinion of the participants in the plan. For example, Associated Hospital Service Incorporated which insures the majority of patients does not cover X-ray service in any instance.

S.W.O.

AUXILIARY WOMEN'S PROJECT

A group consisting of the following: Mrs. Allsop, Mrs. Banninga, Mrs. Buchanan, Mrs. Coe, Mrs. Evans, Mrs. Firestone, Mrs. Gustafson, Mrs. Lawton, Mrs. Lypse, Mrs. Zeve and representing the Women's Auxiliary of the Mahoning County Medical Society have shown great interest and desire to help the doctors and nurses at the Receiving Hospital to remove the patients' fear by helping patients participate in music and various other forms of therapy.

They help the patients to acquire poise and self control, learn leadership and eventually help enough to bring about the return to their homes better able to "carry on." Nurses and their aides are of the greatest possible help in encouraging patients to attain a wholesome personality, build a good resistance and endurance, in other words bring about a more happy and enthusiastic individual.

The psychiatric nurse and aide gives much of herself to her patients. Cleverness in verbal skill is as necessary as skillfulness among manual lines.

Contact anyone of the members of the group and each will assure you of two things---that her work here will help enable her to enrich herself and in turn she will be better equipped to help the patients with their haunting fears.

Elizabeth A. Smalley, R.N.

Director of Nurses

DR. HERMAN COPS MEDICAL BOWLING LEAGUE HONORS

Dr. Vincent Herman, erstwhile kegler, won top honors in the Medical Bowling League finale but only after a special runoff session against Dr. P. McOwen. Both finished the season with an identical average of 161 necessitating a play-off for the championship. However, Dr. P. McOwen was not to be denied in honor awards. His 237 constituted a high single game for the season and gave him the award in that division. Dr. Renner threatened his position with a 231 game.

Dr. Harold J. Reese, with a season's average of 147, took the blind bogey award.

Professional Pharmacy has awarded very worth-while prizes to winners in all divisions. The past week's competition brought the curtain down on a lengthy string of Thursday afternoon sessions when many participated in the favored winter sport. Plans are already being formulated for the fall season and it is anticipated that at least two teams will be entered in greater Youngstown competition in addition to regular Medical League sessions.

S.W.O.

M A Y

NATIONAL CONFERENCE OF COUNTY MEDICAL SOCIETY OFFICERS

The Board of Trustees of the American Medical Association has authorized conference of county medical society officers to be held Sunday, June 8th, at Atlantic City, prior to the Centennial Session of the American Medical Association. The purpose of this conference is to bring attention to the problems of the various localities and to promote exchange of information on voluntary health insurance plans, hospitalization plans and improvement in medical facilities, rural health activities and of the various bureau and council affairs of the American Medical Association. It is hoped that several of the Mahoning County Medical Society will be represented at this important meeting.

If everyone wanted to play first violin, we could not get an orchestra together. So honor each musician in his own place.

—Robert Schumann

MAHONING COUNTY SANITARIUM

The regular staff meeting of the Mahoning County Sanitarium scheduled for March 25, 1947 was postponed and will be held on April 22, 1947.

Dr. Levitz, resident physician at the Sanitarium, was recently hospitalized at the North Side Unit of the Youngstown Hospital. He sustained multiple rib fractures in an automobile accident. He is convalescing at home and has not yet returned to duty.

Dr. Guttierz, of the Philippine Islands, recently joined the house resident staff of the Sanitarium.

ST. ELIZABETH'S STAFF MEETING

The monthly staff meeting of St. Elizabeth's Hospital was held on Tuesday, April 8, 1947 at 8:30 p.m.

After the business session Dr. Anthony J. Bayuk, Director of Anesthesia, discussed "Atelectasis." He not only discussed the mechanism of this condition but reviewed the pathological physiology involved. Dr. S. J. Tamarkin presented a series of X-rays demonstrating atelectasis, pulmonary infarction and pneumonitis. Differential diagnosis and treatment were received by Dr. Bayuk. He also called attention to a series of cases where he has employed segmental intercostal block thereby increasing ventilation but obviating pain and preventing evisceration in post-operative abdominal cases. Considerable discussion was provoked by the paper.

DRIVE OF CULTISTS FOR RECOGNITION

Following World War I through government aid many service men enrolled in cult schools. Indications are that a number of states have accredited these cult schools for training of returned veterans of World War II. This will mean that numbers of cultists will be turned out and will seek recognition from state legislatures to practice the healing art despite substandard educational qualifications. Several states report that these groups already have approached their legislators asking for special professional recognition, and being veterans, their appeal has special emotional flare.

THE PROBLEM OF THE GENERAL PRACTITIONER

The general practitioner is the forgotten man in medicine. There are approximately 20,000 certified specialists in the United States and about 100,000 general practitioners. A great deal has been done to raise standards in the specialties and the development of the specialty boards represents an important forward step in American medicine. It is a very good example of how medicine, under a system of free enterprise, has assumed the responsibility of raising its own standards. However, in the process of developing the various specialty boards, the status of the general practitioner has been more or less neglected. A very unfortunate situation has resulted.

In many instances, hospitals refuse to admit to their staff men who are not certified by one of the boards. Under such circumstances the general practitioner is forced to admit his patient to the hospital in some other doctor's name. Among a group of 32 general practitioners recently interviewed by the dean of a leading medical school, 28 had patients in the hospital for delivery but only six had patients under their own names.

Various training programs have been worked out for the specialist but up to the present time no adequate program has been set up for training in general practice. A few hospitals have established a department of general practice to which the better qualified men of the community are admitted and in such hospitals the general practitioners usually have a representative on the executive committee of the staff. This is a step in the right direction. The general practitioner is the backbone of medicine and it is very important that some mechanism be devised for elevating his status. Just as much attention should be paid to internships and residencies for general practitioners as to those for specialists.

American medicine is becoming conscious of the problem and there is every reason to believe that adequate training programs will be set up in the near future. Following the completion of such training programs it is desirable that post-graduate courses, such as the Annual Clinical Conference of the Chicago Medical Society, be set up all over the country so that men may continue with their education. Some mechanism should be advised for approving these courses and for giving credit to physicians who attend them.

There is a great deal of doubt in the minds of those who have given much thought to the problem as to the desirability of setting up a separate board in general practice. The general practitioner is in a sense just as much a specialist as the internist or the surgeon and further thought must be given to his education and his standing in the profession.

W. C. Thompson, Secretary,
Chicago Med. Soc. Bull.

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