



Nature . . . requires that we
should be able, not only to
work well, but to use leisure
well. —Aristotle

BULLETIN

of the
**MAHONING
COUNTY
MEDICAL
SOCIETY**

Youngstown, Ohio
JUNE • 1947
VOL. XVII No. 6

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THE MAHONING COUNTY MEDICAL SOCIETY

Vol. XVII—No. 6

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MEDICAL CALENDAR

1st Tuesday 8:30 p. m.	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
1st Tuesday 8:30 p. m.	Monthly Staff meeting, St. Elizabeth's Hospital, Faculty Room—Lourdes Hall, St. Elizabeth's School of Nursing.
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library.
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
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 Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium.
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 Congress on Obstetrics and Gynecology, St. Louis, Sept. 8-12.

Mississippi Valley Medical Society, Burlington, Iowa, October 1-3.

Sixth Councilor District Post Graduate Assembly, Canton, Ohio, Nov. 5.

Twelfth Assembly, United States Chapter, International College of Surgeons, Chicago, Sept. 29-Oct. 2.

PRESIDENT'S PAGE

At our last meeting Dr. Skipp, Legislative Chairman, outlined to the Society the proposed Amendment to our City Charter providing for a qualified, full time Health Commissioner and a Board of Health for the City of Youngstown. Each of you have received a copy of this Legislation and it is imperative that we all become thoroughly familiar with all the provisions contained therein.

Your Council has become very much aware of the popular demand for adequate public health service. We have only to witness the ever broadening scope of fund raising campaigns for the unconquered ills of mankind; the ever increasing establishment of clinics of all descriptions for the diagnosis and treatment of particular diseases; and the ever increasing encroachment of governments in the fields of Medicine to become acutely conscious that the practice of our profession is gradually passing away from local control.

It is certainly imperative then that we supply enlightened leadership in all matters relating to Public Health. We must try to convince our people that adequate health service is worth paying for. And we must help them to get this service at a price they can afford to pay. Certainly a reasonable sum to ask should not have to exceed a dollar and a half per capita per year. And I am sure that the people of Youngstown would whole heartedly support such an amount if they were made fully aware of the facts.

This then is our job. We must take active, energetic action. We must obtain the help of all of our civic leaders and all of our civic organizations who are anxious that Youngstown be made a better, healthier City to live in. And we must, each one of us, be an active whole hearted supporter of this Amendment if we are to succeed in bringing to our City the kind of Health Department it has so long imperatively needed.

George M. McKelvey, M. D.

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

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H. J. Reese

MAY MEETING

On May 20, 1947, Dr. Jerome Conn, Associate Professor of Medicine, University of Michigan addressed our Society on "Functional Hyperinsulinism." His remarks were most interesting and closely followed by his audience.

Dr. Conn pointed out that this condition is very common, but is probably not recognized by the physician. Many such cases are probably being classified as being among the psychoneurosis.

He pointed out there are 5 known causes for functional hypoglycemia. These are:

1. **Hyperinsulinism** due to an imbalance of the autonomic nervous system.
2. **Alimentary Hyperinsulinism** which follows gastric surgery.
3. **Renal Glycosinia.**
4. **Lactation.**
5. **Severe continuous, muscular work.**

These must be differentiated from organic hyperinsulinism, for the symptoms are the usual manifestations of a hypoglycemia, of the functional types. 70% are due to an imbalance of the autonomic nervous system. It may well be that these cases are the somatic manifestations of a psychoneurosis.

There are certain definite symptoms associated with this condition: (1) History of definite wave of fatigue and weakness coming on in the late morning (around 11:30 a. m.) and in the late afternoon (around 4:30 p. m.) (2) Other symptoms are due to the rapid fall of blood sugar.

- (a) Inward trembling.
- (b) Visual disturbances.



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Leucine	12.2	12.1
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Methionine	2.8	3.5
Phenylalanine	5.6	5.2
Threonine	5.3	3.9
Tryptophan	2.3	1.8
Valine	4.0	7.0

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- (c) Inability to concentrate at this time.
- (d) Syncope.
- (e) "Gnawing" discomfort in the mid-epigastrium relieved by the ingestion of a candy bar or a "Coca-Cola".
- (f) Pre-breakfast attacks never occur in this condition—are always 2 to 4 hours after eating.

Laboratory Tests

1. At the onset of an attack the blood sugar will be between 40-60 mgm. %; 15 minutes after onset will have returned to normal level spontaneously.
2. A glucose tolerance test will reveal that the blood sugar will rise from its normal level to a normal or subnormal level at 1 hour. Then between 2 and 4 hours it will drop sharply to a subnormal level at which time the patient gets his symptoms. By 4 hours, the blood sugar is back to normal.
3. Provocation of hypoglycemia by high carbohydrate meal injection produces the same effect as does the glucose tolerance test.

It is known that the sudden flooding of the blood stream with high concentrations of glucose causes a hyperglycemia, which stimulates immediate hypersecretion of insulin by the pancreas. This, in turn, produces a sudden hypoglycemia and its well known symptoms. Nevertheless, these people need some carbohydrate to prevent the occurrence of symptoms. To prevent this carbohydrate flooding use is made of the fact that protein molecules are converted to 50% glucose. This conversion goes on at such a slow rate that the blood sugar level is almost a flat curve.

Therefore, the treatment of this condition consists of a low carbohydrate, high protein diet with the proportions being 75 grams of carbohydrate and 120-140 grams of protein. This latter figure may even be increased if the patient can endure the type of diet. This diet will insure a steady source of glucose, but at such rate that no hyper response is produced in the pancreas.

On such a diet patients are completely symptom free within 2-3 days. If they go off their diet, they will have recurrence of symptoms in about a week, return to the diet will again remove the symptoms.

H. J. Reese, M. D.

PROFESSIONAL GRATITUDE

We of the Medical Profession are very grateful to our Representatives:

John F. Cantwell
 Thomas J. Barrett
 George D. Ellis
 G. D. Tablack

Thru their efforts and voting the Christian Science Bill, H. B. 136, was defeated. They also are interested in other legislation of which we are interested - Public Health Measures. They are all working with the professions. Our Senators are doing a good job also:

Clingan Jackson
 Nicholas Bernard

Wm. M. Skipp, M. D.
 Chairman, Legislative Committee

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REPORT OF ANNUAL CONVENTION OF THE OHIO STATE MEDICAL ASSOCIATION - 1947

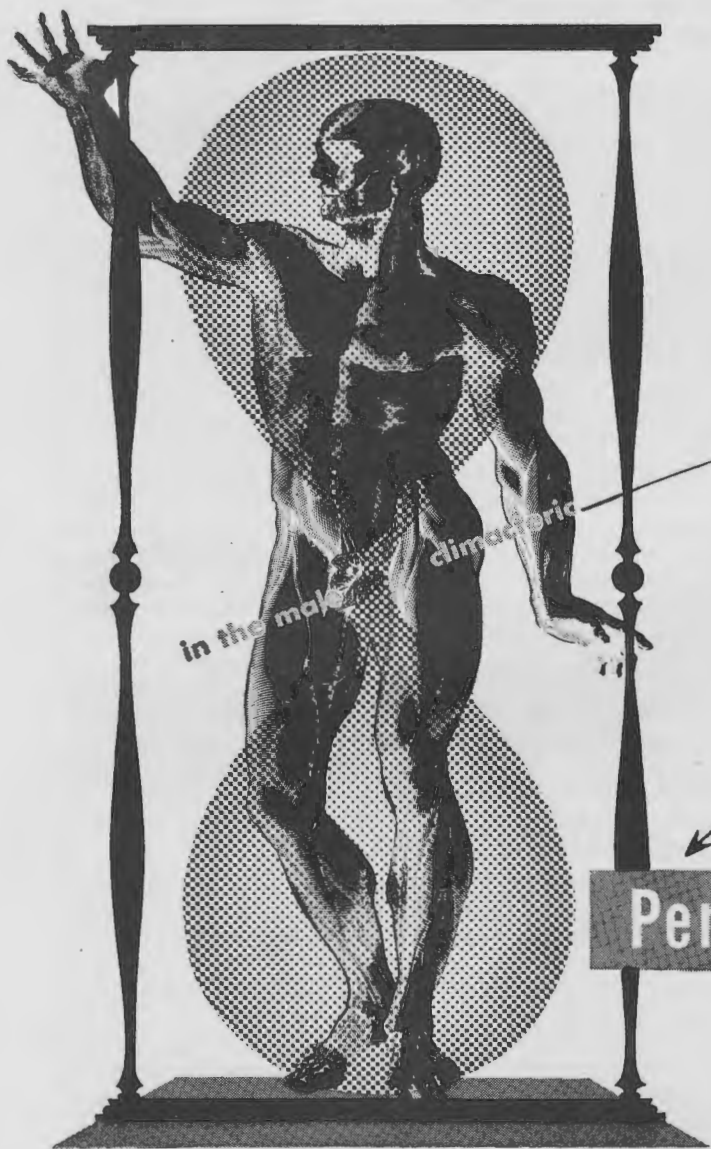
The annual session of the Ohio State Medical Association, ending its 101st year, was held in Cleveland, Ohio, May 6, 7, 8, 1947. Registration was from 8:00 a.m. until 6:00 p.m. every day except Thursday, when it closed at 12 noon. The total registered was the largest ever attending a state meeting, somewhere in the neighborhood of 2300.

On Monday, May 6, 1947, the day started at 8:00 a.m. with 7 instructional courses, also May 7th and 8th with seven courses each day covering every subject of interest to the entire profession. These courses were sponsored with one ideal in view that of bringing to the general man, conditions that confront him every day and how to handle them. The instructors and discussants were selected from members of the profession of the state, these men being well versed in their subjects. The courses were limited to 100 and many were overcrowded but all were well attended.

Tuesday and Wednesday's general sessions were addressed by outstanding men of the profession, invited guests from outside the state. They covered subjects of interest in the newer discoveries, such as chemotherapy, Rh factor; capillary abnormality in hypertension; disturbances in thyroid function; sterility; care of epileptic; diarrheas; acute urinary tract infections; age of atomic power, etc. Thursday the section of General Practice attracted a goodly number and subjects of direct interest to the general man were presented—Food in health; Resistance and Behavior of patient; Antibiotics; Differential Diagnosis of Obscure Fevers; and Physical Therapy. From 2:00 until 5:30 p.m. Tuesday and Wednesday each section held their annual meetings, presenting material of interest to each specialist, covering subjects of interest to all practicing physicians if they desired to attend. The sectional meetings were well attended as there was no conflict in time of any section or general session.

The House of Delegates convened at 8:15 p.m. Tuesday, May 6, 1947, after a dinner for the delegates at The Hotel Cleveland. The session was called to order by the President of the Cleveland Academy of Medicine. Roll call revealed two-thirds of the House in attendance at the opening session. The President appoints Reference Committees required by Constitution. A Nominating Committee was then elected which is composed of one representative from each district, eleven members in all and each must be a voting member. It is the duty of this committee to return a slate of all elective officers with the exception of President Elect whose nomination is made from the floor by a voting member of the House.

This committee returned a slate of nominees for Councilors of the even numbered districts, as the odd numbers are elected on the even years. Each Councilor is elected for 2 years to serve not more than 3 full terms or 6 years, but may serve seven if elected to fill and unexpired term. This committee reported at the 2nd session Thursday its slate of Councilors, Delegates, and alternate Delegates. The following men were nominated as councilors: 2nd District, H. C. Messenger, Xenia—4th District, Carl S. Mundy, Toledo—6th District, P. A. Davis, Akron—8th District, A. J. Tronstein, Newark—10th District, H. M. Clodfelter, Columbus. Carl Mundy replacing A. A. Brindley, Toledo,



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JUNE

who had served the three full terms as Councilor for the 4th District.

The Committee also returned a Slate for Delegates to the A. M. A. as we had lost one delegate because of re-appointment of our state, membership being higher last year but not when the appraisal was made Feb. 1, 1946 there were 3 years. (Notice—always pay your dues early.) Four delegates had been elected for 2 years and one of the four, Dr. Carl Steinke, died, leaving 3 still to serve one year with the unexpired term to be filled. Dr. Barney J. Hein, Toledo; Dr. C. C. Sherburne, Columbus; Dr. L. Howard Schriver, Cincinnati, were nominated and elected for 2 years. Dr. D. J. Slosser, Defiance, alternate to Dr. Steinke, Akron, felt he should be elevated, so the Committee nominated myself and Slosser for the unexpired term and the House elected your delegate to fill this one year term. Also elected all of the alternate delegates.

The Resolution Committee, Chairman George Woodhouse of Pleasant Hill, received at the first session of the House several resolutions which were reviewed and reported back for passage, mostly rewritten by the Committee—a resolution recommending general practice section in each hospital passed; also no individual should be barred from hospital staff if qualified to hold position regardless of speciality board membership; resolution recommending State and County Society Committees be appointed to co-operate with Federal Government in regard to Hill Burton Hospital Financial aid program, defined what health Centre should be, how operated and who shall practice in these Centres, passed intact. Resolution recommending co-operation of medical and nursing professions with hospitals in order to obtain more adequate and better bedside nursing was rewritten and passed as rewritten. The Committee on time and place of the 1948 Annual Meeting accepted the only invitation to meet in Spring of 1948 at Cincinnati, Ohio.

At Second session a President Elect was nominated and elected, only one candidate was presented, Dr. A. A. Brindley of Toledo. He was elected by unanimous vote of the House. His nomination was made by delegate from Mahoning County. Dr. Ed. McNamee, Cleveland, President, then swore new officers of the Association and presented the incoming President, Dr. Ralph Rutledge, Alliance, with his authority of office, who after getting approval from the House of Standing Committee appointments, adjourned the meeting.

This meeting was one of the best ever presented by the State Association. Further details will be found in the State Journal.

Wm. M. Skipp, M. D.

MEDICAL-DENTAL BUREAU
ANNUAL MEETING
YOUNGSTOWN COUNTRY CLUB
TUESDAY, JUNE 24, 1947
Dinner - 6:30 p. m.
ELECTION OF OFFICERS



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WHAT DO YOU THINK DOCTOR?

For some years there has been a growing desire on the part of morticians to discontinue offering ambulance service. Three reasons are cited most often as the basis for this tendency:

In the first place, the handling of the sick or injured is primarily a medical function, and so it is properly within the scope of hospital activities.

Furthermore, to compel people to call a mortuary—a place for the care of the dead—in order to provide means for restoring health to the living, is a contradiction that leads to depressing thoughts. And these, to a sick person, do not conduce to rapid recovery.

Some funeral firms operate ambulances or invalid cars that are used also as hearses. Even though such a combination of hearse-invalid car or hearse-ambulance may be spotless and thoroughly sanitary, the use of the same vehicle for handling the sick and injured as is used for transporting the dead could well be a deterrent factor in the speedy recovery of a patient.

Seldom do funeral firms offer ambulance service because they want to do so. They offer it only because for generations the public has depended upon them to supply this service. And certainly it is well that morticians have responded to popular demand; otherwise, in many localities, there would be no ambulance service. In fact, an equal willingness to assume an obligation that in no way is concerned with its current and regular activities has been exhibited by few, if any, other institutions.

When morticians were “undertakers”—that is, liverymen who conducted funerals—it was natural for the public to turn to them to carry the sick and injured to hospitals, since these men had the only “rigs” adequate for the purpose. But even now, when funeral-service operators have advanced professionally to devote all their attention to a single calling—the care of the dead—the notion still persists that morticians are engaged in sideline occupations such as operating livery for hire—including ambulances.

In every community there is an oversupply of mortuary-owned ambulances. Each ambulance must be kept in top condition, staffed twenty-four hours per day, even though actually it may be used only a small fraction of this time. An oversupply of equipment, plus the maintenance and operating costs involved, results in an uneconomic situation which costs the public an unwarranted amount of money. On the other hand, each hospital could operate only the number of ambulances necessary to meet its needs. The excessive total investment would be reduced, the cost of operation would be lowered, and the public would be benefited by this saving. Whenever supply of a given service equals demand (a condition that could be accomplished under hospital operation), costs to the public would be fair and operating income to the hospital would provide a net return. Under the present system of ambulance operation by morticians, overlapping service creates unwarranted cost to the public. This can be eliminated

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under hospital operation.

When a person calls for an ambulance, he does so with the hope, not of dying, but of recovering from illness or accident. Funeral service is the exact opposite of his expectations. It is not only unpleasant for sick or injured persons to contemplate the fact that they are riding to the hospital in an "undertaker's wagon," it may easily be mentally depressing. Whereas, the ambulance operated by the hospital assures them that they are in trained, competent medical hands from the minute they enter the vehicle.

Since, then, it is not a part of a funeral director's regular service to operate ambulances; since it is, on the contrary, an expensive and uneconomic service; and since this service can be rendered much more effectively by those whose responsibility it is to provide for the health of the public, there can be only one logical conclusion: that hospitals or medical groups operate ambulance service. By doing this, they will eliminate from the patient's mind the morbid connotations of death, they will guarantee the cleanliness and sanitation of the equipment since there will be no combination hearse-ambulances used, and they will render the service demanded by their patients—to provide everything necessary for safeguarding health. What do you think Doctor?

The Sixth Councilor District of the Ohio State Medical Association will have its first post-war Post Graduate Day on November 5 instead of the previously announced date. The session will be an all day affair at the Hotel Onesto, Canton. The following members of the Medical School of the University of Chicago will conduct the meeting:

Dr. Lester R. Dragstead.....	Professor of Surgery
Dr. Paul R. Cannon.....	Professor of Pathology
Dr. M. Edward Davis.....	Professor of Obstetrics and Gynecology
Dr. Walter L. Palmer.....	Professor of Medicine
Dr. Henry Brosin.....	Professor of Psychiatry

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JUNE MEETING

SPEAKER: NORMAND L. HOERR, M. D.
Professor of Anatomy
Western Reserve University

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

To be held at

BUTLER ART INSTITUTE, 524 WICK AVENUE
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TUESDAY, JUNE 17th

8:30 p. m.

A major attraction at the Butler Art Institute in Youngstown, Ohio, is an exhibit of ninety paintings illustrating the part medicine played in World War II.

This large show of oils and water colors will open May 25 and continue through June 22. The paintings were done by eleven prominent American Artists who portrayed incidents and events pertaining to medical care and treatment in our total armed effort in the home and on battle fronts of the world.

Five of the eleven artists traveled with combat units into the heart of the fighting on both sides of the world. The combined record these painters have made of the attention given our wounded and sick soldiers is a tremendously vivid and moving document. Uniformly truthful in reporting what they saw, the artists have first of all left a permanent and sober review of every aspect of military medicine. Since the permanency of the work must finally depend upon its quality, this painted record stands high in artistry - vigorous, colorful, and filled with human emotion.

Artists represented include Howard Baer, Robert Benney, Franklin Boggs, Francis Criss, John Steuart Curry, Ernest Fiene, Marion Greenwood, Joseph Hirsch, Frederick Shane, Lawrence Beall Smith and Manuel Tolegian.

The paintings were originally collected by Abbott Laboratories of North Chicago, subsequently presented to the nation, and came to Youngstown from the Historical Section of the War Department.

Members of the Mahoning County Medical Society and their families are cordially invited to see this exhibition before the Society meets at the gallery on June 17th, at 8 o'clock.

While many of the drawings and paintings are extremely interesting from a medical standpoint, the fact that the show is of a very high art quality must not be overlooked.

DIVERTICULITIS AND DIVERTICULOSIS OF THE COLON

Asher Randell, M. D.

Diverticulosis is generally accepted to signify the presence of numerous small outpouchings of the large bowel which are asymptomatic and usually found incidentally following radiographic study of the bowel.

Diverticulitis with its complications and sequellae is the symptomatic change occurring in diverticula.

By definition, a diverticulum is "a pouch or pocket leading off from a main cavity or tube," (1), therefore it may occur anywhere along the course of the intestinal tract as a natural pouch, such as the gall bladder, or acquired defects, as in the colon. This paper will concern itself only with colonic defects.

It has been estimated that among the general population over forty years of age the incidence of diverticula of the colon is between five and ten percent. Below that age group it is about one-half of one percent. (2) In this connection it is interesting to note that Bearse, in a study of diverticulosis in young people raised the question of the disease being much more common in persons under thirty than is now believed. He places his assumption on the embryological basis for the development of the diverticula. Fitz, discussing Bearse's paper, tends to verify the statement. From three to five percent of all cases of diverticulosis will at one time or another require surgical treatment (3) as a result of the complications.

Diverticula have been classified as true and false. The true being those in which all coats of the intestine are present and the false wherein one or more coats are absent.

The pathologic changes that may occur vary from the acute inflammation to gangrene and necrosis. These may resolve spontaneously, be followed by an abscess or undergo malignant change. Erdmann (4) is of the opinion that a malignant condition "is not a result of the disease but a co-incidental state."

The symptoms are similar to those of appendicitis in its various manifestations except that they are generally located on the left side of the abdomen. They include pain, tenderness, fever, muscle spasm and at times even mass formation.

The diagnosis is generally a roentgenological one. The contraindications to barium enema are those of other abdominal emergencies such as hemorrhage, perforation or shock. The diagnosis of diverticulitis with complications presents difficulties, particularly in women. Here, one is at times hard pressed to eliminate inflammatory processes of the Fallopian tubes or ovaries. However, if a careful roentgenological study can be done the problem will usually resolve itself. It is well to bear in mind that diverticulosis is usually symptomless and that the incidental findings of diverticula during the course of a barium enema is not necessarily the cause of the patient's complaints since other factors such as accumulation of gas, digestive disturbances, atony, ptosis, constipation and psychoneurosis, may be the etiologic element. "The most emphasized singular importance has been widely ascribed to the role of constipation. The role of constipation both as an etiological course as well as a complicating or aggravating factor has been

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amply recognized and should deserve our full consideration. The action of constipation, with its fecal impaction and diverticulosis is reversible, insofar as constipation predisposes to the formation of diverticula and later may increase constipation and fecal impaction." (5)

With the progression of the simple diverticulitis the symptomatology of the complications becomes the outstanding manifestations. There may be the acute abdominal pain of a perforation; a mass due to an abscess; obstipation due to obstruction, or discharge of pus from the rectum indicating abscess perforation with fistula formation.

The value of proctoscopic examination in the diagnosis of diverticulitis varies according to authors. Jackman and Buie (6) are of the opinion that proctoscopy is of great value; others feel that since the opening of the diverticulum is rarely visualized and that the diagnosis depends upon the finding of edema, inflammation and perhaps a mass, all of which may be present with other diseases of the large bowel, then sigmoidoscopic examination is not of too great value.

Treatment of diverticulitis in the absence of complications is medical. This should include bed rest, relief of spasm, which in the uncomplicated case is the outstanding feature, by belladonna, low residue diet, heat to the abdomen, sedation and inducing a bowel movement with a minimum of irritation. Saline laxatives are to be avoided since they frequently cause spasm of the anal sphincter which tends to increase the constipation. Mineral oil is of value. Barium sulfate in one ounce doses by mouth, two to three times a week (7) and warm saline or oil enemas are beneficial. The use of sulfonamides, penicillin and streptomycin, where indicated, should be borne in mind.

Treatment of the complications is generally surgical. This may vary from incision and drainage of an abscess to resection of the diseased portion of the bowel. Smithwick (8) states that "resection of the involved segment of the bowel appears to offer patients suffering from the more severe and complicated form of diverticulitis the greatest hope of improvement. If the operation is carefully planned, the mortality should be low, serious complications few, and unsatisfactory late results infrequent."

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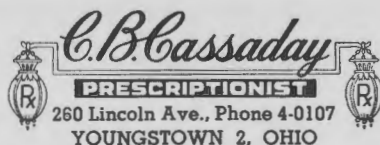
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THE COUNTRY DOCTOR

By Warren Dewese Coy, M. D.

So much has been written concerning the old practitioner that it may be superfluous to add more. He has been treated as an individual and has been presented as a composite. The one method emphasizes idiosyncrasies, the other adds facets which many of them did not possess. They differed as much as do persons in other pursuits; but inevitably, they reacted to environments which did not differ greatly; and so, in many respects, physically and mentally, some were large and some were small. Either method of treatment of this vanishing species is inadequate. Those doctors have earned recognition and remembrance through both their efforts and their accomplishments.

At our exhibit at Canfield, in which was stressed the contrast, rather than the progress, of medicine during the last century, many of the people, streaming through the passageways, were amused at the crudeness which was evidenced by those old instruments and accoutrements. These old and obsolete aids to human betterment had never been used that way before. They deserved more than that. They are now all that remain to speak of courage and devotion of men whose passing has left us impoverished. Sometimes the visitors to our exhibit would mention the name of one of the doctors of yesteryear; and their eyes would brighten when they would learn that he had been known and was still remembered. Sometimes, while you looked at those who were speaking of their old family adviser, you recognized that those making the inquiry were able to do so only by virtue of the judgment their old doctor had exercised.

Many of these early practitioners had not received much formal education, medical or premedical. To some the title "Doctor" may have been a courtesy, or even an assumption. Some of them began to practice after an unsupervised apprenticeship, or following a few months exposure in a medical school. Later, when the state established minimum requirements, most of them were able to conform. They had met the conditions through graduation from a reputable medical college; but the word 'reputable' was elastic enough to cover a deplorable lot of discrepancies.

The examining board, established about fifty years ago, found little difficulty in admitting them to practice through crediting them for their experience. Indeed, it might have found itself incompetent to examine them concerning the qualifications that would make for efficient practice under the circumstances in which they were masters, adept in improvisation.

When the first doctors began to labor in this community, Jenner had been theirs; but the work of Pasteur had not begun. Even during the time of their immediate successors, the significance of his observations had not yet made its impact on medical thought. Virchow was their background; and they were thinking and speaking in terms of cellular pathology. The discoveries of Koch, Roentgen, Behring and Ehrlich were new and revolutionary to which they must adjust themselves.

Their few medical books were bound in leather. Substantial, im-

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pressive volumes they were, suggestive of permanency of content. These were their authorities and they were wont to think and speak in accordance with them. As a consequence there was a tendency to modify their procedures only in accordance with their experience. These procedures were an asset, too valuable and obtained through too much effort to be readily abandoned or replaced.

Coming into daily contact with self-reliant men, who were making farms out of these forests, was in itself an opportunity for education. These farmer-folk, though limited in their activities, could think independently; and sometimes expressed convictions which erudite persons would be pleased to entertain. The country doctor had to meet these people and know them, knowing also that he could not escape their appraising eyes. Sham or deceit could not live in that atmosphere, and a young practitioner soon became aware that he must stand on his merits.

As these contacts enlightened the doctor, and as he learned more of these people, their actual employment, their interests, their projects, conversed with them about methods and results, his sympathy grew with his knowledge and these rustic people became his own. This reciprocity of education increased his efficiency; and, doubtless, lent strength to his character.

When the doctor went into their homes, nothing escaped his attention. And soon there was nothing significant in their lives that he did not know. And this knowledge became of value in other than his medical judgments; for some families expected him to be a general counselor as well.

These rural people had confidence in their doctor and it was based upon the confidence the doctor had in himself. This he developed out of his experience; to which experience, though thinly spread over the whole field of medicine, he gave his best thought. His eyes, ears, fingers, even his nose, were his laboratory equipment, or rather were the implements he employed to arrive at a judgment. His memory of cases, individual peculiarities and propensities, family background, domestic relations and pertinent confidences helped him to an understanding which less intimate contacts could not afford. These with the rapid summation of his findings would sometimes make it appear that he had acted intuitively. He may have cultivated this impression; for readiness and certainty were expected of him. Delay or deliberation were apt to be taken as indications of doubt; and this was not considered as an asset by those whose environment called for positiveness.

In this community there were certain points of view with respect to causes of illness, certain methods of caring for the sick which could be disregarded only at the risk of the innovator. When in his judgment a change was advisable, the desired end might be attained more readily as an addition than as a replacement. This was progress without the idea of abandonment.

The doctor learned of these community opinions; and soon came into contact with those women who were 'handy around the sickroom' and whose ideas had to be respected. Having opinions on medical matters was a satisfying achievement which was exercised, sometimes

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positively. These being the source of community judgment on medical matters, the doctor found that this was a means whereby he could have his own opinion rediscovered and utilized. There were times when a few technical terms, escaping judiciously, were certain to increase prestige. Some doctors were adept at this. They were usually safe, even in their misuse since, in those days, the people were not apt to see those words in print. However, when repeated, perhaps inaccurately, they might not enhance either the doctor's dignity or the respect of a conferee.

In considering the methods of these country doctors, modern conceptions of efficiency should be applied only in so far as they enable us to understand the difficulties of the situation and the results that should be expected under those circumstances. Those were not days of refined technique. They were days of direct, though not necessarily intended, crudeness. Cleanliness was relative, and often perfunctorily observed. It had not been embedded in the doctor's consciousness. An exceptionally filthy surrounding would awaken him to its necessity. This, with the acquired resistance to the organisms constantly present, would account for results better than should be expected.

A half-century ago, the doctor was expected to deliver a woman under cover, not once having exposed her sufficiently to see what was going on, from the beginning to the end of the process. He was supposed to get all his information with his fingers; and the young doctor had his troubles when he insisted on seeing more and fingering less!

Women in childbirth were sometimes cared for by a neighbor; but they usually sent for the doctor. If each of the practitioners had attended as many cases as would be claimed by some of them, the prediction of Malthus would have become a fact.

Prenatal care was non-existent, and postnatal care nearly so. These women expected to put their babies to the breast and did so. Their troubles began in what was called the 'second summer.' Then they had troubles enough. The death-rate from gastro-intestinal causes in infancy is well known. It should be known how helpless the doctors felt during those times. How helpless, too, were they when diphtheria would take one child after another out of a family or out of a community, with nothing they knew that could be done to stop it! One very capable doctor, after such an experience, closed his books and his office and never practiced again.

The young medical men were in error when they chose to locate elsewhere because they thought there would be no future in these remote regions. There was a future, but it was unmaped. It would be necessary to blaze a trail. Circumstances might require him to prepare a prospective mother in her home, give her an anesthetic, make a podalic version, apply forceps to the aftercoming head, and then give the child and mother the necessary care, with no assistance but one or two women who had never previously seen a childbirth. Those doctors had to rise to meet the needs of the moment. Crude? Perhaps, but the outcome was frequently surprisingly good.

These men were without the advantage of reports from health departments, without the benefit of medical society meetings and discussions of cases. Their judgments were compounded from personal

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experience; and were not frequently extended to other practitioners, for contacts with them were not regular nor frequent. In some communities, even these occasional contacts might not be anticipated with pleasure, or result in much profit to either; for these doctors were not without the weaknesses common to man.

The confidence, which characterized the relations between the old-time doctor and his people, remained simply confidence. There may have been exceptions in which it ripened into affection; but those people believed in him because they thought he knew his business and would treat them honorably. They also expected him to be ready, and to be able to get through any kind of weather or conditions to do for them what was required. Shoveling a path through the snow from the house to where he was to tie his horse, or meeting him there to care for his horse while he was giving his attention to some member of the family, belongs to the imaginative world of the writers of fiction. The kind of men who could meet those rural requirements could look after their own needs, and they were expected to do so. That was the kind of men who deserved and held the confidence of those self-reliant people.

Both aptitude and circumstance were needed to account for the country doctor. Neither alone could have produced him. The circumstance required bold forceful characters who were willing to take intelligent risks and willing to bear the responsibility for the consequences. This involved them, sometimes to the limit of their ability, in conduct of cases which only the difficulty of getting additional advice would justify. However, this extending themselves increased their fitness as it increased their self-reliance. Their skill was often shown in the use they made of other members of the family or of neighbors who wanted to help, or who wanted to share the credit while they would leave him with the responsibility. The successful doctor welcomed this help and was usually able to deflate the ego of the busybodies without humiliating them.

Occasionally a doctor would hear someone regret the necessity of calling him at such an hour or under unfavorable circumstances, yet it is doubtful if anyone, as much as the physician himself, realized the effect of fatigue on the quality of his work. He knew that constant fatigue would tend to make him less alert and ultimately routine; that the artist would become the artizan. This was no small factor in the lives of these men and should be thought of first when considering the character of their work. How they could be efficient, preserve their equanimity and yet be tired, is not understandable to those who have not known some of these men whom nature fashioned and made them its own.

Benevolence has long been regarded as a major purpose in keeping those country doctors going, and giving of themselves. No doubt they were charitable, but they had their way of exercising it. Most of their benefactions were not known. Even the recipient may not have suspected it, or have known its extent. It would not be in keeping with the truth were we to leave the impression that their motives were entirely altruistic. Most of these forceful characters developed pride of accomplishment, and it might become evident. This was present in

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the people for whom they labored; and, being cast in the same mold, their reactions were similar. They judged their value to be intrinsic, and not alone of time and place.

While occasionally there would come into a community an exploiter who would try to get quickly a backlog large enough to warm his shins while he was establishing himself elsewhere, the most of these men were the kind who were loyal to the patient's interest, and did not expect others to do as much for them as they were willing to do for others. There was something within themselves that kept them going. Sometimes gratitude was their recompense; but they learned not to expect too much of this commodity.

It would not be possible to determine the amount of his contribution to the development of rural America. His life was so interwoven with the intellectual, social and economic affairs of his community, as well as the individual domestic affairs, that his influence could not be distinguished even while it was being felt.

The minister and he found that they had much in common. The school-teacher and he were friends and united their efforts. The farmer and the laborer were his co-workers, sometimes in sympathy, sometimes in fact. His was a household name, heard from childhood into maturity.

There has been so much written about the country doctor, his efforts and his motives, his contribution to his people, his immediate and then his residual influence, that there is a tendency to consider him as a legendary character, useful to writers of fiction. However, as an instrument for carrying sound medical advice into remote places, he was a reality; and his ministrations have made an impression which has survived his passing. The modern practitioner, who is situated where he once labored, is not without appreciation of what had been done to make his way easier. And while he may have succeeded, he is not a successor in service; for the conditions under which that service developed have passed away.

So the country doctor has passed with the times. He was sustained by the consciousness of his worth; and because in this he was not in error, he remains a fixture in our tradition. His influence in his community, though now disseminated, has not ceased, even where it is no longer recognizable.

After this man, old in service and experience if not in years, had responded to the last call, which had found him powerless in all but the self-control that had become a part of his being, he was laid where the ailments and heartaches of mankind can disturb him no more.

A marker? Perhaps a modest one bearing his name. If there has been erected, through the combined efforts of those who have benefited through his sacrifice of self, a substantial one comparable to his deeds, it has occurred elsewhere than in the eastern part of the Western Reserve. And if you should seek and should find where he lies, you will notice that the grass bears no evidence of pilgrimages having been made to this, his permanent resting-place.

THE NURSING CRISIS

Every American physician who has had hospital patients in the past few years has repeatedly been made aware of the critical shortage of competent bedside nursing care even in the oldest and best established hospitals. Some of these institutions have affiliated schools of nursing with a record of years of splendid service behind them and yet they too find themselves in the same unfortunate situation.

As is not uncommonly true, when a crisis develops in any given field, one hears various 'solutions' voiced not infrequently by individuals whose ability or opportunity to see the whole problem involved is, to say the least, somewhat limited. Thus in the present nursing crisis the following are among some of the suggestions made to end the difficulty:

1. Eliminate all tuition fees;
2. Lower drastically the preliminary scholastic entrance requirements;
3. Shorten the length of the training period;
4. Modify the whole teaching approach to the problem of nursing education with the emphasis of teaching on the production of competent bedside nursing care rather than on the attempt to make every student nurse a competent supervisor;
5. Employment of practical nurses in hospitals to offset the shortage of registered nurses.

Each of these suggestions could have definite effect on the problem in hand but some of them would certainly bear close and sober scrutiny before they be universally adopted. Nursing education is firmly established in the American system of education. We have in this country individuals who have devoted long years and much thought to the development and administration of nursing education. If the time has come for a revamping of the system or for evaluation of the results obtained by the present system who would be better qualified to sit in judgment than those who have made this very field their life work? Let those who yesterday did and who today are actually carrying the burden of the administration of nursing education meet on common ground and decide what shall be the policy for tomorrow. What all of us want who are at all concerned with this problem is that the permanent policy adopted be one that will bring the greatest amount of good to the greatest number of individuals for the longest possible time. It is more likely that such an objective will be attained if the policy-making is left to the experts in the field than if it is brought about by too hasty action on the part of practicing physicians whose judgment, in spite of themselves, might be too highly colored by personal and immediate disgruntlement with a present unsatisfactory situation.

Recently the Saint Louis Council on Community Nursing met to formulate plans to secure 1000 enrollments in nursing schools in this area to satisfy the needs of the immediate future. Here is an example of civic leaders, hospital trustees, administrators and leaders in medi-

cal and nursing fields meeting on common ground to organize a plan to educate the public to see the problem that needs to be solved. It is most likely that right here lies the answer to the entire problem. If the public can be convinced that nursing school candidates are a true necessity those candidates will promptly become available. Two World Wars have shown what the American public does about civic and national problems once it is made aware of the need for action.

As an active member of the St. Louis Medical Society how much are you interested in the problem of securing candidates for our local schools of nursing? Are you interested enough to speak about the importance of the problem to your own circle of lay acquaintances? There are more than 1300 active members of the St. Louis Medical Society. If each active member will accept the challenge to see that just one student nurse is enrolled in the St. Louis area in the next few months the quota of the Council on Community Nursing will actually be overfilled by the physicians themselves.

—from Pittsburgh Medical Bulletin

YOUNGSTOWN E. E. N. T. SOCIETY

The Youngstown, EYE, EAR, NOSE and THROAT SOCIETY was duly organized, constitution accepted and officers elected, on Feb. 14, 1947, meeting held in the Board Room of the North Side Hospital. Membership is limited to those physicians whose practice is limited to Eye, Ear, Nose and Throat and are members in good standing of the Mahoning County Medical Society. At a later date, invitations will be sent for membership to other physicians in neighboring cities that may be interested in the Society.

The object of the Society is to promote and advance the science and art of medicine appertaining to the eye, ear, nose and throat, and to encourage the study of the relationship of these specialties to surgery, general medicine and hygiene.

The officers elected for the year of 1947 are:

Pres. - Dr. F. F. Piercy
Vice-Pres. - Dr. W. H. Evans
Sec. and Treas. - Dr. V. C. Hart

The dues are \$5.00 per year. At the present time the membership includes twenty doctors in the city of Youngstown, practices limited to eye, ear, nose and throat. There will be 4-5 meetings per year, to be held at The North Side Hospital, time and date of meeting to be decided by the officers. Outside speakers will be invited at times, specialists in their fields. Certain meetings will be conducted by the local members on various subjects of interest to the Society. Two meetings have been held this year, no meeting during the summer months, next regular meeting to be held in Sept.

V. C. Hart
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COMMUNICABLE DISEASES FOR APRIL 1947

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CHICKEN POX	94	48
DIPHTHERIA	0	0
MEASLES	28	6
MENINGITIS	0	0
MUMPS	7	6
POLIO	0	0
SCARLET FEVER	9	5
UNDULANT FEVER	0	0
WHOOPING COUGH	6	4
MALARIA	0	0
SYPHILIS	32	0
GONORRHEA	1	0
SMALLPOX	0	0
TUBERCULOSIS	0	3
TYPHOID	0	0

S. G. Patton, M. D.

YOUNGSTOWN HOSPITAL STAFF MEETING

The monthly meeting of the Youngstown Hospital Staff was held on May 13, 1947.

Dr. Frances Miller of the X-ray department spoke on the subject, "Duodenal Diverticuli."

Following the scientific part of the meeting, Mr. Paul Wick, president of the Board of Trustees, discussed, "Relationship of the Board of Trustees to the Staff."

FOR SALE: Eight room house on Lincoln Avenue suitable for Doctors offices, completely conditioned inside and out, two stair ways, gas furnace, priced for quick sale, owner leaving state on account of ill health. Ph. 7-2357.

NEWS ITEMS

Dr. and Mrs. John Noll have returned from a 10 day visit in Chicago. Dr. Noll attended the American College of Physicians convention.

Dr. Earl H. Young was guest speaker at the meeting of the New Neighbors League recently, at the Y.M.C.A.

Dr. W. J. Tims has returned to New York to resume his post-graduate work.

Dr. and Mrs. Morris Rosenblum were recent visitors in Chicago. Dr. Rosenblum attended the American College of Physicians' meeting.

Dr. J. K. Herald has returned to New York City to resume his post-graduate work at Polyclinic Hospital.

Dr. and Mrs. Ivan C. Smith were guests at the Palmer House, Chicago, where Dr. Smith attended the meeting of the American College of Physicians.

Dr. J. P. Harvey attended the American College of Physicians meeting in Chicago.

Dr. and Mrs. J. N. McCann were visitors at Atlantic City where Dr. McCann attended the Clinical Investigation Medical meeting.

Dr. and Mrs. E. J. Wenaas have returned after a 10 day stay at Skytop Club in the Poconos.

Dr. and Mrs. James B. Birch have returned from a motor trip to Charleston, S.C.

Dr. and Mrs. F. F. Monroe and daughter Peggy, have returned from a three-week's sojourn in St. Petersburg, Fla.

Dr. and Mrs. John A. Rogers were guests at the Chalfont-Haddon Hall, Atlantic City. Dr. Rogers attended the recent meeting of the Association of American Physicians.

Dr. and Mrs. Barclay Brand-

millers have moved to their new home on Prestwick Drive.

Dr. and Mrs. Wendell H. Bennett have returned after a five week's holiday at Fort Lauderdale, Fla.

Dr. Earl H. Young gave a lecture on "Family Life" at the annual banquet of the Women's Physical Education Association at Tippecanoe Country Club.

The Women's Auxiliary to the Mahoning County Medical Society was entertained at a spring tea given by Mrs. Walter B. Turner, with about 30 present. The guest speaker was Mrs. H. M. Roller who spoke on "Personality in the Home." Mrs. L. G. Coe, retiring president, presided. New officers for the coming year are, Mrs. W. K. Allsop, president and the new associate officers are Mrs. J. J. McDonough, president-elect, Mrs. J. N. McCann, vice president, Mrs. W. L. Mermis, secretary, Mrs. F. F. Monroe, treasurer.

Dr. and Mrs. Claude B. Norris were recent Youngstown visitors. They were on their way to Cal.

Youngstown visitors are Commander and Mrs. Martin E. Conti, recently returned from Pearl Harbor, T. H. where Commander Conti completed a tour of duty at the Aiea Naval Hospital.

A recent visitor at St. Elizabeth's Hospital was Dr. Edward C. Pichette. Dr. Pichette is serving a residency in Urology at St. Vincent's Hospital, Toledo, Ohio.

Dr. and Mrs. T. K. Golden and Dr. and Mrs. J. J. Wasilko have returned from a ten day vacation in New York City. While there they were guests at the Barclay Hotel.

Mrs. W. Z. Baker, chairman of the nominating committee was assisted by Mrs. Ivan C. Smith and Mrs. O. M. Lawton. Mrs.

Robert Odom is chairman of the public relations committee, Mrs. E. E. Kirkwood, social chairman, Mrs. E. H. Hake, co-chairman and Mrs. W. O. Mermis and Mrs. John McCann are program chairman.

Births

Mr. and Mrs. Thomas Jacobs Ewing (Mary Nagel) daughter of Dr. and Mrs. E. H. Nagel, announce the birth of a son at St. Elizabeth's Hospital. If you haven't seen "Elmer" lately, you should. Great thrill this grandpappy business brings.

Dr. Skipp Elected To AMA Convention

Dr. Wm. M. Skipp will represent the Ohio State Medical Association at the American Medical Association convention at Atlantic City this month, was announced by Columbus. Dr. Skipp is one of four delegates.

ST. ELIZABETH'S STAFF MEETING

The monthly meeting of the St. Elizabeth's Hospital Staff was held at the Faculty Room of Lourdes Hall on May 13.

Dr. J. J. McDonough of the Obstetrical and Gynecological Section presented a treatise on "Total Versus Sub-Total Hysterectomy with Particular Attention to Carcinoma of the Cervix." An analysis of a personal series of 257 cases of hysterectomy was presented.

Dr. McDonough emphasized that careful management of the cervix must be made in many pelvic diseases particularly in benign or malignant growth of the uterine body. The incidence of unrecognized carcinoma in a retained cervical stump occurs often enough to favor total hysterectomy rather than to overlook a carcinoma in a retained cervical stump or leave a potential soil for carcinoma growth. He dis-

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credited the premise of a higher mortality in total hysterectomy as compared to the sub-total procedure and gave supporting statistics comprising a series of 257 cases in his personal experience. In that group there were 253 total hysterectomies, 170 of which were done by the abdominal route and 83 by the vaginal route. Only in four instances was a sub-total hysterectomy performed. The mortality for the entire series was 0% however, Dr. McDonough enumerated a number of complications that had occurred increasing morbidity but none-the-less resulting in favorable outcome. He mentioned that improved technique obviated many untoward operative complications seen hithertofore.

Dr. McDonough then presented a color movie demonstrating techniques of hysterectomy by the abdominal and vaginal routes.



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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.

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