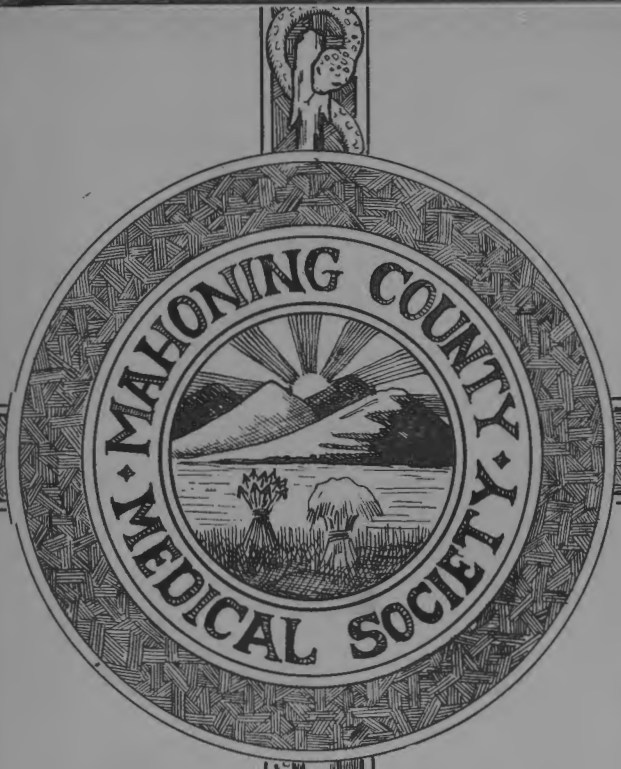

We must not avoid pleasures, but we must select them. —Epicurus

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
AUGUST • 1947
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THE MAHONING COUNTY MEDICAL SOCIETY

Vol. XVII—No. 8

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August, 1947

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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 Country 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

*No meeting during July and August.

COMING MEETINGS

American Congress on Obstetrics and Gynecology, St. Louis, Sept. 8-12.
American Public Health Association, Atlantic City, October 6-10.
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

Your Council and Legislative Committee have finally learned how it feels to be "Molotoved". In spite of all efforts to compromise it now becomes necessary to resort to signed petitions to have our proposed Charter Amendment placed on the ballot this fall. The deadline for filing these petitions is September 1st. Each one of you will receive a petition and we sincerely hope you will do your best to obtain as many signatures of Youngstown City Residents as you can. Only in this way will it be possible to get the required number (approximately seven thousand) signatures required by law. And remember that all the signatures must be in ink and must be by voters registered to vote in the City.

At the suggestion of Mr. William Maag of the Youngstown Vindicator several minor changes have been made in the original amendment received by all of you. The Board of Health is retained with power to appoint the Commissioner of Health. Membership is limited to five, of which one will be a member of the Mahoning County Medical Society; one a member of the Mahoning Valley Druggists' Association; one a member of District No. 3, Visiting Nurses Association; and two lay members. We felt this to be a fair change and, incidentally, it removes the possibility of disfavor to our Profession if the Health Commissioner has to step on someone's toes in the course of his duties. Other changes are very minor and will be apparent if the petitions are read. With these changes Mr. Maag promises his full support to the Amendment and this is indeed most encouraging after the many fruitless meetings we have held with the City Fathers.

In the lighter vein the Social Committee promises a fine day for us on August 21st at the Youngstown Country Club. Let's all try to make this party and have a day of well earned relaxation and fun. And we hope the weather man will give us a break on this one!

George M. McKelvey, M.D., President

BULLETIN of the Mahoning County Medical Society

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

IMPORTANT! !

1. Circulators and signers of "Health Petition" must be registered voters of the City of Youngstown. If you are not a qualified signer, but some other member or employee of your office is, they could circularize the petition.

2. Signatures must be in ink or indelible pencil.

3. Names and addressed must be same as they appear on the books at the Board of Elections.

4. Petitions must be signed by circulator in presence of a Notary Public and filed with the Board of Elections before September 1, 1947.

BRING THEM TO THE MEDICAL-DENTAL BUREAU AND MRS. HERALD WILL NOTARIZE THEM.

PSYCHIATRY FROM THE INTERNIST'S VIEWPOINT

By John Noll, M.D.

For several years before World War II the cry of "Specialize" appeared throughout the ranks of medicine. A doctor who wished to do some general practice before specializing found the doors virtually closed to him once he had started general practice. He therefor advised those following him to continue in a special field from their first hospital internship onward. The result is we have many highly trained specialists, who have had very little experience in the overall field of medicine and who are apt to be narrow in their observation of patients. The field of Internal Medicine is as much to blame for this condition as any other specialty. The result is that we are beginning to hear warnings by teachers such as (1) Dr. Harold G. Wolff, of Cornell Medical College, that we are overspecializing to the detriment of medicine. The old family physician who practiced an excellent form of psychiatry in his practice of medicine has given way to the many specialists in most large communities.

(2) Dr. C. Canby Robinson, while on the teaching staff of Johns Hopkins Medical College in 1936, realized that the medical profession was neglecting the personality of the patients and organized a research problem whereby the social aspects of illness were studied in over one hundred cases at John Hopkins Hospital. These cases were suffering from some form of organic disease and were being currently treated in the clinics and hospital wards of Johns Hopkins Hospital. The problem consisted of studying (a) the symptoms in detail to bring out emotional or psychogenic factors, (b) adverse social conditions of life, (c) the background of the patient's personality and (d) the liabilities and assets studied from a social and physical status. Two of his important conclusions were (1) "Discomfort, pain and disability caused by emotional disturbances occur in patients whose disease is organic as well as in patients whose disease cannot be shown to be organic" and (2) "Emotional disturbances caused by adverse social conditions form an integral part of the illness of many patients." His results were published in the book, "The Patient As A Person" in 1939. This report should make interesting and thought-provoking reading to all practitioners of medicine.

The Specialties of Psychiatry and Internal Medicine have made great advances during the past few years both in methods of diagnosis and methods of treatment. During this period of advancement another change is becoming apparent, namely the realization that all physicians must practice some form of psychiatry or fail many times in their attempts to help the patient, I first realized this trend while in service. For instance a highly trained, scientific dermatologist finally confessed to me that since his term of service he had been amazed to find functional disease influencing skin diseases. He was quite proud of the fact that he could control the eruption on some of the young soldiers skins by controlling their mood of security versus insecurity. His last year of military service found him preaching this "new discovery."

It is true that during World War I the profession realized the syndrome "effort heart." However, this syndrome was not as apparent in World War II and its place was taken by great numbers of so

called functional gastro intestinal disease. During this time I met a gastro-enterologist who admitted that the psychiatrist helped many of these types of cases as well or better than he could.

In recent months the various specialties are now stressing the role of the emotions. In the March 8, 1947 issue of the J.A.M.A. there is an excellent review of ophthalmalogical conditions related to the emotions.

In the last April issue of the Annals of Internal Medicine is a review of the important factors in diagnosing chronic brucellosis and a warning is given to rule out psychoneurosis first, even with positive skin tests.

Those of us who heard Dr. Conn of Michigan at a recent Mahoning County Medical Society meeting realize the pitfalls in making the diagnosis of functional hyperinsulinism.

Recently while having lunch with an endocrinologist, a cardiologist, a surgeon, an internist and a general practitioner the term Psychosomatic medicine was discussed. The feeling of this group was that the term was being presented as some new discovery and was being abused and overemphasized. As you probably know it is not a new term. At the beginning of (3) Doctors Flanders and Dunbar's book, Psychosomatic Diagnosis, Osler is quoted as follows. "Psychosomatic medicine is that part of medicine which is concerned with an appraisal of both the emotional and the physical mechanisms involved in the disease processes of the individual patient with particular emphasis on the influence that these two factors exert on each other and on the individual is a whole." If this interpretation of the term is adhered to we shall not abuse or misuse it but rather understand and emphasize it.

We are all willing to admit the value of a personality study of a patient. However we have the tendency to feel that only the trained psychiatrist can make such a study due to our own poor training in this field and lack of time. Yet if one reads a recent article entitled (4) "Guide to Interviewing and Clinical Personality Study" by Dr. John C. Whitehour in the 1944 issue of Archives of Neurology and Psychiatry, the following statement appears: "Human psychobiotogy, which is concerned with the integrated adaptive behavior of the human being, is of major importance in all fields of medicine. The primary technical psychiatric procedure is the interview between the physician and the patient. Emotional reactions, which are expressions of the personality, play an important part in a wide range of medical and surgical conditions, not merely in psychotic or neurotic disturbances."

If these statements are true we as physicians should pay more attention to the emotional reactions and make an effort to study the personality in its relation to the whole medical problem. In this regard I should like to discuss two problems which a physician faces.

First, how does an internist incorporate a personality study in his examination of a patient? During the past year, I have been interested in adopting some technique of history taking and examination of new patients which would include the study of the person-

ality as well as the medical history and physical examination. Immediately two questions arose - how much time can one give and should patients be allowed to ramble on with their story or should the physician ask specific questions?

If the procedure is going to be worth anything one must be willing to give the time. The appointment system in a doctor's office rather than just office hours is one answer to the time problem. During the war this was impossible but now it can be made to function to the advantage of physician and new patient. Set aside a certain time for new patients and build the rest of the day around this rather than trying to fit an hour job into ten minutes.

The first procedure when we see a new patient is the taking of the history. Most of us play for a short snappy answer to our questions and thereby immediately stop the flow of conversation which might give an important lead to the emotions and personality of the patient. A short skimpy history will certainly not give results. To say there is a definite outline to follow is trite but I do believe that the patient's own method of telling his story should begin the interview. Many writers stress here the value of not writing while the patient is talking but of really taking an interest in the material being discussed. Occasional short questions which do not suggest too much are of value. Most of us make a mental impression concerning the patient fairly soon after the interview starts and one of my stumbling blocks is making snap judgement conclusions which are dangerous. After the story of the illness more detailed questions as to the family relationships beginning with parents must be answered. The social status can often be learned in a few minutes by well chosen questions.

The first interview does not give the real answer, at least in my hands, and it has taken me from two to four months to really learn many of the important personality and environmental facts of some of my patients. However blundering this has been, there are valuable facts discovered which in the end shorten the treatment time and solve what would otherwise be a perplexing problem.

The second problem from an internist's viewpoint is the physical examination. I have heard it argued pro and con that medical men do so many examinations, both physical and laboratory, to the functional case that he ingrains the belief that physical pathology exists, then turns the patient over to the psychiatrist with a much greater conflict than before the internist began. There is some truth to this but I feel that any doctor who will listen attentively to a patient's story, then explain that whatever examinations are done are routine, then discuss the normalcy of the completed examinations with the patient, cannot change a functional complaint into a real neurosis.

In patients with organic disease our thought of mental stress, fear and emotions of the patient will help us to be more cautious in our gestures and attitudes. The diabetic patient who does not discipline himself well usually has a personality problem which can be helped. Many times medical writers stress the emotions in essential hypertension. Since hypertension is now considered the greatest problem of adult life even including cancer it seems to me our treatment of it should take into consideration the emotions. Just the other day

while taking a patient's blood pressure she remarked, "not so good, doctor." I hastened to reassure her it was within safe limits when she came back with this "well you frowned while you were taking it."

Many patients are appearing now with cancer phobias due to our campaigns for yearly examinations. Most of these do not have cancer but do have the type of personality which requires attention and thoroughness on the part of the doctor before firm reassurance is given. I think we must remember the patient is studying our attitudes and even our personalities while we study them.

In our treatment of patients it is easier to give sedatives than to take time for study of the real problem. Sedation to tide over a certain phase is of value, but bromidism, and nervous reactions due to the chronic use of the barbitals must always be kept in mind.

The recent tendency for early ambulation in disease whether it be old age or youth requires a new psychological approach to treatment. In the old days we made many chronic, useless invalids out of those with coronary disease and other forms of heart disease, to say nothing of our invalid neurotic.

There is no question that psychiatry plays an important role in all of medical practice, organic disease as well as functional. We must place more emphasis on the individual as a whole, both mind and body, in our daily rounds. In our rush of pigeonholing complaints and tests we are dangerously forgetting the patient, hence the success of some of the attentive, sympathetic individuals who do not belong to our profession but seem to get results in some cases. No array of well trained specialists will take the place of a sympathetic, firm but understanding doctor. Some of my professors called it the "art of medicine." Whether called the "art of medicine" or "psychosomatic diagnosis" modern medicine cannot afford to omit the time required to learn the personality and social status of our patients.

BIBLIOGRAPHY

(1) "Life Situations, Emotions and Disease." A lecture given at the A.C.P. annual 1947 Session, Chicago, Illinois, by Dr. Harold G. Wolff, Cornell University Medical College, New York.

(2) "The Patient As A Person" "A study of the social aspects of illness." Dr. C. Canby Robinson - 1939.

(3) "Psychosomatic Diagnosis" Flanders and Dunbar - 1943.

(4) "Guide to Interviewing and Clinical Personality Study" Dr. John C. Whitehour. Archives of Neurology and Psychiatry Volume 52 - 1944.

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During our youth, we were taught that there were definitely an intellect, a sensibility and a will. Since then, we have heard less and less about the will until its existence has become problematical. We hope that the present state of affairs in the world will not lead to a similar conclusion as to the intellect. The emotions continue to be in evidence; of this there is no doubt.

UNCLE DUDLEY

continuous symptomatic relief in allergic disorders

● Relief from allergic symptoms usually follows within twenty to thirty minutes after the oral administration of Pulvules Amesec and persists for several hours. Nocturnal attacks may be avoided or mitigated by taking advantage of the timed-disintegration feature of 'Enseals' (Enteric-Sealed Tablets, Lilly) Amesec. One pulvule and one of the 'Enseals' Amesec are taken at bedtime. The pulvule disintegrates promptly and controls symptoms for the ensuing three or four hours. 'Enseals' are timed to disintegrate in from four to seven hours. Thus, the medication is released at approximately the time at which the therapeutic effect of the pulvule is exhausted.

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Aminophylline	2 grs.
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DR. McDERMOTT ADDRESSES RECEIVING STAFF

Dr. N. G. McDermott, assistant professor of psychiatry, Western Reserve University addressed the Staff of the Receiving Hospital, at the May meeting on the subject, "Internists Problems Dealing with Psychiatry."

He emphasized the fact that by giving adequate interviews, we thereby give them a certain form of psychotherapy. Dr. McDermott stressed the two most common forms of anxiety neurosis seen by the general practitioner.

1. That anxiety which is brought on by sex maladjustments. While discussing this particular type, he told of his recent work using methyl testosterone for female frigidity, 10 milograms, two or three times a day, for a period of one month. He cautioned to watch carefully for secondary male sex characteristics.
2. The second form of anxiety neurosis most commonly seen is frustration with a sense of guilt. He emphasized that the practitioner of medicine must not be discouraged by the long period of time required to treat many neurotic patients.

J. N.

YOUNGSTOWN HOSPITAL ESTABLISHES INTERNSHIP IN HOSPITAL ADMINISTRATION

The Youngstown Hospital has recently established an administrative internship in cooperation with the Hospital Administration Department of Columbia University. Mr. Warren G. Rainier has come to the Hospital after a year of graduate study in Hospital Administration in the School of Public Health of the College of Physicians and Surgeons, Columbia University, New York. He will serve a one-year administrative internship under the supervision of Mr. D. A. Endres, Superintendent, as his preceptor. Mr. Rainier is a graduate of Ohio State University and had 7 years of business experience before entering the U.S. Navy where he served for 3½ years.

With the realization of the growing importance of Hospital Administration, five universities have established hospital administration courses on the graduate level in the past several years; Columbia University, University of Chicago, Northwestern University, University of Minnesota and Washington University at St. Louis. Yale University and University of Iowa will start courses this fall. Each graduate course requires a year of residence study followed by a year of supervised internship under an experienced hospital executive. The year of internship is considered an integral part of the training program, and the students do not receive the final award of a degree until the internship has been finished and certified.

The number of students completing the university courses will automatically limit the number of hospitals and chief executives participating in the internship. It is anticipated that very shortly, there will be a combined demand for upwards of 125 intern locations each year.

Of the approximately seven thousand hospitals in the country, 57 hospitals are providing administrative internships to the students completing graduate courses in hospital administration this year. Youngstown Hospital is one of four hospitals in the State of Ohio participating in this program of graduate training in hospital administration.

ST. ELIZABETH'S HOSPITAL RESIDENT STAFF ANNOUNCED

The new resident and intern staff of St. Elizabeth's Hospital for the year 1947-1948 includes seven residents and four internes.

Dr. Alfred Colley was appointed as Chief Surgical Resident. Dr. Colley is a graduate of Temple University School of Medicine, served his internship at the Temple University School of Medicine Hospital and completed a course in basic studies in general surgery at the University of Pennsylvania Graduate School of Medicine. He served 16 months in the Medical Corps of the United States Navy.

The following are assistant surgical residents: Dr. James A. Singiser, graduate of the Johns Hopkins Medical School. He interned at Brady Clinic, Johns Hopkins Hospital, then was assistant resident in urology at the Henry Ford Hospital, Detroit, Michigan. He served in the Medical Corps of the United States Navy. Dr. William Bannister, graduate of the University of Pittsburgh Medical School, served an internship at Mercy Hospital, Pittsburgh and was a member of the Medical Corps of the United States Army for two years. Dr. Alphonso L. Bax, graduate of Hahnemann Medical College, Philadelphia, Pa., interned at Huron Rd. Hospital, Cleveland, then served as surgical resident at Lakewood Hospital, Cleveland. He was in the Medical Corps of the United States Army for a two year period.

Dr. John J. Kinney is Chief Medical Resident. He is a graduate of Georgetown University, served his internship at the Our Lady of Victory Hospital, Lackawanna, New York, and completed a graduate course in Pathology at the Youngstown Hospital Association. He spent three years in the Medical Corps of the United States Army.

Dr. Francis J. Garmbrel is the Chief Resident in Obstetrics and Gynecology. He is a graduate of St. Louis University, interned and served as surgical resident at St. Elizabeth's Hospital, Youngstown, Ohio, and was in the Medical Corps of the United States Army being discharged with the rank of Major. Dr. Hugh B. Munson is the assistant resident. He is a graduate of George Washington University School of Medicine and interned at St. Elizabeth's Hospital, Youngstown, Ohio. He served in the Medical Corps of the United States Navy.

The internes are Dr. Vasile Coseriu, a graduate of the Medical College, University of Cluj, Roumania; Dr. Donald Dockry, Dr. Edmund A. Massullo and Dr. William Kelly, all graduates of St. Louis University School of Medicine.

Mr. William C. Yakovac, attending the University of Pennsylvania School of Medicine, is serving as interne during the summer months.

WE WEEP

While we know that the amount of crime and the various forms of violence, of which we are being made aware by the daily papers, is not restricted to our country or to our community, yet that which is nearest causes us the most concern and becomes more understandable. It is time for us to think more about ourselves with reference to it.

While the incidence of crime seems to occur spontaneously, its roots draw nourishment from moral and social decay; and we are a part of that society. The responsibility of recognizing what tends to promote unsocial behavior is ours, as much as is the effort to limit the effects of crime after it has been committed.

We are not justified in considering this condition to be solely an aftermath of the war, large as that factor may be, since war itself is now being viewed as a crime. Many of the restrictions which for generations had been considered as of supernatural origin, have ceased to be considered valid; and those individuals who have experienced this, have not yet found natural sanction for acceptable conduct. They have not found a resting place for responsibility, are without ethical foundation.

Crime and debauchery have become so popular in literature that it is but reasonable to suppose that this in turn reacted upon conduct. In pictures and comic strips it is a common motif. It is reported in detail in daily papers. The immature mind cannot escape the conclusion that unsocial conduct is popular. To increase this confusion, the Red worshipers have infiltrated through every interstice of our public life. They are columnists, authors of books, commentators, librarians, teachers in schools and colleges, ministers, speakers, book-reviewers, and public entertainers.

The destructive influence of these purposeful disturbers of the peace of the world is becoming more plain to us in America as we lose faith in each other, in our merchants, our tradesmen, our statesmen, our jurists, our laws, even in our constitution. Youth sees this, and feels itself loosened from control. It resists restraint and asserts itself to its detriment. It often shares our sorrow. These are conditions which we must face. And though it might seem like an inevitable development over which individuals have little or no influence, it still remains a task for each of us which we must recognize, which we must not try to escape.

Despite all the faults of men and of institutions, faults which seem to predominate, and which may have been results of our ignorance and neglect, this is a life at which we should not scoff, for that but adds to the confusion. These errors are a challenge which the best men of our generation will accept, just as preceding ones have done. How successful we may be, need not concern us. Our objective is of more importance. We must go directly to the source of the difficulty: to man himself.

Our hopes are vain when we rely on laws or institutions; these are but means to an end. These inanimate things have only the justice and honor that we put into them. It is we who must look at ourselves. And this is a difficult task; it may not be pleasant one. Seneca found this to be true back in the old Roman days. We can push ourselves into institutions, public affairs, men's lives and their opinions, more

readily than we can determine our purposes for doing so. Yet these purposes are today shaping the course of empire.

Those who have been responsible for law enforcement have long been aware that a combination of more and larger penal institutions, more convictions and longer sentences at harder work, is not the answer to the problem. While it is imperative to handle the incidences of crime according to the circumstances and the merits of each case, it is plain that this is dealing only with end-results. The combined efforts of the legal, medical and teaching professions will be required to formulate plans to take care of delinquents more intelligently and efficiently.

The indeterminate sentence for confinement in institutions which are adapted to rehabilitation, as is now being advocated, seems to be a step in the right direction. It is in line with present-day thinking. Dr. Paul L. Schroeder, of the University of Illinois, who is an advocate of this method, makes these significant observations, which the Alumni News records:

> "It is now clear that criminal behavior is subject to scientific investigation.
>
> "No longer need society depend entirely on punishment of the criminal for its protection.
>
> "Collaboration of professional workers in medical and social sciences has led to greater understanding of the causes of crime.
>
> "Much of this additional knowledge has grown out of the diagnostic and therapeutic efforts with juvenile crime as much in behalf of the offender as for the protection of society.
>
> "The field of adult crime has not been subjected to the scientific investigation it needs.
>
> "Under existing statutes, the therapeutic application of psychiatry is hampered and its diagnostic services are misused in criminal trials.
>
> "Psychiatry maintains that its own first obligation is to protect society, and that this protection is best affected through the substitution of treatment for punishment.
>
> "Adult crime has its inception in childhood and must be dealt with when and where it begins."

During the first century A.D., Quintilian recognized the importance of our most impressionable period and said: "We are by nature most tenacious of what we have imbibed in our infant years." How early in life our course is shaped, we cannot know definitely; but of this we may be assured, that in the pre-school years, trends are established that characterize the individual in his maturity. The schools may correct or may supplement, but not erase, the influence of those early years. Long before most of us suspect that the developing mind has made contact with the ethical world, the child has learned to trust or to suspicion. Long before reason becomes an influence in its behavior, it has learned to recognize trustworthiness or deceit. And during those early years, with those years which are to follow when observation becomes comparative, precept alone does not suffice; it

ANNUAL GOLF MEET

Thursday, August 21, 1947

YOUNGSTOWN COUNTRY CLUB

Mahoning County Medical Society

and

Corydon-Palmer Dental Society

GOLF 1:30 - - - - DINNER 6:30

Checks for dinner reservations must
be in by August 15th

"LYONS TROPHY" will be awarded to the low gross winner, which will remain in his possession for one year. Anyone winning three times will have permanent possession.

is worse than useless without example. These are the years when exemplary conduct, without precept, is most effective. The Spartans did not reduce their admonitions to writing and expect or require their young men to read them. They inured their young ones to action, not to words.

This brings the problem back to ourselves and makes us a party to the remote consequences of our deeds. We cannot be constantly purposeless in our behavior without being culpable. Some criterion must be recognized or established. This observation still is valid though many centuries have passed since its truth became apparent. And whether we would wish to validate our criterion from within or from without, experience itself should be sufficient sanction, a validity which would remain forever unquestioned.

There is so much in the world today for which we weep that we must guard against discouragement. What seems to be our greatest need is more men who can speak persuasively of the merits of truth, justice, kindness, self-reliance and industry. We need this for ourselves as well as for those younger ones who may be led to regard these basic virtues as worthy of attainment. We need those who can speak eloquently, that our eyes may be opened to the beauty that remains, and which we trust may never die.

W. D. C.

NEWS ITEMS

Dr. C. H. Cronick who was injured recently in Cleveland when he was pinned under the front trucks of a street car is able to be at home and expects to resume his practice in about a month.

Dr. W. W. Ryall is spending a much deserved vacation en route to the West Coast.

Dr. E. R. Brody has returned from New York where he has completed an eight month's post-graduate course at the New York Skin and Cancer Hospital.

Dr. and Mrs. Barclay Brandmiller attended a meeting of the International Congress of Pediatrics which was held at the Waldorf-Astoria.

Dr. and Mrs. J. B. Kupec and children have returned from a two weeks sojourn at Madison-on-the-Lake.

Dr. and Mrs. R. B. Poling entertained members of the St. Elizabeth's Hospital Staff at a buffet supper at their home on Oak Knoll Drive on Thursday, June 26, 1947.

Dr. Martin E. Conti was recently discharged from the Medical Corps of the regular Navy. He plans a return to practice in the near future and will have his office at the Home Savings and Loan Building.

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Announcements

Dr. James K. Herald announces the re-opening of his office at a return from post-graduate stu- 908 Central Tower Building after dy in Proctology at the New York Polyclinic. His practice in now limited to diseases of the colon, rectum and anus.

Dr. David A. and Nathan D. Belinky announce the removal of their offices from 1029 Himrod Avenue to their newly constructed building at 1077 Wilson Ave.

Dr. John E. Allgood announces the removal of his offices from Petersburg, Ohio to 316 Main St., New Middletown, Ohio.

A.M.A. ATTENDERS

The following doctors are among those who attended the American Medical Association Convention at Atlantic City: Drs. W. H. Bunn, E. C. Baker, J. U. Buchanan, A. E. Brant, P. J. Fuzy, J. P. Harvey, A. R. Cukerbaum, B. I. Firestone, V. Hart, S. L. Davidow, S. Zoss, Morris Rosenblum, M. M. Szucs, W. M. Skipp, R. R. Morrall, L. Segal, E. E. Kirkwood, D. Levy, M. Deitchman, M. M. Yarmy, W. P. Young, W. L. Mermis, J. L. Fisher, D. S. Parker (Former intern at St. Elizabeth's), and H. K. Giffen.

ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly Staff meeting of St. Elizabeth's Hospital was held on Tuesday, July 1, 1947.

Dr. Murrill M. Szucs presented a paper entitled "Some Phases of Peripheral Vascular Diseases." Dr. Szucs paid particular reference to the tetra-ethyl-ammonium ion and its use in hypertension, Reynauld's and Buerger's disease and other peripheral vascular disturbances. He covered the clinical consideration of the drug, its toxicology and pharmacology. Particular attention was placed on a series of over two hundred cases which were studied by himself, Dr. Brody and the late Dr. Sedwitz. Their experience included a careful study of selected cases and controls. He emphasized that the sole action of the drug was in the way of administering a blockade of the autonomic ganglia and that the drug may be used in the treatment and diagnosis of disorders affecting the autonomic nervous system. As vaso constrictor tone is released skin temperature rises, systolic and diastolic pressure and peripheral venous pressure fall and cardiac rate and output increase. Peripheral vascular and causalgic states are relieved and pain is often permanently checked following use of the drug. Dr. Szucs also stated that the drug was a valuable aid in testing for vaso dilator response prior to sympathectomy in certain peripheral vascular disease states.

Second Annual Postgraduate Course in Diseases of the Chest

The American College of Chest Physicians is sponsoring a second annual postgraduate course in diseases of the chest to be held during the week of September 15-20, 1947, at the Municipal Tuberculosis Sanitarium, Chicago, Illinois.

The emphasis in this course will be placed on the newer developments in all aspects of diagnosis and treatment of diseases of the chest.

The course will be limited to 30 physicians. Tuition fee is $50.

Further information may be secured at the office of the American College of Chest Physicians, 500 N. Dearborn Street, Chicago 10, Illinois.

Narcotic Prescriptions By Telephone

The Journal has previously called attention to the concern with which the Federal Narcotic Bureau is viewing the telephonic prescribing of narcotic drugs. This is not permissible under narcotic regulations and physician and druggist alike are guilty of violation when it is done. It is urged that members fully cooperate with the provisions of the narcotic regulations in this respect, respecting the druggist's insistence that the law as it concerns both the physician and the druggist receives proper compliance.

SERVICE RECORD

(Editor's Note:—Dr. Conti was our first doctor to enter the service and the last coming home. Eight years of an M.D.'s life is a long time—and that is the length of time Commander Conti spent with Uncle Sam.)

COMMANDER MARTIN E. CONTI, U.S.N.

Comdr. Martin E. Conti, (MC) U.S.N. commissioned as Lt. (jg) MC - V (s) U.S.N.R. in 1938. Volunteered for active duty in 1939 at outbreak of war in Europe and when a National emergency was declared by President Roosevelt. Reported to Norfolk Naval Hospital, Portsmouth, Virginia, for first duty and after 8 months was sent overseas to the U.S. Submarine Base, Coco Solo, C.Z. where he remained for 2 years, until April 1942 when he returned to the U.S. and again reported to Norfolk Naval Hospital for a post-graduate course in surgery for a period of 9 months. In 1943 was promoted to Lt. Commander and was assigned to the 27,000 ton Fleet Carrier the U.S.S. Bunker Hill where he was the surgeon aboard that warship. Following a year's duty aboard the Bunker Hill, Cmdr. Conti was then transferred to the U.S. Naval Hospital, Norman, Oklahoma where he served on the Surgical Service. His next assignment in the fall of 1944 brought him to Princeton and Harvard University under instruction with Military Government Hospitals. He was then transferred to Monterey, California, Staging Area, assigned to the Surgical Service of the Naval Hospital, Treasure Island, California, while waiting to be sent overseas again.

After arriving in Hawaii he was assigned as surgeon at the Naval Dispensary, Johnston Island, Pacific Ocean Area where he remained for 9 months. While on this duty he was promoted to Commander and transferred to Japan and North China theater on a special mission for the Marines. Following the completion of this trip, Comdr. Conti was reassigned as Assistant Chief of Surgery to the U. S. Naval Hospital, Area Heights, T.N. Navy No. 10, where he remained until several weeks ago when he returned to the U.S. Naval Hospital, St. Albans, N.Y. While at the latter station, Commander Conti resigned his commission from the Navy Medical Corps and was separated from service after serving 8 years. Commander Conti has returned to Youngstown to resume his former practice and has offices in the Home Savings & Loan Building.

A REPORT ON THE FIRST 6,000 PRE-EMPLOYMENT CHEST FILMS TAKEN AT AN INDUSTRIAL STEEL PLANT

By P. H. Kennedy, M.D. and F. G. Kravec, M.D.

A routine steroscopic 4" x 10" photoroentgenogram is a part of the regular pre-employment physical examination. Conventional 14" x 17" X-ray films are obtained on all patients showing major positive findings on the small films. In questionable cases a diagnosis is deferred until a detailed clinical and occupational history is obtained. Many of these questionable cases are referred to their own private physician for a complete work-up before a final diagnosis is made.

RESULTS

TABLE I

4" x 10" Stereoscopic X-rays	6,000
4" x 10" Stereoscopic X-rays negative	4,280
4" x 10" Stereoscopic X-rays positive	1,720
14" x 17" X-rays recommended	264
14" x 17" X-rays taken	234

TABLE II

Combined Results of 4" x 10" and 14" x 17" X-rays	
Negative	4,333
Positive	1,667
Increased broncho-vascular markings	467
Calcification in mediastinal lymph nodes	565
Calcification in parenchyma	191
Broncho-pneumonia	11
Chronic emphysema	12
Fibrosis in lung	29
Passive pulmonary congestion	5
Lung abscess	1
Chronic cystic disease of lung	1
Siderosis	1
Suspected carcinoma of lung	2

A finding of increased broncho-vascular markings was made in 467. This does not signify clinical pathology. Moreover some of these findings were due to an over-reading of the photoroentgenogram because the normal broncho-vascular markings are concentrated on the small film thereby giving an appearance of increased broncho-vascular markings. Some of these diagnoses of broncho-vascular markings were due to a lighter exposure of the film because of less penetration by the X-rays of thick chests. No doubt others had an underlying pathological process such as chronic bronchitis, bronchiectasis, early passive pulmonary congestion, or pneumoconiosis. However, to justify such diagnosis complete clinical histories would have to be obtained, and more elaborate examinations such as bronchograms would have to be done.

Calcification in the mediastinal lymph nodes was present in 565

cases and in the parenchyma in 191 cases. Many of these showed calcification in both locations. The cases of healed tuberculosis with reinfection were not tabulated with this group, although most of them had calcified lesions. The chief source of the calcifications is healed primary and re-infection tuberculosis. Calcification also occurs in cases of healed histoplasmosis, moniliasis, aspergillosis, and other pulmonary infections.

The 11 cases of broncho-pneumonia occurred in patients who had been ill with acute upper respiratory infections. The infiltrations were minimal in extent and were present in one or both lungs.

The cases of emphysema were found in older men who had chronic bronchial asthma.

Practically all of the cases listed as fibrosis had one or several fibrotic nodules. These nodules usually are a result of healed pneumonic areas. Several cases of diffuse linear fibrosis were seen in old men.

Passive pulmonary congestion was associated with definite cardiac disease.

The one case of lung abscess was present in a veteran who had had a circumcision done under inhalation anesthesia. He had local and constitutional symptoms at the time of his examination.

The one case of siderosis occurred in an electric arc welder, who had worked at this occupation for approximately three years. He had no symptoms. The nodulations present in the lung fields are due chiefly to deposit of iron dust in the lymphatics.

The 2 cases of suspected carcinoma were referred to their own physicians for a complete work-up.

TABLE III

Combined Results of 4" x 10" and 14" x 17" X-rays (Continued)
Incidence of Pulmonary Tuberculosis.

Primary Tb., active	1	
Minimal Tb., active	6	
Minimal Tb., inactive	38	
Moderately advanced Tb., active	5	
Moderately advanced Tb., inactive	6	
Far advanced Tb., active	1	
Active Tb. with silicosis	2	
Total Tb. cases	59	- (0.9% of 6,000 cases)
Total active Tb. cases	15	- (0.25% of 6,000 cases)

Incidence of Silicosis

Simple Silicosis	11	
Silicosis with infection (Tb.)	2	- (15% of total silicosis cases)
Total Silicosis	13	

The majority of the minimal cases of tuberculosis had no or very

insignificant symptoms. Even the moderately advanced cases had few definite clinical symptoms such as easy fatigueability, slight weight loss, morning cough with expectoration. The only far advanced case was an employee who was examined because he was being transferred from one department into another. He had been ill for 3 months and had severe constitutional symptoms with a weight loss of 30 pounds.

Only 1 case of active primary disease was found. He was colored, 19 years of age, and had pneumonic involvement of the right upper lobe with no visible cavitation and only slight clinical symptoms.

No diagnosis of healed primary tuberculosis was made because these cases were included in the calcification group. Until several years ago, all cases showing calcification were diagnosed as healed primary tuberculosis. Recent investigations, chiefly by the U.S. Public Health Service, have shown that many of these types of cases have a negative tuberculin test but a positive histoplasmin test. They concluded that these calcifications most likely represent healed histoplasmin infections.

A total of 13 silicosis cases were found. Eleven of these had simple silicosis and 2 were complicated by tuberculosis. The diagnosis of these cases of silicosis was based on (1) demonstration of a characteristic nodular pattern in the X-ray, (2) a history of adequate exposure to free silica dust, (3) physical examination which revealed very few abnormal signs. An X-ray finding of nodulations does not mean silicosis as many other conditions can give the same X-ray picture. Among the conditions that may simulate silicosis on the X-ray film are the following: arc welders siderosis, mitral stenosis with circulatory failure, pulmonary sarcoidosis, miliary calcification of lungs (moniliasis, thresher's disease, wheatena), asbestosis, byssinosis, batassosis, tobacosis, coccidioidomycosis, sporotrichosis, aspergillosis, blastomycosis, miliary tuberculosis, metastatic carcinoma, polycythema vera, vascular changes in old age, pneumoconiosis due to various inorganic dusts.

TABLE IV

Combined Results of 4" x 10" and 14" x 17" X-rays (Continued)

Pleurisy, healed	64
Pleurisy, active	1
Pleurisy, traumatic, healed	3
Empyema, healed	2
Empyema, active	1
Azygos Lobe	5
Metallic foreign body in chest	5
Lymphadenopathy of mediastinal nodes	6
Herniation of diaphragm	2

The pleurisy cases numbered 68. Three of these were due to old wounds of the chest. One case was active and followed a lobar pneumonia. The other 64 showed healed obliterative pleuritis with absence of the costo-phrenic sinus on the affected side. The etiology of these

cases is tuberculosis in approximately 75%. These cases, however, were not classified as tuberculosis in the tabulation of results.

TABLE V

Combined Results of 4" x 10" and 14" x 17" X-rays (Continued)

Ribs:	
1. Osteoma	2
2. Fractures	7
3. Cervical ribs	3
4. Irregular ribs	10
5. Forked ribs	7
Hearts:	
1. Dextro-cardia	1
2. Knob of aorta prominent	58
3. Dilatation of aorta	25
4. Enlarged heart	50
5. Globular heart	5

These heart findings are listed but no attempt was made to make detailed diagnosis. Although the diagnosis of lung disease by X-rays may be relied on in most cases, this is not so with heart disease. Clinical examination and other procedures must be closely correlated with the findings on X-ray to arrive at an accurate diagnosis of heart disease.

Conclusion:

Routine chest X-rays of apparently healthy individuals will reveal many pathological processes in the lungs, heart, and other chest structures. Since most of these conditions are discovered in their incipiency, even before clinical symptoms or physical signs are present, it is natural to assume that they would be more readily amenable to medical treatment than if first detected in ill individuals. It would be of great benefit both to the individual, his family, and the community if routine pre-employment chest X-rays were made available to all workers.

UNCLE DUDLEY

The old fellow had been audacious in youth; in middle life had been without merit, and now in age was sitting on his heels waiting the approach of wisdom. Our professional uplifters would have shown him the consideration of getting his opinion of the state of a society that would tolerate conditions in which such failures could occur. Confucius gave him a rap over the shins with his walking-stick.

* * *

It is better to read something that makes you think than it is to read something that gives you thoughts. A growth by expansion and adaptation is better than by accretion.

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FOR RENT: Brick building, 40x27 ft., all on one floor, 818 Elm St., plenty of parking in front, very desirable for doctor's office.

Call 4-1366. Mrs. Naples for information.

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