



"Cease to be ruled by dogmas  
and authorities; look at the world."  
—Roger Bacon.

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Youngstown, Ohio  
VOL. XVIII No. 9  
SEPTEMBER • 1948

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SIMILAC

*Similar to breast milk*

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1. Lissner, H.: *Calif. & West. Med.*, 64: 177, 1946.

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SEPTEMBER

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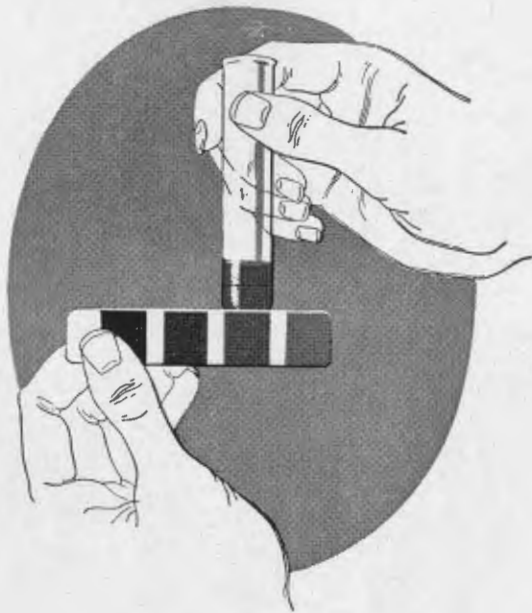
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## MEDICAL CALENDAR

	Monthly Staff meeting, Youngstown Hospital Auditorium— Nurses' Home
1st Tuesday 8:30 p. m.	Monthly Staff meeting, St. Elizabeth's Hospital, 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 Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home
8:30	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home.
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society— Hotel Pick-Ohio.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
	Weekly Surgical Conference, Youngstown Hospital— Nurses' Home
Every Friday 11:00 a. m.	Urological Section, Library—S. Side Unit, Youngstown Hospital
	Clinico-Pathological Conference, 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

The American Association of Physicians and Surgeons, Mayflower Hotel, Akron, Oct. 1-2.

Ohio State Medical Association Annual Meeting, Columbus, April 19-22, 1949.

American Medical Association Interim Session, St. Louis, Nov. 30-Dec. 3.

American College of Physicians, Annual Session, New York City, March 28-April 1, 1949.

Second Councilor District Post-Graduate Day, Springfield, Sept. 29.

American Academy of General Practice, Cincinnati, March 7-8-9, 1949.

## PRESIDENT'S PAGE

★ ★ ★

Postgraduate study is a continual striving of all medical graduates and the choice of environment in which such knowledge is dispensed may take any one of four directions: Short courses, long courses, special meetings or just sessions to swap experiences, all have their advantages. Our State Association has listed three teaching sessions for this fall session on special subjects as follows: October 21, Elks Home, Chillicothe, "New Advances in Diagnosis and Treatment of Chest Diseases"; October 27, American Legion Hall, Lima, "Practical Cardiology"; November 3, Mansfield, Leland Hotel, "Practical Dermatology." Beside this there are also three Councilor District Meetings of which we are most interested in the Sixth Councilor District Postgraduate Assembly, Akron, October 13. The details of this meeting are published elsewhere in the Bulletin. Physicians practicing in this particular area can have continual postgraduate training by attending the County Society Scientific Sessions and Staff Meetings, Clinical Pathological Conferences and Special Section Meetings of our local hospitals. One look at our local calendar of meetings proves the variety and value of their subjects. Those who miss them, miss a great chance of having continual postgraduate study without the inconvenience and expense of distant travel. September begins a new term of sessions—don't miss them.

JOHN NOLL, M. D.



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

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101 Lincoln Avenue

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**DEDICATION**

"Always, I suppose, to all persons who are so honored, the acknowledgement of an honor becomes a very difficult procedure.

I am impressed with the responsibilities which you have placed on me. Personally, I offer to the House my deepest thanks and gratitude for thus honoring me. I feel no elation. I should, I suppose, but any spark of elation is overcome by a sense of responsibility.

I have been preceded in office, for the last two or three years particularly, by men who have given yeoman service to medicine. We have before us a temporary cessation of the efforts to abridge the freedom of American medicine. We have won some preliminary skirmishes but, make no mistake, we are not through with this fight. It is a fight that is much more than the fight for the freedom of American medicine. It is a fight for the preservation of American democracy and the American way of life. We have knowledge that there are other attacks in the offing, and I know that the Board of Trustees and your other officers are taking the necessary steps to combat them.

But the battle is going to come a little later, and as the termites that have been boring from within against our democratic way of life become a little more conscious of a losing battle, we shall find that the attacks will become a little more subtle, if that could be, and a little more vigorous.

The opportunity of this House is particularly great now, for you may be able and should be able to arouse in all county medical societies a will to get out and fight locally, and that has not been the case up to date. I say that not in criticism but merely as a statement of fact.

As we all go back to our daily routine, I hope that every one of us may begin, if he has not already begun, an effort to arouse the profession in the county societies and then at the state levels. If we do that, we have 130,000 doctors who can swing anything and bring the public to know the problems that they are facing and the efforts that they must make if they are to maintain their individual freedom and the American way of life.

Again, I thank you for this signal honor which I feel very deeply. I hope I have expressed in some small way my thanks to all of you."

*The above is the text of the address of Dr. Ernest E. Irons, accepting the office of President-elect of the American Medical Association, Chicago, Ill., June 24, 1948*

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## CONVICTIONS

When Santayana said that "the world comes to us dripping with the qualities of the senses through which it has flowed," he has restated a truth that has impressed the clearest thinkers since the days of Locke and of Kant. When to this he adds that "the past comes down through a memory treacherously colored with desire," he has, in effect, told us to clarify our own thinking and to keep ourselves alert to the nature of what we admit to our consciousness.

Ideas continue to rule the world, and this world becomes to each of us a composite of our ideas. It is as real to us as we permit it to become through analysis and synthesis of our experiences. While we are aware that this experience must be shaped and colored by faculties peculiar to ourselves, these modifications must not be so altered by desire that the real essence escapes us.

The man with the alert mind wants to know. He seeks answers in all that is around him, from the recorded past, from his contemporaries, from the best that has been thought. Too often he receives from these no adequate response and he must think alone. That clear thinking may become a duty, will not be questioned by those who keep themselves informed concerning human affairs. Ideas that are to rule the world must not be emotional drives, if we are to escape ruin.

What is a conviction? Have we been convinced or persuaded? Each of us has experienced this with startling suddenness. Somewhere in the recesses of our minds, stored-up impressions pertaining to the matter under consideration arrange themselves into a pattern not preconceived; and then something occurs, something intangible comes into existence, unique and real. We may not be able to recall the pathway of our thought and reconstruct the maze through which it made its way; but the imperative has been born to our consciousness, the appearance of things and our pathway have been changed, our ideal may have been altered as well.

And what of the truth of the conviction? Truth may be the daughter of time, as has been said, and may have to await recognition. But true or false it was first real to an individual, though it met with response, hostility or disregard, with adulation or crucifixion.

But these convictions tend not to remain intellectual in their content; and when they become fixed and the emotional factors predominate, they become immune to analysis and re-evaluation. They may have entered into the fabric of our thoughts, have been our incentive to action, and given direction to our course. They may have been the melody in our themes, or our consolation in times of trial.

Yet these apparently impotent, intangible entities have been responsible for "man's inhumanity to man" and have covered the world with sorrow. They have led to patriotism that could gain or re-establish freedom; they have attended ambition with its transient glory and its lasting infamy. Alas, their subtle use can eventuate in human bondage.

Is all of the foregoing necessary as preliminary to the thought of security? Those who encourage us in forming the idea that security can be ours, without the loss of the freedom which has for so long been our ideal, are familiar with the processes of thought, and make clear use of them the while they confuse our thinking, and divert our attention from their purposes.



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1. Levinson, S. O. and others: New Method for Production of Potent Inactivated Vaccines with Ultraviolet Irradiation; Sterilization of Bacteria and Immunization with Vaccines, *J. Immunol.*, 60:317-29 (June) 1945.
2. Pitman-Moore Research Laboratories, unpublished data.
3. Habel, K. Ultraviolet Irradiation in the Production of Potent Antirabies Vaccines., *Pub. Health Report* 62:791 (May 30)

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These are times when it is unsafe to adopt ideas that have not been carefully analyzed, or that are not the products of our own mature thought. These are times when we must not only measure opinions, but must evaluate the men and their purposes as well.

Hunger and fatigue may be part of an explanation for impoverished Europeans or oppressed and benighted Asiatics; but it is not an extenuation for lack of clear and forceful thinking in this country. The time we spend in our necessary occupations, is not an excuse for our apathy, or for our ignorance of either the thinking or the propensities of man. We should know what we are doing and what is being done to us. We should know if we are giving up our birth-right for a mess of pottage.

There is majesty in the life struggle of a small nation, though its efforts be futile. There is ignominy in the nonchalance and complaisance that initiates the decline of a great nation. When someone tries to tell us something about security, let us make him define his terms, and then think straight through.

W.D.C.

---

### USE PERMANENT INK!

Many of the newer colored inks, including most of those used in ball point pens, are found to be unfit for the execution of birth and death certificates and other public records. Many of these non-permanent inks can fade completely with time, leaving not a trace of what was written except perhaps faint pressure lines.

All brightly colored inks and those which do not have the appearance of the familiar blue-black should be viewed with suspicion, and the label should be examined to determine whether they are permanent. Most permanent inks have an iron base which forms a stable residue. Such inks usually are black or blue-black when written and frequently darken upon standing. The newer non-permanent inks, on the other hand, have no metallic base and may therefore vanish by oxidation.

Wash inks and those which, after thorough drying, can still be removed or smeared with a damp cloth, should be regarded as non-permanent.

The law requires that original certificates of birth and death must be preserved indefinitely and must be written with unfading ink. Therefore, we repeat: Please use only inks which are clearly labelled "Permanent." In particular, colored and ball point inks should never be employed in writing public records, unless guaranteed by the manufacturer to be permanent.

W. H. VEIGEL, Chief, Division of Vital Statistics.

---

### THE AMERICAN ASSOCIATION OF PHYSICIANS AND SURGEONS

The annual meeting of the American Association of Physicians and Surgeons will be held at Mayflower Hotel on Friday and Saturday, Oct. 1 and 2. There will be an excellent and varied program by Drs. Elmer Hess, Fernald Foster, A. A. Brindley, Leonard E. Read and possibly Mr. Thomas E. Dewey. All who are interested in giving their support to a cause that will forestall state medicine have a cordial invitation to attend. The more doctors that are present, the better we can forestall the Federalization of Medicine.

P. A. DAVIS, M. D.

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## GRAND PAPPY OR GREEN PEPPERS

Anyway you look at it, Grand Pappy starts the procession. So it is with this epistle, the General Practice of Medicine is the subject of discussion. Not that the general practice of medicine has fallen below standards, but more particularly to remind you that today we enjoy and practice a brand of medicine which has never been equaled, which really has so far exceeded all standards that it is establishing a standard of its own, far superior, far advanced beyond the plane of previous requisites that we have named it only by its modest achievements—modern.

Ever since Hippocrates lighted the torch and handed it to our forebearers, men of medicine have served the sick and injured with honor, distinction and the firm conviction that new fields of achievement were to be found in the treatment and care of the unfortunate. We have made such earnest efforts to produce men who were capable, who were honest and sincere, to carry that torch that we are proud of them indeed because of the excellent record of medicine today. However, the "Green Peppers" have raised their ? ? ? heads and looked askance at the very record which we had considered to be so very good. Now we wonder just why! Why, after all these years—years of progress and honest development, have these same "Green Peppers" raised their heads above the other foliage to cast their watery gaze in our direction? Certainly we are not led to believe it is just for the benefit or benevolence of their fellowman, rather it appears, from the shiny surface at least, to be more for the benevolence of their fellow "Green Peppers"—or "somepin." We are ready and willing to argue about the motive of such "earnest efforts" to regiment and subsidize the Medical Profession.

So, we have formed another group out of our parent A. M. A. and named it the American Academy of General Practice. Our purpose is primarily to make more doctors better doctors—to enable all of our organizations to receive current instruction—graduate instruction, which the men of general practice have difficulty in securing because of their lack of free time. We expect to bring such instruction to them, that they may avail themselves of it at home. To do this we must organize, join and take active part in such endeavors in order that every member may receive full benefit. There are over 100,000 men in general practice today. Half that number cannot think and act for the other half. It behooves every single man in general practice to act accordingly. This organization is of, for and by the man doing general practice. We have, in times past, been a negative factor in the influence and control of the very fundament which rules our customs. Now we not only have determined to help ourselves but also to ask and expect to be represented in all the bodies which so vitally affect our every act and function. It is the age-old story which we hope to correct—taxation without representation. And when 100,000 men in general practice decide to fight against the inequalities which we have had in the past, there will be a better day in medicine, without the "Green Peppers." Grand Pappy knows.

S. Q. LAPIUS, III

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**PLASTIC SURGERY—GENERAL SCOPE**

J. B. Kupec, M. D.

An accepted definition of plastic surgery is the surgery for the restoration of deformed or mutilated parts of the body. Ordinarily, one thinks of uplifting of the face, a beautification of degenerative processes which have set in or tailoring a humped nose but one must go further and include the hairlip and cleft palate, the repaired hairlip in need of secondary repair, the repair of contractures, replacement of denuded areas from extreme burns and the many reconstructive procedures necessary following severe injuries.

Unquestionably, World War I and particularly World War II are responsible for the rapid strides made in plastic surgery. Reconstructive and reparative surgery have salvaged thousands of men horribly disfigured by massive facial and body wounds. Transformation of the disfigured soldier to an individual who can satisfactorily resume his station in civilian life is an astounding achievement and justifies the long, tedious many staged operations necessary to achieve that end.

Generally speaking, particular attention must be paid to restoration of normal contour, profile and symmetry. A detailed knowledge of the lesion including drawings, moulages and X-Rays are necessary in consideration of any plastic procedure. One must bear in mind the morphology of the part, the texture of the skin and then weigh the efficacy of moving tissue from one part of the body to another. To illustrate this fact, skin grafts from behind the ears or in the immediate proximity are best for face defects because the donor skin is almost a perfect match. To replace eyebrows one selects a hairy part, either a segment of the opposite eyebrow or from the scalp in the temporal or occipital areas. True, the occipital region is thicker but it can always be defated later. One must remember not to destroy the hair follicles which are embedded in the subcutaneous fat just under the skin. In the restoration of the entire nose, cheek or chin, one must remember the tissues needed in this architectural buildup; that is, an inner lining, an outer lining, some padding in-between and cartilagenous or bone support as in the nose or chin. In order to replace the lining in the eye socket either mucous membrane from the mouth or epidermis from the inner arm or the inner thigh can be used. The buccal sulcus can be the recipient of skin from the same areas.

First, it is extremely important to rearrange all existing tissue in the approach to any plastic procedure. Oft times simple excision of a scar, undermining of tissue and careful close approximation suffice. In others, Z-plasties and advancement procedures are necessary to cover defects and oft times waltzing tube grafts are necessary for massive replacement of soft tissue. Bone grafts are generally taken from the ilium and used for bone loss in the mandible or maxilla. One must certainly bear in mind the risk involved in wide undermining and deep tunneling and that sloughing can occur.

The age of the patient, sex, station, walk of life and other states of the patient must be carefully evaluated. One should always ask himself the question, will the surgical procedure improve the function and esthetic effect? To attempt a large scale plastic procedure when there is little hope for improvement is offering a serious injustice to the patient. Such action may only increase the disability.

Prosthesis offers considerable help in many cases. Herylic ears, wigs, artificial limbs, prosthesis, breast pads and cover marks for blemishes many



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times provide the answer for salvaging the personality of the frustrated patient. In some instances a man may go baldheaded or tolerate patchy baldness as a result of severe burns or injury of scalp but every woman prefers restoration with a wig or transplantation of adjacent hairy tissue.

Improvement of function is always of paramount importance and the surgeon is oft confronted with the contractures or deformities which prevent proper use of limbs. In many instances some previous attempt has already been made to correct a deformity. Tunnel grafting is a simple procedure and can relieve the webbed fingers of the boy who must prepare himself for an occupation. In the tunnel graft, the slits or through and through cuts are made at an angle from the dorsum to the palm using the opposite hand as the control. Pattern sections of split thickness grafts are made and then placed over a dental mould with the raw surface of the graft placed outward and inserted into the slits made in each webbed. The mould should fit somewhat tightly and later the revision of the skin distally between the fingers can be accomplished. In deformities where cover has been lost, flaps containing skin, subcutaneous and fat are required to replace the defect.

In many instances plastic surgery must be simplified because of financial reasons. Many staged operations must be waived in favor of a small number of more favorable procedures. Recently, in one of my cases involving almost complete loss of the cleft between the left thumb and index finger from an electrical burn, I was asked by the mother of the boy to cut down the hospital time and expense. I had planned to utilize a flap pedicle in cross-arm position or a tube pedicle graft from the abdomen. Both procedures would entail a long hospitalization. As an alternative, I excised the scar in the space between the thumb and index finger, then undermined the skin over the dorsal area of the hand extending over the metacarpal area of the index finger, made a counter incision in curved fashion so that skin margins were easily approximated in the cleft area and finally a split thickness graft from the abdominal wall was placed in a defect over the dorsum of the metacarpal area of the index finger. All this was accomplished in one stage. I planned a Z-plasty subsequently, if the cleft inhibited satisfactory extension of the thumb but the patient described the cosmetic and functional results as "good enough for me."

It is needless to say that pre and post operative photographs indicating full views and angles are necessary as a matter of record and for pre-operative study. The patient demands improvement and photographic evidence is most convincing where appearance and not the function of a part is the main concern. Each plastic procedure is an individual one. The planned operation must fit the individual case. It must be corrective, reparative and helpful to appearance. The result must be in answer to the patient's personality; it must enhance appearance. Certainly, no procedure should be undertaken unless some compensation results from long and repeated procedures.

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### ENTERIC COATING

Investigations by the author of enteric coated drugs have shown that some with coatings which claim to "protect the tablet from gastric secretions" fail as well to disintegrate in any part of the G I tract. Other preparations disintegrate in the stomach, and in these instances the enteric coating is of no particular value. Clinically, all enteric-coated drugs when administered should be carefully watched for therapeutic effect. —Joseph B. Wolfe, the American Journal of Medicine, July 1948. J.D.M.

## THE SIXTH COUNCILOR DISTRICT POST GRADUATE ASSEMBLY

Mayflower Hotel, Akron, Ohio

October 13, 1948

### FACULTY:

- DR. I. S. RAVDIN, John Rhea Barton Professor of Surgery, University of Pennsylvania School of Medicine; Professor of Surgery Graduate School of Medicine, University of Pennsylvania.
- DR. FRANKLIN L. PAYNE, Goodell Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine.
- DR. HENRY L. BOCKUS, Professor of Gastroenterology, Graduate School of Medicine, University of Pennsylvania.
- DR. JULIUS H. COMROE, JR., Professor of Physiology and Pharmacology, Graduate School of Medicine, University of Pennsylvania.

### PROGRAM:

- 9:00- 9:30: Registration.
- 9:30-11:20: Symposium on Liver and Biliary Tract:  
The Differential Diagnosis of Jaundice, Dr. H. L. Bockus.  
The Pathologic Physiology and Surgical Management of Biliary Disease, Dr. I. S. Ravdin.
- 11:20-12:00: The Diagnosis and Management of Acute Pancreatitis, Dr. H. L. Bockus.
- 12:00- 1:30: Luncheon.
- 1:30- 2:00: Panel Discussion; Pancreatic and Biliary Tract Disease, Dr. H. L. Bockus, Dr. J. H. Comroe and Dr. I. S. Ravdin.
- 2:00- 2:45: Significance of Abnormal Vaginal Bleeding, Dr. F. L. Payne.
- 2:45- 3:30: Malignancies of the Large Bowel, Dr. I. S. Ravdin.
- 3:30- 3:40: Intermission.
- 3:40- 4:25: Management of Uterine Fibroids, Dr. F. L. Payne.
- 4:30- 5:00: Panel Discussion, Dr. F. L. Payne and Dr. I. S. Ravdin.
- 5:00- 5:40: The Pathogenesis and Management of Pulmonary Edema, Dr. J. H. Comroe.
- 6:30: Banquet.
- 8:00- 9:00: Newer Drugs Acting on the Autonomic Nervous System, Dr. J. H. Comroe.

### RESERVATIONS:

Advance registration and reservation may be made by sending a check for six dollars (\$6.00), which includes banquet to Dr. E. W. Burgner, 1140 Cadillac Blvd., Akron, Ohio. Checks should be made payable to Dr. D. R. Mathie, Treasurer.

*September Meeting***Mahoning County Medical Society****Speaker: DR. BRADLEY L. COLEY****Subject: BONE TUMORS**

Dr. Coley is Assistant Professor of Clinical Surgery, Cornell University Medical College; in charge of Bone Tumor Department of Memorial Hospital, New York City; Director of Education at Memorial Hospital; Founder member of American Board of Surgery; member of American Surgical Association, Southern Surgical Association, and American Radium Society; and is author of "Neoplasms of Bone and Allied Conditions" (In press).

**Tuesday, September 21, 1948—8:30 P. M.****CASCADE ROOM****HOTEL PICK-OHIO**

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**OCTOBER MEETING****\*October 12, 1948****Speaker: HANS SELYE, M. D.**

Professor of Medicine, University of Montreal

**Subject: ADAPTATION SYNDROME****\*Note change from our regular meeting date.**

## *Health Department Bulletin*

REPORT FOR JULY, 1948

	1948	Male	Female	1947	Male	Female
Births Recorded . . . . .	503	254	249	469	245	224
Deaths Recorded . . . . .	159	103	56	152	93	59

### CONTAGIOUS DISEASES:

	July 1948		July 1947	
	Cases	Deaths	Cases	Deaths
Chicken Pox . . . . .	15	0	7	0
Measles . . . . .	16	0	4	0
Scarlet Fever . . . . .	1	0	2	0
Whooping Cough . . . . .	5	0	40	0
Tuberculosis . . . . .	3	1	0	2
Syphilis . . . . .	23	0	20	0
Gonorrhoea . . . . .	17	0	0	0

### VENEREAL DISEASES:

	Male	Female
New Cases:		
Syphilis . . . . .	2	7
Gonorrhoea . . . . .	13	4
Total Patients . . . . .	26	
Total visits to clinic (patients) . . . . .	481	

W. J. TIMS, M. D.

*Commissioner of Health*

OHIO PHYSICIANS SHOULD WARN PATIENTS having occasion to take castor oil (the poor devils) to check it before taking, as some bottles labeled "castor oil" but containing turpentine, are loose in Ohio . . . probably at grocery stores. One is labeled "Nasco Brand Castor Oil," product of the National Specialty Co., Nashville, Tenn. . . the other is marketed by the Pennex Products Co., Pittsburgh.

ANOTHER WARNING: Physicians and druggists are asked by the government to return to the manufacturer, Heilkraft Medical Co., Boston, stocks of SILIFORM AMPULS, if they have any, as some containing living organisms are known to be in circulation.

PRIOR TO ELECTION DAY, NOVEMBER 2, officials of the O.S.M.A. will hold conferences with the presidents, secretaries and legislative chairmen of all County Medical Societies to discuss candidates and issues. Plans for these conferences at centers in each Councilor District are now being arranged.

OHIO'S G.O.P. CONGRESSMEN AND SENATORS voted against the position taken by the Americans for Democratic Action . . . a new New Dealers outfit . . . on most bills, the A.D.A. charges . . . meaning that they probably voted right most of the time.

NOW THAT THE POLITICAL CONVENTIONS ARE OVER, it's time for each physician to think seriously about the General Election on November 2. For example: To make sure he is qualified to vote; to get the low-down on the records or qualifications of candidates; to vote, and vote intelligently.

—OSMA

**ST. ELIZABETH'S HOSPITAL RESIDENT-INTERNE STAFF NAMED**

The resident and interne staff of St. Elizabeth's Hospital for the year 1948-1949 includes ten residents and three internes.

Dr. Alphonso L. Bax is the Chief Resident in Surgery. Dr. Bax is a graduate of Hahnemann Medical College, served his internship at Huron Road Hospital, was a junior resident in surgery at Lakewood Hospital, Cleveland, Ohio, then became assistant surgical resident at St. Elizabeth's Hospital after his military service.

Dr. William B. Bannister, Jr., is a graduate of the University of Pittsburgh and interned at Mercy Hospital, Pittsburgh. After two years service in the United States Army he became a junior surgical resident at St. Elizabeth's Hospital, Youngstown, Ohio, in 1947.

The following are Junior Surgical Residents:

Dr. Albert A. Luchette is a graduate of the University of Louisville who interned at Christ Hospital, Cincinnati, Ohio, and served in the United States Army Medical Corps for a period of two years.

Dr. Edmund A. Massullo is a graduate of St. Louis University who interned at St. Elizabeth's Hospital, 1947-1948.

Dr. Donald Dockry, is a graduate of St. Louis University who interned at St. Elizabeth's Hospital, Youngstown, Ohio, 1947-1948.

Dr. Vasile Coseriu is a graduate of the University of Cluj Medical School, Roumania, who interned at St. Elizabeth's Hospital, Youngstown, Ohio, 1947-1948.

Dr. Francis J. Gambrel is Chief Resident in Obstetrics and Gynecology. He is a graduate of St. Louis University, interned at St. Elizabeth's Hospital, Youngstown, Ohio, 1942-1943 then became a junior resident in surgery, 1943-1944. After three years of military service in the United States Army he became Resident of Pathology at the Youngstown Hospital Association. He then served as assistant resident in Obstetrics and Gynecology at St. Elizabeth's Hospital and is now completing his final year of training in obstetrics and gynecology.

Dr. Hugh B. Munson is Assistant Resident in Obstetrics and Gynecology. Dr. Munson is a graduate of George Washington University and interned at St. Elizabeth's Hospital, Youngstown, Ohio. He served in the Medical Corps of the United States Navy and then became a Junior Resident of Surgery in Obstetrics and Gynecology at St. Elizabeth's Hospital.

Dr. John J. Kinney is Chief Resident in Medicine. Dr. Kinney is a graduate of Georgetown University and interned at Our Lady of Victory Hospital, Lackawanna, N. Y. Dr. Kinney spent 31 months in the Medical Corps of the United States Army. He was resident in pathology at the Youngstown Hospital Association in 1946 and then became Assistant Medical Resident at St. Elizabeth's Hospital. He is in his last year of training.

Dr. William James Kelly is the Assistant Resident in Medicine. He is a graduate of St. Louis University and interned at St. Elizabeth's Hospital, 1947-1948.

The internes are Dr. Joseph E. Tomayko, a graduate of Georgetown University, Dr. Arturo Gomez Escalera, a graduate of Havana Medical University, Havana, Cuba, and Dr. Jesus R. Tan, a graduate of College of Medicine, University of Philippines. Dr. Tan also interned at Philippine General Hospital and Zamboanga General Hospital, Philippines.

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## NEW PROGRAM FOR RECEIVING

The following is our six-point plan in regard to the Visiting Staff. This program was sent to the Commissioner of Mental Hygiene, Department of Public Welfare, and has been approved. The notification of doctors about incoming and outgoing referred patients will be made each Friday, between 11:00 a. m. and 12:00 noon.

The Council to the Youngstown Receiving Hospital duly authorized to establish better relationship between the Medical Societies and the Youngstown Receiving Hospital, and decided the following:

(1) The consulting staff in the specialties and general medicine will continue to function as previously.

(2) Establishment of a Visiting Staff. All members of the Medical Societies of the fourteen counties belonging to our district may come to the Youngstown Receiving Hospital once a week to visit, care and prescribe for their patients in their physical ailments, and consult with the staff of this hospital in regard to their patients. Under physical ailments we mean all the specialties known to medicine and also emergency physical ailments. Psychiatrists of these Medical Societies may also prescribe in the psychiatric care of their patients, with the mutual understanding of the staff and within the limitations of our facilities.

(3) Staff meetings of the Youngstown Receiving Hospital will be held on each Saturday, 11:00 a. m. to 12:00 noon. All members of the Societies interested in psychiatry may be present at these meetings and discuss their patients' problems. At these meetings, all new patients will be presented, their problems studied, and treatments suggested.

(4) All consulting and visiting doctors will be accompanied on their visits by a doctor of the staff, or in the absence of a doctor, by a registered nurse. The clinical and nursing charts will be presented to the doctor on his request.

(5) Doctors sending patients to the Youngstown Receiving Hospital will be notified within five days after the arrival of their patient, their condition and the probable method of treatment. Upon discharge, patient will be advised to return to the referring physician. At the same time, the referring physician will be notified by the hospital as to patient's treatment here and, if necessary, advice for further treatment.

(6) The Youngstown Receiving Hospital will do their utmost to be recognized for intern and resident training. In regard to autopsies, permits will be asked in as many cases as possible, to reach twenty-five per cent of required autopsies. In regard to young physicians interested in psychiatry, we will encourage the part time employment of young doctors, after finishing their internship.

THE YOUNGSTOWN RECEIVING HOSPITAL

EUGENE E. ELDER, M. D., Superintendent

---

## TREATMENT OF CEREBROVASCULAR ACCIDENTS

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capillary membranes. Early stellate ganglion block may relieve the stasis and should be repeated at least every 24 hours.

Oxygen helps combat anoxia and indirectly aids aortic depressor and carotid sinus reflexes. In all cases adequate pulmonary ventilation must be maintained. Postural drainage and (or) aspiration may be needed. Atrophine may be used for excessive secretions. After 24-48 hours of unconsciousness, hourly feedings through a Levine tube are advisable. 25% albumin intravenously may be helpful. Bladder drainage should be performed as needed. Adequate sedation is secured with phenobarbital, bromides, chloral hydrate or paraldehyde.

In auricular fibrillation with cerebral embolism the rate should be controlled and anti-coagulants administered. Increased spinal pressure is lowered by spinal taps.—Geza De Takats and Newell Clark Gilbert, *Am. Pract.* 2:287-290, 1948. J.D.M.

### UNCLE DUDLEY

Man with his insatiable curiosity has developed until we have almost ceased to wonder at his accomplishments and continue to expect more and more from him; but we cannot cease to wonder about the incomprehensible power which enables a bird to build its first nest.

★ ★ ★

As at length "wisdom maketh his face to shine," so ultimately does sophistication put on the countenance of its devotee the cost-mark of his folly.

★ ★ ★

Few people like the muck-raker and he may not really like himself, but there seems to be a periodic demand for his services. Democracy tends to grow stale and this disturbingly disagreeable fellow drags out into the open what nobody wants to see or smell. It is a thankless employment even if it becomes wholesome, and democracy could not function without him.

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## HYCODAN—THE FIRST CODEINE DERIVATIVE

Harold J. Reese, M. D.

Codeine, the most commonly used antitussive, is closely related to morphine, the difference being that in codeine the phenolic hydroxyl group of morphine has been methylated. Therefore, codeine is a monomethyl ether of morphine. Morphine was first isolated from opium in 1806, but it was not until twenty-six years later that Robiquet first isolated codeine, also from opium. The same close relationship that exists chemically between the two compounds is observed pharmacologically. Morphine, as well as codeine, has analgesic and antitussive properties. In morphine, however, these effects are much stronger, but morphine has greater habit forming potentialities than codeine.

Therefore, it is easy to understand why attempts have been made to produce drugs which would approach morphine with respect to its therapeutic effects, and codeine with respect to its low addiction possibilities. As a result, a number of morphine derivatives and synthetic compounds have been made available in the last few decades, and especially within the last few years. However, all of these are primarily recommended as analgesics. No codeine derivative was offered during the century that codeine has been in use. And, except for heroin—which is a morphine derivative—no compound with a selective antitussive effect has been developed.

It was not until a few years ago that the first codeine derivative was introduced by Endo Products, Inc., of New York, under the name of Hycodan Bitartrate. Hycodan is dihydrocodeinone and is prepared by hydrating codeine and oxidizing its hydroxyl group to a carbonyl group. This intramolecular change has not increased the analgesic properties of codeine to any marked extent. However, it has yielded a new drug with a specific antitussive effect. Hycodan is recommended exclusively for the alleviation of cough and is considerably more potent than codeine for this purpose.

The recommended average dose of Hycodan for adults is only five mg. (1/12 gr.). For children, two years and older, one usually prescribes 2.5 mg. (1/24 gr.), and for babies 1.25 mg. (1/48 gr.). It is reported its effect lasts twice as long as that of codeine so that Hycodan need be given only once every six to eight hours.

In extensive clinical studies, Hycodan was found to control cough in many cases which did not respond well to codeine, dionin, or Dover's powder.<sup>1</sup> In contrast to codeine and other drugs used for cough, no significant retention of sputum has been reported from therapeutically adequate doses of Hycodan. Therefore, in the treatment of pulmonary hemorrhage occurring in the course of tuberculosis, Hycodan has been recommended as the drug of choice.<sup>2</sup>

Hycodan is not constipating. Patients who have been free of constipation under Hycodan therapy, became constipated when put on codeine.<sup>3</sup> Published papers on Hycodan stress the absence of any signs of habituation. One author states that the drug is non-habit forming.<sup>4</sup> Nausea and vertigo have been observed on occasion when Hycodan was taken on an empty stomach. Therefore, it is advisable that Hycodan be taken, if possible, immediately following meals or be preceded by a glass of milk. In therapeutic doses, the drug is free from other undesirable effects. Certain drugs that are used as expectorants, such as squill, ipecac, and senega, act as emetics in larger doses. Since Hycodan has an analogous action, no vehicle containing squill, ipecac, senega, etc., should be used for Hycodan.

In conclusion we wish to state that this first codeine derivative appears

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to be a valuable development in alkaloidal chemistry. It provides the physician with a specific tool to control all types of cough more effectively. It is hoped that the pharmaceutical industry will continue its research in order to provide us with other valuable codeine derivatives.

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#### RABIES CONTROL

Dogs are the main reservoir of rabies. As yet the practical control of canine rabies is far from effective except in countries which prevent the import of dogs unless after quarantine long enough to exclude rabies. Rabies in dogs appears to be increasing in some places. According to newspaper statements rabies in dogs in the suburban part of Cook County, Illinois, in which Chicago is located, is spreading as judged by the number of rabid dogs killed by the police. And we know that rabies in the fox is now well established in many states. There continues to be urgent need for more and more active cooperatively coordinated preventive measures against rabies in dogs as well as other animals.

Absolute safety from human rabies requires that the entire dog population of a community must be kept free from rabies at all times. Better means are needed to determine whether a given animal is or is not infected with rabies. This need of early reliable diagnosis applies especially to human beings exposed to possible rabies, so that more may be learned about the specific results of the antirabic treatment. At present all that usually can be determined is whether or not the biting or scratching animal had rabic infection. Finally, there is the unsolved problem of effective treatment of established rabies. Rabies should not be neglected in the testing of new antibiotics. These are problems that call for the best research that can be provided by public and private agencies. These needs have a special claim on dog lovers. Is it too much to expect of the anti-vivisectionists that they will not neglect the chance offered by research on rabies to help dogs and other animals?

—JAMA.

#### MEDICAL FEES

Proponents of regimentation claim that the fee for service system is hopelessly inadequate and they make much of instances where physicians overcharge their patients. It can be safely said that every time a physician appears to demand all that the traffic will bear, he makes a new supporter for socialized medicine. Most physicians welcome a frank discussion of fees before treatment is undertaken. Misunderstandings start with a failure on the part of the physician to come to a distinct understanding with his patient. When asked about the fee, the physician should not evade a definite answer by reassuring the patient that all will be well and that he need not worry about the charges. Bad practice of a few profiteering physicians can bring public censure on the whole profession. County medical associations can fight socialized medicine in no more effective way than by placing a firm, restraining hand on any member who thus endangers the freedom of the whole profession. You have the mechanisms. It requires courage to use them.

—Connecticut State Medical Journal.

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**AMERICAN NURSES' ASSOCIATION**

There is a critical "shortage" of nursing service in the United States today. The basic cause of this so-called shortage is the enormously increased demand for nursing by the American public. However, one aspect of the question not given sufficient attention is that the nation's nursing force could be utilized more efficiently. In spite of the high priority which has been placed on nursing, the public suffers from an inequitable distribution of nursing service between urban and rural areas, and because many skilled professionals have of necessity been assigned duties that properly should be performed by auxiliary personnel.

The American Nurses' Association, representing more than 160,000 registered professional nurses, is extending its resources to correct these conditions. In 1945 it established the Professional Counseling and Placement Service, Inc., a non-profit agency to improve the distribution of nursing service. The ANA is calling on all nurses, employers of nurses and the general public to make use of this Service and thus to expand its operation and effectiveness.

**CYNICAL SAM**

All animal life teems with desire which seeks satisfaction. It is only man who calls this happiness, makes it a goal and needs restraint in its attainment.

★ ★ ★

Some men must watch the weather-vane in order to know the direction of the prevailing wind; other men can feel it on their cheeks.

★ ★ ★

The old woman of one book who gave her belief as the reason for her opinion, differed in her way of thinking from the most of us only in stating openly what we would wish to conceal.

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## ANNUAL GOLF MEET

The annual golf meet was held in conjunction with the Corydon Palmer Dental Society at the Youngstown Country Club on Thursday, August 19. About 125 members attended. It was a very successful meeting. The social committee did a good job. In the afternoon the golfers matched skills from tee to green. Most of the scores were excellent, but some, as always, were of the Civil War type—out in 61 and back in 65. "It is unjust to claim the privileges of age, and retain the playthings of childhood."

By 7:00 P. M. the weary golfers had wended their way to the clubhouse, had their scores recorded and made ready for the prime ribs of beef. The dinner was excellent. After dinner, Dr. J. S. Goldcamp was master of ceremonies and awarded the prizes. The best golfer of the day was Frank Bellino, D.D.S., with a score of 79. The best golfer among the physicians was Dr. E. J. Wenaas with a low gross of 84. He was awarded a leg on the Lyon's Cup, which was presented by Dale Brothers. The second best golfer for the physicians was Dr. G. M. McKelvey, and for the dentists was Dr. W. R. Salinsky. They were presented sweaters. Closest to the pin on No. 18 was Dr. D. W. Liddle, prize—3 golf balls. In draw for blind bogey (82) prizes were received by Doctors Sam Tamarkin, Cafaro, W. H. Welch, W. H. Bunn, S. J. Ondash; and (79) Doctors C. J. Splain, E. L. Boye, and W. B. Samuels. The Medical-Dental Bureau door prize (a beautiful shirt) went to Dr. Craig Wales. Other door prizes were won by Dr. J. M. Cavanaugh (windbreaker); Dr. M. H. Steinberg, L. D. Osborn, R. M. Odom, (sportshirts), Doctors J. P. Harvey and Richard Goldcamp (neckties). Two pair of socks went to Dr. C. W. Stertzbaugh and a belt to Dr. W. J. Flynn.

All in all it was a good party. We shall not look upon its like again—until next Fall.

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### LET'S STOP COMPLAINING ABOUT HOSPITAL SERVICE!

I am a bit tired of listening to doctors make excuses to their patients who complain of hospital service and meals. Therefore, tonight, I thought I would sit down and go over the thirty years that I have been working in our hospitals and observing nursing care and meals. I have come to a very definite conclusion, and that is, that today, hospital service, nursing care, and meals are far more proficient and on a much higher plane than they have been in the last thirty years. Then, why do we not stop these complaints? I think that they are due to the following reasons:

1. Most patients state that they have been treated fine, and have no complaints regarding meals and service.
2. The next group feel that they are paying a large sum of money, and therefore demand more care and attention than is necessary.
3. This group complains no matter what type of meals and service is given them.
4. And last, is a group that use the hospitals for a private sanatorium.

Now doctor, think back, don't allow your patient to complain of poor nursing care and service, for you and I know that this is not true. If you are doubtful, go to your hospital and observe what is going on, eat a couple of meals.

Let's stop these vicious rumors!

WILLIAM A. WELSH, M. D.

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## MEET TO ERADICATE BRUCELLOSIS

Dr. Josiah J. Moore, Chicago, treasurer of the A.M.A., served as our Association's representative at a brucellosis meeting held in Chicago on June 10 and 11. The meeting was sponsored cooperatively by the Federal Bureau of Animal Industry and the Federal Extension Service to advance the eradication of brucellosis, otherwise known popularly among farmers as Bang's disease or contagious abortion. Twelve Middle West and Mountain states participated. Twenty-two organizations were represented.

Dr. Moore served on the Committee on Promotion of Brucellosis Program which recommended in its report that a National Brucellosis Committee be formed, of which the American Medical Association would be a member. State and county medical societies would be encouraged to join with state and county farm organizations, livestock producer and breeder associations, veterinary medical associations, disease control associations and agencies, and other related health groups in successfully controlling and eradicating brucellosis.

About 125 agricultural and health leaders were in attendance. Dr. W. W. Spink, Minneapolis, professor of medicine at the University of Minnesota Medical School, spoke on the "Public Health Aspects of Brucellosis." His address was referred to again and again as the outstanding paper delivered at the conference. Although the majority of the committee felt that the economic losses rather than the danger to public health should be stressed in a public education campaign, representatives of the medical profession emphasized that the protection of public health should dominate. All present agreed that "politics should be kept out of the program."

Harry Campbell, Farm Program Director of WBBM, a member station of the Columbia Broadcasting System which is heard in 38 states, broadcast an interview with Dr. Moore on his program, "The Country Hour." A coast-to-coast CBS program, "Country Journal" also reported on the Dr. Moore interview and overall meeting.

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### LOCAL HEALTH UNITS

Dr. Haven Emerson, Chairman, Subcommittee on Local Health Units, Committee on Administrative Practice, American Public Health Association, has stated that the six basic functions of a local health department include:

1. Vital statistics, or the recording, tabulation, interpretation, and publication of the essential facts of births, deaths, and reportable diseases;
2. Control of communicable diseases, including tuberculosis, the venereal diseases, malaria, and hookworm disease;
3. Environmental sanitation, including supervision of milk and milk products, food processing and public eating places, and maintenance of sanitary conditions of employment;
4. Public health laboratory services;
5. Hygiene of maternity, infancy, and childhood, including supervision of the health of the school child;
6. Health education of the general public so far as not covered by the functions of departments of education.

—A.M.A. Council on Medical Service.

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## PSYCHOSOMATIC MEDICINE

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Living conditions have changed so much that now it takes a well trained psychiatrist several long and expensive interviews to even find out about Big John Applejack. The cardiologist has to worry considerably about the EKG and the chest film, and if she happens to have a little too much QIII poor Aunt Louise is really in a desperate plight.

Psychosomatic medicine is only what the good doctors have been practicing for centuries. True, there is much more medicine known now than ever before, but we know less and less about the human side of our patients. Psychosomatic medicine is a truly conscientious attempt to bridge that gap.

The mind and body must be correlated in most human illnesses. Scabies will respond to sulphur, irrespective of the mental gymnastics of the patient, but scabies might well produce a local social uprising if one of the local nabobs happens to "believe" that scabies is due to filth only and not to a parasite. The breadwinner of a large family, ill with pneumonia, will receive the benefit of the modern miracle drugs, but his despondency over the empty larer may keep his pulse at a high speed.

Such is psychosomatic life.

H. M. CLODFELTER, President, Columbus Academy of Medicine.

## BLUE SHIELD OR COMPULSORY GOVERNMENT INSURANCE

We had planned to publish the speech delivered by Dr. Paul R. Hawley, at the conference of presidents and other officers of State Medical Associations and to the House of Delegates at the recent meeting of the A.M.A. We find that this speech is printed in the August issue of "Medical Economics" page 57, under the title, "What's Ahead in Prepayment Medicine." If you haven't already read this article, we suggest that you do so. You will find some disturbing comments about state medicine, prepay plan coordination, physicians' fees, non-participation, medical leadership, and what the public wants.

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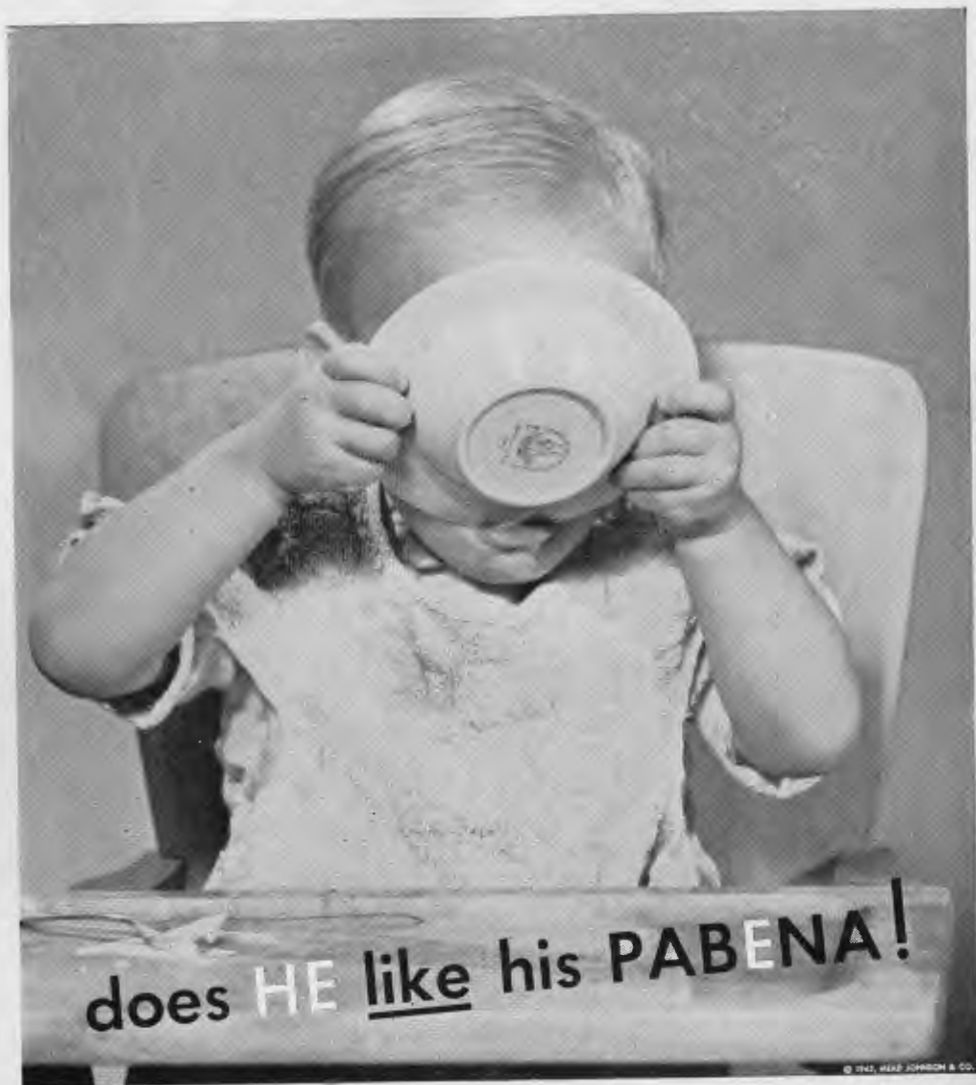
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