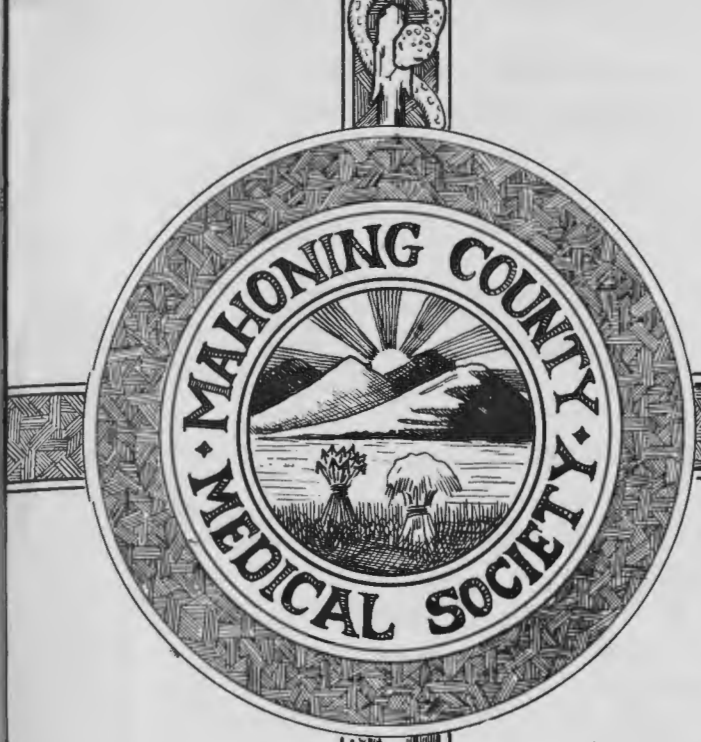

Remember that all is opinion.

—*Marcus Aurelius*

BULLETIN

of the MAHONING COUNTY MEDICAL SOCIETY

Youngstown, Ohio
VOL. XIX, No. 5
MAY • 1949

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Vol. XIX—No. 5 **May, 1949**

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• *Literature on request.*

1. Habel, J. M., Jr.: Va. Med. Monthly, October 1948.

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MEDICAL CALENDAR

1st Tuesday	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
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 p. m.	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
Every Friday 11:00 a. m.	Weekly Surgical Conference, Youngstown Hospital—Nurses' Home
	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
Every Friday 2:00 P. M.	Conference—X-ray Dept., St. Elizabeth's Hospital.
Alt. Saturdays 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital

COMING MEETINGS

American Medical Association, Atlantic City, June 6 - 10.

American Goiter Association, Madison, Wis., May 26 - 28.

American Roentgen Ray Society, Cincinnati, Oct. 3 - 8.

International and fourth American Congress on Obstetrics and Gynecology, New York City, May 14 - 19.

TIME TO STAND UP AND BE COUNTED!

By Dr. George F. Lull

General Manager, American Medical Association

There have been a few instances recently in which medical organizations, particularly scientific groups, have indicated reluctance to go on record against Compulsory Health Insurance on the ground of propriety.

The question raised is whether a scientific group should "get mixed up in politics."

The answer to that question is that we are "mixed up in politics" whether we like it or not, because medicine has been brought under political attack.

The only question which remains is whether we are going to defend our profession against that political attack—and how we can do it most effectively.

If Compulsory Health Insurance is enacted, every medical organization will be subject to political controls and influence—and every doctor will be restricted in the practice of his profession. Then we really will be "mixed up in politics"!

That issue, we believe, makes it imperative that all medical organizations—scientific or otherwise—take their stand, publicly and vigorously, against the emasculation of sound medical practice.

American medicine needs to present a united front against politically-controlled medical practice—and we believe it is not only ethical, but highly desirable for our scientific groups to make their position known.

Let's stand up and be counted!

BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio Annual Subscription, $2.00

VOLUME 19 MAY, 1949 Number 5

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

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101 Lincoln Avenue
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2. He must be more willing to accept his responsibility as a citizen in community affairs.

3. He should take every opportunity in his daily practice to point out astutely to his patients, why—in the patient's interest—he is opposed to socialized medicine.

4. He should make a special effort to advise his patients of the desirability of voluntary insurance programs, such as Blue Cross and Blue Shield—in Ohio, "The Doctors' Plan—Ohio Medical Indemnity, Inc."

5. His waiting room should have an abundance of pamphlets and other campaign material furnished by the State Association and the American Medical Association.

6. He should analyze his contacts with patients and give county society officials the names of influential patients that he believes can be helpful in the society's public relations program.

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REPORT ON MEDICAL CLINIC OF TWENTY-FIRST ANNUAL POST-GRADUATE ASSEMBLY

Dr. Earl Osborne, Professor of Dermatology at University of Buffalo, conducted the first part of the medical clinic. Cases were presented representing various dermatological conditions and then he discussed them briefly.

Case No. 1—Contact dermatitis characterized by localized rash on flanks and buttocks, a chronic cutaneous reaction, caused by toilet seat, high chairs, diapers, etc. Usually caused by soaps, chemicals, calcium and magnesium salts of fatty acids. Treatment is special care of diapers, use of new synthetic detergents and 2% boric acid solution locally.

Case No. 2—Generalized vesicular eruption. Etiology: specific chemical allergy commonly found in ordinary soaps. Dr. Osborne emphasized that there are 25 definite allergins in soaps. Treatment: exclude the allergin.

Cases No. 3 and 4—Were examples of chronic atopic dermatitis or chronic neuro-dermatitis. Due to absorption of water soluble proteins allergins causing changes in blood vessel walls. Wool is most common offender. Local treatment in form of soothing lotions and general treatment with anti-histaminics.

Cases No. 5 and 6—Represented typical forms of acne vulgaris which Dr. Osborne stated is a definite endocrine imbalance, divided into:

(a) *adolescent acne*—adrenals mostly at fault
(b) *climacteric acne*—thyroid and sex gland disturbance.

Pathology: plugging of sebaceous ducts with hyperkeratotic epithelium, due to overstimulation with endocrine secretions, and development of abscesses.

Treatment:

(a) Diet of no value
(b) Of great value is Thyroid gr. ½ — ¾.
(c) X-ray if used properly of greatest value:
  (1) Under 17 yrs. only as last resort
  (2) Over 17 yrs. use more freely.
(d) Estrogenic hormones in climacteric acne.

Case No. 7—A case representing pre-cancerous lesions in form of senile and seborrheic keratoses which if not watched closely develop into basal cell epitheliomas.

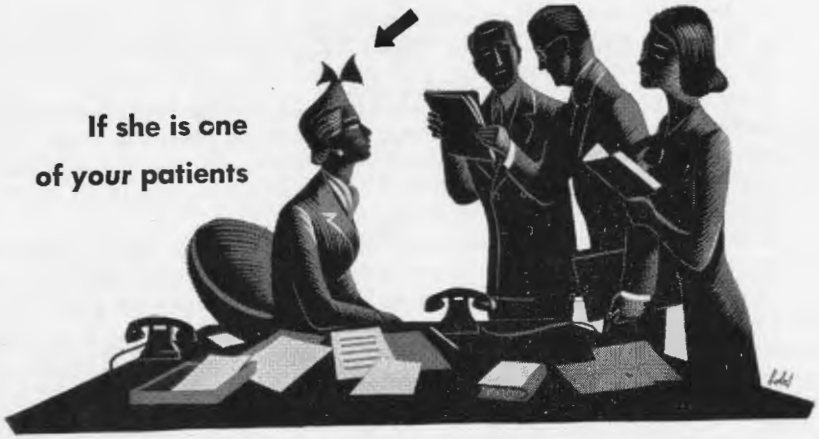
Dr. Osborne emphasized the carcinogenic properties of arsenic used in this patient 32 yrs. ago and the fact that arsenic may remain in skin 10-30 years, principally in sweat gland ducts.

No danger if caught early, curreted then cauterized or excised.

Case No. 8—Typical psoriasis, no known cause and treated by photosensitive agents as crude coal tar, chrysarobin, etc., followed by ultra-violet light. Dr. Osborne discussed undecylinic acid and its use by mouth in the following doseage: 0/4 Gm. per pearl and 1 pearl q.i.d., increasing to 5 pearls q.i.d. for three months. It is very promising and causes rapid exfoliation of psoriatic lesions.

Case No. 9—A case of exfoliative dermatitis in which the four main causes were discussed as:

(1) Dermatitis Venenata
  (a) Sulfa Drugs
  (b) Mercury, etc.



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(3) Dermatoses such as Psoriasis, etc.
(4) Blastoma group.

He emphasized that complete history, physical examination and laboratory work, including urine, C.B.C. bone marrow, lymph node biopsies and skin biopsies are necessary in making the diagnosis and even then some cases must be called idiopathic.

Next on the program appeared Dr. John H. Talbott, Professor of Medicine at University of Buffalo, who gave a very extensive and analytical review of a 96 yr. old colored female suffering with: (1) Malignant Nephrosclerosis, (2) Generalized Arteriosclerosis, (3) Uremia, and (4) Rheumatic Heart Disease proven by pathological examination.

Points of interest in this case as emphasized by Dr. Talbott were: Seven hospital admissions in a three year period, each admission showing further decrease in kidney function until the last admission showed a 2% excretion of P.S.P., N.P.N. 110 mgm. and Creatinine of 9.6 mgm. He asked the question, "Why should this patient have lived three years when all indications pointed to death in six months?" He offered no answer to explain the above question.

During the discussion he talked about the depression of calcium and elevation of phosphorus leading to secondary hypertrophy of the parathyroid glands in severe nitrogen retention. Many other laboratory tests were emphasized and the kidney function tests reviewed. The diagnosis of rheumatic fever in this case was not made clinically and the reasons why were discussed. There was a definite decrease in liver function in this case, along with heart failure, and the physiopathology explained.

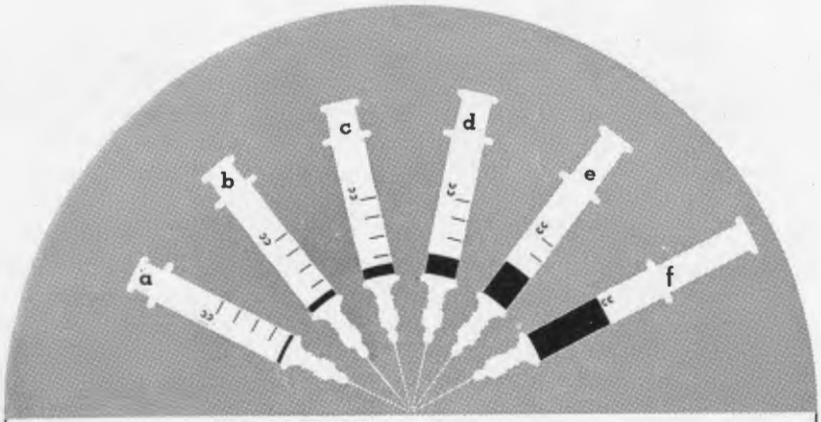
Following this presentation there was a short, but lively question and answer period and then adjournment. The medical clinic was snappy, fast moving and enjoyed by all. E. R. M.

DISCUSSION OF A SLIDING HERNIA

By Dr. Roswell Brown

Sliding hernia was first described by Scarpa and is defined as one in which a part of the hernial sack is formed by the serosa of the bowel. The pathogenesis is due to a shortening and spreading of the mesentery colon so that the colon is retroperitoneal. Diagnosis can be suspected clinically by the considerably enlarged inguinal ring and by the difficulty in reducing or holding the hernia with a truss. The final diagnosis is made at the operating table.

In repairing the sliding hernia, the anatomy should be made to approximate the normal by covering the colon and reforming the mesentery. A regular incision is made and the parietal peritoneal portion of the sack is opened; then a splitting of the internal oblique muscle in opening the peritoneum about a hand breath proximal to the internal ring. The colon is grasped, pulled up into this incision, the mesentery formed and stitched together near the root, and the cut parietal peritoneum is then sutured. The hernia can then be repaired in the usual manner and the peritoneum of the upper incision closed. S. K.



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TREATMENT OF HYPERTENSION

Abstract of a Paper delivered by *Dr. John H. Talbott,*
Professor of Medicine, College of Medicine, University of Buffalo
at the 21st Annual Post-Graduate Assembly of
The Mahoning County Medical Society, April 13th, 1949

The rational approach toward the treatment of hypertension requires a knowledge of its cause in every case. Whereas the majority belongs in the group of so-called "essential hypertension" the increased blood pressure of a lesser number is only the symptom of another disease. In such cases the "secondary hypertension" may be due to thyrotoxicosis, diabetes mellitus, coarctation of the aorta, menopause, tumors of either the cortex, or the medulla, of the adrenal gland, various renal conditions, including polycystic disease and unilateral kidney disorders, as well as emotional states. Performance of a benzodioxane test in every case of hypertension of otherwise unestablished etiology is helpful in finding the occasional patients with pheochromocytoma.

Experimental and clinical investigations have approached the cause of essential hypertension from many angles. The theory implicating renin, angiotonin and similar substances, has lost the impetus of a decade ago. "Nerves" undoubtedly play a significant role and sympathectomies have occasionally effected dramatic remissions. The role of the pituitary is apparent in Cushing's disease; irradiation therapy of this gland has afforded striking relief in a number of cases. Recent research has revived interest in the relationship between sodium chloride, the adrenal cortex and hypertension: desoxycorticosterone produces a greater retention of sodium chloride in hypertensives than in normals, and desoxycorticosterone plus salt likewise increases the blood pressure of hypertensives more than that of normal individuals.

Treatment of hypertension may be accomplished by (1) diet, (2) drugs, (3) surgery, and (4) psychotherapy. The latter approach is "by all odds the most important." A diet rigidly restricted in sodium chloride, fat, protein and calories, such as Kempner's rice diet, should be given a thorough trial, provided the patient is willing to give his fullest cooperation. "Every once in a while . . . a patient responds very, very well." Unfortunately, such good results can be obtained in a minority of patients only, and any significant modification of the drastically restricted intake of salt and protein is apt to jeopardize the favorable result altogether. A low caloric intake is apt to benefit hypertensives who are overweight; low fat, low cholesterol diets may be indicated in an occasional, specially selected, case. In evaluating the mechanism of action of any of these diets, their psychotherapeutic effects should not be lost sight of.

Among the drugs now in use, sulfocyanates and veratrum viride may be expected to give satisfactory results in approximately 15 and 5 per cent of the cases, respectively. The applicability of surgery is definitely limited: tentatively, it appears to give the best results in females, not older than 45 to 50 years of age, suggesting an early malignant phase, progressive over a period of observation of 6 to 8 months, whose organic changes in brain, heart and kidneys are not too far advanced, and who have not responded to a trial period on the rice diet. In general, one of the great difficulties in the treatment of hypertension is that one can never be sure whether or not a given patient will favorably respond to any one particular treatment until

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after it has been given an adequate trial. Any one method of treatment may give, and has given, good results in a certain percentage of patients.

Psychotherapy should begin with ample reassurance. Further benefit may be gained by taking due advantage of the natural course of the disease. Even patients admittedly in a malignant phase may, without any specific therapy, or after incurring another disease, regain a normal blood pressure. An accurate clinical appraisal, a good patient-doctor relationship, an optimistic outlook and a resistant constitution, may contribute heavily toward the longevity of the hypertensive patient.

ARNOLDUS GOUDSMIT, M.D.

A. A. G. P.

Report on Annual Meeting of the Ohio Chapter

A brief report of the various committees at the annual meeting of Ohio Chapter of the American Academy of General Practitioners, on April 19 at Hotel Neal, Columbus, Ohio, will give an appreciative understanding of the meeting.

From the educational committee came the information that two of the medical schools of the state are cooperating with the Academy's educational program and hopes to make post graduate work not only possible but convenient to every man in general practice in the state of Ohio. Consequently there will be no excuse for any member failing to secure the required number of post graduate hours.

The committee on public relations emphasized the urgency of the role which the general practitioner is to play in the public health program of each community. This committee also stressed the necessity for the general physicians of each community to perfect an organization that will guarantee medical service to that community. It was emphasized that public relations must begin in the doctor's office and spread throughout the individual communities of the State.

The committee on hospitals reported that they are in the midst of a program by which every hospital in the State will be contacted regarding the inclusion of general practice in the structures of staffs of the various hospitals.

Plans for a State office to be located in Columbus were also discussed.

Dr. Rosman of Sandusky and Dr. McKalster of Columbus were elected to the offices of President-elect and Secretary-Treasurer, respectively.

A high point of the meeting was the presentation of a certificate of merit to Dr. Paul Davis, the outgoing president, for his untiring work. He responded with humble emotion. He stated that his efforts in helping to establish an efficient organization to raise the honors and respect of the men in general practice throughout the state represented the best year of his life. It was also stated that the continued growth and perpetuation of the organization depends on the individual chapters and members.

Dr. Kyle, the new President, pledged the best he has to the continued perfection of the Ohio Chapter of the Academy of General Practice.

Dr. Paul Davis reviewed the progress of the organization during the past year and expressed a great degree of satisfaction with its progress. Significantly he commented on the growing favorable attitude which is at present being accorded the Academy of General Practice by at least two of the world's most powerful and highly respected medical organizations. He reported that plans are now under way for the next national meeting in St. Louis in 1950; final date to be announced later.

W. P. YOUNG, M.D.

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*Meyer, O. O., and Howard, B.: Proc. Soc. Exper. Biol. & Med. 53:234-237, (June) 1943.

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FRACTURES OF THE BONES OF THE HAND

Excerpts from the lecture by *Dr. Roswell Brown*

Fractures of the bones of the hand are important injuries which often receive scant consideration. They should take precedence over all elective operations and many other emergencies. Their proper evaluation requires a careful history, physical examination and x-ray. When a general anesthetic is necessary, do the physical examination first so that the patient can cooperate in testing for damage to nerves and tendons. Secure permission for amputation before anesthesia.

Deformity, localized tenderness and transmitted tenderness are of value in making a diagnosis. Crepitus and abnormal mobility are signs which should not be elicited intentionally. Local anesthesia is suitable for compound fractures of the fingers. Thorough mechanical cleansing with white soap and water is important. Saline irrigations help to distinguish devitalized tissues to be debrided.

Fractures of the expanded portion of the distal phalanx with immediate formation of hematoma under the nail will result in a deformed nail unless the clot is evacuated and the nail bed smoothed out. It often is interposed between the fragments. The exposed bed after removal of the nail should be dressed with a liberal amount of sterile petrolatum. When the first dressing is removed the bed should be protected by a sterile aluminum splint, elevated to keep gauze away from the raw surface.

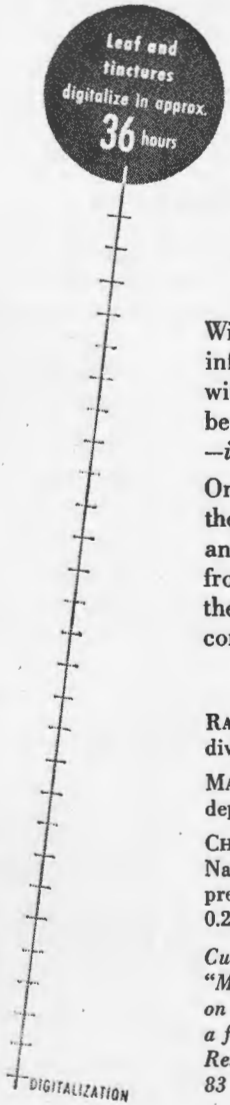
Base ball fractures of the base of the distal phalanx will result in drop finger deformity unless good apposition is maintained until healing occurs. To maintain the cock up position, flex the middle phalangeal joint and apply a long posterior moulded splint.

Rotational deformities of the phalanges often do not show on X-ray films. It should be remembered that when the fingers are flexed they all point toward the carpal navicular and that rotational deformities disturb this relationship.

Human bites of the hand are often caused by striking an opponent in the mouth. Such wounds must be thoroughly debrided to the depth, which can only be reached by reproducing the position of the hand when the injury occurred. They should not be sutured.

Metacarpal fractures should not be treated by circular splints in the palm, as such accentuate the deformity. After reduction, flex the palm and put on a long posterior moulded plaster splint. Fractures of the base of the first metacarpus are easy to reduce but difficult to hold. Put on a long posterior moulded splint projecting well beyond the distal end of the thumb, secure it with a cuff of plaster around the wrist. Put a wire through the pulp of the distal phalanx and attach to an elastic band brought over the projecting end of the plaster and secured around the wrist to maintain traction.

Maxims to remember: Do not delay prompt treatment. Do not treat without adequate anesthesia. Do not neglect injuries to the soft parts. Don't endanger the vitality of flaps in crushed fingers by strangulating sutures. Do amputations early or else wait until demarcation is well defined. Do not depend on X-rays alone for diagnosis, treatment or to determine union. Do not put fingers in an unnatural position on straight splints. Don't neglect exercise of the elbow and shoulder. Don't disturb the patient and the wounds by unnecessary dressings. J. L. F.



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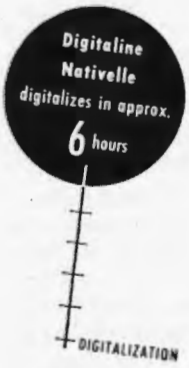

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ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

COUNCIL MEETING

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society on Monday, April 11, 1949. The following doctors were present: J. N. McCann, C. A. Gustafson, J. C. Vance, E. J. Reilly, R. E. Odom, W. M. Skipp, J. Noll, G. G. Nelson, W. J. Tims, E. J. Wenaas, V. L. Goodwin, and I. C. Smith.

A report of the Annual Banquet, held on March 17th, revealed that some of our members promised to attend the dinner and pledged to pay at the club and failed to attend. In fairness to those who sent in their checks and were unable to be present, Council instructed the secretary to send a bill to those who promised to pay at the club and did not do so, as the society paid for their reservations.

Dr. McCann appointed the following committee to study the workings and problems of the Co-Ordinating Council with reference to Out-Patients Departments of the Hospitals and the Chronically Ill: Dr. R. E. Odom, Chairman, Drs. W. J. Tims, C. J. Vance, E. J. Reilly, John Rogers, L. H. Getty, and John Noll.

The secretary read a letter from Dr. A. A. Brindley, President of the Ohio State Medical Association, in which he called attention to the need for medical officers in the Army and Navy and that voluntary enlistments or a doctor's draft are the only alternatives. He enclosed a list of 14 names and asked that a committee be appointed to contact these doctors, give them a postal to fill out and return asking for an application, and report the results of the interviews to the Columbus office. The committee consists of Dr. G. G. Nelson, Chairman, Drs. J. Noll and I. C. Smith.

The following application was turned over to Council for action:

For Active Membership

Dr. Arnoldus Goudsmit, 2218 Market St., Youngstown, Ohio

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

V. L. GOODWIN, M.D. Secretary

DIAGNOSIS AND TREATMENT OF COMMON SKIN DISORDERS

Dr. Earl D. Osborne, Professor of Dermatology and Syphilology of the University of Buffalo School of Medicine, gave a most interesting and applicable talk on Common Skin Diseases. His presentation was well illustrated with lantern slides of congenital and acquired skin disorders. Diagnostic points of some of the common skin disorders were stressed and shown on lantern slides.

Standard and investigative forms of treatment were discussed. Dr. Osborne felt that all moles subject to irritation should be removed, regardless of their color or whether they are hairy or non-hairy moles. He stated that there was no adequate treatment for ichthyosis or vitiligo. Poison Ivy extract given during the course of a poison ivy dermatitis was said to aggravate the disease, as it merely added further insult to the skin in the absorption of the body of more poison ivy oil.

Treatment under investigation, at present and which cannot be properly evaluated as yet, is the use of undecylenic acid perles in the treatment of Psoriasis. The use of aureomycin in virus diseases and its marked success in the rickettsial diseases led to its use in Herpes Zoster, commonly known as shingles. Excellent results were obtained in the first two cases of Herpes Zoster in which aureomycin was used, and poor to no results in the next three cases.

A. R. CUKERBAUM, M.D.

TO AN OLD PIPE

Warren Deweese Coy, M.D.

'Twas not because of any drawing powers
Which were yours exclusively,
That I have kept
You carefully so long.
'Twas not because through lonely hours
You gave me solace continuously,
For this you did not. Inept
Were we together, our association wrong;
Else there might have been for me,
As for him whose gift you were,
That comfort which only can occur
With long and satisfactory intimacy;
And my face also might have shone
With friendliness when it had grown,
Like his, to accommodate what he
Considered necessity.

You and I could not agree.
You simply would not work for me.
I had to urge you furiously
Or you would quit.
You did not seem to care a whit
For my desires.
I might have known that beneficent fires
Will only function through reciprocity;
That your willingness could not atone
For my negligence;
And that patience alone
Could not make sense
Out of my thoughtlessness.

You see, I hesitate not to express
Myself concerning this
Which shows where I have been remiss.
And I am willing also to assume
Responsibility for virtues mephitical
Of which you might boast.
While not trying to be critical,

It is true these are more
Than if Nicotiana's ghost
Had entered the room
And left her scented footsteps on the floor.

This utterance is not a reproach.
Neither is it intended to broach
The subject of relative mephitic odors
From senile asthmatic pipes;
Or the frequency with which the loaders
Should use some device that wipes
Away the noisy protest.
Nor would I wish to jest
About an earlier day
Before you were carefully laid away
In a seldom-opened box to dry
And mummify.

Old pipe, you know as well as I
That there is nothing you possess,
Nothing you are capable of giving
To an unresponsive one like me,
That would justify
Your preservation
From the insistent forces that press
Upon us to make us see
The value of ultimate disintegration.

And you know that there would be
Nothing more of you left than of the tree
From which you came;
That smoke and ashes would be your end,
Were it not that the name
And face of the friend,
Who wished me a joy you could not give,
Come back again as the years unroll,
Come back to me that he might live
The while I stroke your dark brown bowl.

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MAY MEETING

Speaker:

Edward B. Tuohy, M. D.

Professor of Anaesthesiology, Georgetown University School of Medicine, Washington, D. C., Past President The American Society of Anaesthesiology; Diplomat of The American Board of Anaesthesiology; Sigmi Xi.

Subject:

"Valuable Regional Anaesthetic Blocks, Including Epidural Anaesthesia"

Tuesday, May 17, 1949 — 8:30 P. M.

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JUNE MEETING

Speaker:

A. McGehee Harvey, M. D.

Professor of Medicine, Johns Hopkins Medical School, Baltimore, Md.

Subject:

"Some Recent Advances in Medical Therapy"

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CARCINOMA OF THE LUNG

Summary of paper presented by *Dr. John R. Paine*
at Mahoning County Post-Graduate Day, April 13, 1949

Carcinoma of the lung, a disease of the gravest prognostic import, has shown a steady increase in recorded incidence during the last twenty-five years. The gravity of its prognosis may have ameliorated somewhat due to modern therapeutic methods, however, it is still alarmingly great. Advances in its control have come from two sources, diagnostic methods and surgical management.

Prior to the advent of cytological methods for the detection of malignancies, the means available for diagnosis of pulmonary carcinomas consisted principally of roentgenologic studies, bronchoscopy and biopsy. Use of these methods afforded accurate positive diagnosis in approximately 60% of the cases later proven to be carcinoma. With the development of the Papanicolaou technique for the study of cells found in bronchial washings removed during bronchoscopy, the incident of accurate positive diagnosis has been increased to 80%. This increase in accuracy is apparently due to the facility with which the Papanicolaou method makes available cells from small primary carcinomas whose size does not permit their detection by x-ray and which are located too near the periphery of the lung to be accessible for biopsy.

Developments in technique in thoracic surgery have given aid both from a therapeutic and diagnostic standpoint. In the face of a highly suspicious history but no positive proof of a pulmonary carcinoma, an exploratory thoracotomy is now indicated. The mortality accompanying such a procedure does not exceed the mortality of exploratory laparotomy.

Once the diagnosis is established the only therapy, regardless of the size of the primary, which offers any hope worthy of the risk is a complete pneumonectomy.

Dr. Paine's conclusions were drawn from a series of thirty-three cases. Pictures from gross and microscopic tissues of eight of these cases were presented during the course of his lecture.

ROBERT G. THOMAS, M.D.

TEACHING THE EDUCATORS

The Health Education Committee of the San Francisco County Medical Society is carrying on a project which might well be copied throughout the country. Dr. Berthel H. Henning, Chairman of the Committee, puts it this way, "School teachers should have a clear conception of medical problems so that in teaching our children proper emphasis will be laid on the advantages of the present system of American medical care."

He went on to point out that proper understanding on the part of the public will keep us from being swept into socialism and collectivism. In view of this, then, the Committee, in cooperation with the district dental society, has devised a seminar in health education for which a school teacher receives two college credits. This seminar is part of the Board of Education's in-service training program. In this way they are reaching not only the school teachers but are welding dentistry and medicine together.

So little effort has been made in the past to reach those who teach our children that we need not wonder at some of the attitudes they bring home from school. Here is a project for a county medical society or the woman's auxiliary.

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While Urethane came into use as a sedative about a century ago, recent medical studies clearly demonstrate its potential danger when used as directed in the labeling of this syrup. However, when use of urethane is discontinued the white blood cell count ordinarily returns to normal in a short time.

More than 2300 gallons of Syrup of Urethane have been distributed in about 34,000 packages ranging in size from ½ oz. physician's samples to one gallon bottles. The product has gone throughout the country to physicians, wholesale druggists, and retail pharmacists.

When seizure actions were commenced the manufacturers started to recall Syrup of Urethane from the market. The manner and extent of distribution are such that neither the manufacturer nor federal, state, and local health offices will be able to locate all bottles promptly.

The American Medical Association and the American Pharmaceutical Association are assisting by distributing this warning through their mailing facilities to hospitals, state and county medical societies, and state pharmaceutical associations.

UNCLE DUDLEY

Curiosity, imagination and resourcefulness are among the first casualties when the force of government controls the economy of a nation. Totalitarianism can be successful only to the point where it has utilized and exhausted the proceeds of individual initiative.

★ ★ ★

One may spend years in the study of the human body, and the remainder of his lifetime in trying to discover the function of its various structures, in order to be able finally to say merely that there is something more here than is visible or demonstrable.

★ ★ ★

With the increasing evidence of human weakness—its ambition, vain imaginings, pretense, strife, cruelty and lust—which the war with its aftermath has disclosed, sometimes we are inclined to think with Erasmus that the whole world was a temple with its inhabitants making sacrifice and burning incense to folly. But this mood does not last. We cannot abandon our earlier conviction that there are eternal verities.

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NEWS ITEMS

Dr. William L. Mermis became a Fellow of the American College of Allergy during its annual meeting held in Chicago April 14 - April 17.

Drs. J. M. Benko and V. L. Goodwin attended the 22nd Annual Spring Graduate Course in Otolaryngology at the Gill Memorial Eye, Ear and Throat Hospital at Roanoke, Virginia, April 4 - April 9.

Dr. E. J. Reilly was re-elected president of the Mahoning County Tuberculosis and Health Association at their annual meeting held on April 1, 1949.

Dr. Henri Schmidt and Dr. M. E. Hayes attended the Symposium under the auspices of the Syphilitic Study Section of the National Institute of Health, U. S. Public Health Service, in conjunction with the 11th Annual Session of the American Venereal Disease Association, held in Washington, D. C., April 7th and 8th.

Dr. I. C. Smith addressed the Youngstown Exchange Club at a meeting held at the Y.M.C.A. on "State Medicine—The Approach to Communism."

Dr. S. R. Zoss presented a paper on "A Case of Anxiety Asthma" at a meeting of the American College of Allergists held April 14 to 17, Palmer House, Chicago.

Miss Marilyn Seagrave, student at Oberlin, desires work in a doctor's office for the summer months, during her vacation. Types, and has had office experience. Has used dictaphone. Available June 10th. Phone 2-3503.

Health Department Bulletin

REPORT FOR MARCH, 1949

	1949	Male	Female	1948	Male	Female
Deaths Recorded	227	134	93	173	93	80
Births Recorded	530	278	252	542	286	256

CONTAGIOUS DISEASES:	1949		1948	
	Cases	Deaths	Cases	Deaths
Chicken Pox	287	0	181	0
Measles	95	0	758	0
German Measles	15	0	2	0
Scarlet Fever	22	0	11	0
Whooping Cough	49	0	27	0
Lobar Pneumonia	2	0	0	0
Tuberculosis	1	0	5	0
Mumps	9	0	3	0
Syphilis	50	0	41	0
Gonorrhea	19	0	10	0

VENEREAL DISEASES:		
New Cases:	Male	Female
Syphilis	8	13
Gonorrhea	13	5

Total Patients 39
Total visits to clinic (patients) 427

W. J. TIMS, M. D.
Commissioner of Health

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LAY EDUCATION AND SPEAKERS' CALENDAR

March 16, 1949: 4:45 p.m.; WFMJ; Attorney Frank T. Bow, Washington, D. C.; interview and talk on: "National Health Problems."

March 17, 1949: Attorney Frank T. Bow, from Washington, D. C., addressed members of the Mahoning County Medical Society at their annual dinner meeting. His subject: "Federal Medicine."

March 18, 1949: WBBW; Re-broadcast; Attorney Frank T. Bow; his subject: "Federalized Medicine."

March 18, 1949: Dr. Earl H. Young addressed the Torch Club. His subject: "Trends in Psychology."

March 21, 1949: Dr. Earl H. Young spoke before the Stambaugh P.T.A. Organization. His subject: "Family Tensions."

March 24, 1949: Address by Dr. Earl H. Young before the Young Adult Council of the Community Center. His subject: "A Doctor Looks at Marriage."

April 4, 1949: Dr. R. E. Odom addressed Bennett School P.T.A. His subject: "Hard of Hearing."

April 7, 1949: 11:00 a.m.; WFMJ; Dr. Walter J. Tims; "The Community vs. Cancer."

April 7, 1949: 11:05 a.m.; WBBW; Dr. Stephen W. Ondash; "Cancer—A Challenge to Youth."

April 8, 1949: 11:00 a.m.; WFMJ; Dr. Harold J. Reese; "Don't Be Patient."

April 11, 1949: 6:55 p.m.; WFMJ; Dr. Sidney C. Keyes; "On the Positive Side."

April 12, 1949: 11:05 a.m.; WBBW; Dr. Frances Miller; "Emotional Attitudes Toward Cancer."

April 12, 1949: 3:05 p.m.; WKBN; Dr. Sam Tamarkin; "How Your Doctor Diagnoses Cancer."

April 14, 1949: 11:05 a.m.; WBBW; Dr. J. Clair Vance; "Seven Keys."

April 15, 1949: 11:05 a.m.; WBBW; Dr. Andrew A. Detesco; "How Your Doctor Diagnoses Cancer."

April 15, 1949: 3:05 p.m.; WKBN; Dr. James D. Miller; "Don't Be Patient."

April 18, 1949: 1:30 p.m.; WBBW; Dr. James Herald; "Just a *Little* Cancer."

April 18, 1949: 6:55 p.m.; WFMJ; Dr. Ivan C. Smith; "Halt to Hysteria."

April 20, 1949: 10:15 a.m.; WKBN; Dr. Gabriel DeCicco; "On the Positive Side."

April 20, 1949: 11:05 a.m.; WBBW; Dr. Asher Randall; "Common Sense and Cancer."

April 22, 1949: 10:15 a.m.; WKBN; Dr. Martin E. Conti; "Seven Keys."

April 25, 1949: 6:55 p.m.; WFMJ; Dr. Alfred R. Cukerbaum; "Skin Cancers, Their Prevention, Diagnosis and Treatment."

April 26, 1949: 10:00 a.m.; WKBN; Dr. William L. Mermis; "Halt to Hysteria."

CONFERENCE OF PRESIDENTS AND OTHER OFFICERS OF STATE MEDICAL ASSOCIATIONS

Discussion of compulsory health plans, for medical care and for disability compensation, will highlight the Fifth Annual meeting of the Conference of Presidents and Other Officers of State Medical Associations to be held at Atlantic City on Sunday afternoon, June 5. The meeting will be held in the Rose Room of the Traymore Hotel, the day preceding the opening of the AMA general sessions, and it will be open to all physicians.

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Cecil Palmer, English publisher, author, and journalist, will tell of the impact of socialized medicine on the British doctor and his patients. Palmer, now completing a tour of America, has been a brilliant spokesman for the British Society for Individual Freedom. An American viewpoint of the British health system will be given by W. Alan Richardson, editor of *Medical Economics,* now in England for a first hand study of all phases of the program.

With compulsory disability compensation programs operating in three states, and Washington and New York the latest to pass such laws, the Conference presents two speakers on this vital question. Edward H. O'Connor, managing director of the Insurance Economics Society of America, will discuss the legislation, and Dr. Bert S. Thomas, medical director of the California program, will tell of the medical implications of cash sickness compensation acts.

The AMA relationship to the state societies will be reviewed by Dr. George F. Lull, secretary of the AMA, and the problems facing the state association at the crossroads will be the subject of a talk by Dr. Clarence Northcutt, president of the Oklahoma State Medical Association. Plans are also pending for the presentation of views on national health legislation by a member of Congress.

RHEUMATIC FEVER

Rheumatic fever is a community problem since it is no respector of sex in the younger age group. In the vast majority of cases it follows an infection by the hemolytic streptococcus, although in a small number of cases, no sure history can be obtained. The death rate and complications of rheumatic fever are on a decrease, probably because there has been an enthusiastic use of the antibiotic drugs in the treatment of streptococcal infections. Rheumatic fever recurrences can be prevented by the prophylactic use of the sulfanomide drugs or penicillin.

Rheumatic fever hospitals have been established in the East and the success of preventing rheumatic fever complications seems to be from completely irradicating streptococcus catarrhalis by the use of penicillin injections daily for 10 days and once a week thereafter. These hospitals should have more adequate facilities for rheumatic fever patients. They should not be placed on the open ward, because of the risk of transfer of streptococci from visitor and other patients to them. The treatment of acute rheumatic fever consists mainly of rest in bed until all evidences, both laboratory and clinical, of other diseases have subsided. The use of salicylates is solely for relief of pain in the joints. If heart failure supervenes, the treatment of choice is judicious use of mercurial diuretics rather than digitalis. If the rheumatic fever patient is to be treated at home, he should be isolated from the rest of the family and never should he sleep in the same bed with one of his siblings. Education should be started during the convalescent stage of the disease as it is very desirable from the psychological angle that the patient does not feel very behind in class. There is a wide use of social service workers in the follow-up of rheumatic fever patients, as hygenic advice and vocational guidance are mandatory in making useful productive citizens out of rheumatic patients, who only a short time ago would have been cardiac invalids and a bane on the community's existence.

Abstract from a discussion by Dr. T. Duckett Jones's presentation by the Youngstown Area Heart Association.

J. D. M.

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SURGICAL CLINIC ST. ELIZABETH HOSPITAL

Postgraduate Day April 13, 1949

On April 13, 1949, at St. Elizabeth Hospital, the first case for surgical discussion was presented by Dr. John Stotler. A synopsis of the presentation of this case follows.

Case No. 1: A 59 year old white male admitted to the hospital complaining of "pain in the chest" for two months and "vomiting of all foods immediately after eating" for 3 days.

Physical examination and routine laboratory work were within normal limits. E. K. G. was normal. Baruim meal showed a moderate amount of diffuse narrowing of the esophagus three inches above the cardia—stomach and duodenum were negative. Esopagoscopy revealed a knot-like projection on the posterior wall below which the lumen was narrowed and irregular. Two biopsies were taken and reported as "inflammatory ulcer."

Strict Sippy ulcer management for one week showed small improvement so he was given several transfusions prior to surgical exploration.

The left thorax was explored through the bed of the 9th rib and the lower three inches of the esophagus was found to be constricted and heavily scarred. This was resected along with the upper third of the stomach which was exposed by incising the central tendon of the diaphragm and entering the abdominal cavity. An esophago-gastrostomy was performed by implanting the esophagus on the anterior surface of the stomach after previously closing the resected end of the stomach. Two layers of interrupted black silk sutures were used for the anastomosis. The stomach was held in place in the left thorax by placing interrupted sutures between the posterior parietal pleura and the serosa of the stomach. The diaphragm was closed around the stomach and the chest closed in separate layers. The chest was drained by an intercostal drain which was connected to water seal suction. Penicillin 500,000 ll and streptomycein grams one-half were sprayed over the anastomosis before closing the chest. 2,000 cc of whole blood were given during the operation and the patient left surgery in good condition.

Water by mouth was started (ounces one q. h.) on the second day and gradually increased. On the 4th post-operative day the lower abdomen became distended and the patient complained of cramps. This ileus became worse and a Miller-Abbott tube was inserted and finally passed through the pylorus after six days. During the nine day period of ileus the patient was supported by intravenous amino acids, vitamins and fluids. The M-A tube was permitted to pass entirely through the intestinal tract (3 days) rather than traumatize the anastomosis by withdrawing it.

The patient was placed on a progressive gastric resection diet and made a complete recovery.

Pathological report—peptic ulcer of the esophagastric junction.

Follow up X-ray of new stoma shows it to be functioning well with no compression.

After this presentation by Dr. Stotler, Dr. John R. Paine of the Surgical Department of the University of Buffalo discussed the above case in particular and spoke concerning Esophageal Tumors and Ulcers in general.

Dr. Paine was very gracious in his praise of the presentation and the manner in which this case had been handled by Dr. Stotler. Dr. Paine, in his

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discussion, prefers the thoracic approach to esophageal surgery with severence of the diaphragm at its periphery to preserve the nerve function of the diaphragmatic leaf and if possible he likes to approach the esophagus from the right thoracic cage. As to sutures, Dr. Paine prefers fine silk and these to be used as interrupted sutures.

Dr. Paine believes that in esophageal surgery, the chest should always be drained. The time for removal of the drain is carried out in relation to the patient's condition and the judgment of each surgeon.

As to postoperative feeding and chemotherapy, Dr. Paine believes that this should be left up to each surgeon's judgment because of the fact that there are so many variable conditions in the postoperative course.

For a few moments Dr. Paine discussed a theory by his former surgical chief, Dr. Wagenstein, that esophageal ulcers of the non-malignant type should be treated with same as duodenal ulcers, in other words, by conservative medical treatment at first and if this does not cure a two-thirds resection of the stomach should be carried out. Dr. Paine, however, says that at the present time he felt that there was not sufficient evidence to support this theory of Dr. Wagenstein's and therefore, this regime has never been carried out at the University of Buffalo.

Dr. Paine then gave a schedule that they used consistently at the University of Buffalo, in regards to the transfusions in cases of this type. (1) With a weight loss of 10 lbs. the patient is given 500 cc. of whole blood. (2) With a weight loss of 10 to 15 lbs. the patient was given 1000 cc. of whole blood. (3) With a weight loss of 15 to 20 lbs. the patient was given 1500 to 2000 cc. of whole blood prior to the operative procedure.

After the above discussion, Dr. Paine was very kind in his generous response to questions from the floor. Many pertinent questions were asked relating to esophageal ulcers, tumors and esophageal strictures. After finishing this discussion, the second case for the surgical clinic was then presented.

AUREOMYCIN IN VIRUS PNEUMONIA

The Authors present ten cases of primary atypical pneumonia which were treated with aureomycin orally. Of these, eight showed the development of cold agglutinins at the expected period in the disease. The results obtained suggest that aureomycin may have an antiviral effect against the agent which causes atypical pneumonia in man. Preliminary studies indicate that the drug was effective against both gram positive and gram negative bacteria and also against rickettsial injections in experimental animals. Other experimental studies would indicate effectiveness against the virus of psittacosis and lymphigranuloma venereum. There have been no important toxic side effects reported in connection with use of this antibiotic. Kneeland, Y., Rose, H. M., and Gibson, D.—American Journal of Medicine, January 1949.

J. D. M.

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★ ★ ★

While Aristotle thought that "it is in sleep that the good man and the bad man are least distinguishable from one another," the kind of dreams that each experiences has been the source of profit to the modern psychiatrists who burn incense to Venus.

★ ★ ★

Our fathers used to tell us that the moral quality of a deed resides in the intent; but they were thinking profoundly and expressing themselves explicitly. Had they lived in these days of subterfuge, they would have some reasons to observe that, with the majority of people, the moral quality depends upon the identity of the perpetrator.

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