Nothing is so firmly believed
as what we least know.

—Montaigne

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XIX, No. 9
SEPTEMBER • 1949

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Vol. XIX—No. 9 September, 1949

ADVERTISERS' LIST

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

Am. Congress of Physical Medicine, Cincinnati, Sept. 6-10.
American Roentgen Ray Society, Cincinnati, Oct. 3 - 8.
Interstate P. G. Medical Assembly, Philadelphia, Oct. 31-Nov. 3.
AMA conference with secretaries and editors of state societies, Chicago, Nov. 3-4.
AMA Public Relations Conference, Chicago, Nov. 5-6.
Annual Post Graduate Day, Sixth Con. Dist., Youngstown. Nov. 30.
A. M. A. Clinical Session, Washington, D. C. Dec. 6-9, 1949.
American Academy of General Practice, Feb. 20-23. St. Louis.

PRESIDENT'S PAGE

* * *

Alarm bells have been ringing for the medical profession and the disabled, old, dependent and chronically ill.

From different sections of the country, we see a sizable group of doctors petitioning through state legislation, to pass a law legalizing euthanasia next, at a meeting of civic leaders studying the problems of the old, dependent and chronically ill. One of the discussants said "Maybe the Nazis had something when they put the dependent and disabled out of the way."

This embracement of the Utilitarian Philosophy of Hegel with its corollary of euthanasia, caused the brutalization of the medical profession in Germany. We cannot afford to allow this philosophy to take the place of humane considerations which are the epitome of medical practice.

As doctors, we can help the old, dependent and chonically ill by giving inspiration and direction to those societies made up of patients with chronic disease who give guidance and information to fellow sufferers.

JOHN N. McCANN, M.D.

BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio Annual Subscription, $2.00

VOLUME 19 SEPTEMBER, 1949 NUMBER 9

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

C. A. GUSTAFSON, *Editor*
101 Lincoln Avenue
F. S. COOMBS, *Co-Editor*

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VOTE 60-32

Reorganization Plan No. 1 was rejected by the Senate August 16, 1949 by a vote of 60 to 32. Twenty-three Democrats joined with 37 Republicans to defeat the Plan.

Grateful Acknowledgment

Will you please immediately write a cordial letter thanking your Senators for supporting your views. May there be a flood of thank you letters just as there was a flood of requests and petitions.

What Does It Mean?

The President's Reorganization Plan No. 1 is defeated. Action of one House is sufficient. The other House will not need to take any action. It probably means that the Senate considers health activities are of such importance that they should be conducted under a single department rather than in conjunction with other activities. It also may mean that the Senators feared the plan as developed might be a step toward the adoption of socialized medicine.

What Can Be Done?

1. Things can be left as they are.
2. The President can propose a new plan.
3. Senator Taft can advance his plan.
4. A bill can be drafted embodying the Hoover Commission's plan.

In the meantime, we can continue to explain to the public generally our program which after all is fundamental to any plan that may be devised.

JOS. S. LAWRENCE, M. D.
Director, Washington Office

(Ed. Note — Both Senator Robert A. Taft and Senator John W. Bricker voted for disapproval on Truman's Welfare Plan. Write that Thank-You letter today!)

ELECTION DAY IS NEAR!

The proponents of socialized medicine are marshalling their forces for an all — out drive during the coming Congressional election. Medicine's campaign, thus far, has proved that the majority of Americans who know the facts are opposed to Compulsory Health Insurance. It is our job to translate that opposition into formal resolutions — concrete evidence of the people's conviction. We must get representative organizations of every type and nature on record, stating their members' position.

Since most programs are arranged 30 to 60 days in advance of meeting dates, *now* is the time to begin laying the groundwork for favorable action from groups meeting during the autumn and winter months.

If we continue, determined to approach every organization meeting, whether small or large, with the facts on Compulsory Health Insurance, with medicine's positive story, with our campaign material, and with requests for formal action together we can win the allies we need, and make the voice of the people heard above the political clamor for a Government — controlled medical system.

Might it not be well for our Speakers' Bureau, to again contact every organization in the Mahoning County and again offer to send a representative from the Medical Society to address them? And every member of our Society should be willing to co-operate with the Speakers' Bureau in this important piece of work.

Is there a copy of the Fildes' painting, with the caption, "Keep Politics Out of This Picture" on display in your office? It will be exceedingly helpful to the cause if you will display this appeal in your waiting room. If you don't have one, order one today from Whitaker and Baxter, One North LaSalle Street, Chicago 2, Illinois. We give that name and address again, because today, the secretary for one of the busiest group of doctors in town asked me "Where can we get a picture?". Copies of the pamphlet "You and Socialized Medicine" should be in the waiting room of each physician.

—G.

GOLF MEET

The Mahoning County Medical Society in conjunction with the Corydon Palmer Dental Society held their third annual golf meet at the Youngstown Country Club on Thursday, July 28. The meet was very well attended and a good time was had by all. Low gross for the day was turned in by Dr. Belino, who had a 74. Dr. J. P. Harvey was low gross for the physicians with an 80. He thus won a leg on the Lyon's Cup. The other legs are held by Drs. Welch and Wenaas. This should make for keen competition next year. Blind Bogey prizes went to Dave Endres, Drs. Zeve, Splain, Zeller, Stertzbach, Bailey and Welch. In the raffle, Dr. Hathhorn won the driving irons. The door prizes was won by Dr. Phillips.

Following the golf meet a delicious steak dinner was served.

ATTENTION MEMBERS OF THE MAHONING COUNTY MEDICAL SOCIETY

The World Medical Association: United States Committee is asking for support of this organization by each of us becoming a member.

The organization was set up in 1947 in Paris; (1) To promote closer ties among National Medical Associations and Physicians. (2) To maintain the honor and Protect the Medical Profession, (3) To study professional problems. (4) Exchange of information of interest to the medical profession. (5) To assist all people to attain the highest level of health. (6) To promote world peace.

The organization will study: (1) The status of the Medical Profession including Medical Education of the World. (2) Medical Advertising and Nostrums. (3) Cult practice. (4) Set up an International Code of Medical Ethics.

The World Health Organization is not connected with W. M. A. but cannot function without the physicians.

The W. M. A. must maintain its self by membership dues as there is no government support. Therefore your support in becoming a member is urged so that through your membership you can assist in raising medical standards throughout the world. You will help protect the freedom of Medicine throughout the world which is needed now in these United States in the stopping of Federal Medicine.

We will try to supply you with information about W. M. A. and furnish you with an application blank for membership which will cost you $10.00 per year.

W. M. SKIPP, M. D.
Chairman, Ohio W. M. A.

UNCLE DUDLEY

We are inclined to hold with Descartes the invariability of the laws of nature despite the contention of those who point to our inability to predict the effect from apparently identical causes. The discreptancy is more apt to be one of observation of the operative factors, or an attempt to ascribe to one cause what may be the result of many causes. It seems impossible for an intricate universe to exist and function fortuitously.

★ ★ ★

Certainty? The time of sunset is relative to the height of the observer.

★ ★ ★

When at last one must gather the thorny fruits of vanity, he will have been beyond the time when he can know what are the elements that nourished and promoted its growth. The flattery of the ignorant and the servile, the fawning of acquisitive ones, the solicitations of impostors and manipulators, — all these blended yield not a wholesome, enduring savor. Yes, vanity takes into itself the elements from the soil in which it grows.

SEPTEMBER MEETING

Speaker:

Dr. Charles S. McKhann

Director of Pediatrics — University Hospitals
Western Reserve University, Cleveland, Ohio

Subject:

A New Approach to the Treatment of Convulsive Disorders and Mental Retardation in Children

September 20, 1949 **8:30 P. M.**

Cascade Room — Hotel Pick-Ohio

DIABETES DETECTION DRIVE OF THE AMERICAN DIABETES ASSOCIATION, Inc.

The American Diabetes Association has scheduled an all year-round Diabetes Detection program beginning with Diabetes Week, October 10-16, 1949. The one million undiagnosed and untreated diabetic patients in this country present a great challenge to American medicine. It requires a concenrated educational effort on the part of all of us first to discover these cases and then to secure treatment for the patients by their personal physicians.

The American Diabetes Association therefore is requesting the cooperation of all state and local medical societies. It is important that each medical society establish a Committee on Diabetes which will make preparations for the Drive. Committees and associations on diabetes are already at work in 37 states.

The Diabetes Detection Drive was approved by the House of Delegates of the American Medical Association on November 30, 1948 at St. Louis and again on June 7, 1949 at Atlantic City. A real opportunity is presented to carry out a truly constructive program consistent with the National Education Campaign of the American Medical Association. We are sure that you will agree with us that this is not only a worthwhile medical program, but a major effort in the field of public relations and public health, organized and directed by the medical profession.

HOWARD F. ROOT, M.D., Chairman
Committee on Diabetes Detection

A LAYMAN SPEAKS:—

"Americans," we are told on every hand, "are the most literate people in the world." If by "literate" we mean that except for a negligible minority, Americans can read and write, the statement is defensible. But if we mean by "literate" that Americans are well informed, that they read and listen and weigh and understand, that they properly discount special pleadings and that they arrive at conclusions independently, then we are not only an illiterate, but also, an undiscriminating nation of followers of the bell-wether. By and large, it is feared and proven, in too many instances, that we, as a nation, are ignorant and gullible beyond comparison.

Particularly in the field of economic literacy have we proven ourselves to be literally babes in the woods. We are faced today by some appalling facts. We possess more educational facilities than any other nation on earth; but we have failed dismally to teach a sound working knowledge of how we live, and what we live for. In America today, we are confronted with the fact that the voice of reason is being lost in the din and tumult created by spurious Messiahs who fear more than anything else a cool examination of their own hollow, booming thunder.

It is axiomatic that in our country today there is a large, and still growing, element which is constantly on the alert to take advantage of our economic ignorance. They play on this weakness of ours with propaganda as easily as a musician plays upon a harp. A thorough understanding of the emotions which incite the actions of the human animal is their most powerful tool.

The "something-for-nothing" gesture dangled before the eyes of the gullible American is an inferential promise of the Utopia to come. Free enterprise has been one of America's greatest and most valuable heritages. There are organized — and well organized — groups, however, whose sole aim is the disintegration of this foundation of our American way of life. Success for these plans is predicated upon assaults at the most vulnerable of the salients of this system.

It is a regrettable truth that one of these is American medicine. Its vulnerability stems from two hypotheses. First because it touches very closely, the lives of each and everyone of us Americans and second because of bad propaganda — we could have said negative propaganda but we are being candid — in a good cause.

In the preparation of these observations the author inferentially interviewed a fairly comprehensive sample of society — the majority of these in the upper levels. The opinion, almost without exception, was straight forward and uninhibited — "Medicine has brought this possibility upon its own profession." A discussion of the reasons for their thinking is unnecessary in this thesis. They are too obvious.

Medicine, it is true, is and has been, increasingly aware of the necessity of telling its story. Possible, what it has lacked has been the proper approach. It is difficult to believe that "Socialized Medicine" — there, we finally said it — would be more than a faint suggestion upon the horizon of things to come if the puzzled citizen has not been tugged this way and that way by subtle mass-pressure campaigns of free enterprise, minority pressure groups and a ponderous word-mongering of medicine itself.

Medical reports have won high praise from medical men. They have been written with rhetorical flourishes by medical men. But they might just as well have been written in classic Greek, in so far as the public is

concerned. These reports are honest enough, but most of them are terribly dull and clothed in a phraseology that causes the man in the street, whom they should enlighten and convince, to read the comics instead.

It is extremely difficult to believe that we cannot have, if we wish, an expertly informed public, with a reasonable prospect of its friendliness and co-operation if we will progress toward great and simple goals.

The medical man, above all others, should be conversant with this truth. Our struggle for safety, security and survival can only be made sure when we realize that real truth is always social. The solution to this problem then is to mobilize man's thinking and reasoning so that they will dominate his emotions. It must be remembered that man's actions are controlled more by what he believes than by ony other factor.

It may be later than we think.

(My neighbor and I were discussing "socialized medicine," I asked him to incorporate his ideas on this subject in an article for the Bulletin. C. A. G.)

FROM A CONGRESSMAN WHO KNOWS

A leading Congressman, who is also a prominent political organizer, visited with the Middle Atlantic States Regional Conference on Medical Service held in Philadelphia. He was invited to give his views as to the attitude of Congressmen toward the enactment of compulsory health insurance legislation. In the question period following his address he was asked to describe procedure most effective in bringing to the Congressman the opinions of his constitutents. He recommended the following program:

1. *Personal conversation* with Congressman at home.
2. *Telephone conversation.* If a personal conversation is impossible, then speak to him over the telephone.
3. *Hand-written letter.* If a personal conversation or telephone conversation is impractical, then write a letter in longhand. It does not need to be lengthy but should clearly demonstrate the writer's point of view.
4. *Typewritten letter.* A typewritten letter is not as effective as letters written in longhand because they seem not to indicate the amount of effort given to a letter written in longhand.
5. *A telegram.* A telegram is less effective than any of the preceding because it is usually brief, frequently indefinite, and nothing to indicate certainly that the signer was the sender.
6. *Resolutions.* The effectiveness of resolutions can be increased by follow-up on the part of the senders sent in one of the ways mentioned above.
7. *A representative of a national organization* to which the constituent is a member may call upon the Congressman as a follow-up to the constituent's message with the endorsement of the national organization.
8. Petitions were not even mentioned. The Congressman brought out clearly that effectiveness is directly related to personal relationship established by constituents.

Jos. S. Lawrence, M.D.

Director, Washington Office

THE SECOND MILE

The way of the physician must in many respects be as pastoral as is that of the minister. Without the necessity of conforming to stated spiritual requirements, he, too, must act as guide and counselor, and seek to interpret life's enigmas when the need is greatest. For him, however, there is no congregation; his concern is primarily for the one, and only secondarily for the ninety and nine. Providing guidance, as he must, through the entire span of life, he attends man's entrance into it and supports his passage from it.

The true physician must introduce life to the world, moreover, with an assurance of its fruitfullness and, in complementary relation to the pastor, must many times help others to survey the dark and lonely valley in serenity and without fear. Having accepted the charge of going one mile with his neighbors he must then go with him twain. As Osler remarked in his Ingersoll Lecture on the Immortality of Man,* delivered at Harvard University in 1904, "The physician's work lies on the confines of the shadowland, and it might be expected that, if to any, to him would come glimpses that might make us less forlorn."

In that same essay the Baltimore physician commented on the records he had kept of some five hundred deathbeds, describing the apparent sensations of the dying; although a small number suffered bodily pain or distress, very few indeed showed mental apprehension or terror. "The great majority gave no sign one way or the other; like their birth, their death was a sleep and a forgetting."

It is in the anticipation of death, then, rather than in the experiencing of it that man is particularly troubled, and this concern, with perhaps the majority of men, is as much over leaving the imperfect but familiar known, as it is over entering the unknown. Still, those of faith can better face that future with fortitude or even joy than can those who lack such transcendent strength.

It is in furnishing guidance down this last and lonely mile, however it may be numbered, that the true physician must develop and exercise one of his most valued skills. This is a skill that can be learned only through the lessons of experience, of compassion, of suffering with others, and of some personal compromise that has been effected between the known and the unknown. Lacking this skill and some form of religious belief, the doctor is only half a doctor — a guide for the first mile only.

All cannot have the supporting strength of a belief in a hereafter, but all can at least have hope and hopeful guidance when the lights grow dim, despite Osler's further statement: "The hopes and fears which make us men are inseparable, and this wine-press of Doubt each one of you must tread alone." This hope can perhaps, be built up beyond man's fears, and bring each "to the opinion of Cicero, who had rather be mistaken with Plato than to be in the right with those who deny altogether the life after death, and this is my own confessio fidei."

New England Journal of Medicine
(Submitted by Dr. J. P. Harvey)

NOTES ON THE DIAGNOSIS OF ACUTE POLIOMYELITIS

OSCAR A. TURNER, M. D.

Poliomyelitis as defined by the American Orthopedic Association is an acute generalized systemic disease caused by a virus and characterized by inflammation of various parts of the central nervous system, but particularly by damage to or destruction of the large motor cells in the spinal cord, with resultant paralysis of the voluntary muscles innervated by them.

The classical picture of poliomyelitis manifested by headache, fever, malaise, and gastrointestinal symptoms followed by muscular tension, tenderness, and paralysis of the lower motor neurone type is generally well known to physicians. Atypical and unusual forms, however, are frequently seen and may occur as isolated cases or in the course of an acute outbreak of the disease. These cases may or may not be attended by paralysis and often present not only a diagnostic problem but considerable difficulty in terms of isolation and hospital care.

Of the atypical or unusual forms of the disease, the abortive or non-paralytic type is one of the most frequently encountered and is said to constitute at least 20 per cent of the total cases reported during epidemics (2). This figure is probably a conservation one. Abortive poliomyelitis may be described as poliomyelitis in which the early symptoms of the disease are quite definite and may be confirmed by spinal puncture, but in which paralysis is not manifested; — that is, there is systemic infection by virus with central nervous system involvement short of paralysis.

As contrasted to abortive poliomyelitis, subclinical poliomyelitis is one which can be recognized only by recovery of the virus from the stools or the throat or when the level of spinal fluid protein is elevated, other causes for this being eliminated (2). As such, subclinical poliomyelitis presents no immediate problem to the clinician.

Acute poliomyelitis is frequently described as a biphasic type of disease. The earliest manifestations are those of non-specific febrile illness with a variable fever occuring for 24-36 hours, followed by an asymptomatic period which may last as long as 8 days but generally only 2-3 days.

The second phase of the disease is one of involvement of the central nervous system with only lesser evidence of systemic disturbance. The invasion of the central nervous system may be manifested in several different ways. Headache is usually present and this is generally more severe in the adult. Muscle soreness and associated muscle tension is almost always present and is generally first seen in the cervical musculature and in the muscles of the back. There is associated nuchal rigidity, limitation of straight leg raising, and a positive Kernig, positive Brudzinski, and other signs of muscle spasm and meningeal irritation. More definite signs of central nervous system involvement may or may not be present and vary according to the degree of encephalitic component present. Drowsiness, irritability, and apprehensiveness are most frequently seen and unresponsiveness even to the point of stupor may be present but varies with the degree of cerebral involvement. The signs of definite central nervous system invasion are usually evident on about the second or third day of the second phase of the disease.

Muscular paralysis, which may be first expressed as muscular weakness, usually occurs on the 2nd to the 4th day of the second phase of the disease. The paralysis generally reaches a maximum within 48 to 72 hours

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after its first appearance. The paralysis is generally flaccid and is associated with depression or absence of the deep reflexes.

Most cases of abortive poliomyelitis are never recognized except when they occur in the midst of an acute outbreak of the disease. Clinically, however, the disease is frequently easily diagnosed as being identical with that of the paralytic type with the one exception, — that paralysis or muscular weakness does not occur. Spinal puncture when done early in the course of the illness may confirm the diagnosis. In general, the basic clinical picture of abortive poliomyelitis is that of an acute febrile illness in a child resulting in either a head drop or stiffness of the neck and spasm of the back muscles, usually accompanied by a moderate increase in spinal fluid protein or a pleocytosis.

In addition to the abortive or non-paralytic type of poliomyelitis, there also occur atypical or unusual forms generally seen during a severe epidemic. These are representations of the disease which in part or whole do not correspond to the usual clinical picture and which present serious problems in diagnosis. Of the numerous atypical forms which have been described, only a few need be mentioned. Occasionally transverse myelitis may occur as a result of acute poliomyelitis and this is said to be due to an "overflow" of the inflammatory process from the gray to the white matter with involvement of the dorsal horns. In such instances, the paralysis is spastic after the stage of spinal shock has subsided.

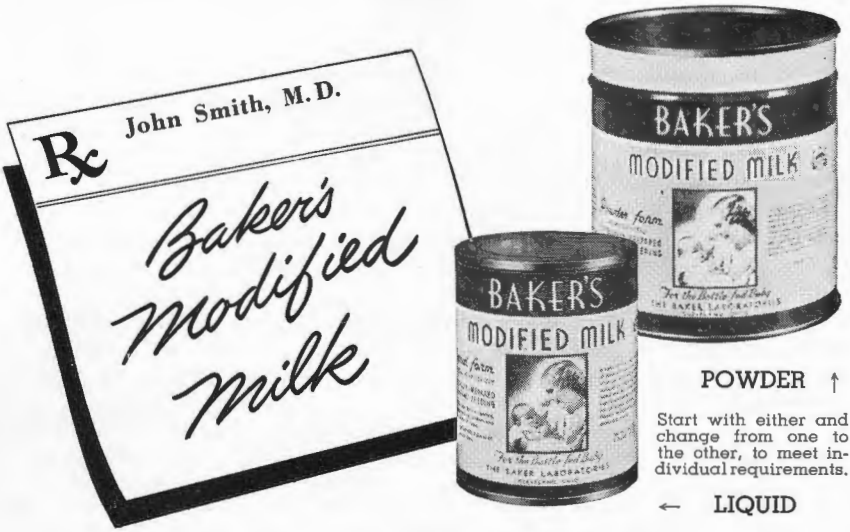
Monosymptomatic cranial nerve palsy is occasionally the only manifestation of the disease and consists in the isolated paralysis of a cranial nerve, — usually the VII, VI, or III. Dysarthria, dysphagia, etc. may be the only manifestation of an atypical bulbar type of poliomyelitis.

Although no hard and fast classification can be made of the clinical symptoms in abortive poliomyelitis, the disease is frequently described as falling into four general groups:

1. Cases appearing as those of a general infection, — that is a systemic febrile disease with little indication of central nervous system invasion.
2. Cases, frequently described as "pseudo meningismus," which actually are a mild or moderately severe meningitic type of the disease. There are the usual prodromal signs associated with the symptoms of neck rigidity, stiffness of the cervical region, pains, and even occasional opisthotonos.
3. Cases in which the major symptoms appear to be muscular tenderness and soreness, these being frequently diagnosed as "pots influenzal myalgia."
4. Cases in which the significant and often the only symptoms are those of an acute gastro-intestinal disturbance.

Frequently, however, two or more of the above may be present and there is much variation in the clinical picture.

While there is variation in the composition of the spinal fluid, the nature of the spinal fluid changes is dependent upon the stage of the disease in which the fluid is examined. During the second phase of the illness (during the period of invasion of the central nervous system) the cerebrospinal fluid shows changes which are essentially those of meningeal irritation. The intraspinal pressure shows some increase but the increase is not excessive. During the first few days of the disease there is a pleocytosis with increase in both the polymorphonuclear and lymphocytic cells. The cell count may exceed 250/cu.mm. Early in the course of the disease, polymorphonuclear leukocytes predominate but after several days there is a reversal to a predominance of lymphocytes. After the first week, lymphocytes alone usually



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are found. The protein and globulin may show a moderate increase, and during the second week of the disease the protein may increase to as high as 200 mgm. per cent. There may be a moderate drop in chlorides but generally the spinal fluid sugar as well as the chlorides are not affected. The fluid itself is usually clear or may be slightly opalsecent if there is a severe cellular reaction. Meningeal inflammation is generally more severe when the brain stem is involved and in these cases the cell count is usually higher than in the spinal forms.

Emphasis must be placed upon the fact that while in some cases the presence of muscular paresis or paralysis may be the first indication of the infection, in many cases these symptoms never appear, and the diagnosis must be based upon the clinical history of the illness, signs of meningeal irritation and muscle spasm, associated with changes in the spinal fluid. While the treatment in these cases is essentially symptomatic, they deserve the same careful attention and precautionary measures as do cases in which paralysis predominates.

Diagnostic Aids and Unusual or Infrequent Manifestations of Poliomyelitis

Although drowsiness may be quite marked, when once awakened the patient is frequently quite alert and clear mentally.

Despite much written to the contrary, a convulsion may usher in the phase of central nervous system involvement in poliomyelitis when the encephalitic component is marked.

In very rare instances, severe cerebal involvement (polioencephalitis) may cause a spastic rather than a flaccid type of paralysis.

Although the general picture is one of hyporeflexia or loss of reflexes, a transient hyper-reflexia may be present during the period of invasion of the nervous system.

In poliomyelitis, the motor signs predominate and changes in sensation are unusual, although occasionally mild impairment of sensation may occur in the effected extremities.

Inability to bend the neck forward is described as one of the best early clinical signs of impending poliomyelitis in an ailing child.

Confirmatory points in the diagnosis of poliomyelitis may be (1) sweating in excess of room temperature, and (2) early urinary retention.

Hyperesthesia of body parts including tenderness of the skin, pain on deep muscle pressure, or pain on joint motion may precede the paralysis and may be easily mistaken for a rheumatic state.

Muscular paralysis is frequently preceded by a tremor of the extremity, especially when the extremity is held in the extended and unsupported position.

The earliest sign of paresis of the neck muscles may be manifested in an asymmetrical posturing of the head.

Frequent yawning in a child with poliomyelitis indicates a serious prognosis.

Herpes labialis is rare in poliomyelitis.

BIBLIOGRAPHY

(1) The American Orthopedic Association, J. A. M. A., 1946, 131: (Aug. 24), 1411-1418.

(2) Casey, E., Fishbein, William I, Gordon, F. B., Schabel, F. M., and Bundesen, H. N.: J. A. M. A., 1948, 138: (Nov. 20), 865-869.

Health Department Bulletin

REPORT FOR JULY, 1949

	1949	Male	Female	1948	Male	Female
Deaths Recorded ...	188	99	89	159	103	56
Births Recorded	535	277	258	479	236	243

CONTAGIOUS DISEASES:	1949		1948	
	Cases	Deaths	Cases	Deaths
Chicken Pox	13	0	15	0
Measles	31	0	16	0
German Measles	1	0	0	0
Mumps	1	0	0	0
Scarlet Fever	0	0	1	0
Tuberculosis	5	4	3	1
Whooping Cough	55	1	5	0
Gonorrhea	15	0	17	0
Syphilis	45	0	23	0

VENEREAL DISEASES: New Cases:	Male	Female
Syphilis	5	8
Gonorrhea	18	6

Total Patients 37
Total Visits to Clinic (Patients) 406

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

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth Hospital was held on August 2, 1949. Dr. R. B. Poling, President of Staff, presided.

The usual monthly review of recently discharged or currently hospitalized cases was presented by members of the interne-resident staff and general discussion by staff members followed. Presenting the case histories were Drs. L. Strutner and W. Breesmen of the medical service; Drs. A. Bax and W. Bannister of the surgical service; and Dr. H. Munson of the obstetrics-gynecology service.

Dr. William D. Collier, Director of the Department of Pathology, was the essayist and spoke on "Exfoliative Cytology." He discussed the Papanicaleau technique of cytological diagnosis of carcinoma and evaluated the merit of the diagnostic aid in the various sites of involvement. He emphasized that the proper collection and preservation of specimens was of utmost importance and elaborated on the technique for collection of such specimens for vital staining and study. He warned that cytological diagnostic measures are not infallible, that repeat studies should be done in doubtful cases and that results must be carefully weighed.

Dr. Richard B. Clifford, Chairman of the committee for the Ex-interne Association Reunion gave the program for the day and announced Dr. H. E. Clark, associate professor of surgery at the New York Post graduate School of Medicine, as the guest speaker.

The secretary gave an analysis of hospital service for the month of July and also rendered the report of the treasury.

After several committee reports and discussion of items of new business the meeting adjourned at 10:30 p. m. Sixty members of the hospital and resident staff attended.

Stephen W. Ondash, M.D.
Secretary.

NEW BILLS INTRODUCED

S. 2025
CHIROPRACTORS IN VETERANS' ADMINISTRATION

By Mr. Pepper, of Florida, June 8.
To authorize the appointment of doctors of chiropractic in the Department of Medicine and Surgery of the Veterans' Administration.
Referred to the Committee on Labor and Public Welfare.

In the Norfolk Medical News for May, 1949, is the note that the Worcester District Medical Society conducted a poll of its members on their views about the Murray-Wagner-Dingell Bill. 73% answered, and of them 97% were opposed, with 3% favoring the bill. The suggestion is made that perhaps if more societies over the country were polled in a similar manner, the answer would be provided for those who complain that the AMA is not speaking fairly the opinion of the majority of the American physicians on socialized medicine.

TWO MORE STATE LEGISLATURES PETITION CONGRESS

The State Legislatures of Texas and Illinois have recently petitioned Congress to resist legislation setting up socialized medicine or compulsory health insurance. The total number of States has *now reached ten*, in which at least one branch of the Legislature has similarly petitioned Congress.

ST. ELIZABETH INTERNE-RESIDENT STAFF ANNOUNCED

The resident and interne staff of St. Elizabeth Hospital for the year 1949-1950 includes twelve residents and three internes. The internes are Dr. William Breesmen of Georgetown University, Dr. Fred Lamprich of Heidelberg University, and Dr. Jesus R. Tan of the University of Philippines School of Medicine.

Residents in the various departments are as follows:

Surgery: Chief resident: Dr. Alphonso L. Bax, a graduate of Hahnemann Medical College, who served his interneship at Huron Road Hospital, was a junior resident in surgery at Lakewood Hospital, Cleveland, Ohio, then became assistant surgical resident at St. Elizabeth Hospital after his military service in the U. S. Army.

Assistant chief resident: Dr. William B. Bannister, Jr., a graduate of the University of Pittsburgh who interned at Mercy Hospital, Pittsburgh, then became a junior surgical resident at St. Elizabeth Hospital after two years service in the U. S. Army.

Junior surgical resident: Dr. Albert A. Luchette, a graduate of the University of Louisville, who interned at Christ Hospital, Cincinnati, Ohio, served in the United States Army Medical Corps, then became an assistant resident in surgery at St. Elizabeth Hospital.

Assistant residents are as follows:

Dr. Edmund Massullo, a graduate of St. Louis University, who interned and was an assistant surgical resident at St. Elizabeth Hospital.

Dr. Robert V. Bruchs, a graduate of Marquette University, who interned at Jersey City Hospital, N. J., and served in the medical corps of the United States Army.

Dr. Donald Dockry, a graduate of St. Louis University, who interned and was an assistant surgical resident at St. Elizabeth Hospital.

Dr. Joseph E. Tomayko, a graduate of Georgetown University, who interned at St. Elizabeth Hospital.

Medicine: Chief Resident Dr. Leonard P. Caccamo, a graduate of Bowman Gray School of Medicine, who interned at Rochester General Hospital, Rochester, New York.

Assistant resident: Dr. Leo A. Strutner, a graduate of St. Louis University, who interned at the St. Mary's Group of Hospitals, St. Louis University, St. Louis.

Obstetrics-Gynecology: Chief resident: Dr. Hugh B. Munson, a graduate of George Washington University, who interned at St. Elizabeth Hospital, Youngstown, Ohio, and then became assistant resident in obstetrics and gynecology at the same hospital. He served in the Medical Corps of the United States Navy prior to his residency.

Assistant resident: Dr. Warren Kable, Jr., a graduate of the University of Pittsburgh, who interned at Medical Center Hospital, Pittsburgh, and was an assistant resident in gynecology at the Elizabeth Steel Magee Hospital, Pittsburgh, Pa.

Assistant resident: Dr. Victor P. Cafaro, a graduate of the University of Pittsburgh, who interned at South Side Hospital, Pittsburgh, Pa.

The Hospital also announced approval of the residency program in the Department of Anaesthesia but appointees are pending. S.W.O.

ACUTE URINARY SUPPRESSION

The author defined and recorded a series of 22 patients exhibiting a measured urinary output of less than 100 cc/day for 3 or more consecutive hospital days of this series, 21 patients were treated conservatively without attempts either to speed the onset of diuresis or to create pathways for the extra renal excretion of solution. Urinary suppression up to 15 days duration was associated with complete recovery in 11 patients. The main causes of death as observed in the series were pulmonary edema, resulting from excessive fluid administration, and coexisting unrelated severe disease. In the absence of severe coexisting disease, excessive fluid administration and unusually large amounts of tissue protein breakdown, spontaneous diuresis with recovery usually occurred. The author recommended the use of carbohydrate as the entire dietary intake because of its protein sparing action and in preventing ketosis. —R. J. Stock, American Journal of Medicine July 1949. J. D. M.

CYNICAL SAM

Forgiving others for injuries they have done you is of disciplinary value to yourself; but if they have shown no desire to be forgiven, you are softening yourself for a repetition of the offense. People quit trying to abuse a dog that won't stand for being kicked around.

★ ★ ★

It is possible that those people whom we avoid because they insist on calling things by their right names, may be convicting us of our own insincerity. How much deceit do good manners require?

★ ★ ★

We haven't heard so much about fear since the death of the politician who wanted to abolish it, and at the same time was successfully capitalizing it. At present the emphasis is put on armament as a means of defense, protection of classes against the encrouchment of exploiters, etc. Fear remains as a universal human experience, and continually supplies material for political agitators of whom we all should be afraid.

AUREOMYCIN IN ULCERATIVE COLITIS

Thirteen patients with active ulcerative colitis were treated with aureomycin hydrochloride in doses averaging 250 mgm every 8 hours. All showed reduction in the number of bowel movements. In 11 of the 13 patients the gross blood in the stool disappeared. All patients reported improvement in the sense of well being. The sigmoidoscopic appearance was improved in 7 of the 12 patients. Severe nausea was reported in 3 patients. This was controlled by reduction in dosage and by the use of aluminum hydoxidigel.

Ed. (This is an encouraging report but the accurate diagnosis should be established before using the drug. All is not ulcerative colitis that has diarrhea.) J. A. Marks, L. T. Wright and S. Strax, American Journal of Medicine, Aug. 1949. J. D. M.

ST. ELIZABETH HOSPITAL EX-INTERNES HOLD REUNION

Over one hundred staff members, ex-internes and guests participated in the annual reunion of the Ex-interne Association of St. Elizabeth Hospital held on Thursday, August 18.

Guest speaker at the Scientific session opening the day's program was Dr. H. E. Clark, associate professor of surgery at the New York Post-graduate School of Medicine. Dr. Clark spoke on the "Diagnosis and Management of Lesions of the Colon and Rectum." In pointing out that lesions of the colon and rectum carry the best prognosis of all gastrointestinal malignancies, he cited the imperative need for earlier recognition in order to decrease mortality and morbidity in carcinoma of this category. Re-examination and careful follow-up is mandatory in any patient presenting even vague symptomatology referable to the colon and rectum. He cited the known relationship of polyps to malignancy and cautioned that since multiple malignacies are not uncommon, the scope of operative attack must be wide and adequate. He reviewed the operative approach to lesions of the colon and rectum and appraised the value of various anti-biotics, preoperative measures and anaesthesia in the management of such lesions. Dr. James K. Herald of the Section of Proctology at the hospital, led the discussion following Dr. Clark's excellent presentation.

The group attended a luncheon given by the Hospital and then repaired to the Mahoning Country Club where a golf tourney and a banquet rounded out the days program. Carrying off honors in the low gross was Dr. Warren Kable, Jr. with Dr. S. W. Ondash, runner-up and Dr. E. Massullo, third. Blind bogey awards went to Drs. H. Reese, L. Luchett and A. M. Marinelli. Dr. D. Dockry copped an award for being the most honest golfer in the 'tallying' department. Door prizes went to Drs. W. Breesmen, L. Shensa and W. E. Maine. Eighty-five assembled for dinner and community singing to the accompaniment of a string ensemble which played throughout the evening. Dr. R. V. Clifford, president of the Ex-interne Association, headed the committee on arrangements which included Drs. S. W. Ondash and H. Reese.

S. W. O.

NEWS

Dr. I. Harold Chevlen has recently completed his hospital training at the Youngstown Hospital Association and has opened an office for the general practice of Medicine at 2004 Elm Street, Youngstown, Ohio. He is a graduate of the University of Minnesota Medical School, served in the U. S. Army and did undergraduate work at Youngstown College, Michigan College and St. Louis University.

Dr. G. W. Cook, a graduate of the University of Pittsburgh in 1941 came to Youngstown after the war and was orthopedic resident at the Youngstown Hospital for a year and a half following which he returned to the University of Pittsburgh Medical School as an instructor in Anatomy for one year, then to the Allegheny General Hospital, Pittsburgh, Pa. for a year of children orthopedics. Dr. Cook has recently returned to Youngstown and will confine his work to orthopedics and will be associated with Dr. R. R. Morrall and Dr. W. D. McElroy at 3716 Market St.

Clyde K. Walter, M.D. announces the reopening of his office at a new location in the Guide Company Building (old Court House), corner of Court and South Broad Streets in Canfield. Dr. Walter has been studying food allergy and hay fever this summer with Dr. Theron G. Randolph in Chicago.

Dr. Edward A. Shorten has recently completed his hospital training and will be associated with Dr. G. M. McKelvey and Dr. W. B. Turner at 101 Lincoln Avenue, Youngstown, Ohio. He will confine his work to general surgery and proctology. He is a graduate of Western Reserve University School of Medicine, interned at Youngstown Hospital Association and after service in the U. S. Navy, he spent the past three years as a resident at the Youngstown Hospital Association, two of these years were as a resident in general surgery and one as a resident in proctology.

Dr. Dean E. Stillson has recently completely his residency in Internal Medicine at Youngstown Hospital and has entered practice in association with Dr. Lewis K. Reed.

Dr. Stillson graduated from Wooster College in 1940 and from Western Reserve Medical School in 1943. He served a rotating internship at Cleveland City Hospital, following which he entered Military Service with the 87th Infantry Division in training and combat. He was separated from the Army in 1946 and has been medical resident at Youngstown Hospital for a three year period. He is a member of A. K. K. medical fraternity.

CHICAGO MEDICAL SOCIETY ANNOUNCES TWO POSTGRADUATE COURSES

The Chicago Medical Society is offering two postgraduate courses in October, 1949, each of one week duration, which will be open to all physicians who are members of their local medical societies.

A course in Cardio-Renal and Peripheral Vascular Diseases will be given October 17th to 22nd, and a course in Obstetrics, Endocrine-Gynecology and Sterility will be offered the following week, October 24th to 29th, 1949.

The courses will be given at Thorne Hall on Northwestern University Medical School campus which is an ideal setting on the lake front of Chicago. The faculty for each course will be made up of leading teachers from all sections of the United States and Canada. There will be lectures, question periods, round tables, and short intermissions in the morning and afternoon when those attending may meet the speakers, others taking the course, and members of the Chicago Medical Society while drinking coffee or sipping a coke.

Each course is limited to one hundred.

Those interested in attending may secure additional information by writing Doctor Willard O. Thompson, Chairman, Committee on Postgraduate Medical Education, Chicago Medical Society, 30 North Michigan Avenue, Chicago 2, Illinois.

Doing for people what they can and ought to do for themselves is a dangerous experiment In the last analysis, the welfare of the worker depends upon their own initiative. Whatever is done under the guise of philanthropy or social morality which in any way lessens initiative is the greatest crime that can be committed against the toilers. Let social busy-bodies and professional 'public morals experts' in their fads reflect upon the perils they rashly invite under this pretense of social welfare.

SAMUEL GOMPERS,
in *The American Federationist,* 1915.

REDUCTION IN MATERNAL MORTALITY RATE

Final tabulation of births and maternal deaths for 1947 by the National Office of Vital Statistics indicates a new record low maternal mortality rate of 1.3 per thousand live births, according to an editorial in the last issue of the Journal of the American Medical Association.

No other Nation has reported a lower rate.

In 1933 the American rate of 6.2 placed this country eleventh among the leading Nations. Since then the drop to 1.3, amounting to a 79% reduction, has "undoubtedly raised the rank of the United States to first place or close to first place", according to the Journal.

"The phenomenal reduction in maternal mortality in the United States," said the Journal, "has not been restricted to any single State or group of States, but has been relatively uniform throughout the entire country."

None of the States in 1947 had a rate above 2.6. Connecticut, Delaware, Iowa, Massachusetts, Minnesota, Oregon, Rhode Island, Utah, and Wyoming reported a rate less than 1.0, with Minnesota the lowest at 0.6.

None of the States had a rate lower than 4.3 in 1933. In that year the spread between the highest and lowest was from 11.5 to 4.3, or 7.2. In 1947 the spread dropped to 2.0.

The great improvement in the rate was reflected among non-whites as well as white Americans. For whites the rate declined from 5.6 to 1.1, and for non-whites from 9.7 to 3.3.

"It is also abundantly clear," stated the Journal, "that this form of health progress has been extremely general throughout the United States during these 15 years."

This material is of utmost importance in our Campaign. It is hardly necessary to point out the tremendous value of greatly improved maternal mortality rates in connection with our work, particularly among women. Any future presentations to the PTA, Women's Clubs, etc., certainly should contain this information.

EXCERPTS FROM OSLER

The following are some aphorisms and quotes from Sir William Osler, selected from an article of the same title by W. B. Bean, Arch. Int. Med.. *84*, 72, 1949 (Sir William Osler Memorial Number).

As no two faces, so no two cases are alike in all respects, and unfortunately it is not only the disease itself which is so varied, but the subjects themselves have peculiarities which modify its action.

"There are no straight backs, no symmetrical faces, many wry noses, and no even legs. We are a crooked and perverse generation.

"By the neglect of the study of the humanities, which has been far too general, the profession loses a very precious quality.

"Common sense in matters medical is rare, and is usually in inverse ratio to the degree of education.

"A physician who treats himself has a fool for a patient.

"Absolute diagnoses are unsafe, are made at the expense of the conscience.

"I do not know at what age one dare call a woman a spinster.

"The mental kidney, more often than the abdominal, is the one that floats.

"He who follows another sees nothing, learns nothing, nay, seeks nothing.

"The philosophies of one age have become the absurdities of the next, and the foolishness of yesterday has become the wisdom of tomorrow.

"To know just what has to be done, then to do it, comprises the whole philosophy of practical life.

"The greater the ignorance the greater the dogmatism."

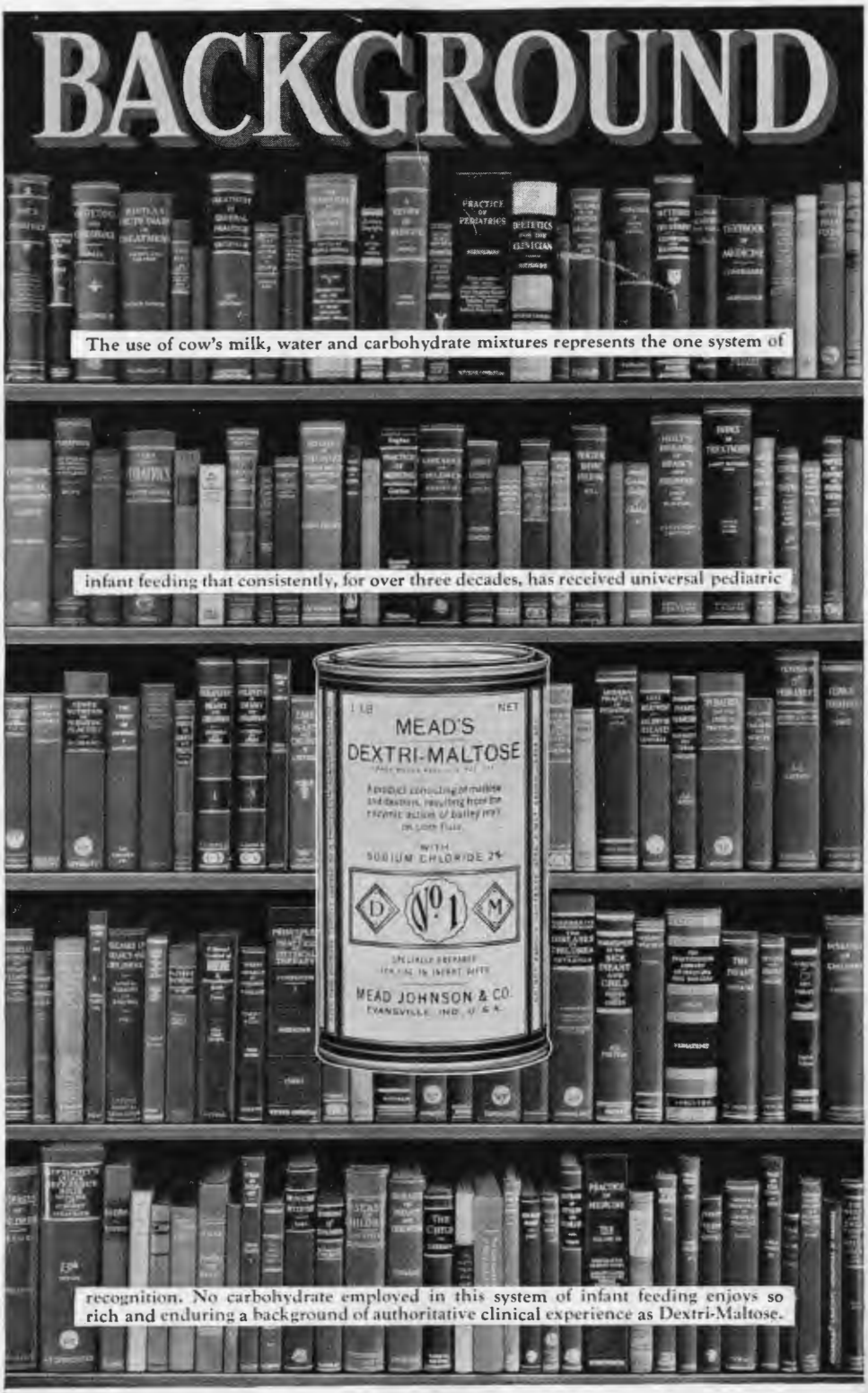
—A. G.

HYPERALIMENTATION FOR ULCERATIVE COLITIS

This method is accomplished by oral administration of a solution of equal parts of an enzymatic casein digest and dextrimaltose, every 2 hours from 6 A. M. to 10 P. M. After varying periods of time the amount of the solution is reduced and gradually increasing amounts of substantial low residue foods, are ingested. Essential vitamins and iron are added. A satisfactory remission was induced in all of the fourteen patients treated.

J. A. Machella, American Journal of Medicine, August 1949. J. D. M.

BACKGROUND



The use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for over three decades, has received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.