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BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XX No. 2
FEBRUARY • 1950

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Hamblen, E. C.: North Carolina M. J. 7:533 (Oct.) 1946.

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*Perloff, W. H.: Am. J. Obst. & Gynec. 58: 684 (Oct.) 1949.

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¹N.N.R., 1947, p. 398.

²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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PRESIDENT'S PAGE



The Mahoning Valley Safety Council is a relatively new but very important organization, which has been set up by Mayor Henderson in the Youngstown area. He has been unremitting in his efforts to see that Youngstown receive the benefits of such a group and has pledged the complete co-operation of his administration. As an influential professional organization The Mahoning County Medical Society should support any movement that can lower the really alarming number of traffic deaths occurring in this area each year.

The city of Youngstown is 36th in the list of 45 cities of comparable size in traffic safety. The Safety Council has been described as a "non-profit, non-political, and non-commercial organization translated into action of safety principles." Cleveland has had an active Safety Council for some time, and during that time there has been a definite decrease in its traffic deaths. As further proof that a concerted safety program works insurance rates in Cleveland are almost three dollars less than they are in Youngstown. The accident rate in Cuyahoga County per 100,000 automobiles is 42.6 percent. In Mahoning County it is 69.3 percent. It is conservatively estimated that fatality costs in Youngstown during 1948 were \$15,200,000.

All large industrial organizations have Safety Councils whose duty it is to see to the safety of workers and to lessen the industrial hazards under which they work. The benefit from this is indicated by the fact that for every workman killed in industrial accidents three are killed off the job. For every dollar spent in traffic safety one hundred dollars are saved in money spent for the care of victims of traffic accidents. After a perusal of the above statements and some serious thought, I am sure you will agree with me that every physician in this area should give this organization every possible assistance.

Gordon G. Nelson, M. D.
President

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DR. LULL PASSES ON A GOOD ONE!

(Editor's Note—The following letter was received by our Society from Dr. George F. Lull, Secretary and General Manager of the A. M. A. We thought the point of view ought to be passed on.)

American Medical Association
535 N. Dearborn Street,
Chicago 10, Illinois

January 16, 1950

Dear Doctor:

Many types of letters are addressed to the president of the American Medical Association, but Dr. Ernest E. Irons received one last week that is a No. 1 morale builder.

Reading it, said Dr. Irons with a smile, one becomes suddenly aware of a fresh breeze blowing through tired brain cells.

The letter did not come from a doctor. It was written by Mr. Joseph Christensen, of the Progresssive Cafeterias in Chicago, and reads as follows:

"I cannot put M.D. after my name but I can, at least for a while, still put U. S. A. As a consequence, please accept the enclosed check for \$25 as a slight token of regard for my doctor and all his colleagues. These are my 'dues' as a citizen, and I hope they will help in your fight against socialized medicine.

"A people without guts are soon a nation without guts, and if it should become necessary to remove any part of mine, I want to pick my man and pay his charge without a precinct captain getting his nose in my anatomy."

Sincerely yours,

(Signed) George F. Lull, M.D.
Secretary and General Manager



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FEBRUARY

T. B. MASS CHEST SURVEY STARTS

By R. J. Scheetz, M.D.

Actual start of the mass chest X-ray survey of the adult population of Mahoning County was accomplished this month under the auspices of the Mahoning Tuberculosis Sanatorium and the Mahoning County Health and Tuberculosis Association at the former's downtown clinic in the Dollar Bank Building.

Working from a list of approximately 80,000 names, appointments are being sent out by mail to 100 persons per day. It is hoped to have this quota up to 500 persons per day when all of the machinery and personnel are fully operating, according to officials in charge of the program.

While it is expected that most persons will keep their appointments, substitute times can be arranged for those who find the assigned days impracticable.

The miniature X-rays will be of the 70mm. size and are taken to the local co-operating radiologists to be read in 100-foot rolls containing 400 exposures. Negative chest reports are sent directly to the patient, while suspicious pathological reports are made to the patient's family physician for disposition and usually large (14 x 17) chest X-rays.

The X-ray equipment was obtained from the Ohio State Department of Health through a grant from the U. S. Public Health Service. Youngstown is one of the eight largest cities in Ohio which has been furnished this equipment. During the first 16 months of operation approximately 22,000 miniature films have been taken and read.

SCHOOLS WELL COVERED

Tuberculosis is the leading cause of death among individuals aged 15 to 45. Early tuberculosis can be diagnosed only by a chest X-ray. It is therefore obvious that a reduction in mortality from this disease is dependent upon a constant screening of the populace by X-ray.

It is the goal of the Tuberculosis Association to provide such "screening" by having every adult in Mahoning County X-rayed at least once a year. The Association is attempting to popularize this program with the public by the use of informational folders and appointments for each family. All county high school students and students at Youngstown College are X-rayed each Fall at their respective schools.

It is the non-school group which must be encouraged to receive its annual miniature chest X-ray.

The Chest X-ray Center in the Dollar Bank Building (jointly organized and financed with the County Tuberculosis Sanatorium) will take miniature chest X-rays of any person in the county. Many physicians are referring all of their patients for an annual chest check-up as a routine matter. Miniature chest films are interpreted by local roentgenologists and their report is forwarded to the private physician for his consideration in the event there is any suspicion of pathology. Should a large chest film be recommended the patient may be referred to a private radiologist.

In the event the person is indigent, the chest center is authorized to provide such follow up. Patients considered able to pay normal medical expenses are not entitled to this free service and should not be referred to the Chest Center for a large film. Radiologists have expressed a willing-

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1. Friedlaender & Friedlaender: Amer. Pract. 2:643, June, 1948

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ness to co-operate with patients and physicians by providing the large film at a reduced rate for patients who are not indigent, yet are unable to pay regular medical fees.

ASSOCIATION'S OBJECTIVES

In addition to the cases of tuberculosis discovered by this mass survey a variety of other cardiopulmonary conditions are uncovered. However it must be emphasized and understood that the miniature Chest X-ray is intended entirely as a screening film for supposedly normal individuals. A definite diagnosis often can not be made from such a film. Patients with positive chest symptoms should have the advantage of a large film immediately, inasmuch as it would be needed eventually.

The Mahoning County Tuberculosis and Health Association which sponsors the mass chest survey program is organized under a charter from the Ohio Tuberculosis and Health Association and lists as its objectives the following: (1.) to promote public health by disseminating knowledge concerning the prevention of disease with particular reference to tuberculosis; (2.) to aid in securing proper local and state legislation aimed at promoting community health; (3.) to advocate adequate provision for the prevention of disease through the establishment of clinics, sanatoria, and nursing facilities; and (4.) to study conditions regarding the prevalence of disease in this county.

The officers of the Tuberculosis Association are, E. J. Reilly, M. D., president; Mrs. Lorin Leihgeber, vice-president; Edwin J. Brody, M. D., vice-president; J. G. Whetson, secretary; Miss Kathryn Klee, representative director; E. Carrol Thornton, treasurer; and Whitney H. Herr, executive-secretary.

The work of the Association is financed entirely by the annual sale of Tuberculosis Christmas Health Seals and the Double Barred Cross banded pins. Seal funds are inadequate for the relief of the tuberculosis or for the permanent support of hospitals, diagnostic clinics, nursing programs, and similar activities.

The use of the funds is therefore limited to the following uses: case finding, promoting or subsidizing medical research in the field of tuberculosis, educating the public concerning the menace and universality of tuberculosis, training public health workers, and co-operating with medical societies, health departments, nursing agencies, schools, agencies interested in social and public health problems, and sanatorium authorities.

The personnel of the Tuberculosis Association stand ready at all times to work with and through the doctors of our community and ask only the help and co-operation of these physicians.

(We are indebted to Mr. Whitney H. Herr for much of the information contained in this article.)

DR. BRANT GIVES GAVEL TO DR. NELSON

At the January meeting in the Elks Club our president, Dr. Gordon G. Nelson, found a package waiting for him at the club desk. He is reported to have suspected that his younger associate had presented him with some kind of a time bomb to celebrate the inauguration of the new president.

When the package was opened, however, he found that it was a gavel, made of iron wood, hand turned by Dr. A. E. Brant, and inscribed with a silver band. The iron wood came from Dr. Brant's farm and he had been making the gravel for some weeks past.

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Calcium Pantothenate	10	mg.
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Brewers' Yeast Extract	10	mg.

plus other factors of the B-Complex present in Whole Liver.

BASE: Liver and Yeast.
SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:612, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1946, p. 850.

Samples on Request



26 CHRISTOPHER STREET NEW YORK 14, N. Y.

DR. CRILE DISCUSSES THE TREATMENT OF PEPTIC ULCER

By W. J. Flynn, M.D.

At the January meeting of the Mahoning County Medical Society, Dr. George Crile, Jr., of Cleveland Clinic, discussed the controversial problem of peptic ulcer. A resume of his remarks follows.

The question of treatment of peptic ulcer is truly a controversial one. However, the majority of peptic ulcers is primarily a medical problem. Those ulcers requiring surgical intervention are the complicated or intractable ulcers—in most cases these are the patients who "have to live for their ulcer rather than themselves."

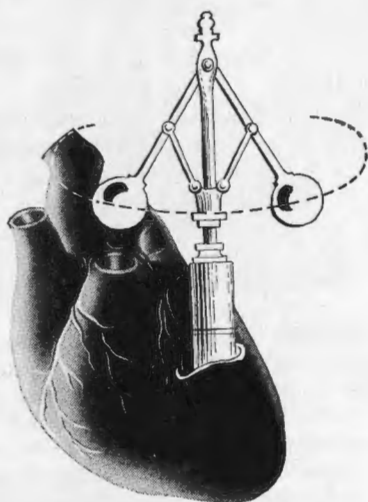
We must remember that the gastric ulcer presents a different problem. The basic differences in the findings of the gastric and duodenal ulcer are high gastric acidity and total secretion in duodenal ulcer cases and low acidity and secretion in gastric ulcer patients. The potentiality of malignancy in gastric ulcers is always a strong factor in determining the course of treatment. Gastric ulcers, however, may heal with amazing rapidity. If the gastric ulcer is not quickly and permanently healed, the patient should have a gastric resection done. Resection in these patients is safer than in duodenal ulcer cases because the duodenal stump is not indurated and can therefore be more securely closed. Unless the ulcer is very high in the stomach, the risk is approximately that of gastro-enterostomy. Vagotomy as a method of treatment in gastric ulcer does little or nothing to improve the condition. We would expect this since both acidity and total secretion are low in gastric ulcer.

Vagotomy in recent years has offered a means of successfully treating duodenal ulcers. Adequate vagotomy can reduce secretion and acidity by abolishing the cephalic phase of gastric secretion. With the more common use of vagotomy a controversy has arisen between the fundamental gastric resectionists and those who favor vagotomy. It is Dr. Crile's feeling that the resectionists decried vagotomy without first adequately trying it. Many who did do vagotomies did only a transthoracic approach and did not do a gastro-enterostomy in conjunction with the vagotomy. These patients often had post-operative difficulty. After vagotomy, the stomach is denervated and for a period of several months remains atonic. The stomach becomes bag-like, hangs down, and can not empty properly because the duodenum is fixed and remains high. Food thus remains in the stomach and per se causes stimulation of gastric secretion. A properly executed gastro-enterostomy will prevent this sequela.

Vagotomy alone is of some help in the treatment of duodenal ulcers. Dr. Crile and the late Dr. Thomas E. Jones found 65% of operated cases had good results with this single procedure. Gastro-enterostomy over the years also has proven to be of some benefit. Each alone is not good. Together they give the best results with the lowest mortality and morbidity. Vagotomy alone is excellent in marginal ulcers.

Gastric resection as a standard procedure on all ulcers can be dangerous. The mortality rate in gastric resections at Cleveland Clinic is about 2.8%. Rather than take the risk of resection, or vagotomy plus resection, it was deemed wise to switch to vagotomy plus gastro-enterostomy. In 400 cases thus treated, the mortality rate dropped to less than 1%. In one series of 100 cases so treated, 86% showed an excellent or satisfactory follow up from a gastro-intestinal standpoint. In another series of 156 patients operated by

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Dr. Crile and Dr. Jones, 89% of patients with vagotomy plus gastro-enterostomy gave no history of return of symptoms compared to 70% of patients with resection or gastro-enterostomy alone. This follow-up covered a period from five to 18 months.

Post-operative untoward side effects in vagotomy have been minimal. Diarrhea has occurred only in rare cases and in these it has been of mild degree. Vomiting has been no more frequent than with resection or gastro-enterostomy. Emesis can be avoided chiefly by being sure that the gastro-enterostomy is dependent.

The Levine tube, inserted prior to surgery, is removed at the end of the first post-operative day. The patient's stomach is then aspirated for two or three days to see if it is emptying properly. The diet is advanced rapidly. Most of the patients leave the hospital on the sixth post-operative day. They are placed on a simple diet and at the end of six weeks are told they may eat or drink anything they want.

In concluding, Dr. Crile stated that vagotomy is of no value in gastric ulcer therapy, but that vagotomy in conjunction with gastro-enterostomy gives the best results in the treatment of surgically indicated duodenal ulcer patients.

DR. BLANKENHORN CONGRATULATES SOCIETY

After the recent vote by mail in which members of the Society decided to abolish Post Graduate Day, Dr. John A. Rogers, program chairman, wrote to Dr. Blankenhorn, professor of medicine in the University of Cincinnati Medical School, advising him that the program had been cancelled. Dr. Blankenhorn had tentatively agreed to bring a group here for the 1950 meeting.

Dr. Blankenhorn replied:

"I think the Youngstown group should be complimented on understanding the trend in post-graduate education — both in the past when you were strong with it, and now when there no longer is a need for your Society to plan such a program. It served its purpose well in its day. Now with the Regional Meetings of the American Colleges and the Clinical Meetings in Cleveland and many other places, I see no reason why your society should work hard to supply a demand which is met so easily elsewhere."

DR. ALVAREZ TO TALK IN AKRON

Dr. Walter C. Alvarez, head of a section in medicine of the Mayo Clinic, will talk on "The All Important Art of Disregarding Findings That Have Nothing to Do with the Case" at the regular monthly meeting of the Summit County Medical Society Tuesday, March 7, 1950, at nine p. m. in the auditorium of the Firestone Nurses' Home, Akron City Hospital.

Dr. John D. Brumbaugh, president of the Summit County Society, has extended an invitation to any of our members to attend the meeting. Dr. Brumbaugh asked that we supply the Summit Society with notices of our monthly meetings so that their members might come to our meetings. This has been done.



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PROFESSIONAL LITERATURE ON REQUEST

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USE AND ABUSE OF STREPTOMYCIN IN TUBERCULOSIS

By *William Newcomer, M.D.*, and
Harold H. Teitelbaum, M.D.

It has become increasingly apparent to experienced phthisiologists that streptomycin exerts a strong favorable influence on selected types of Pulmonary Tuberculosis. Acute pneumonic and bronchopneumonic types, acute exacerbations in chronic infections, and progressive exudative types of pulmonary tuberculosis have shown temporary improvement in a high percentage of cases.

Like other valuable drugs streptomycin has its limitations. Investigators have been quick to point out that streptomycin is not "the miracle drug" in the treatment of pulmonary tuberculosis; that it definitely is not a substitute for other proven procedures such as bed rest, surgical collapse, or resection.

There is abundant evidence to indicate that the use of streptomycin is too often abused. In many instances the life of the patient may be jeopardized by injudicious use of the drug. Many patients are entering sanatoria with a relapse of their disease following the use of streptomycin as the sole method of treatment. The relapse has been accompanied by the development of resistant strains of tubercule bacilli. But these patients now cannot have the advantage of collapse therapy under the protection of streptomycin!

Emergence of streptomycin resistant strains of tubercule bacilli is well known. It occurs sooner or later in every case, but with rapidity in cases with gross caseation and cavity formation. New cases, infected by patients with resistant strains of tubercule bacilli, may well lose the beneficial effects of streptomycin.

The present tendency to give a course of streptomycin and "see what it will do" is to be deplored. Patients, in whom the use of streptomycin is contemplated, should have a careful overall appraisal of their disease. This requires co-operation between the physician and surgeon and the outlining of a long range plan of treatment, based upon close integration of the temporary suppressive action of streptomycin with known effective collapse procedures. Once decided upon the plan should be followed to its predetermined objective despite temporary improvement with streptomycin alone.

If such a study plan is carried out, we believe that the following benefits will accrue: (1) fewer patients obtaining only temporary improvement at the price of developing drug-resistant bacilli; (2) more patients obtaining maximum benefit from streptomycin therapy through simultaneous control of their disease by collapse treatment; (3) more opportunities for permanent arrest of the disease.

FIRST MEETING AT ELKS CLUB

The first monthly meeting of 1950 was held January 17 in the Elks Club, 220 W. Boardman St. and many of the members commented on the fine acoustics which were available. Dr. George Crile Jr., of the Cleveland Clinic, presented a paper on "Some Problems in the Treatment of Peptic Ulcer."

A short business meeting was conducted and applications for Intern membership were read for Paxton Lane Jones, M.D., Paul J. Fuzy, Jr., M.D.; and Frederick Arthur Fredrich, M.D. A motion was made, seconded, and passed making Dr. P. B. H. Smith, of Struthers, an honorary member.

G. E. DeCicco, M. D., Secretary

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STAFF APPOINTMENTS AT ST. ELIZABETH HOSPITAL

St. Elizabeth's Hospital announced the following changes in staff appointments during the year 1949.

Dr. F. W. McNamara was appointed Director of the newly created Department of Medical Education.

Advanced from associate to active membership were Drs. A. Goudsmit, and S. Zlotnick in the Department of Internal Medicine; Dr. C. E. Pichette in the Department of Urology, and Dr. R. J. Scheetz in the Department of Radiology. Appointed to associate membership on the medical staff were Dr. F. Gambrel in the Department of Obstetrics-Gynecology, and Dr. J. Sharp in the Department of Eye, Ear, Nose, and Throat.

Advanced from junior to senior membership on the surgical staff were Drs. R. V. Clifford, M. J. Kocialek, J. B. Kupec, S. W. Ondash, A. K. Phillips, and J. A. Renner.

Dr. J. F. Stotler was appointed Chief of the Section of Thoracic Surgery; Dr. J. K. Herald, Chief of the Section of Proctology; Dr. J. B. Kupec, Chief of the Section of Plastic and Reconstructive Surgery; and Dr. W. L. Mermis, Chief of the Section of Allergy.

Other staff appointments remained unchanged.

THE YOUNGSTOWN HOSPITAL STAFF LIBRARY

The Youngstown Hospital Staff Library was organized in 1934 under the chairmanship of Dr. H. E. Patrick. Since its inception, it has grown steadily to its present size. At the present time the library receives 62 medical periodicals and contains over 200 recently published reference texts. These cover every phase of medical literature. Medical periodicals are bound together in volumes and retained for reference. Some of the bound journals date back to 1861.

The library is supported from dues assessed each member of the staff. The chairman and members of the library committee are appointed yearly by the president of the staff. The committee for the present year consists of: Dr. S. Klatman, chairman, Dr. G. Delfs, Dr. A. A. Detesco, Dr. Jas. Patrick, Dr. C. C. Wales, Dr. S. G. Patton.

The Librarian, Miss Mary Anos is on duty daily from 8:30 A. M. to 5 P. M. She is able to assist doctors in finding references and assembling a bibliography on subjects available in the library. A complete index of available material is maintained in the library.

Privileges for the use of the library are extended to members of the medical and dental profession. Special permission is given at times to students who are seeking information in connection with their school studies.

The privilege of borrowing books or journals from the library is limited to members of the Youngstown Hospital Staff. For this purpose a registry is maintained and kept on the desk in the library. Members of the staff desiring to borrow books are requested to enter their name, date, exact title of the book, and if a journal, the exact date of issue. When the book is returned, the date of return is entered. Except for special permission, books must be returned within 4 days.

S. Klatman, M. D.

FEBRUARY MEETING

●

Speaker:

DR. FREDERICK W. MADISON

Associate Professor of Medicine,
Marquette University,
Milwaukee, Wisconsin

●

Subject:

**"Hemorrhagic Diseases with Especial Reference
to Purpura"**

●

Time:

Tuesday, February 21, 1950 — 8:30 P. M.

●

Place:

ELKS CLUB, 220 W. Boardman St.

FOR RENT: Suite of rooms, designed for doctor's office, newly painted throughout, well lighted, ample parking space in rear. Inquire Mrs. Herald 4-3285.

PATHOLOGISTS TALK TO YOUNGSTOWN HOSPITAL STAFF

A critique of tumor cytology by the Papanicolaou method was presented by Dr. H. G. Giffen before the staff of the Youngstown Hospital Association at its January 3, 1950 meeting in the auditorium of the Nurses' Home of the South Side Unit.

Dr. Giffen pointed out that ordinarily the tissue diagnosis of malignancy depends on invasive growth, anaplasia, atypical mitosis, and disturbed polarity. By the Papanicolaou technique these criteria do not hold since one is dealing with the outer layer of cells which has been exfoliated from any suspected tumor area. Exfoliated cells are often practically dead ones. The diagnosis of malignancy in such cells depends on the following: increase of nucleo-cytoplasmic ratio; tendency to basophilism or acidophilism of cytoplasm; disturbance of the nuclear pattern with a large nucleolus; the presence of pleomorphism.

In 1949, 511 cases were studied by the Papanicolaou method in the Youngstown Hospital. This required a total of 1530 slides. Dr. Giffen pointed out that if the recommended time of 30 minutes per slide had been expended it would have taken 19 weeks of 40 hours, each, to examine this material.

He illustrated his talk with lantern slides showing chest X-rays and colored Papanicolaou slides of six patients with lung tumors. While these cases illustrated those in whom positive diagnoses were made, Dr. Giffen pointed out that the method has many pitfalls and that false positive and false negative reports have been made at times.

Dr. A. E. Rappoport presented the second part of the program with two cases illustrating toxic bone marrow reactions.

The first patient was one in whom a diagnosis of traumatic epilepsy had been made. The epileptiform seizures were difficult to control so that finally the new drug "mesantoin" was prescribed. This worked so well that the patient no longer reported to his physician for follow-up studies, especially white blood counts. Finally when the patient became ill he was admitted to the hospital with a severe agranulocytosis. Bone marrow studies revealed an aplastic anemia. At autopsy in addition to the severe bone marrow depression, it was found that he had a cerebral astrocytoma. Dr. Rappoport emphasized the danger of patients getting away from physicians when they are taking drugs which may have an untoward effect on the bone marrow.

The second case was a man who was admitted to the hospital because of jaundice of unknown etiology. Laboratory work-up finally revealed severe bone marrow depression consistent with an aplastic anemia. After the patient expired an intensive search brought to light the history of the patient doing a lot of painting and using a new paint solvent to clean his hands. This paint solvent was obtained and injected into rabbits in varying doses. It was extremely toxic to most of the rabbits, but one rabbit which survived several days was found to have developed an agranulocytosis and anemia. Dr. Rappoport thought the evidence was highly suggestive that the paint solvent was the cause of the aplastic anemia and death.

Both papers were discussed by several members of the staff.

J. D. Miller, M. D.

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MAHONING VALLEY SURVEY OF EXCEPTIONAL CHILDREN

The International Council for Exceptional Children is a professional organization and a Department of the National Education Association. Its purpose is the promotion of the education and welfare of exceptional children, who are defined as those children who deviate physically or mentally from the normal in sufficient degree to require special instruction and special services.

Its aims and objectives are:

1. To encourage and assist members in the promotion and extension of activities pertaining to the education and welfare of exceptional children.
2. To strive for a better understanding of their problems.
3. To encourage and promote research as a means of understanding these problems.
4. To develop high standards of practice in all phases of work with exceptional children.
5. To encourage coordinated effort on the part of all public and private schools and agencies which may contribute to the betterment and welfare of these children.
6. To promote legislation which contributes to the welfare of all exceptional children.

The monthly Journal of Exceptional Children is its official publication. The Mahoning Valley Chapter is one of 121 chapters of the International Council in the United States and Canada.

Following a panel discussion on the subject, "Community Planning and Coordination towards the Improvement of a Program for Exceptional Children," the Mahoning Valley Chapter undertook a survey of the Mahoning Valley, in order to:

- (a) determine the types and numbers of exceptional children
- (b) care for all
- (c) integrate and coordinate the local program
- (d) evaluate the adequacy of local facilities
- (e) determine the need for additional facilities and if necessary recommend legislation.

A Survey Policy Committee of 17 members has grouped exceptional qualities (defects) into twenty categories from an educational viewpoint:

- | | |
|--------------------------|------------------------------------|
| 1. Cardiac | 11. Slow Learners |
| 2. Totally Blind | 12. Gifted |
| 3. Partially Blind | 13. Reading Disabilities |
| 4. Other Eye Conditions | 14. Nervousness, Behavior Problems |
| 5. Totally Deaf | 15. Malnutrition |
| 6. Partially Deaf | 16. Obesity |
| 7. Speech Defects | 17. Orthopedic |
| 8. Diabetic | 18. Paraplegic, Cerebral Palsy |
| 9. Epileptic | 19. Tuberculous |
| 10. Idiots and Imbeciles | 20. Miscellaneous |

An index card has been prepared for the gathering of information regarding individual exceptional children, which includes the full name,

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address, parents' names, school, date of birth, sex, color and defects. Remarks may be placed on the reverse side of the card. This survey project is also being conducted in the City of Niles in Trumbull County, Ohio.

Physicians are requested to report all such children coming to their attention from birth to the eighteenth birthday. Index report cards will be furnished for this purpose. Your co-operation in reporting these children will be greatly appreciated by the Mahoning Valley Chapter of the International Council for Exceptional Children. Reports should be mailed to the undersigned at 172 Lowell Avenue, Youngstown 5, Ohio (Telephone Number Youngstown 8-3135).

Sidney Franklin, M.D., M.S.P.H.
Chairman Survey Policy Committee

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth Hospital was held on Tuesday, January 3, 1950. The meeting was called to order at 8:30 p. m. by Dr. R. B. Poling, president of staff.

The scientific program consisted of abstracts of currently hospitalized or recently discharged patients within the hospital. Cases were first presented by members of the interne-resident staff and a discussion of each case was then begun by the attending physician. The department from which cases were presented, the nature of the problem, the interne or resident presenting the history and the staff member discussing the case, were as follows:

Dermatology	"Erythema Multiforme Bulosa"	Dr. Caccamo* Dr. Goldstein
Surgery	"Rupture of the Liver"	Dr. Dockry* Dr. Renner
	"Acute Cholecystitis"	Dr. Tomayko* Dr. Phillips Dr. Ranz
Obstetrics-Gynecology	"Pelvic Dystocia"	Dr. Kable* Dr. McDonough
	"Pseudocyesis"	Dr. Munson* Dr. Scarnecchia
Pediatrics	"Sickle Cell Anemia"	Dr. Strutner* Dr. Birch Dr. Collier

* Resident.

In the discussion of the problems presented in the above cases pertinent statistical data were presented by the attending physician.

The secretary read the analysis of hospital service for the month of December. The autopsy average for the month was 43.3%.

Dr. Poling announced the appointment of various committees and added that formal written notification will be made by the secretary.

Dr. H. J. Reese, chairman of the record committee, commended the staff members for their co-operation in the completion of charts. He urged that the few remaining 1949 charts be completed by February 1.

S. W. Ondash, M.D.
Secretary

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YOUNGSTOWN HOSPITAL TO HAVE WOMEN INTERNES

The Youngstown Hospital Association has accepted two women as internes beginning July 1, 1950, according to the list of 18 appointees announced recently by Dr. R. W. Rummell, medical director of the hospital.

The women are Mrs. Lucille B. Glicklich, a senior in the University of Wisconsin Medical School, and Miss Leda Janke, a senior in the University of Kansas Medical School. Mr. Marvin Glicklich, also a senior at Wisconsin and husband of Mrs. Glicklich, will interne with the same group.

Five of the appointees are from Youngstown and surrounding towns. They are Charles W. Giering, Poland, Ohio, Western Reserve University; Donald P. Franks, Youngstown, Jefferson Medical College; James N. Gordon, Minerva, Marquette University; George H. Davis, Sebring, University of Nebraska; and Robert A. Benninger, West Middlesex, Penna., University of Buffalo.

The other 11 interne appointees and the schools they are attending are as follows: Paul W. Murphy, Marquette University; Robert W. Parry, University of Nebraska; Donald S. Reading, University of Iowa; Fred M. Friedman, University of Tennessee; Lydon W. Bing, Baylor University; Howard D. Ruliffson, University of Iowa; Rupert A. Schroeder, University of Nebraska; Roy F. Stratton, University of Iowa; Charles R. Schoel, Jr., University of Iowa; and Eugene G. Zachary, University of Tennessee.

All but four of the 18 are married.

ST. ELIZABETH HOSPITAL 1950 INTERNE-RESIDENT STAFF ANNOUNCED

Appointments to the Interne-Resident staff of St. Elizabeth Hospital for the year 1950-51 have been announced. Additional appointments, however, are still pending. These include residents in medicine, two additional residents in surgery and a resident in anesthesia

SURGERY

Chief Resident: Dr. W. B. Bannister of Imperial, Pennsylvania, a graduate of Pittsburgh Medical School, who served his internship at Mercy Hospital, Pittsburgh. After his military service in the U. S. Army he became a surgical resident at St. Elizabeth Hospital in 1947.

Assistant Chief Resident: Dr. Albert Luchette of Masury, Ohio, a graduate of the University of Louisville, who served his internship at Christ Hospital, Cincinnati, and then became a surgical resident in 1948 at St. Elizabeth Hospital after serving three years with the U. S. Army.

Additional Residents: Dr. Edmund A. Massullo of Youngstown, a graduate of St. Louis University, who interned and later became a surgical resident at St. Elizabeth Hospital.

Dr. Donald Dockry of Painesville, Ohio, a graduate of St. Louis University, who interned and later became a surgical resident at St. Elizabeth Hospital.

OBSTETRICS - GYNECCLCGY

Resident: Dr. Victor T. Cafaro of Pittsburgh, Pennsylvania, a graduate of the University of Pittsburgh, who interned and then became a resident at South Side Hospital, Pittsburgh. He became an obstetrics-gynecology resident at St. Elizabeth Hospital after serving two years with the U. S. Army.

Resident: Dr. Warren T. Kable, Jr. of Pittsburgh, Pennsylvania, a graduate of the University of Pittsburgh, who interned at Pittsburgh Medical Center,

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served as obstetrical-gynecological resident at MaGee Hospital, Pittsburgh, served two years with the U. S. Army and in 1949 he became an obstetrical-gynecological resident at St. Elizabeth Hospital.

Resident: Dr. Robert Bruchs of Wautoma, Wisconsin, a graduate of Marquette University, who interned at Jersey City Medical Center and after two years service in the U. S. Army served first as surgical resident then as obstetrical-gynecological resident at St. Elizabeth Hospital.

INTERNES

Resident: James R. Sofranec, Youngstown, Ohio, a candidate for graduation from Loyola University in June 1950; Henry L. Shorr, Youngstown, Ohio, a candidate for graduation from Western Reserve University in June 1950; Lewis J. Gasser, Youngstown, Ohio, Carroll J. LaVielle, Cleveland, Ohio, and James Rhyf Williams, Niles, Ohio, all candidates for graduation from St. Louis University in June 1950.

Official announcement of remaining appointees will soon be released.

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, January 9, 1950. The following doctors were present: G. G. Nelson, J. N. McCann, F. S. Coombs, G. M. McKelvey, E. J. Wenaas, W. M. Skipp, C. A. Gustafson, J. C. Vance, G. E. DeCicco, L. H. Getty and I. C. Smith.

Council reviewed the Financial Report submitted by Mr. Wm. Fisher, Auditor, for the fiscal year ending November 30, 1949. He called attention to bonds being due for redemption in the amount of \$8,000.

A motion was made seconded and duly passed to accept Mr. Fisher's report and the Treasurer was instructed to re-invest the full amount received from the sale of said bonds in F bonds.

The Secretary read a communication from Dr. P. B. H. Smith in which he stated he wished to become an honorary member.

A motion was made seconded and duly passed to accept Dr. Smith's application for Honorary Membership and to present it at the next regular meeting of the membership for approval.

G. E. De Cicco, M. D.
Secretary

NORTH UNIT GETS ADDITION

Possibly you have noticed the number of workmen about the first floor corridor at the North Side Unit in the last six weeks. A small addition was added to the first floor by bricking up the area connecting the maternity wing with the front wing. This new space is being used for the office of the assistant directress of nurses.

Since the X-ray department required enlarged facilities, it was necessary to find more room for the Nursing School office. A room formerly used by the Nursing School for an office on the front side of the first floor was given over to X-ray in as much as the room has been lead-lined in the original construction of the building.

The X-ray department installed two new dressing rooms off its own corridor and recently had new radiographic equipment installed in the newly acquired space.

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DISCHARGE ANALYSIS OF ST. ELIZABETH'S HOSPITAL SERVICE — 1949

Statistics included in the annual discharge analysis of hospital service at St. Elizabeth's Hospital for 1949 represent a decrease in bed occupancy per patient and hospital bed occupancy per day as compared to 1948.

Significant features of the report include a total of 15,210 patients discharged during the year with a total patient day service of 120,477. The average number of patients per day for 1949 was 330.1 as compared to 348.9; a bed occupancy per patient of 7.9 as compared to 8.1 in 1948. Bed occupancy was 86.5% as compared to 92.7% in 1948. The total number of patients treated in the hospital in 1949 was 15,493, representing little change from the previous year. In the Obstetrical Department 2,495 patients were delivered and 2,527 babies were born.

There was a definite increase in visits in the Out-Patient Department with 12,332 visits registered. In the Emergency Department 5,614 patients were treated.

In the Surgical Department 5,863 procedures of which 2,776 were major and 3,087 minor, were performed; 5,735 various types of anaesthesia was administered in the Department of Anaesthesia.

A total of 122,827 procedures were performed in the Clinical-Pathological Laboratory; bacterial-serological and chemistry examinations numbered 117,290 and tissues 5,307. The autopsy average for the year was 38%. In the Physiotherapy Department 15,053 varied treatments were given. These were administered to 9,336 patients.

YOUNGSTOWN HOSPITAL ANNUAL REPORT

The Youngstown Hospital Association in the North and South Side Units treated 24,524 in-patients during the year 1949 according to the annual report of Mr. D. A. Endres, superintendent.

The number of emergency cases at both units was 15,353, with 14,906 being at the South Side Unit.

There were 3,687 babies delivered in both units and only 774 deaths. The latter represents 3.1 per cent of the total number of patients treated in both hospitals.

The total number of days of patient occupancy was 111,838 for the North Side and 97,740 for the South Side. The average stay per patient was eight days at the North Unit and 10 days at the South Unit. The greatest number of patients in the two units on any one day was 692 and the lowest number 387.

There were 4,929 operations and 2,092 transfusions given at North Side and 4,041 operations and 2,065 transfusions at the South Unit.

The report further shows that there were 6,279 medical patients in the two units, 10,316 surgical, and 3,728 obstetrical cases.

There was a total of 295 autopsies in the two units for a percentage of 38. The laboratories of the two units performed a total of 227,099 tests.

The X-ray departments of the two units made X-ray examination of 21,596 patients, including out-patients. The same departments gave a total of 9,883 X-ray treatments to 1,153 patients.



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T.B. SANATORIUM ANNUAL REPORT

Two hundred ten patients were admitted to the Mahoning Tuberculosis Sanatorium during 1949, according to the annual report of Dr. William Newcomer, medical superintendent.

Of this number of admissions, 177 patients had pulmonary tuberculosis and 33 patients had other types of tuberculosis or were admitted for study to determine if they had the disease. Of the cases with pulmonary involvement 113 had far advanced disease, 13 had minimal disease, and 49 moderately advanced tuberculosis.

There were 48 patients who died and of this number 31 autopsies were performed for an autopsy percentage of 64.

There were 54 major thoracic surgical operations, including 11 pneumonectomies and 12 lobectomies, while of the 270 minor surgical operations 211 were bronchoscopies.

The clinical laboratory performed 30,554 tests and the X-ray department took 3,731 films. This latter figure includes 709 films taken at regular intervals of three to six months on all employees and volunteer workers.

Dr. Newcomer's report also included the downtown branch in the Dollar Bank building where 82 active cases of tuberculosis were discovered from 9,067 70 mm. X-ray films. From the same group of films 344 types of other abnormalities were reported. During the clinic hours, Tuesday and Friday afternoons and Thursday mornings, 784 pneumothorax or pneumoperitoneum treatments were given. Clinical examination of 673 patients was performed.

G. P.'s PLAN COURSE

The first regular 1950 meeting of the Mahoning County Chapter of the American Academy of General Practice was held January 10, 1950 at the South Side Hospital Nurses Home when an excellent paper on "Mechanical Backache" was given by Dr. George Phalen of the Cleveland Clinic. About 75 members and guests were present.

Tentative arrangements are being made with Dr. H. K. Hellerstein who is a fellow in cardiology at Western Reserve University, to give a course in cardiology. Last year he gave this course at Cleveland and a number of Youngstown doctors took the course. The course consists of a study of electrocardiography especially for the general practitioner.

The lectures are expected to begin in March or April, with a weekly meeting for 10 weeks on Wednesday or Thursday night. Those interested should get in touch with Dr. J. L. Fisher who is in charge of this program.

D. H. Levy, M. D., Sec'y.

LAY EDUCATION AND SPEAKERS CALENDAR

- | | |
|-------------------|--|
| January 16, 1950: | Dr. Bryan Hutt, Harding School P. T. A. "What You Can Do For Your Child's Health." |
| January 16, 1950: | Dr. V. L. Goodwin, The Parents Study Club of the Princeton and Bennett Schools, "Hearing." |
| January 24, 1950: | Dr. A. Goudsmit, Young Married Group, Poland Presbyterian Church, "Socialized Medicine." |
| February 9, 1950: | Dr. E. J. Reilly, Pennhale P. T. A. "Socialized Medicine." |

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VENEREAL DISEASE CLINIC, REPORT FOR 1949

Number of persons examined during the year	908
Not infected and not admitted	403
Referred to other agencies for other causes than V. D.	22
Admitted for Syphilis	145
Admitted for Gonorrhoea	321
Admitted for Chancroid	1
Admitted for Granuloma Inguinale	1
Under investigation as of Dec. 31, 1949	15

SYPHILIS

No. of cases treated this year	307
Carried over from 1948	162
Admitted this year	145
Primary sero negative	0
Primary sero positive	10
Early, including 17 with secondary lesions	41
Late	35
Neuro	9
Latent	34
Congenital	16
Males admitted	63
Females admitted	82
Discharged as cured or arrested	132
Transferred	29
Delinquent	31
Remaining	110
Died, one of which a suicide	5
Number of blood tests taken	1,734
Positive	856
Negative	878
Number of spinal punctures	19
Positive	3
Negative	16
Number of intravenous injections administered	478
Number of intramuscular injections administered	2,659
Number of chest and eye examinations	201
Number of patients sent to Rapid Treatment Center	56
Number of clinic visits	4,124

GONORRHEA

Number of cases treated this year	343
Carried over from 1948	22
Admitted this year	321
Acute g. c. in males	238
Acute g. c. in females	6
Chronic g. c. in males	4
Chronic g. c. in females	73
Discharged as cured or arrested	166
Transferred	2
*Delinquent	140
Remaining	26
Number of penicillin injections given (not less than 300,000 U. per injection)	549

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Number of cultures for gonorrhea in females, both for diagnosis and tests of cure -----	261
Positive -----	86
Negative -----	175
Number of clinic visits -----	935

Note*: Of the 149 delinquent patients, 145 received penicillin and may be classified as cured, thus making the probable total of cured cases 311.

CHANCROID

Admitted this year -----	1
Discharged as cured -----	1
Number of clinic visits -----	13

GRANULOMA INGUINALE

One patient, a young colored woman, also infected with early syphilis; she was sent to the Rapid Treatment Center; there she received penicillin for her syphilis and streptomycin for her granuloma; when she returned the granuloma had disappeared.

No. of VISITS made by persons NOT INFECTED OR TRANSFERRED to other agencies for other causes than V. D. -----	939
GRAND TOTAL OF CLINIC VISITS -----	6,011

We wish to express our appreciation to the Visiting Nurses' Association for their wonderful co-operation; among other things they were kind enough to give intensive penicillin therapy (10 daily injections of 300,000 U.) to 6 chronically infected females and 1 male who did not respond to routine clinic treatment.

Respectfully submitted,

Henri Schmid, M. D.
and M. E. Hayes, M. D.

Health Department Bulletin

REPORT FOR DECEMBER, 1949

	1949	Male	Female	1948	Male	Female
Deaths Recorded	172	104	68	184	106	78
Births Recorded	618	311	307	730	377	353

CONTAGIOUS DISEASES:

	1949		1948	
	Cases	Deaths	Cases	Deaths
Chicken Pox	49	0	57	0
Measles	32	0	4	0
Mumps	8	0	2	0
Ep. Cerebro Spm. Men.	1	0	0	0
Scarlet Fever	0	0	2	0
Tuberculosis	5	0	8	0
Whooping Cough	18	0	4	1
Gonorrhea	18	0	14	0
Syphilis	32	0	29	0

VENEREAL DISEASES:

New Cases:	Male	Female
Syphilis	4	6
Gonorrhea	16	2
Total Patients	28	
Total Visits to Clinic (Patients)	406	

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

GOVERNMENT'S ARGUMENT WEAK

(Editor's Note—The following is a summary of comments made by Austin Kiplinger at the Chicago Journal of Commerce's Round Table and reprinted in Insurance Economic Surveys, December, 1949).

The campaign for a compulsory health plan is based on some rather flimsy arguments and statistics. President Truman apparently has had this called to his attention, because he has ordered Oscar Ewing, Federal Security Administrator, to make a trip to Europe and learn what he could about such plans.

★ ★ ★

I must confess to begin with, that I am not an enthusiastic partisan of the American Medical Association. I have felt for a long time that the A. M. A. was late in recognizing the need for some sort of pre-payment plans for medical care. But I must also confess that in a careful comparison of A. M. A. versus government arguments on health, the A. M. A. analysis is much sounder.

For example, the Ewing Report asserts that we now have the knowledge to "prevent" 325,000 deaths every year, and it implies that only the negligence and backwardness of the medical profession stand in the way.

Now this is a very interesting thought. We would all like to "prevent" death if we could. But unfortunately, the government is twisting figures in this kind of argument. No one can "prevent" death. The best the medical profession can ever do is to postpone death — give us more years to live.

And this is exactly what the medical profession has been doing. Twenty-five years ago, a newborn child had an average life expectancy of 58 years. Today it has risen to 68 years. In 1933, the rate of maternal deaths in childbirth was 6.2 per thousand. In 1947, just 14 years later, it had fallen to 1.3 per thousand.

Yet in the midst of this great surge of medical progress, we are confronted with a government study which argues that medical care is not "adequate." Of course it is not. It never will be, under any system. We will always want progress beyond what we have. But so far, the evidence is strong that the medical profession is delivering the goods.

On the question of payment for medical service, the government chooses to ignore the fact that on July 1 of this year (1949) 65,000,000 Americans were covered by insurance for hospitalization, 39,000,000 were covered for surgical care, and 15,000,000 for general medical care. All this was done voluntarily.

Now, if more than one-third of the population can be covered by voluntary hospital insurance at a time when the plans are still relatively new, the government has a weak case in arguing that compulsion is the only answer.

NEWS

Dr. Fred G. Schlecht announces the opening of his offices at 2218 Market St. for the practice of general surgery.

Dr. James D. Miller announces the removal of his offices from the Home Savings & Loan Bldg. to 2218 Market Street.

Dr. Paxton Lane Jones announces the opening of his offices at 3100 Market St. for the practice of obstetrics and gynecology.

Dr. Arnoldus Goudsmit announces the opening of his private office for the practice of Internal Medicine at 2218 Market Street.

T. B. STAFF TO PUT ON CLINIC

A clinic on methods of outlining the treatment of the different types of tuberculosis will be presented at the February 28 meeting of the staff of the Mahoning Tuberculosis Sanatorium which will be held in the Auditorium of the Nurses Home of St. Elizabeth Hospital.

Participating in the program will be Dr. William Newcomer, medical director of the Sanatorium, Dr. H. H. Teitlebaum, associate director, and Dr. Joseph P. Keogh, chief of the thoracic surgical service.

On January 24 the staff met in the Nurses Auditorium of the South Side Unit of Youngstown Hospital when Dr. Oscar A. Turner discussed "Tuberculous Lesions of the Central Nervous Systems." Dr. Turner illustrated his talk with colored lantern slides of tuberculous meningitis. He discussed the pathogenesis of tuberculous lesions of the central nervous system and then outlined methods of diagnosis and treatment.

FROM THE BULLETIN

By J. L. Fisher, M. D.

15 YEARS AGO

In January 1935 Claude Norris wrote as follows: "Our Society exists and deserves your support for three purposes: Education, Fellowship and Mutual Protection. Of these, Education and Fellowship should rate 75 percent. They really fuse and become inseparable in practice, for in the one we find the other. As for Mutual Protection, those who regard that as unimportant I fear are to be sadly disillusioned . . . This is to be a critical year for medicine . . . Propaganda for violent changes in medical practice is powerfully financed and amazingly active. In co-operation with our State and National Associations we must do our part."

Dr. A. E. Brant proposed an amendment providing for balloting by mail for Council and Officers of the Society.

Dr. Smeltzer asked for medical support for legislation to sterilize mental defectives.

Dr. Gordon Nelson was up and around again after an illness. Drs. Zeve and Kocialek had appendix operations.

10 YEARS AGO

Dr. R. B. Poling was President and he announced a noon-day luncheon meeting of all committee chairmen the second Thursday of every month.

Dr. W. C. Autenreith was elected President of the Youngstown Shrine Club.

Dr. J. Kupec and Matilda Gaydos were married on January 1st. Dr. M. Conti and Virginia Corak were married 4 days before.

Health Minister Bevan is aghast at one angle of the national health scheme (in Britain) that he administers. He told a college audience: "Now that we have got the national health service based on free prescriptions, I shudder to think of the ceaseless cascade of medicine which is pouring down British throats at the present time. I wish I could believe that its efficacy was equal to the credulity with which it is being swallowed."

—Chicago Daily News

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Ascorbic Acid	50.0 mg.
Thiamine	1.0 mg.
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Niacinamide	5.0 mg.

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Each 0.6 cc. supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50 mg.

CE-VI-SOL

Each 0.5 cc. supplies:

Ascorbic Acid	50 mg.
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