



The invariable mark of wisdom is
to see the miraculous in the com-
mon.

—Emerson

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XX No. 8
AUGUST • 1950

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MEDICAL CALENDAR

1st Tuesday	Monthly Staff Meeting, Youngstown Hospital, Auditorium—Nurses' Home
8:30 p. m.	Monthly Staff Meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital, Auditorium—Nurses' Home
8:30 p. m.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Elks Club, 220 W. Boardman St.
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 Tuesday 3:30 p. m.	X-ray Conference, South Side Unit, Youngstown Hospital
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Clinical-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinical-Pathological Conference, Auditorium Nurses' Home, South Side Unit Youngstown Hospital
Every Friday 2:00 p. m.	Conference—X-ray Dept., St. Elizabeth's Hospital
11:00 a. m. Alt. Saturdays	Obstetrical Section—North Side Unit of Youngstown Hospital

PRESIDENT'S PAGE



Early this month the House voted on the House Resolution No. 647, which opposed the approval of Reorganization Plan No. 27. This plan sought to create the Department of Health, Education and Security. There were 320 members present at a roll call preceding the voting; of these, 249 approved and 71 voted against the Resolution.

This was an overwhelming victory indicating at long last the people at grass roots level are beginning to think for themselves. They are not swayed by the golden promises held out to them by the oratory of the politicians.

We can be grateful to the great number of teachers who expressed their opinion in favor of the Resolution opposing the Reorganization Plan. Now let us express our gratitude to these legislators by writing to them. We should also show our appreciation to the many patients who have written in our behalf, and I know that there have been a great many of them. In this way we can show each patient that he is a friend, and not just a number as he would be under government controlled medicine.

Gordon G. Nelson, M.D.
President

BULLETIN of the Mahoning County Medical Society

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**VOLUME 20****AUGUST, 1950****NUMBER 8**

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

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W. J. Tims**WHY WE SHOULD PRESERVE THE VOLUNTARY SYSTEM OF
MEDICAL CARE IN THE UNITED STATES***By Donald F. Rendinell***(THIRD PRIZE WINNING ESSAY)**

Federal, state, and city government in this country has been assisting medicine in innumerable ways: by financial grants to research projects, by building and maintaining city and county charitable institutions, by handling public health problems and controlling the purity of medicines and foods. No one wants these and many other forms of government assistance to the country's medical problem curtailed. These are governmental functions because they concern the problems of society as a whole.

A disease in a human being, however, is a personal and individual problem. It is intricately tied up with his social, economic and personal life. It is not a test tube problem adaptable to mass solution. Good medical care depends on the degree to which this personal problem is individually met; thus the patient-doctor relationship must remain an intimate one. Haste and mass treatment are inherent in any program of compulsory medical insurance. Haste and mass treatment would certainly eliminate the present tradition of painstaking diagnosis and careful treatment. As a patient under a system of compulsory insurance you would find your medical problems no longer a matter of individual concern; as a sincere physician you would be forced to practice medicine contrary to the principles of thoroughness that you had been taught. The whole medical picture would be snarled in mountains of paper work from newly established governmental bureaus. A wall between patient and doctor would arise.

Voluntary insurance programs are protecting additional millions of wage earners against heavy hospital and medical expenses every year. Voluntary insurance cannot provide full protection against the cost of highly specialized treatment or chronic illness. To attain full security against any other catastrophe in life is equally impossible. If we try to legislate full

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1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:613, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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medical protection, we can only get wholly inadequate protection. Even if compulsory medical insurance were financially feasible, it would remain undesirable because it cannot provide effective medical treatment.

Good medical care for the individual must be our only concern. An individual's state of health is a problem that reaches deeply into every facet of his life. Any attempt at a mass solution of this problem will result in the neglect of its personal and most important component.

ANNUAL REPORT OF RECEIVING HOSPITAL

A total of 3,861 patients have been admitted to the Youngstown Receiving Hospital since it was opened in November, 1945, the annual report of Dr. Eugene F. Elder, superintendent, ending July 1, 1950 shows. Of this number 892 were treated within the last 12 months.

During the past fiscal year 515 patients were admitted from Mahoning County, while Trumbull County had the next highest with 208. Besides these two counties, Ashtabula, Carroll, Columbiana, Harrison, Jefferson, and Portage Counties refer patients.

There were 630 patients discharged as improved during the last year, the report shows, while 115 were sent to the Massillon State Hospital for long term care. There were 11 deaths and three autopsies were performed.

Among the methods of treatment, 314 in-patients received electric shock, 145 received insulin shock, and 73 were given alcoholic conditioned reflex treatments. Of 28 transorbital lobotomies performed between December 10, 1948 and March 14, 1950, 12 were considered to give a good result, six fair, and 10 unimproved.

In the out-patient department 103 patients were given electric shock, 12 insulin shock, and 22 alcoholic conditioned reflex treatments. A number of out-patients also were given narco-synthesis.

Each patient admitted to the hospital was given a chest X-Ray, blood counts, serology, and urinalysis.

The total patient days was 29,280 and the average stay per patient was 32 days. The cost per capita per day was \$8.43 which the report shows was broken down into professional care \$4.61, and board and medicines, etc., \$3.82.

The staff of the hospital consists of three full-time psychiatrists, one part-time physician, 17 graduate nurses, 19 attendants, three social workers, and three psychologists (one of whom is a half-time psychological interne).

Dr. Elder, in the report, recommends the employment of an additional social service worker for follow-up home care, and the establishment of a department of occupational therapy.

He also points out that the contemplated 120-bed addition is sorely needed to handle the number of patients requiring admission.

Dr. Elder thanks the members of the Mahoning County Medical Society who have acted as consultants at the Receiving Hospital as well as members of the Mahoning County Medical Auxiliary who contributed time as volunteer workers.

The report also expresses appreciation to Dr. Calvin L. Baker, Ohio State Commissioner of Mental Hygiene, for the co-operation given the hospital.



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FOUNDATION MAKES FIRST GRANTS

Simultaneous with the collection of its first money the Mahoning Medical Service Foundation made the announcement of its first awards in the form of six regular nurses' scholarships and two scholarships for nurses taking the combined five-year program at Youngstown College.

The County Commissioners made payment of \$1,800 in July for medical service rendered early in 1950 by members of the Society in both local hospitals. The Directors of the Medical Service Foundation at a meeting in the Youngstown Club July 28 voted to approve the scholarships which will be evenly divided in both categories between the Nursing Schools of St. Elizabeth's and Youngstown Hospital.

The Mahoning Medical Service Foundation is composed of every member of the Mahoning County Medical Society. The Foundation is administered by a board of directors composed of physicians and lay members. The Foundation proposes to make grants for educational, medical and other worthy purposes in the community with the money which it collects from the County Commissioners for the professional care of indigent medical patients in local hospitals.

Dr. E. J. Reilly is president of the board of directors.

ST. ELIZABETH'S HOSPITAL PLANS ADDITION

Plans for an area-wide building fund campaign to provide money for a new 225-bed wing at St. Elizabeth's Hospital were announced by the hospital advisory board of which Charles B. Cushwa, Sr., is president.

Campaign officials have set up the program to reach all areas served by the hospital and a feature will be an opportunity for donors to establish memorials in the new wing. An initial gift campaign will start Nov. 15 with the opening of the general campaign for public subscription on Jan. 16, 1951. Campaign headquarters are at the Hotel Pick-Ohio.

Addition of the 225-bed wing will increase bed capacity to 525. New quarters for major departments are included in plans being completed by architects. The building fund goal depends on final construction estimates. The new wing will run east-west between the present two structures.

Plans for hospital construction at St. Elizabeth's were announced after a careful study of the area hospital situation during the past several months by members of the hospital advisory board which, besides its president Charles B. Cushwa, Sr. includes J. A. Coakley, Jr., Sidney J. Collins, C. B. Cushwa, Jr., Roy J. DePaul, Frank E. Flynn, Nathan B. Folsom, Gerald F. Hammond, Wilfred T. Hanlon, Roy L. Hartzell, John F. Hynes, Sidney, S. Moyer, Edward A. Purnell, Attorney Benjamin F. Roth, Alfred A. Snyder, K. Calvin Sommer, Ambrose J. Wardle Sr., and Attorney H. H. Wickham.

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BILLS PROPOSE FEDERAL MEDICAL SCHOOL

Two bills purporting to establish a United States Medical Academy in an effort to furnish physicians for government services were introduced into the House of Representatives in Washington, D. C. during late July. Both were referred to the Committee on Interstate and Foreign Commerce.

H. R. 9156 was introduced by Mr. Anthony Cavalcante of Pennsylvania. The Washington office of the A.M.A. Comments on the bill as follows:

"Would establish a United States Medical Academy located in the District of Columbia under the supervision and control of the Secretary of Defense. The school would provide education to medical students who would be required after graduation to serve on active duty in the armed services for a period of 6 years. The Superintendent, who need not be a physician, would be appointed by the President, subject to confirmation by the Senate. Instructors and other school personnel would be prescribed by the Secretary of Defense. Their pay and rank would conform to those in effect at the Military Academies. Secretary of Defense also would prescribe course of instruction and training.

"Five members from each the Senate and House Armed Services Committees would serve as a Board of Visitors. Students' pay and allowances would be the same as those in effect at the Military Academies. The number of candidates would not exceed 2,304 and would be selected as follows: 150 to be appointed by the President, 10 by the Vice President, and the remainder to be apportioned among Congressmen in the manner as provided in the case of the Military and Navy Academies.

"Pre-medical education would be required of all candidates under regulations prescribed by the Secretary of Defense. Graduates would be required to serve their internships in Armed Forces hospitals and upon completion may be assigned to duty with the Armed Forces or to duty in hospitals under the jurisdiction of the Veterans' Administration."

COURSE TO BE APPROVED BY A. M. A.

The second bill H.R. 9157 was introduced by Mr. Louis Heller of New York. It, too, was referred to the Committee on Interstate and Foreign Commerce. The A.M.A.'s Washington office comments on it as follows:

"Would create a medical training school for the armed services and the Public Health Service to be known as United States Medical Academy. Location of the school would be selected by the President upon recommendation of the Secretary of Defense and the Surgeon General of the Public Health Service.

"Students would consist of 4 from each Congressional District, 4 from each Territory, 6 from the District of Columbia, 4 from Puerto Rico, 2 from the Canal Zone, 8 from each State at Large, and 132 from the United States at large. There would be allowed at the Academy 4 students for each Senator, Representative, Delegate in Congress and Resident Commissioner from Puerto Rico, 6 for the District of Columbia, and 2 to be nominated by the Governor of the Canal Zone.

"Candidates for admission would be from 20 to 25 years of age and graduates of a college or university or possess the qualifications for entrance to a medical school of the State of which they are residents. The course of study would consist of the courses prescribed by the American Medical Association. Upon graduation students would be commissioned in any branch



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of the armed services of the United States or in the Public Health Service or any other Federal service which may require their services. They would be required to serve for at least 5 years unless excused by a certification from the Secretary of Defense or the Surgeon General that there is no further need for their services.

SUPERINTENDENT NOT M. D.

"The Superintendent of the Academy (need not be a physician) would be appointed by the President and confirmed by the Senate for the term of 10 years. The Secretary of Defense and the Surgeon General of the Public Health Service, upon the recommendations of the Superintendent, would jointly fix the number of instructors, the hours of instruction, and the titles by which the several departments of instruction and offices of professor established in the Academy would be known and would fix the compensation of all employees under the provisions of the Classification Act.

"A Board of Visitors would be appointed each year made up as follows: the Chairman of the Committees on Armed Services of the Senate and House; the Chairman of the Committee on Labor and Public Welfare of the Senate; the Chairman of the Committee on Interstate and Foreign Commerce of the House; 2 other members of the Senate to be appointed by the Vice President, at least one of whom is a member of the Appropriations Committee; 2 other members of the House to be appointed by the Speaker, one of whom is a member of the Appropriations Committee; and 5 persons to be appointed by the President, 3 of whom, at least, shall be outstanding in the fields of medicine or medical research.

"The Board would inquire into the curriculum, instruction, physical equipment, fiscal affairs, academic methods, and other matters relating to the Academy. Within 60 days after an annual meeting the Board would submit a written report to the President making recommendations (the Board is purely advisory). The Secretary of Defense and Surgeon General of the Public Health Service would prescribe jointly such rules and regulations for the management and administration of the Academy as they find necessary."

OUTSTANDING SPEAKERS FOR FALL MEETINGS

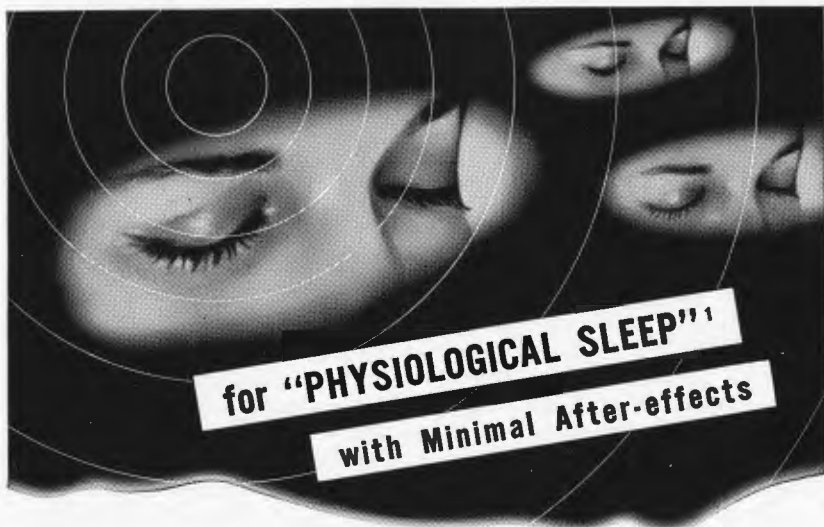
Three outstanding speakers for the fall months have been obtained for the regular meetings of the Mahoning County Medical Society according to a recent announcement of Dr. O. A. Turner, program committee chairman.

Dr. M. A. Blankenhorn, Professor of Medicine in the University of Cincinnati Medical School, who is well known to all the members of the Society because of former visits and his association with Western Reserve University, will be the speaker at the September 19 meeting at 8:30 p. m. in the Elks' Club.

Dr. A. R. Moritz, Professor of Pathology in Western Reserve University Medical School, Cleveland, will come for the October 17 meeting. Dr. Moritz succeeded Dr. Howard T. Karsner last year. Previously Dr. Moritz was professor of legal medicine in Harvard University Medical School.

The third speaker will be Dr. Howard F. Root, a member of the Joslin group in Boston and President of the American Diabetic Society, who will come to Youngstown for a meeting November 14. The date of this meeting has been moved forward one week so that Dr. Root's appearance will coincide with the national Diabetic Detection Week drive.

The December meeting will feature the annual election of officers.



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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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MEDICAL SCHOOL DEAN ADDRESSES EX-INTERNES

"The general practitioner is here to stay," Dr. Melvin A. Casberg, Dean of the St. Louis University School of Medicine, told over 150 attending the Ex-Interne Reunion of St. Elizabeth Hospital on July 20, 1950.

Dr. Casberg, associate professor of surgery in St. Louis University, as well as its Dean, in speaking on "Current Trends in Medical Education," outlined some of the problems that face medical educators. One of these is the fact that specialization seems to be in vogue and schools of medicine have to forecast what will happen to the practice of medicine in the future. "Men have to be trained to meet such exigencies as will arise five to ten years hence," he said. He emphasized that medical students should have well rounded programs and be equipped to face varied problems and to act as leaders in their communities.

"There isn't any great dearth of doctors but there is improper distribution with shortages in rural areas," he declared. "With the recent advances in medicine, the effectiveness of antibiotics, etc., who knows but that the patient load will be 1 to 2,000 in years to come rather than the 1 to 150 ratio at the present time. The real problem is to bring young doctors to rural areas. The graduation of 50% more doctors would not solve a problem which requires erection of modern hospitals with adequate facilities in rural communities, such as will attract the young physician."

The Dean called attention to the grave problem facing educators in the cost of medical education. He said that each student costs a school two to three times as much as the tuition he pays. "The cost of carrying one student in medical school for a year is \$2,500," Dr. Casberg explained. "Yet the highest tuition that any medical school charges is \$850, or approximately one-third the cost of his education." "Unless private schools are financed in some way, or taken over by the state or municipalities, they cannot continue to function. A subsidy of some type is necessary to keep medical schools alive." He urged that alumni support their schools, particularly when it is evident that they paid only one-third their tuition when they were in school. In that connection he added that schools should show an active interest in their graduates and provide avenues for continued postgraduate education. Like many other schools, St. Louis University, is promoting that end by postgraduate seminars, lectures, etc.

In discussing federal aid to medical education Dr. Casberg stated that "I am not averse to it as long as there are no strings tied. If the Government doesn't attempt to outline what should be taught or who is to be admitted, there is no danger in utilizing federal aid."

In completing a most stimulating discussion, the Dean emphasized the great problem of selecting candidates for medical school in the light of an avalanche of applications. "High grades and fancy letters of recommendation are not the criteria of selection," he emphasized. "Students must be liberally trained, have medical aptitude, and be of a type that will enable them to cope with social, religious and professional responsibilities during their professional career. Physicians and friends should carefully evaluate prospective candidates before giving unqualified recommendation. Admission committees need more data than Johnny is a good boy and should make a good doctor." His outline of the exhaustive measures used to select candidates was of great interest.

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JOHN L. KELLY, M. D.

Diplomate in Psychiatry

RED CROSS TO COLLECT BLOOD

In compliance with a request from Defense Secretary Johnson, Red Cross again will act as collecting agency for whole blood needed by the military services. This action apparently means that Defense Department, which only two months ago announced it had its own blood-collection program under way, will de-emphasize this work.

According to Red Cross officials, Mr. Johnson's decision launches that organization on a difficult, complicated nationwide task, which will require thousands more volunteers and call for heavy expenditures of funds. The work will be far more difficult than in the last war, when emphasis was on blood plasma. Whole blood collection presents a wide range of new problems. Because whole blood may be stored for only limited periods, Red Cross will have to arrange for lists of donors, who are willing to contribute blood immediately as emergencies arise. Furthermore, storage facilities and techniques vary greatly, and a certain degree of standardization will have to be worked out.

Overall direction of the program will come from National Security Resources Board, but Red Cross will be directly responsible for supplying whole blood to the military forces. At this date Red Cross needs more physicians, but its situation is not yet critical. The demand will increase as more mobile units are equipped and put into service and additional centers opened up. — *Capitol Clinics*

PHYSICIANS INCOME SURVEY

Commerce Department officials continue enthusiastic over cooperation on the physicians' income survey. Commerce and AMA's Bureau of Medical Economic Research are jointly conducting the poll. The way returns are coming in, the survey may turn out to be the most accurate professional poll ever conducted. However, there still is the possibility that too many physicians without bookkeepers will neglect to send back the forms, resulting in an excessively high average income figure.

To date almost half of the 100,000 uncoded, short forms (covering one year only) have been returned. About 40 per cent of the 15,000 coded long forms (covering last five years) have been returned, and a slightly higher percentage of the 10,000 coded short forms. No direct appeal will be made to the uncoded group, but follow-up letters will be sent to the others with the objective of getting a return of 70 per cent or better.

The heavy return to date, Commerce Department says, means the survey can be made more useful in several respects. Breakdowns of average incomes now will be possible for about 44 instead of 20 states, as planned, and for 15 or so instead of one or two large cities. However, the unexpected volume of returns probably will mean the survey will not be completed in November as scheduled. — *Capitol Clinics*.

LAY EDUCATION AND SPEAKERS CALENDAR

July 5, 1950: Dr. C. A. Gustafson; Rotary Club: "Defeat Plan No. 27"

July 6, 1950: Dr. W. C. Autenreith; Lions Club: "Defeat Plan No. 27."

SEPTEMBER MEETING

SPEAKER:

DR. MARION A. BLANKENHORN

Professor of Medicine
University of Cincinnati

TIME:

TUESDAY, SEPTEMBER 19, 1950 — 8:30 P. M.

PLACE:

ELKS CLUB, 220 W. Boardman Street

OCTOBER MEETING

DR. ALAN R. MORITZ

Professor of Pathology, Western Reserve University,

will be the speaker

October 17, 1950

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AUGUST

GRADUATE EDUCATION IN THE YOUNGSTOWN HOSPITAL

By A. E. Rappoport, M.D.

Director of Graduate Education

An important function of the modern hospital is the training of young physicians in preparation for entry into general practice or for extended training in one of the specialties. The hospital, therefore, is responsible for the establishment of facilities and a comprehensive organized plan of instruction in the different fields of medicine in order to create a sound background which will further the understanding of what has been learned in Medical School as well as to permit further intellectual and technical development.

Youngstown Hospital Association has a house staff consisting of 18 internes and 25 residents. The following residencies are approved: Medicine, three years; Surgery, four years; Orthopedics, three years (including Children's Orthopedics); Radiology, three years; Anesthesiology, two years; Pathology, four years (two years each in Pathologic Anatomy and Clinical Pathology); and Proctology, two years. In order to furnish the quality of graduate education necessary to comply with the desires of the interne group and with the requirements of the specialty boards and the various colleges, the hospital must take special measures to establish the proper administrative machinery.

Graduate education is the responsibility of a Committee comprising the chiefs of departments having approved residencies, the medical director, the president of the staff, and the superintendent of the hospital. This committee establishes the basic policies and appoints a director of graduate education. It is his responsibility to co-ordinate all of the teaching activities of the various departments and to prepare weekly schedules. He organizes didactic lectures, conferences, radiologic conferences, pathology meetings including gross tissue and microscopy reviews. Each service holds special seminars, literature reviews, and ward rounds in order to promote the study of current research and to keep abreast of all of the developments in the special fields. Many of these activities are for the entire house-staff while others are arranged for the medical or surgical services or for the auxiliary services.

EMPHASIS ON BASIC SCIENCE

Special emphasis is placed upon the study of basic sciences for those residents whose boards require this type of study. For those boards which require full-time participation in the laboratory, medical and surgical residents are rotated through the laboratory and the radiology departments.

In order to establish a sound administrative and professional basis each service has a manual which describes the organization of the service, the members of the staff, the chiefs of the services, and their qualifications, a description of the facilities of the hospital, statistical analyses of admissions according to the various divisions of the services as well as a complete description of the duties of the various members of the house-staff. The interne, the junior, assistant, and senior residents have a complete outline of their responsibilities as well as a description of the manner in which they will execute their duties. These brochures are valuable in order to describe

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the services to prospective interne and resident applicants so that they may know what Youngstown Hospital Association is doing in terms of graduate education.

Because of the inability of private institutions such as the Youngstown Hospital Association to furnish specialized training in some of the pre-clinical basic sciences, arrangements have been consummated with Ohio State University, College of Medicine, to establish a university affiliation whereby a resident of both medical and surgical department will be sent to Columbus for a six months period to work in the medical or surgical departments of the University Hospital, respectively, under the chiefs of those departments. This program has been tailored to meet the specific requirements of the boards. It is a formal assignment which is scheduled and supervised by the responsible members of the faculty of Ohio State University College of Medicine. This university affiliation represents a pilot program for the development of inter-city medical collaboration and represents a new approach to the problem of university affiliation and differs materially from programs already established at the University of Pennsylvania and University of Michigan. It does not consist of a didactic lecture training experience but insures that the affiliated resident enters into the medical and intellectual life of the university center rather than sit on the sidelines as a spectator. While this program is now in its infancy, we, at Youngstown Hospital Association, have already sent a surgical resident to Columbus, and further information concerning the value of this program will be made available after completion of his term of duty.

All residents are appointed from the interne group and outsiders are not appointed unless internes have indicated that they do not desire a residency. The residency is not pyramidal, thus insuring that the resident can look forward to the entire period of training contingent, of course, on satisfactory work.

In order to encourage bed-side instruction, services at Youngstown Hospital Association are organized according to visiting staff members, rather than according to floors. By this means, intimate association between interne and attending physician is made possible. The attending physician, knowing who his interne is, can call the latter when sending patients to the hospital and discuss the case. When making rounds, the attending physician calls the interne upon signing in. This insures that rounds are made together; at which time the attending physician can check on the intern's work, discuss the basic science problems concerned, and instruct the intern in diagnostic and therapeutic aspects of the case.

The entire staff at Youngstown Hospital Association feels the responsibility it has assumed and has expressed its desire to establish this institution as a progressive medical center cognizant of its duties to Youngstown and Mahoning County and to the internes who have come to it in search of additional training.

The roster of the house-staff for 1950-51 follows:

The internes are Drs. R. A. Benninger, L. W. Bing, G. H. Davies, D. P. Franks, F. M. Friedman, C. N. Giering, L. B. Glicklich, M. Glicklich, J. N.

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The Medical Residents are Drs. R. A. Brown, J. L. Calvin, J. J. Campolito, D. F. Covert, L. W. Grossman, C. A. Hefner, R. F. G. Holmes, R. L. Jenkins, Jr., and C. E. McParland.

The Surgical Residents are Drs. A. Dow, L. F. Fagnano, W. J. Flynn, P. J. Fuzy, W. G. Hardin, F. K. Inui, W. J. Muesing, R. D. Murray, J. M. Snelling, and I. Zeavin.

The Proctology Resident is Dr. Harry Smith.

The Pathology Residents are Drs. E. L. Abernathy, S. W. Berkheiser, D. J. Cox, and J. R. Gillis.

The Anesthesiology Resident is Dr. P. A. Dobson.

The Radiology Resident is Dr. E. E. Brant.

NEW PRACTITIONERS

Dr. William E. Sovik has announced the opening of his offices for the practice of ophthalmology at 203 Mahoning Bank Bldg. Dr. Sovik's formal training consisted of a basic course in ophthalmology, a course in ocular pathology at the Army Institute of Pathology and a residency at the Cincinnati General Hospital.

Dr. Sam A. Lerro has announced the opening of his offices for the practice of general surgery at 3714 Market St. Dr. Lerro, a graduate of Western Reserve University in 1941, served with the Army Medical Corps, had four years training in surgery at Lakeside Hospital, and has just completed one year as senior surgical resident in the Youngstown Hospital.

Dr. Edward H. Jones, Jr. has joined his father Dr. E. Henry Jones in the practice of Dermatology at 3718 Market St. Dr. Jones Jr. has just completed a residency in Dermatology in Cleveland under Dr. H. N. Cole.

Dr. D. E. Beynon has become associated with Dr. Brack M. Bowman in the practice of Urology in the Home Saving & Loan Building. Dr. Beynon interned in the Youngstown Hospital before the war, served with the armed forces, and just completed three years' residency in Urology in Detroit.

YOUNGSTOWN HOSPITAL EX-INTERNES REUNION

The Ex-Interne's Reunion of the Youngstown Hospital was held Thursday, June 29, 1950, with a program of scientific papers in the morning session in the auditorium of the Stambaugh Nurses' Home, followed by lunch at the Hospital, and a recreational program and dinner at Millikin's Farm later in the day.

Essaysists at the morning session were Drs. W. B. Hardin, H. E. Hathhorn, and A. J. Fisher, Dr. R. R. Morrall, chairman of the staff committee on the proposed remodeling of the South Side Unit, outlined the present stage of the plans and presented blue-prints and a model of the proposed new buildings.

Dr. John Heberding, presided at the meetings. At the business session during the evening, Dr. F. J. Bierkamp was elected president for the next year.

Dr. P. J. Keogh was program chairman for the day, while Dr. James D. Miller served as social chairman.

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RECENT CONCEPTS OF RHEUMATIC FEVER

by

Donn F. Covert, M.D.

Rheumatic fever has been placed in the group of diseases of the collagen system. The collagen system consists of fiber-forming connective tissues of the body composed of cells and intercellular substance, the latter consisting of fibers and a homogeneous ground substance. These tissues have a mechanical function. They assist in water and salt balance. They are involved in the transfer of metabolites. These tissues provide a framework for the specialized parenchymatous cells and are thus present in all organs, where they may form distinctive masses such as heart valves. Any abnormality of these structures will then be reflected directly by the function of the organ itself.

Down through the years as the various collagen diseases have been described, it has been noted that they all have a common aspect, that of involvement of the collagen system. Disseminated lupus erythematosus was shown to consist of a striking alteration of collagen tissue of the pericardium and myocardium. A fibrinoid transformation of the fibers and swelling of the ground substance was also demonstrated in this disease in the blood vessels, serous membranes, joint capsules, the spleen, lymph nodes, and even the renal glomeruli.

In acute rheumatic fever, fibrinoid collagen changes were present and described microscopically but the specific Aschoff nodules and the absence of renal and splenic lesions demonstrated an anatomical and clinical difference. Periarthritis nodosa with striking eosinophilic leucocytic alteration and prominent localization in the vessel wall again demonstrated a different entity in that disease.

Generalized scleroderma showed a diffuse sclerosing process of connective tissue, but this is again a different clinical entity. It thus seems plausible to suggest that the fibrinoid and sclerosing changes are different phases of a disturbed chemico-physical state of the collagen tissue which has not yet been adequately defined.

ALLERGIC BACKGROUND

Allergy has received much prominent consideration in recent years as the cause of the collagen diseases. In 1942, Rich and Gregory noted the lesions of acute periarthritis nodosa occurring in patients dying of serum sickness and sulfonamide reactions. This started them on a long series of investigations. They used foreign serum in rabbits to produce lesions of hypersensitivity of the anaphylactic type originally demonstrated by the Arthus phenomenon. They first produced typical lesions of periarthritis nodosa in these rabbits and concluded that periarthritis nodosa may be a manifestation of anaphylactic hypersensitivity, but widely different sensitizing antigens can be responsible for the disease in different patients. Shortly afterwards with more extensive examination of these animals, they demonstrated what they felt were lesions typical of the basic histological characteristics which are seen in rheumatic fever. These may be enumerated as:

- a. Lesions of the Aschoff body type.
- b. Inflammatory lesions that healed with scarring.
- c. Minute focal necroses of myocardial fibers.

In other studies they demonstrated that sensitivity to sulfonamide may

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cause widespread vascular lesions as seen in rheumatic fever, disseminated lupus erythematosus, and periarteritis nodosa.

Rich, in one of his original articles, enumerated a number of pertinent circumstances that are consistent with the view that the lesions of rheumatic fever may be results of anaphylactic type of hypersensitivity:

1. The lesions of both are of direct injury to connective tissue.
2. The rheumatic arteritis as described in rheumatic fever is histologically similar to that of periarteritis nodosa.
3. The skin reactions which occur in rheumatic fever are of the anaphylactic type.
4. Purpura may occur in both.
5. The tissue eosinophilia which is well demonstrated in hypersensitivity reactions can be easily demonstrated in rheumatic fever.
6. The clinical aspects of rheumatic fever has many features of the anaphylactic reaction.
7. The focal character of Aschoff bodies is not inconsistent with the reaction due to generalized anaphylactic hypersensitivity.
8. The synovial exudate present in both diseases has been proven to be histochemically similar in both.
9. Transient pareses may occur in both.
10. The salicylates which are so effective in rheumatic fever has been proven to be similarly effective in hypersensitivity reactions.

Thus, it is highly suggestive that the cardiac lesions of rheumatic fever may be the result of hypersensitivity reactions of the anaphylactic type.

HYPERSENSITIVITY VARIES

It must be remembered at this time that there is a marked individual predilection governing the site at which anaphylactoid reactions will produce their effects. In various persons the hypersensitivity reaction may vary from an urticarial reaction to gastro-intestinal upsets and constitutional reactions with fever and arthritis in others. It is possible that this reasoning could be applied to the diseases of the collagen system. In some people the manifestation is that of rheumatic fever and in others it is that of periarteritis nodosa or one of the other diseases of the collagen system.

Masugi has produced typical acute glomerulonephritis by use of specific anti-kidney serum. By use of specific anti-heart serum he has claimed to produce fibrinoid necrosis in rabbit hearts, but he did not describe Aschoff bodies.

Cavelti has run a group of experiments in which he tried to sensitize myocardium and connective tissue by injection of mixtures of emulsions of tissues such as heart, mixed with killed Group A Beta-hemolytic streptococci. By use of the collodion particle technique, he demonstrated formation of auto-antibodies to the antigen. He produced cardiac lesions in a substantial number of animals which were typical of involvement of the collagen system.

Recently, Murphy and Swift produced lesions closely resembling those of rheumatic fever in rabbits following repeated skin infections with Group A streptococci.

From such studies William J. Kerr has suggested that the etiological agent, presumably the hemolytic streptococcus, by injury to, or in combination with, the connective tissue of the body produces auto-antibodies which

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act *in vivo* to bring about lesions in the living animal which may be progressive or reactivated by repeated exposure to the same organism. The analogy carried over into clinical medicine in reference to acute glomerulonephritis and rheumatic fever may present one of the most promising leads that we have.

Klemperer brought out the point that fibrinoid change can be provoked by a variety of factors besides allergy, such as bacterial enzymes which act as collagenases, various female sex hormones, and even simple squeezing of the skin. Thus it must be remembered that fibrinoid change can be caused by other factors than allergy and this fact must be considered in any evaluation of the collagen diseases.

We all know of recent work by Hench and workers with cortisone and ACTH and the marked clinical improvement produced in cases of the various types of diseases which involve the collagen system. The mode of action, however, is still completely obscure. Arnold Rich in continuance of his previous work with rabbits has administered ACTH to rabbits at the same time that he sensitizes them to foreign serum and has protected a significant number of them from development of the typical cardiac lesions. In his published series, 18 out of 20 control rabbits were involved but only 5 out of 20 rabbits were involved which had been protected with adequate dosage of ACTH at the time sensitization.

It can therefore be seen that further experimental work is going on in step with these new discoveries all of which are aimed at the final discovery and clarification of the cause of diseases of the collagen system.

(Editor's Note—The above article is a resume of a talk given by Dr. Covert at one of the Clinical Pathological Conferences at The Youngstown Hospital recently.)

PATHOLOGY DIRECTOR NAMED AT ST. ELIZABETH'S

Dr. John LoCricchio is the newly appointed director of the department of pathology at St. Elizabeth's Hospital, according to an announcement made by Sister M. Adelaide, hospital superintendent. He succeeds the late Dr. William Dean Collier, departmental head since 1936.

A graduate of the University of Michigan School of Medicine in 1931, Dr. LoCricchio interned and had a residency in pathology at Henry Ford Hospital, Detroit, Michigan. After completing his formal training he spent two and one-half years at the Henry Ford Hospital, at Boa Vista, Brazil, then returned to Detroit as assistant pathologist at Ford Hospital. For a time he served as pathologist and director of laboratories at St. Rita's and the Lima Memorial Hospitals at Lima, Ohio. He became widely known in local areas while serving as pathologist and director of laboratories at Buhl Hospital, Sharon, Pa.

Prior to coming to St. Elizabeth's Dr. LoCricchio was director of pathology and laboratory medicine at St. Vincent's Hospital at Bridgeport, Conn. While there he also served as director of the department of medical education.

Dr. LoCricchio received his certification in clinical pathology and pathological anatomy in 1941. He is married to the former Georgia Bacher of Parkersburg, West. Va. They have three children.



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ST. ELIZABETH'S EX-INTERNES HOLD REUNION

Over 150 physicians and guests attended the annual reunion of the Ex-interne Association of St. Elizabeth's Hospital on Thursday, July 20.

Highlighting the day's program was an address on "Current Trends in Medical Education" by Dr. Melvin A. Casberg, dean of the St. Louis University School of Medicine, St. Louis, Missouri. Dr. Casberg was associate professor of surgery at the School before being named its dean. He succeeded Father A. Schwitalla, former head of the Catholic Hospital Association and the only layman recipient of the distinguished service medal of the American Medical Association. Dr. Ondash introduced Dr. Casberg.

Sister M. Adelaide, hospital superintendent, was hostess at a colorful luncheon at the Nursing School.

Dr. J. K. Herald carried off honors for low gross during the golf meet at the Youngstown Country Club after Dr. E. J. Wenass, perennial winner, withdrew his low gross from prize consideration. Drs. L. G. Coe and W. T. Kable were other winners. Door prizes went to Drs. S. J. Tamarkin, C. W. Stertzbach, P. McConnell, E. H. Young and F. Gombrel.

Over one hundred attended the banquet at the Youngstown Country Club at 7 p. m. Dinner music was featured by Michael Ficocelli and his ensemble. A brief talk by Dr. Casberg followed remarks and skits by ex-internes, staff members and guests. Dr. R. V. Clifford was toastmaster.

At a business meeting conducted in morning Dr. Richard V. Clifford was elected president of the association. Other officers elected were Dr. S. W. Ondash, Secretary-Treasurer and Dr. H. J. Reese, corresponding secretary.

Health Department Bulletin

REPORT FOR MAY, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded	168	80	88	181	96	85
Births Recorded	510	251	259	516	265	251

CONTAGIOUS DISEASES:	1950		1949	
	Cases	Deaths	Cases	Deaths
Chicken Pox	38	0	67	0
Measles	56	0	71	0
German Measles	0	0	23	0
Mumps	4	0	8	0
Scarlet Fever	5	0	4	0
Tuberculosis	9	6	5	5
Whooping Cough	15	0	27	0
Gonorrhea	29	0	24	0
Syphilis	27	0	37	0
Oph. Neonatorum	0	0	1	0

VENEREAL DISEASES:		
New Cases:	Male	Female
Syphilis	6	6
Gonorrhea	23	11
Total Patients		29
Total Visits to Clinic (Patients)		322
* Including Sanatorium Deaths		
Total Patients		46
Total Visits to Clinic (Patients)		425

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CLARK HEADS INSURANCE SURVEY

Dr. Dean A. Clark will head the Senate Labor and Public Welfare subcommittee survey of voluntary health insurance plans. Dr. Clark, General Director of Massachusetts General Hospital, was in charge of the New York State Health Insurance Plan for four years. Appointment of a Democrat and a Republican to assist Dr. Clark in the study of the country's national, state and local voluntary plans and their coverage is expected. Under the Senate resolution the committee must report its findings and recommendations to the Senate by February 1, 1951.

FROM THE BULLETIN

By J. L. Fisher, M.D.

FIFTEEN YEARS AGO (AUGUST, 1935)

Drs. Paul Mahar, Raymond Cafaro, Charles Warnock, Samuel Schwebel and Enrico DiLorio became members of the Society.

Dr. W. C. Autenreith returned from the Mayo Clinic and entered the specialty of Proctology. Dr. Fuzy was away at the Mayo Clinic studying the same specialty. Dr. McCann was studying cardiology at the Michael Reese Hospital in Chicago. Dr. Sam Tamarin passed the examination of the American Board of Radiology.

A special business meeting of the Society was held for the purpose of adopting a minimum fee schedule and a policy for the care of the indigent sick. It was a fiery meeting which resulted in a crystallization of the Society's attitude on medical relief. Drs. W. K. Stewart, William Skipp, and Henri Schmid were appointed to see that the wishes of the Society were carried out. What they accomplished is one of the fine chapters in the history of our medical organization.

TEN YEARS AGO (AUGUST, 1940)

Doctors were urged to fill out and send in promptly their Preparedness Questionnaires sent out by the Committee on Medical Preparedness.

The Golf Picnic was held on Wednesday afternoon this year and the attendance was poor. There was considerable talk about going back to Thursday for the doctor's half day.

The Medical Crier inveighed against evening office hours. He advised the doctors to stay away from their offices at night and live to enjoy their grandchildren.

The medical staff of the Tuberculosis Hospital was organized.

Dr. Harry E. Welch died August 12, 1940.

National Cancer Institute has announced grants totaling \$1,160,818, the largest group to be approved in more than a year. Included in the 137 grants are 50 new ones. Largest goes to Johns Hopkins to continue its work on amplification of X-ray fluoroscopic screens.

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Sept. 27, 1950 is the last day for registration in
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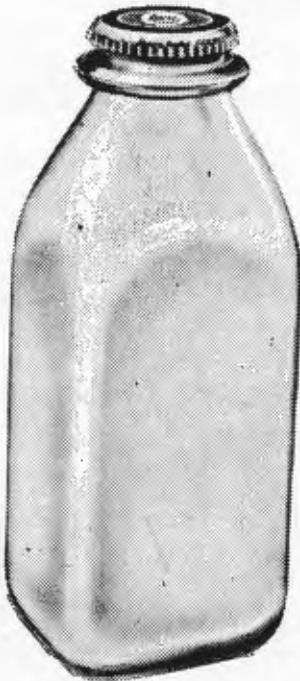
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MILITARY SERVICE

At the time the *Bulletin* went to press there seemed to be every indication that the Armed Services would require a substantial number of physicians in view of the expansion of the Services.

Advices from Washington indicated that in addition to members of the Reserve Corps of the various services the government was making a special effort to contact physicians who received whole or part of their education at government expense and have never been on active duty.

We well remember eight years ago when we were in somewhat of a quandary as to the proper method of offering our services. Consultation with our colleagues of military age was rather furtive and indecisive.

It wasn't until one of the physicians who had served in World War I was consulted that the answer came. It was, "If you're the man I think you are, you'll get in."

No physician likes war. Defense of our country once it has embarked on a program is a vitally important matter. American Medicine has given a good account of itself at home and in the military field. This reputation must be upheld!

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accordance with reason than to be
fortunate irrationally.

—Epicurus

BULLETIN

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Youngstown, Ohio
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