



It is better to be unfortunate in  
accordance with reason than to be  
fortunate irrationally.

—Epicurus

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Youngstown, Ohio  
VOL. XX No. 9  
SEPTEMBER • 1950



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treatment the dosage  
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by 50 per cent."\*

\*Fry, C. O.: J. Am. M. Women's A. 4:51  
(Feb.) 1949

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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. 8:30 p. m.	Monthly Medical Conference, Youngstown Hospital, Auditorium—Nurses' Home 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



In a recent bulletin from the central office of the Ohio State Medical Association, it was reported that approximately 5,225 Ohio State Medical Association members had paid 1950 AMA dues. The present Ohio State Medical Association membership is 7,417; this means that roughly 2,200 Doctors in Ohio have neglected to pay their dues for 1950. In our own County there are about 63 Doctors who have not paid their dues. I would like to emphasize that at the end of the year, all physicians who have not paid their dues will have their names removed from the membership roster of the American Medical Association. In order to get his name restored to the roster the physician will have to pay the 1950 dues in addition to the 1951 dues which also will be \$25.00. I think it would be well to consider seriously the implications involved in this situation.

It is certainly within the realm of possibility that failure to pay the American Medical Association dues will result in forfeiture of membership in the State Association, and this in turn will ultimately result in loss of membership in the County Society. It is well to remember that membership in the County Society is essential to the individual who holds an insurance policy or contemplates buying a policy giving him medical-legal protection. I am sure we agree that the money which has been collected from this added revenue has enabled the American Medical Association to put on a campaign of public enlightenment, which has done a great deal in combating socialization of medicine in this country. I hope that failure to pay the dues on the part of many of our members is due to an oversight. Let us correct this at once.

Gordon G. Nelson, M.D.  
President

# BULLETIN of the Mahoning County Medical Society

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

F. S. COOMBS, *Editor*  
275 W. Federal St.

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## HEART ASSOCIATION PLANS RHEUMATIC FEVER PROGRAM

(Editor's Note: The following letter addressed to Dr. Nelson and read at the September meeting provides a definite step toward the control of Rheumatic Fever.)

303 Wick Bldg., Youngstown, O.  
September 6, 1950

Gordon Nelson, M.D., President  
Mahoning County Medical Society  
Youngstown, Ohio

Dear Doctor Nelson:

The Youngstown Area Heart Association believes that a program of prevention of Rheumatic Fever is now possible. In the May 13 issue of The American Medical Journal, Dr. Rammelkamp, Jr., and others, report:

"Evidence is presented to indicate that Rheumatic Fever can be prevented by the treatment of streptococcus diseases with penicillin."

A statement approved by the American Council on Rheumatic Fever and the American Heart Association recommends the administration of penicillin before dental extractions and removal of tonsils and adenoids in rheumatic individuals or patients with congenital heart or blood-vessel defects, to prevent the possible development of subacute bacterial endocarditis.

In cases of extensive gum infections, or severe infections of the root, it is advisable to give several doses of penicillin, starting the day before operation and continuing one or two days thereafter. Women with rheumatic or congenital heart disease should receive penicillin prophylaxis at the time of delivery. It is also recommended to patients requiring gastro-intestinal surgery.

At this time we wish to explore the possibilities of establishing a Rheumatic Fever Prevention Program in Youngstown. If this is to be a success, it will require the cooperation of the members of the Mahoning County Medi-

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Riboflavin .....	15 mg.
Niacinamide .....	100 mg.
Pyridoxine .....	1 mg.
Calcium Pantothenate .....	10 mg.
Choline Dihydrogen Citrate .....	20 mg.
Inositol .....	20 mg.
Folic Acid .....	0.25 mg.
Liver Extract (secondary) .....	100 mg.
Brewers' Yeast Extract .....	100 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., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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cal Society, the Academy of General Practice, school physicians, school nurses, visiting nurses, interested pediatricians from each hospital, and the city and county Health Officers.

At the present time only a general outline of the proposed plan can be predicted. If, as Dr. Rammelkamp has pointed out, recurrence of Rheumatic Fever and primary attacks can be prevented, a campaign of information for physicians and nurses, and education of parents will be the first step in this program.

In order to bring this new information to all concerned in the program, it is proposed that a letter setting forth the purpose of this effort and the means of accomplishing it be sent to each member of the Medical Society enclosing with the letter a reprint or abstract of Dr. Rammelkamp's article. Physicians will then have available first-hand knowledge of the newer technique.

#### PLAN SCHOOL PROGRAM

At a later date, a program of instruction for school nurses, visiting nurses, and perhaps some of the public and parochial school teachers who are responsible for children through the eighth grade, will be undertaken. Through the medium of newspaper, radio stations and available pamphlets on this subject, the general public will be informed concerning this effort of prevention of Rheumatic Fever which makes up about 35 per cent of the total cases which we see in our Heart Clinics. In a general way, it should be carried out along these lines:

The school nurse, as is now the custom, will send a child home who has a "sore throat". He will carry with him a note *strongly* advising the parents to take the child to their family physician at once. The importance of early treatment of streptococcal infections of this type will be stressed. The following day the parents will be contacted again urging them to see their family physician promptly.

When the child is seen by the physician, the Doctor will be currently informed of the technique proposed by Dr. Rammelkamp for giving Penicillin by mouth or by injection for this particular purpose and will be able to talk intelligently to the parents about this program of prevention. He can emphasize the necessity for more than ordinary care for the child with a "sore throat" so that Rheumatic Fever may be prevented.

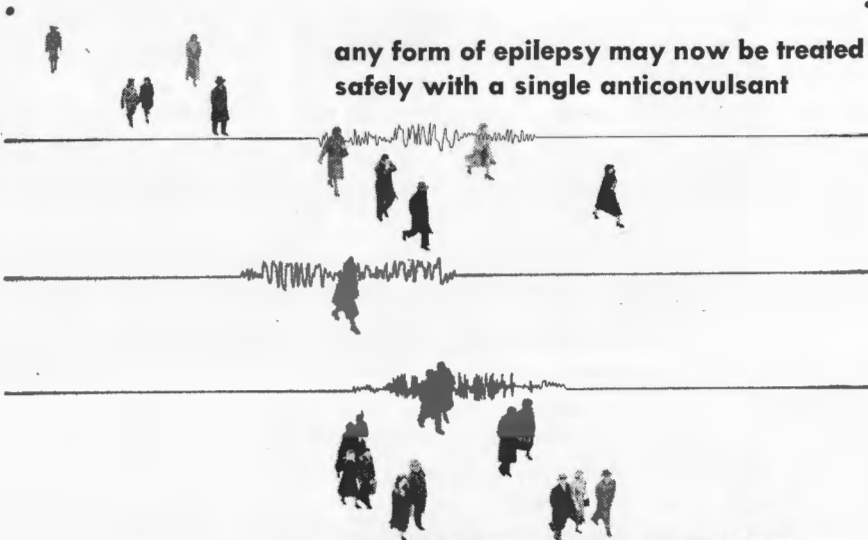
It is suggested that the details of the program be brought to your membership at their first fall meeting if you can find a place on your program for such an announcement. We would appreciate your publishing this letter in "The Bulletin" if you and the Editor approve.

Very truly yours,

W. H. Bunn, M.D., President  
Youngstown Area Heart Association

---

The A. M. A. requested the raise in age for the doctors' draft bill, advocating 55 years so that physicians physically qualified who did not serve in World War II could be drafted.




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## WHY WE SHOULD PRESERVE THE VOLUNTARY SYSTEM OF MEDICAL CARE IN THE UNITED STATES

By George Geordan

*(Honorable Mention Essay)*

Free medicine! This is what the advocates of compulsory health insurance say. Free medicine for everyone! This is very easy to say, but who is going to pay for it? Someone has to furnish the money to pay for the hospitals, doctors, nurses and medicines. These "for" people say that the government will pay for the program. Let us look at this statement carefully. Who is the government? In our United States we like to think that we are the government. We vote for, and are voted for. If we are the government, and we pay for the expenses of our government, that means that we, each individual with a paycheck, will pay for this proposed program.

Just how much will this program cost? The Federal Security Administrator estimates a cost of four billion dollars a year! Eventually, it is calculated, the cost would reach ten or twelve billion dollars a year! These are not small figures!

Dr. George F. Lull, former Deputy Surgeon General of the U. S. Army, and now General Manager of the American Medical Administration, using Veteran Administration figures as a yardstick, estimates a starting figure of eighteen billion dollars a year, with rapid increases mounting to an expected ten percent tax on each individual American paycheck. Is this what the "for" gentlemen so easily call "free medicine"? If so, let us look at experience. Figures are available on Britain's New Health Service Plan which began on July of 1948. This plan went into the red the staggering figure of 234 million dollars during its first nine months of operation. The cost of the first year was one billion dollars instead of the original estimate of 620 million dollars. Can the British afford this program? Can we afford such a program?

There are other things to notice besides the staggering cost. Experience in other countries has demonstrated that political medicine would be low quality medicine sold at a tremendously high price to the taxpayer. It would invade individual privacy and destroy a sacred personal relationship between doctor and patient. It would mean government intervention and meddling in medical institutions operated by religious groups and other private organizations. It would mean that millions of veterans already entitled to free care would have to pay. It would destroy our system of voluntary health insurance. It is also thought that it would lead to the socialization of our whole economy.

Mr. Palmer, a British journalist and author, reports that socialization of medicine in England has ruined the relationship of privacy that has always existed between doctor and patient. Case histories of patients must be turned in to local boards with the result that in the smaller communities, particularly, the nature of individual illness becomes public knowledge. According to a recent article, the gossip which results from this situation in England is bitterly resented by patients, who are helpless to do anything

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about it. They accepted political medicine. No Government in history, once given that power, ever has relinquished its hold over doctors and their patients.

Figures prove that the American people are the healthiest in the world. This is wonderful, but it does not mean that we shall not strive to improve our present system of voluntary medical care.

Let us look at the troubles other countries have had and are having with compulsory health insurance. Let us not accept secondary medical care!

Politics are not wanted in medicine in the form of compulsory health insurance! Let's keep them out!

---

### DR. NEWCOMER RESIGNS

The resignation of Dr. William Newcomer as medical director and superintendent of the Mahoning Tuberculosis Sanatorium was accepted August 9 by the trustees of the Sanatorium.

Dr. Newcomer had planned not to ask for renewal of his contract when it expired November 30, 1950, but resigned when other trained personnel also resigned after disagreement with the board of trustees.

Dr. Newcomer had previously served in the Public Health Service and the Veterans Administration in Tuberculosis work. He entered upon his duties at the Sanatorium December 1, 1947 and during his regime the institution became accredited for the training of physicians in tuberculosis and the training of student nurses.

Dr. Newcomer received his M. D. degree from the Medical College of Virginia, served in the Navy during World War II, was a Fellow of the American College of Chest Physicians and a member of the American Trudeau Society. He was responsible for bringing several outstanding speakers in tuberculosis work to talk at dinner meetings of the staff at the Sanatorium.

Dr. Harold H. Teitelbaum, associate medical director, has been appointed acting medical director.

---

### ACADEMY OF GENERAL PRACTICE

The Youngstown Chapter of the Ohio State Academy of General Practice opened its fall program with a meeting on September 12 at the lecture room of the South Side Unit.

The scientific program was given by Dr. F. S. Coombs and Dr. Arnouldus Goudschmidt who discussed "The Action and Uses of ACTH and Cortisone."

Dr. E. J. Reilly is president of the Chapter. General practitioners desiring to join the Academy may obtain applications from Dr. H. A. Mathay.

---

Congresswoman Helen G. Douglas, of California, has introduced a bill to authorized research and experimentation on health hazards of atmospheric pollution and to develop methods of preventing atmospheric pollution.



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## ST. ELIZABETH'S HOSPITAL STAFF MEETING

Featuring the scientific program of the regular monthly staff meeting held on August 1, 1950 was the presentation of the following cases recently hospitalized at St. Elizabeth Hospital.

Dr. Bruchs, assistant resident on the obstetrics-gynecology service, narrated the case history of a young para two gravid one who was admitted for termination of pregnancy by low caesarean section. The case presented a borderline dystocia which had resulted in a difficult forceps delivery of the first baby. The patient developed a post partum psychosis which cleared up only to re-appear during the height of the second pregnancy. The patient made an uneventful recovery after elective low caesarean section. Dr. McDonough, in his discussion of the case, called attention to the management of borderline dystocias and the incidence of psychiatric states complicating pregnancy. General discussion included consideration of birth injuries and spastic states as associated with difficult delivery.

A combined medical-surgical symposium on jaundice was held after narration of a case history of a patient with obstructive jaundice, by Dr. Dockry, a surgical resident. Medical participants were Doctors Shensa and Shorr who discussed differential diagnosis of jaundice and evaluated various laboratory procedures of value in diagnosis. Dr. Kupec discussed operative findings of the case under discussion and then elaborated on the surgical problems presented by the jaundiced patient. Dr. LaCricchio discussed the pathology and Dr. Saul Tamarin reviewed the roentgenological studies of the case. General discussion followed and particular attention was directed to problems encountered in the management of jaundice.

The secretary gave the monthly analysis of hospital service for July, significant features being an autopsy average of 36.7% bed occupancy of 85.2% and an average length of stay per patient of 6.8 days.

The staff passed a resolution commending the Ex-Interne Association for the great success achieved in the conduct of its annual reunion held on July 20, 1950. Dr. Melvin A. Casberg, Dean of St. Louis University School of Medicine, was the guest speaker.

Dr. Poling commended Doctors J. J. McDonough and A. K. Phillips who, with Dr. Bax, surgical resident, arranged for letters to Representatives in Congress by each member of the entire staff and interne-resident group asking for a defeat of Re-Organization Plan 27.

Stephen W. Ondash, M.D.  
Secretary

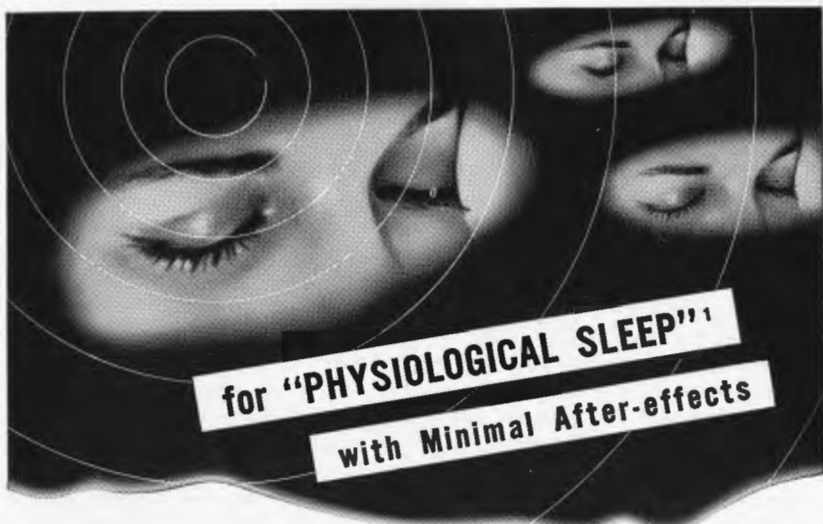
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## NEW PRACTITIONERS

Dr. Patrick Cestone has announced the opening of his offices for the practice of general surgery at the Central Tower Building. Dr. Cestone, a graduate of St. Louis University School of Medicine, interned and served as surgical resident at St. Elizabeth's Hospital, served in the Medical Corps of the U. S. Army and then completed his former surgical training at Poly Clinic Hospital, New York City.

Dr. H. Bryan Hutt announces the association of Dr. Kenneth J. Hovanic in the practice of pediatrics.

Dr. J. L. Scarnecchia announces the association of Dr. Hugo B. Munson in the practice of obstetrics and gynecology. Dr. Munson has recently completed his residency at St. Elizabeth's Hospital in this field.



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<sup>1</sup>N.N.R., 1947, p.398.

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

Available in 8 fluidounce bottles. Adult Dose: As a sedative:  $\frac{1}{2}$  to 1 teaspoonful with water, every 3 or 4 hours or as directed. As a hypnotic, 1 to 2 teaspoonfuls or more with water at bedtime, or as directed.

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## POLITICIANS HAVE NEW PAMPHLET

Campaigners for national health insurance now have new ammunition. The latest propaganda effort from Democratic National Committee is a detailed handbook for party workers, designed to supplement a smaller, mass-appeal pamphlet already circulating in the hundreds of thousands.

The first pamphlet, "Better Medical Care That You Can Afford," is a smartly-edited, overly-simplified three-color job, which undertakes with a few words and numerous drawings to sell the general public on the advantages of compulsory national health insurance. As predicted (*Capitol Clinic* No. 17) it is enjoying wide circulation, mostly as a result of bulk-quantity purchase by labor unions and other organizations and direct mailing by the National Committee.

The latest booklet is pitched to a different population level. It dips a little deeper into the subject, and supplies adequate material for speeches, radio talks, group discussions, etc. This second pamphlet is entitled "Administration Health Program, a Training Kit for Leaders." Although the material consists mostly of the familiar mixtures of information and propaganda, it is well-arranged to simplify the job of the party worker. The 80 pages are broken up by sections, headings and bold face type, and an index, resume and cross-reference system are provided.

At the outset, the worker is told, "The handbook need not be read consecutively, as each section is self-contained for the reader's convenience." Chapters are entitled *Our Nation's Health, Presenting National Health Insurance, Voluntary Plans—Too Little—Too Late—Too Costly, Reports from Abroad, What You Should Know About the Medical Lobby and More About Political Substitutes.*

The section on lobbying is a 17-page attack on American Medical Association, usually referred to as Organized Medicine. Included are 36 questions, such as "Is It True That America Has 'Low Grade' Health Care?" Answers to each are printed in parallel columns under the headings "Lobbyists Say" and "The Truth Is."

A ready guide for speakers is provided in the last chapter. This consists of liberal quotations from various messages and speeches of the President, a statement by FSA Administrator Oscar Ewing and advice on how best to appeal to special population groups, such as housewives, farmers, industrial workers, Negroes, businessmen. One section tells party workers what arguments to use when they attempt to convince doctors that national health insurance would be to their advantage. —*Capitol Clinics.*

---

## MEDICAL-DENTAL BUREAU OFFICERS

The following officers were elected by the members of the Medical Dental Bureau, Inc. at the annual meeting August 3, 1950: W. H. Hayden, D. D. S., president C. A. Gustafson, M. D., vice-president; G. E. DeCicco, M. D., secretary; M. W. Neidus, M. D., treasurer; and R. A. Hall, M. D., assistant treasurer.

The officers and the following comprise the board of directors: G. M. McKelvey, M. D.; E. C. Brown, D. D. S.; H. E. Kerr, D. D. S.; V. L. Goodwin, M. D.; Mr. Carl W. Wolter, representative of the Credit Bureau of Youngstown; and Mary B. Herald, executive director.



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## OCTOBER MEETING DATE CHANGED

Because of other engagements, Dr. Alan Moritz, professor of pathology in Western Reserve University, has found it necessary to come to Youngstown to speak before the Society October 24. Accordingly the date for the regular monthly meeting has been pushed back one week.

The meeting otherwise will be held at the usual time of 8:30 p. m. in the Elks Club. A full attendance is expected at the meeting because of Dr. Moritz's unusual contributions to medico-legal medicine. Prior to coming to Western Reserve University one year ago as successor to Dr. Howard T. Karsner, Dr. Moritz served as professor of medico-legal medicine in the Harvard Medical School and was pathologist to the Peter Bent Brigham Hospital in Boston, Mass.

Dr. Moritz will talk on "Unexpected Deaths from Natural Causes" at the October meeting.

---

## PLANS FOR DIABETIC WEEK

The Mahoning County Medical Society will again sponsor a Diabetes Detection Drive during Diabetes Week, November 12-18, Dr. Morris Rosenblum, chairman of the Diabetes Committee of the Society has announced.

One of the features of the week will be the appearance of Dr. Howard F. Root, national president of the American Diabetes Association and member of the Joslin group in Boston, who will address the Mahoning County Medical Society November 14. The meeting has been moved up to the second Tuesday of the month in order to have Dr. Root appear during the Diabetes Week.

Dr. Rosenblum is making plans to aid physicians in screening a large number of persons throughout the county for possible diabetes. Every suspect will be sent to his family physician in case the positive urine test is not done in the physician's office.

The committee also plans to better acquaint the public with the symptoms of diabetes and urge examination by family physicians in an effort to find cases of hidden diabetes.

---

## WILL PRESENT TUBERCULOSIS CASES

Dr. Edward M. Thomas will present two cases of genito-urinary tuberculosis at the regular monthly staff meeting of the Mahoning Tuberculosis Sanatorium Tuesday, September 26, in the auditorium of the Nurses School of St. Elizabeth's Hospital. This will be the first meeting of the fall season.

---

## NEW RECORD LIBRARIAN

Miss Helen Catland has been appointed record librarian of the Youngstown Hospital, assuming her duties last month after Mrs. Melda Simcox resigned to accept a similar position in Aultman Hospital, Canton, Ohio.

●

## OCTOBER MEETING

●

**Speaker:**

DR. ALLAN R. MORITZ,  
Professor of Pathology,  
Western Reserve University,  
Cleveland, Ohio

●

**Subject:**

"Unexpected Deaths from Natural Causes"

●

**Time:**

TUESDAY, OCTOBER 24, 1950

8:30 P. M.

(Note Change of Date)

●

**Place:**

ELKS CLUB  
220 W. Boardman St.

**SIXTH COUNCILOR DISTRICT  
Ohio State Medical Association  
POSTGRADUATE ASSEMBLY**



***Onesto Hotel, Canton, Ohio***  
**WEDNESDAY, OCTOBER 4, 1950**



The following speakers will present 2 papers each:

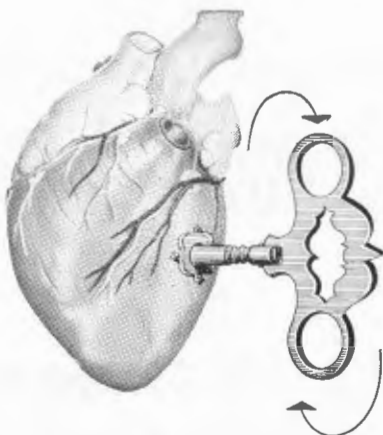
- Dr. Robert Durham, Internist, Ford Hospital, Detroit, Mich.  
Dr. A. L. Hoyne, Pediatrician, Chicago, Ill.  
Dr. Philip Thorek, Surgeon, Chicago, Ill.  
Dr. A. J. Power, Obstetrics and Gynecology, Pittsburgh, Pa.



9:00 - 9:30 — Registration  
9:30 to 12:00 — First Session  
12 Noon to 1:30 P. M. — Lunch  
1:30 to 4:30 — Second Session  
6:30 — Banquet, Onesto Hotel



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## PHYSICAL MEDICINE

By

Ivan C. Smith, M.D.

(Editor's Note: The following paper was presented by Dr. Smith at the June 1950 staff meeting of the Youngstown Hospital Association. The first part of the paper is printed herewith and will be concluded in the October issue.)

On the opening day of a recent baseball season, three players were hurt. One had a sprained ankle, one a sprained knee, and one was hit on the thumb by a pitched ball. The newspaper accounts reported that the sprained knee and ankle were being treated with ice packs and in the case of the injured thumb, the trainer took an ice bag to the player on first base. A few weeks earlier a participant in a local basketball tournament received a sprained ankle. He was badly needed for another game two days later and a local physician was engaged to try to get him back in condition. He was sent to the hospital for frequent hot whirlpool baths within a few hours of the injury. He didn't make the next game and the baseball players, without benefit of the recognized medical care, received more effective treatment. This is not an unusual happening in this much neglected branch of medical science. While it is without doubt the oldest branch of medicine, it is certainly the field most neglected by the ethical practitioners. Until very recent years, it was practically abandoned to the irregular practitioners. Experience in World Wars I and II has, to a certain extent, awakened those of us who had an opportunity to observe its usefulness. More complete rehabilitation work, through occupational therapy and vocational training have enhanced its benefits.

Physical medicine may be defined as that science which deals with the management of disease by means of physical agents such as light, heat, water, electricity and mechanical agents. The term "physical medicine" has recently been adopted, replacing the older term, "physical therapy." This was not a good name because it referred only to the therapeutic sided of the field. The term was adopted by all organizations and publications dealing with this branch of medicine. It is a better term, since the use of physical agents for diagnostic purposes is increasing.

Mention has already been made that this is undoubtedly the oldest branch of medicine. There can be little doubt that primitive men bathed their wounds in flowing streams and crawled into the sun to warm and soothe their injuries. The earliest medical writings refer to the use of physical agents—mostly mechanical agents and baths. In the days of Roman Empire, crude electro-therapy was obtained through the use of various electrified fish. All the so-called "Fathers of Modern Medicine" refer frequently in their writings to the use of physical agents.

No doubt much of the effect of these agents is psychic. The very types of apparatus used in many instances is bound to have a profound psychic effect on susceptible individuals. There has now been sufficient accurate scientific observation to pretty clearly evaluate the action of the various agents used. The presence of psychic effect does not condemn the use of these agents in an ethical manner. No branch of medicine is without psychic factors. The mere consultation with a physician has some psychic effect and certainly the submission to an operation has a profound psychic effect. The

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charlatan makes use of this effect probably because it is so easily played up with the physical agents. This is not sufficient cause to discontinue their ethical use.

The scope of this paper does not permit a detailed report of all the uses of the physical agents. An effort will be made to point out some of the reliable information obtained and some of the newer uses of these agents.

#### USE OF HEAT AND COLD

The use of heat is familiar to everyone. However, some of the various means of applying heat tend to cause confusion. Hot water bottles, heat pads, etc. are commonly used. Local heating by these agents is chiefly superficial, as the circulating blood keeps the local temperature low and prevents its penetration into the very great depths. There will be local warmth, redness of the skin, dilatation of the vessels and an increase in phagocytic action of the blood. The reflex effects are more poorly understood.

While in general, the local effects of heat are the same regardless of the source of heat, there are forms which seem preferable in certain conditions. For example, dry air heating seems to be preferable to any other form in the treatment of arthritis while heating with paraffin, baths seems to be preferable in the loosening of scars, fibrous adhesions, and in peri-articular disturbances. Where it is desired to heat deep structures, only diathermy is effective and this will be discussed under electro-therapy.

The use of cold, or cryo-therapy found great application during World War II in the treatment of trench foot, immersion foot, frost bite, etc. which are all closely related conditions. The peripheral arteries are reflexly constricted and the effect of the cold is to diminish the local metabolism to levels consistent with the existing blood supply. As the cold is gradually diminished, the arteries dilate and the condition is relieved, often preventing gangrene.

Cold has also found considerable usefulness as an anaesthetic agent in the amputation of limbs. Of perhaps greater value, and less often used, is its employment in hopelessly injured or infected limbs, in a patient too sick to undergo surgery. Here the use of ice and tourniquet often will give all the benefits of an amputation without risk of surgery. Thus, the surgery may be delayed for several days while the patient's general condition is built up. Usually the amputation can be done without additional anaesthesia.

#### HYDRO-THERAPY

In the field of hydro-therapy, Barauch, who has largely influential in the use of water for medicinal purposes around the turn of the century, has pointed out some of the many uses of water as follows:

1. Stimulant—a dash of cold water revives a fainting person.
2. Sedative—baths of 100° F to 105° F are soothing, and continuous baths at 100° F will calm a mainical person when the most powerful drugs have failed.
3. Diuretic—drinking of small quantities of water frequently increases urine output.
4. Diaphoretic—hot or steambaths.
5. Emetic—Large draughts of tepid water are effective when powerful irritant emetics have failed.
6. Purgative—In the form of an anema.
7. Hypnotic—as a wet pack. There is nothing superior, as the most excited psychotics are calmed this way.

While everyone speaks freely of different types of baths, few are familiar

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with the actual temperatures. Since the effect vary according to the temperatures, it is somewhat important to know them. They are as follows:

- Cold 65° F or below
- Cool 65° F to 75° F
- Tepid 75° F to 92° F
- Neutral 92° F to 97° F
- Hot 97° F to 104° F
- Very Hot over 104° F.

Generally speaking, cold baths stimulate or excite the patient, while neutral or hot baths soothe the patient. However, the very hot bath will tend to stimulate the patient. Thus it is unwise to take a very hot bath before retiring as it may cause wakefulness. On the other hand, a hot or neutral bath may help to induce sleep.

Water may be used therapeutically as the full bath, as various types of sprays, and for immersion of various parts of the body. It will vary in effect according to such factors as the temperature and the pressure behind the spray.

One of the most valuable forms of bath is the whirlpool. This merely consists of a tube with either running water and air mixer, or a circulating pump, and an air-mixer. The small bubbles of air, and the agitation of the water, plus heat, have a stimulating action helping to loosen adhesions and promote return of function to stiff muscles. Another valuable effect of the whirlpool bath which is not used nearly as frequently as it might be, is its cleansing action in sloughing wounds. Healing is promoted and the same time of slough materially shortened.

In the complete bath, as in the Hubbard tank or pool, under water exercises greatly benefit the action of weak muscles through the elimination of gravity. Here especially, careful supervision is needed as it is very easy for the patient to substitute for the injured muscles. Habits of this kind developed in underwater exercises are extremely difficult to break.

#### MECHANO-THERAPY

This deals with the use of massage, exercise, manipulation and exercise with mechanical devices, including occupational therapy.

Massage is perhaps the most frequently requested form of physical therapy and the least understood. Many effects can be obtained depending upon the type of massage used. This may vary from light stroking, the effect of which is entirely reflex, to brutal massage which is used chiefly in the treatment of fibrositis. In between, are various depths of stroking, kneading and tapping which empty the veins and lymphatics by a milking action, and which loosen and stretch adhesions mechanically.

Exercise is also frequently neglected. Patients often are told to exercise and they are given no instruction or supervision. When it is observed how far afield the patient can stray in the way of exercise, it will be seen that exercise without supervision may be worse than useless. Many permanent disabilities following injuries are due to a phenomenon which results in a functional paralysis of certain muscles and substitution of other less suitable muscles. Perhaps, the greatest cause of functional failure following injuries and operations about the knee are due to functional quadriceps paralysis which if not corrected will progress to marked atrophy of this muscle and a permanently unstable knee. Sister Kenny speaks of this phenomenon as "mental alienation of the muscle." In order to avoid a discussion of the

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merits and demerits of Sister Kenny, I hasten to point out that Watson-Jones speaks of the same thing as "dissociation of the muscle from the brain." It will be seen that two expressions imply the same thing, namely: that functional paralysis results where contraction causes pain.

While exercise is properly started in the physical therapy clinic, too long continued use of such devices as pulleys and weights soon become monotonous to the patient and causes him to lose interest. Moreover, these simple exercises do not do much to promote the coordination of muscles which is so important. Here, occupational therapy becomes the ideal means of providing the exercise. This will be referred to in more detail later.

Exercise may be classified as passive and active. Passive exercise is motion provided by a therapist and without any muscular action on the part of the patient. It is of little use in traumatic cases but is often useful in such conditions as infantile paralysis, where it serves to stretch the shortened muscles and stimulate the proprioceptive receptors, thus helping to restore voluntary function.

Active exercise may be assistive, or against gravity, or against resistance. As soon as the injured bones will permit, resistance must be added as rapidly as possible. In patients with apparent contractures and limitation of motion it is frequently possible to increase the range of motion as much as 20° at one sitting by careful exercise against resistance. The reason for this is simple. When a joint is moved passively, the pull is exerted on the shortened muscle. This causes further shortening due to the stretch reflex. Where the joint is moved against resistance, the pull comes from the normal muscle and causes relaxation of the shortened muscle through the inhibitory stimuli of reciprocal innervation.

#### LIGHT THERAPY

To take up all the points of interest about light therapy would require more space than we have here. I will recall to your memory that the light spectrum of visible light is only a small portion of the electro-magnetic spectrum, which ranges from the shortest rays, called cosmic rays, through gamma rays, ultra-violet, visible rays, infra-red rays, short radio waves, long radio waves, and alternating current.

Certain properties are possessed by some of these waves, which render them therapeutically valuable. Those wave lengths closest to the visible spectrum are the ones concerned with in light therapy.

Ultra-violet radiation is a chemical wave. Its effect is not due to heat, but to certain specific changes in the tissues. Some wave lengths of ultra-violet are bactericidal in action, but the most valuable rays therapeutically are not the same as the best bactericidal waves.

The general effect of ultra-violet radiation is stimulating. This is particularly true of phosphorus and calcium metabolism, through the action of the vitamin D which is produced. Use of this agent is controversial in many cases. It seems to be of particular value in abdominal tuberculosis and in surgical tuberculosis. It should be borne in mind that tuberculosis of some of the body cavities may be reached by means of ultra-violet conducted through quartz crystals. Thus, tuberculous lesions of the bladder and larynx have been successfully treated. The value of ultra-violet in the prevention and cure of rickets is accepted by all.

Beyond the other end of the visible spectrum, infra-red rays are encountered. Their effect is due to heat only. One thing of value can be pointed out. Since those wave lengths of infra-red closest to the wave length of

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(To be continued)

### MISS DUNLAP HEADS YOUNGSTOWN HOSPITAL NURSING SCHOOL

With the announcement of the retirement of Mrs. Venice J. Aubrey as director of the School of Nursing of the Youngstown Hospital earlier this month, Miss Muriel L. Dunlap of the University of Rochester was appointed to succeed her.

Miss Dunlap has had wide experience in nursing education serving as associate director of nursing education at Hunter College before being affiliated with Rochester University. She is a graduate of the Mt. Sinai Hospital School of Nursing and also has a master's degree in nursing school administration from Columbia University.

Mrs. Aubrey, the retiring director, a graduate of the Youngstown Hospital School of Nursing and a member of the state board of Nursing Examiners, asked several months ago to retire, but agreed to stay on until her successor could be located.



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## ADULT EXTENSION COURSE IN PRACTICAL NURSING OFFERED BY PUBLIC SCHOOLS

— Acting on the need for a course of training for practical nurses to improve the quality of services rendered, the Department of Adult Education of the Youngstown Public Schools, upon recommendation of its advisory committee, has initiated a 64-clock-hour extension course in practical nursing.

Objectives of the course are aimed to extend the knowledge of experienced practical nurses in order to:

- a. Provide adequate and safe care for patients in the community.
- b. Increase the competence of the practicing practical nurse.
- c. Develop a sense of security, responsibility and job satisfaction for the worker.

The local Practical Nurses Association in co-operation with the State Association has screened and selected the trainees for this course. The course will be taught by a trained nurse. The outline to be used was prepared in a series of workshops by a committee appointed by Michigan Practical Nurse Project and the National Association for Practical Nurse Education. Every committee member is a registered nurse.

---

### MEDICAL STUDENTS DEFERRED

Two recent statements of Selective Service have caused some confusion over the draft status of medical students. Actually, S. S. headquarters informs us, nothing has changed: Deferment of medical students still is a matter for decision by local boards on an individual basis.

For guidance, the boards have the report of a S. S. advisory committee, which recommends that these students be deferred as long as their academic progress is satisfactory and their continued education appears in the interests of national security and welfare.

The recent ruling, which does not apply to "students of the healing arts," advises boards that they may consider the deferment of students if their grades for the last full college year placed them in the top half of their class. Also, the student must have completed one year of college and his actions must indicate that he had "fully intended prior to August 1, 1950, to enroll." This memorandum was issued primarily for guidance for boards considering the status of college students during the next few weeks.

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**AUXILIARY NEWS**

The Woman's Auxiliary of the Mahoning County Medical Society will sponsor a benefit dance to raise money for its Nurses Scholarship Fund at the Pioneer Pavilion, Mill Creek Park, Saturday Evening, September 23.

The evening will be given over to old fashioned dances with square dancing a prominent feature. There also will be a Charleston contest. Mrs. D. A. Gross is chairman and Mrs. W. K. Allsop co-chairman, for the dance. Tickets may be obtained by mailing a check for \$2.00 per couple to Mrs. S. R. Zoss, treasurer of the Auxiliary.

During the summer months the Auxiliary has been busy helping to get out letters for the defeat of Re-Organization Plan No. 27 and later in checking on the registration of physicians and their families. Mrs. Asher Randall, chairman of the public relations committee, and Mrs. Herman Ipp, chairman of the legislative committee, have headed the group of women doing this work. Mrs. W. H. Evans is president of the Auxiliary.

Congresswoman Frances P. Bolton, of Ohio, has introduced a bill to make male nurses eligible for appointment in the Armed Services on a par with female nurses.

The Red Cross will conduct research in methods of separating and preserving blood components, working under a contract from the Atomic Energy Commission.

*Health Department Bulletin*

REPORT FOR JULY, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded . . . . .	157	82	75	179	96	83
Births Recorded . . . . .	585	305	280	534	276	258

CONTAGIOUS DISEASES:	1950		1949	
	Cases	Deaths	Cases	Deaths
Chicken Pox . . . . .	19	0	13	0
Measles . . . . .	20	0	31	0
German Measles . . . . .	0	0	1	0
Mumps . . . . .	2	0	1	0
Scarlet Fever . . . . .	1	0	0	0
Tuberculosis . . . . .	4	0	5	3
Whooping Cough . . . . .	17	0	55	1
Gonorrhoea . . . . .	30	0	15	0
Syphilis . . . . .	28	0	45	0

VENEREAL DISEASES:		
New Cases:	Male	Female
Syphilis . . . . .	2	6
Gonorrhoea . . . . .	17	8
Total Patients . . . . .		29
Total Visits to Clinic (Patients) . . . . .		322
* Including Sanatorium Deaths		
Total Patients . . . . .		33
Total Visits to Clinic (Patients) . . . . .		362

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



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## NO SPECIFIC TREATMENT FOR IONIZING RADIATION

Answering a press conference question, an Atomic Energy Commission spokesman summarized medical treatment for atomic bomb injuries in three sentences: "The principles of therapy developed during the last war will apply for blast and burn injuries. The principles of treating shock and blast are just the same. For ionizing radiation we have no specific therapeutic treatment right now."

"However terse this particular reply, the whole question of atomic medical aspects is treated in great scientific detail in an AEC publication just released, "Effects of Atomic Weapons." The 456-page, paper-bound book, thick with diagrams and illustrations, may be purchased from Government Printing Office, Washington, D. C., for \$1.25. A simplified layman's handbook based on the material will be issued in a few weeks.—*Capitol Clinics.*

### FROM THE BULLETIN

By J. L. Fisher

15 YEARS AGO (SEPTEMBER, 1935)

The monthly scientific meeting was held at the Youngstown Club with an attendance of one hundred twenty-five. The speaker was Dr. Edward Plass, Professor of Obstetrics at the University of Iowa, who spoke on "The Simplification of Obstetric Care." His address was one of the best ever presented before the Society and provoked an interesting discussion.

Dr. R. H. Middleton was married to Helen Hick and went honeymooning to Canada.

Dr. Karl Allison died suddenly in his fiftieth year. Dr. A. E. Frye passed away in his seventieth year.

10 YEARS AGO (SEPTEMBER, 1940)

Dr. Harold Cole of Cleveland addressed the Society on "Pre-cancerous Dermatoses and Malignancy."

Dr. Barclay Brandmiller and Jean Richards were married.

Dr. S. H. Davidow became a member of the Society.

The old fashioned picnic and clam bake was held at Bert Millikens farm on September 11th with trap shooting, crap shooting, baseball, horseshoes and all the trimmings.

J. L. Price was made manager of the Medical Dental Bureau.

Dr. R. V. Clifford left for active duty in the U. S. Navy.

### LAY EDUCATION AND SPEAKERS CALENDAR

- September 13, 1950: Dr. L. J. Goldblatt; "Medical Jurisprudence for Nurses"; District No. 3, Ohio State Nurses Association, Stambaugh Nurses Home, South Side Hospital.
- September 15, 1950: Dr. E. J. Reilly; P.T.A., McCartney School; "Poliomyelitis."

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## HOW FLORIDA "GOT OUT THE VOTE"

How did Florida defeat Pepper? A Bulletin from Dade County tells the story. "Wives of Florida doctors went to work in a "Get Out the Vote" campaign of their own. Away back last October, they checked Dade County courthouse records to get the number of un-registered doctors. Those who were not registered received telephone calls. A month before registration closed, the women sent reminders to every doctor in the county, and on primary day, May 2, they phoned every physician and dentist and asked if he and his family had voted. By noon, 70 per cent of this Dade County group had voted. Many doctors closed their offices on election day and used their cars to take voters—their patients—to the polls.

"One of the most effective techniques the doctors used to help mold public opinions in behalf of Smathers was a personal letter—a writing campaign. The wives again stepped in to direct and supervise the work and they did a grand job. The doctors in Dade County alone, as individuals and not as members of a medical society, wrote more than 22,000 letters to their patients. The letters met with general approval."

The outstanding victory we won in the defeat of Reorganization Plan No. 27 shows what we are able to do. In the coming elections, the doctors and their patients can be the biggest political factor for good, in this country.

In troubled times our security is built upon the sacrifices each of us is willing to make to defend it.

C. A. G.

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## TRI-VI-SOL

Each 0.6 cc. supplies:

Vitamin A	5000 USP units
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Ascorbic Acid	50 mg.



## CE-VI-SOL

Each 0.5 cc. supplies:

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