

"Let him who knows how
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BULLETIN

of the
Mahoning
County
Medical
Society

Vol. VIII No. 4
April 1938

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- April 28**—Postgraduate Day—The Lahey Clinic, Boston, Mass.
- May 17**—Dr. Paul White, Cardiologist, Massachusetts General Hospital.
- June 21**—Interne Competition with Case Presentations.

APRIL RADIO TALKS

- April 1**—Renal Stone - - - - - Dr. B. M. Bowman
- April 8**—Analysis of Urine - - - - - Dr. P. R. McConnell
- April 15**—Acidosis . - - - - Dr. H. S. Zeve
- April 22**—Middle Life - - - - - Dr. W. A. Welsh
- April 29**—Present Status of Health Examination - - Dr. R. G. Mossman

* * *

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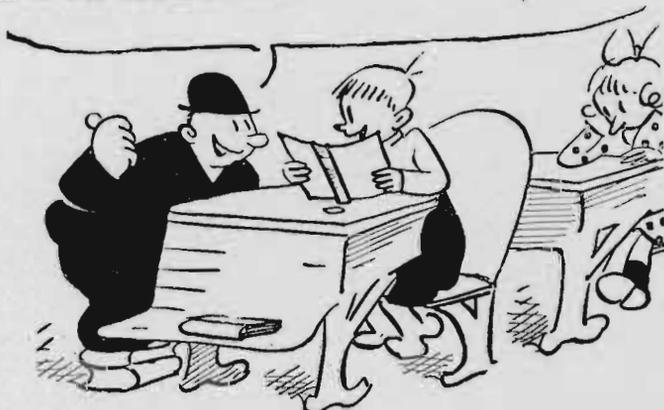
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PRESIDENT'S PAGE

Dear Colleagues, Everywhere:

On the 28th of this month comes the Society's Great Event of the Year—Postgraduate Day.

To give full expression to thoroughly justified enthusiasm sometimes seems merely to indulge in the most banal propaganda—or just ordinary ballyhoo. Fortunately, in the present instance the very same pleasant fact that will absolve me also makes it needless for me to say much. And that fact is that as you read the names of the great men who constitute the Faculty, and as you discover the subjects with which they are to deal, you will find your enthusiasm to be as high as mine, and will require no help to realize what a day with such renowned leaders means.

Our Society recalls with merited pride the ten consecutive Annual Postgraduate Days previous to this one. The attendance of hundreds of our colleagues attests their value. These doctors have come from all over Ohio, Western Pennsylvania, from Western New York, West Virginia, Kentucky, and from even farther away.

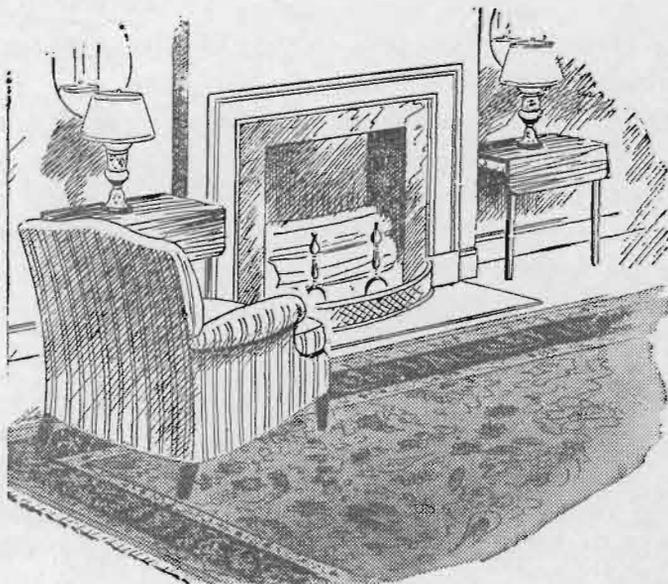
Their presence has honored us, has pleased and encouraged us beyond measure. However, we have realized that we may not rest upon past laurels, even if we wished to do so. Having no such wish, we, this year, determined to do our utmost to give to you at least the equal, if not the best, of our Postgraduate Day history.

Colleagues from everywhere, we eagerly await the pleasure of seeing you with us again.

CLAUDE B. NORRIS, M. D.

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McKELVEY'S

BULLETIN of the

Mahoning County Medical Society

A P R I L 1 9 3 8

INTRINSIC VALUE OF POSTGRADUATE DAY

Since the Mahoning County Medical Society's Postgraduate Day was inaugurated some eleven years ago it has risen to such a prominent place on our medical calendar, that it seems worthwhile to take the time to consider what the intrinsic value of Postgraduate Day really is.

Like so many of the good things in life, we have accepted year after year the fine programs that have been presented to us by noted medical authorities without realizing the tremendous amount of work and planning that has been involved to make each one of these Postgraduate days a success.

After all what is the real value of Postgraduate Day? Does it lie in the fact that we have notable speakers whose past records prove above any doubt their ability to present to us the latest scientific advancements? Or is it the reward that the day brings to those who are responsible for its success? Or is it the advantage of having the time to hold high class sessions (or commonly known as the material which makes the grass grow greener)?

While to some the real intrinsic value of Postgraduate Day may be the enjoyment of anyone of these mentioned above, or in the enjoyment of any combination of the above, the real intrinsic value lies deeper than the material rewards of the day alone. There have been built up, during the last eleven years, many fine friendships with our colleagues in nearby towns and Postgraduate Day affords what we shall call progressive fellowship—in other words we mean we are given the opportunity to spend a day,

in which not only are the progressive ideas of medicine scientifically speaking brought before us, but we also have, what may be considered by many a side issue, the privilege of renewing our old friendships, making new acquaintances and having the time to enjoy their fellowship.

May we state clearly that we are not in any way belittling the scientific value of these meetings, but we would like to impress upon you that with all the hustle, bustle, worry and trouble in the world today Postgraduate Day affords one of the few opportunities that we have during the year in which we can mingle with our medical friends, "cuss" and discuss each other's local and personal problems and ambitions. It is not possible to enumerate the many good things that have become eventually a part of our own society through this medium, nor can we estimate the value of the good things that have been carried away from these meetings.

As we look forward to another Postgraduate Day in which we are assured of a very fine scientific program, being presented by the very capable doctors from the Lahey Clinic, let us not forget that the real intrinsic value of the day lies in a so-called by-product.

This by-product affords us a real stimulus for making the effort that it involves to put on these yearly Postgraduate programs. Our reward lies within each one of us because we are afforded an opportunity to receive this outside fellowship, leaving with us when the day is done something

(Continued on Page 136)



Ships that Pass in the Night for Your Health and Protection

Odd ships, indeed, but ships that contribute a large measure of security against physical harm from two entirely different sources. Cruisers carry fearless men who furnish protection against dangers from without, but the humble milk truck carries a precious cargo of Isaly's fresh, sweet, pasteurized milk to guard you against the dangers within. Milk builds resistance and fortifies the body to meet and resist the dangers of disease.



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MANAGEMENT OF STIFF, PAINFUL SHOULDERS— DUE TO PERIARTHRITIS

An article presented at the Sixth Councilor District Meeting March 16, Youngstown, Ohio
By RALPH R. MORRALL, M. D.

I wish to bring to your attention a condition which occurs fairly frequently and produces considerable pain and disability but if recognized early and proper treatment instituted, can be cured fairly quickly with a grateful patient as an end result.

The type of case we are considering is one in which the patient comes into your office with one, several or even all of the following complaints: Can't wash their face or shave and if a woman, can't put up their hair or fasten their dresses; inability to put on a coat or overcoat because of pain and limited motion in the shoulder; inability to sleep on the affected side, and the pain seems worse at night; inability to raise their arm from the side. They usually state the condition has been present from several weeks up to many months and followed comparatively trivial trauma. Home remedies were first used followed by several trips to their regular medical men. The diagnosis made was either a neuritis or arthritis, local treatment consisting of heat and massage together with medication prescribed and the patient did not get any better. In the majority of cases this is the usual stereotyped story one gets on taking a history.

The major injuries involving the shoulder joint are fracture and dislocation and occasionally a combination of both. Among the so-called minor affections are sprain of the shoulder joint, muscular strain in the shoulder region, synovitis of the shoulder joint, arthritis, bursitis, either subdeltoid, subacromial or subcoracoid and a definite entity known as a peri-arthritis. It is of the diagnosis and treatment of this last named condition which I wish to call to your attention.

Watkins, from a consideration of the comparative anatomy of the joint,

suggests that the slow or incomplete return of function can be explained by its recently acquired capabilities. He points out that despite the gradual evolution of orthograde man, there has been no development of new muscles. Those which were adapted to plantigrade action, i. e., with the body held horizontally, have merely had orthograde functions superimposed on them. Man's ability to raise and maintain his arm above his head is thus a late acquisition in the evolution of his muscular apparatus and is therefore correspondingly unstable. It follows that whenever the limb is disabled, this most recent function is the first to be affected and the last to recover. Probably the most important of the movements of the shoulder, at least in its relation to trauma, is that of abduction and a clear conception of this is essential, not only for appreciation of the effect of shoulder injuries, but of the nerve lesions in this situation as well.

Abduction from the hanging position is begun by the contraction of the deltoid but to permit of this the head of the humerus must be held firmly against the glenoid by the contracting supraspinatus and its associated transverse muscles. When the supraspinatus is paralyzed or torn, therefore, the deltoid is unable to begin abducting. The deltoid carries the arm practically to the horizontal position and in this position the greater tuberosity rests against the under surface of the acromion. Further abduction takes place mainly by the lateral rotation of the scapula on the chest wall, but in addition Martin has shown that there occurs a lateral rotation of the humerus at the glenohumeral joint. This serves to roll the greater tuberosity backwards out of contact with the acromion, and per-

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mits the last few degrees of abduction to be carried out.

It is a noteworthy feature of shoulder injuries that even after trivial trauma, abduction of the shoulder appears to be limited. In many cases it will be found that in point of fact pure abduction is not restricted, but that the loss of the all important external rotation may create this impression by abolishing the terminal part of the movement. Two important deductions may be drawn from this:

1. It is important in severe joint injuries necessitating immobilization to keep the arm laterally rotated.
2. In manipulating a stiff shoulder, it is important to restore the lateral rotation before full abduction is attempted.

Definition and Etiology

Peri-arthritis of the shoulder is a definite clinical entity characterized by more or less constant clinical symptoms. There is either no history of trauma or the patient may attribute his condition to such a trauma as excessive work in the garden, washing windows, or walls. We have seen cases that came on following falls in which the shoulder was only apparently bruised at the time, Colles fracture, fracture of both bones of the forearm with prolonged immobilization of the forearm with the arm carried at the side, and falls on the outstretched hand, not severe enough to produce fracture at the wrist. Some consider foci of infection and glandular dysfunction as more important than trauma but their exact importance is difficult to determine. Many cases are seen in which foci of infection or glandular dysfunction cannot be demonstrated. It most frequently occurs in males of middle age or older but we have also seen it in females in the same age group. The right shoulder is more frequently involved than the left and occasionally it may be bilateral. Adhesions form rapidly and limit the joint movements, as a

rule, only in one specific direction, abduction.

Objective Findings

There is no heat, redness or swelling around the joint. There is no effusion into the joint but definite points of tenderness can be elicited. Atrophy of varying degree may be noticed in the deltoid and scapular muscles depending in degree on the length of disability. On attempting to abduct the arm it is noted that whatever degree of abduction can be obtained is entirely scapular in origin. In other words, the shoulder seems locked. X-rays of the shoulder are negative.

Treatment

If seen early these cases do well if splinted in the optimum functional position of 90° abduction with a small amount of lateral rotation. Heat locally either in the form of diathermy or infra red followed by light massage is also beneficial. It is important to insist on a gradual return to activity. Carrying the forearm in a sling favors restricted abduction. When seen after the condition is well established with marked disability and pain, two methods of treatment are available—(1) Daily baking and massage either with diathermy or infra red followed by active and passive movement with rope and pulley. This is a rather long drawn out procedure with the terminal result depending entirely on the patient's willingness and ability to take it. Our experience with this method has not been as satisfactory as (2) administering an anaesthetic to obtain complete relaxation and then gently but firmly breaking down all adhesions by a manipulation. In doing this the joint is carried through its full range of motion especially rotation. The patient is then allowed to wake up and immediately on regaining consciousness is made to actively carry his arm through a normal range of motion. A rope and pulley is then arranged at the head of his bed and



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he is asked to make use of these several times a day to assist in carrying the joint through its range of motion to prevent recurrence of adhesions. Diathermy and massage are also used at this time to control pain and stimulate blood supply. Here again ultimate results depend to a large extent on the coöperation of the patient. We have found, however, that most of these patients are so grateful that they can once more abduct their arms, they gladly coöperate. In this connection I would like to give you certain rules formulated by the late Sir Robert Jones which are helpful in diagnosis and in deciding whether to move a joint or not.

Rules of Guidance in Diagnosis

1. Pain on movement in every direction suggests a lesion in the joint or in parts intimately connected with it.
2. Freedom of movement in one or more directions but not in all,

suggests a lesion of some groups of structures outside the joint proper.

Rules Helpful in Deciding Whether to Move a Joint or Not

1. A joint may be assumed to be free from arthritis when even one of its movements is free.
2. Traumatic arthritis follows an injury after an interval of free movement, lasting usually over a fortnight.
3. Restricted movements due to adhesions are noticed very shortly after the occurrence of injury.
4. Except when following serious injuries, adhesions restrict the movements of joints in one or more, but not in all directions.
5. A joint, the seat of arthritis, should not be moved until all inflammatory symptoms have subsided.
6. If adhesions are broken down under an anaesthetic, the joint should be put through its complete range of movement, otherwise a recurrence of symptoms may be expected.

THE ATYPICAL ACUTE APPENDIX

By GORDON G. NELSON, M. D.

In considering the atypical acute appendix, it must be remembered that the typical acute appendix with the classical text book picture of epigastric pain followed by vomiting, which is in turn followed by migration of the pain to the right lower quadrant of the abdomen, is less commonly found than the former type. There are many factors involved in the diagnosis of acute appendicitis. The age of the individual is quite important especially if he be a child or an infant. In older children the diagnosis is made with as much accuracy as in adults. It has been said that the younger the child, the greater the obscurity of symptoms, the larger the proportion of cases of generalized peritonitis, and the higher the mortality. In infancy, the disease is more common than supposed, and over one year of age it is the most common abdominal emergency. Graham says

that diagnosis is particularly important in young children on account of the high percentage of suppurative conditions, particularly peritonitis and the high mortality. The high incidence of generalized infection in young children is more an expression of difficulty in diagnosis before advanced suppuration has taken place than any difference in the reaction of the appendix to inflammation. The higher position of the appendix than in the adult and its greater relative length, and its mobility are confusing in the diagnosis since they may lead to infection in unusual situations.

Pain and vomiting are initial symptoms in young children, and since these conditions occur very frequently as the result of digestive upsets, they sometimes do not receive any consideration.

The little patient continues to show pain and is restless and sleepless, and

very often has paroxysms of screaming produced by straining on micturition or defecation. Abdominal examination in these cases are difficult because of the crying and straining. Rectal examination should always be done to determine the presence of bulging of fluid or induration and tenderness. The important thing is that one must never forget the possibility that acute appendicitis may exist even if the findings are not positive. The leucocyte count is not always an accurate guide to the state of inflammation in the peritoneal cavity. On more than one occasion, a gangrenous appendix has been removed from a child in whom the total leucocyte count has been in the neighborhood of 4000 per cm., with a differential count slightly above normal. In examining these patients it must be remembered that the cecum acts as a cushion in cases where the appendix is lying in a retrocecal or retroperitoneal position, and prevents to some degree the usual spasm and rebound tenderness that one would expect to find in a suppurative appendicitis. Therefore in the presence of abdominal pain, in a child after ruling out pneumonia, osteomyelitis, pyelitis and meningitis, it would seem wise to advise surgical intervention, since it is generally safer to operate on the diagnosis of probable appendicitis rather than wait until the condition is clearly evident. Another thing to remember in the diagnosis of appendicitis where the history and physical findings are vague, is that the threshold of pain perception is variable in children as it often is in adults. Some children exaggerate pain especially in the presence of their parents. Therefore, it is quite essential to get the confidence of the child. Some parents realize this and leave the room until the examination is over.

Mesenteric adenitis is a condition which very often is found when the diagnosis of acute appendicitis has been made. The need for operation

is certainly none the less urgent, because many of these cases clear up completely after the appendix has been removed. In these cases the pain is more generalized over the abdomen, although later on the pain and tenderness migrates to the right lower quadrant. In thin individuals, however, one can make out sometimes definite small masses along the course of the mesenteric root. There is often a history of protracted colds and sore throats previous to the onset of the abdominal episode. On opening the abdomen, there is usually some free fluid, sometimes of a milky character. The appendix is subacutely inflamed, and exhibits many adhesions, probably the result of many mild attacks of appendiceal involvement. On examination of the mesentery, there will be found large numbers of glands varying in size. Microscopic examination of the glands usually reveal a chronic adenitis, although tuberculous infection has been found on some occasions. These patients generally have an uneventful convalescence with the exception that they exhibit a low grade fever for a number of days after operation. However, the patients recover entirely and the attacks usually cease.

A case in point is that of a ten-year-old boy who was brought in from play, screaming with pain in the left lower abdomen. I saw him one half hour later. He lay with knees drawn up and complaining bitterly of pain which seemed to be intermittent in nature. There was some nausea but not vomiting. His temperature was 99. He had never had any previous acute attacks but had complained of abdominal pain on several occasions. Clinically, he presented the signs and symptoms of an intussusception. His lower left rectus was spastic and his most tender point was just below and to the left of the umbilicus. Rectal examination showed nothing. Operation revealed a small amount of clear fluid, and there were literally hundreds of

glands some of which were quite large. The appendix was lying curled up in dense adhesions just to the left of the promontory. The appendix was removed and the patient made an uneventful recovery, and has had no trouble since.

Acute appendicitis in the aged or elderly is not so frequent as it is in youth, but it still occurs often enough to make it important as one of the acute emergencies within the abdomen. Here other conditions occupy the mind of the practitioner, and he is on the lookout for carcinoma of the colon, sigmoid diverticuli, for gall bladder or urinary disease and their complications. In these patients, due to the hesitancy in advising operation except under very obvious indications, diagnosis is usually made later in the stage of peritonitis or local suppuration. It is important, too, to remember that spasm of the abdominal muscles and local tenderness is often less definite. Especially in the aged, the defense mechanism of the peritoneum is less active as well as the resistance of the patient to infection. However, very acute and gangrenous appendices have been encountered in the old and very old people so it is important to keep it always in mind. Present-day anesthesia and surgery remove many of the obstacles to operative interference in the aged. It has been stated often that an acute appendix will not rupture within 24 hours after the onset of the attack.

This is not entirely true and it seems that the more the number of attacks an individual has had, the shorter is the interval of time between the beginning of the attack and subsequent rupture. Just recently a 76 year old lady suffered a very severe attack of pain in the lower abdomen at 5 o'clock in the afternoon. She was operated at 8 o'clock that same evening and it was found that a large fecolith had gone through a perforation at the base of the appendix which was very acutely inflamed, and the

pelvis was filled with pus and thin fecal material.

Generally considered, the diagnosis of appendicitis in the acute stage depends on accurate interpretation of the history and physical examination. The examination of the abdomen and pelvis is the most important factor in the diagnosis. The history is next in importance. Fever and increased pulse rate are valuable evidence and often decide whether operation should be done at once or put off in the hope that the appendix will subside. At operation it is imperative to examine the peritoneal contents as far as possible for concomitant pathology. An inflamed Meckel's diverticulum has been found at the same time as an acute appendicitis. A small ovarian cyst on a twisted pedicle may produce symptoms similar to an acute appendicitis. In conclusion, it is safe to say that the only way to reduce our mortality rates in acute appendicitis is to make early diagnosis and then follow up with well executed operations before the offending organ has had time to rupture.

NOTE OF APPRECIATION

My Dear Doctor Norris:

I wish you would convey to the members of the Society my appreciation for the beautiful flowers sent me during my recent stay in the hospital.

Mere words cannot express what it means to know that some one is thinking of you.

I have discovered a remedy for rapid reduction in weight, as much as twenty pounds in less than two weeks, but confidentially I do not recommend it.

I have been a member of the Society for quite a number of years, and it is with great pleasure that I have watched its advancement year by year.

I am proud to be a member of Mahoning County Medical Society.

Yours sincerely,

C. C. STEWART, M. D.
Poland, Ohio.

SECRETARY'S REPORT

March, 1938

The third regular meeting of Mahoning County Medical Society was held at the Youngstown Club, March 15, 1938. About 100 members and visitors were present. Dr. Claude B. Norris presided.

The guest speaker of the evening was Dr. M. E. Davis who gave a highly instructive lecture on, "The Treatment of Hemorrhage Occurring Late in Pregnancy." Dr. Davis's message was of great interest to our members and was enjoyed by all.

Dr. John Noll announced the program for Postgraduate Day. Dr. J. B. Birch was invited to give his report also. Dr. W. K. Stewart was asked to read a report of the legislative program.

The regular Council meeting was held March 7th, at the home of Dr. O. J. Walker.

The Editor of the Bulletin, Dr. J. D. Brown, reported to the Council the various costs of publishing the Bulletin.

The Treasurer reported that to date there are 198 paid-up members of our Society.

Dr. W. K. Stewart stated that to date he has been unable to give very much information in regard to the insurance policies that were being presented for Malpractice Insurance in our county, but at a later date he will make a detailed report. He also asked, and received considerable aid in regard to the set-up for the investigation that is being asked by the A. M. A. in regard to the type, efficiency, and kind of medical care that is being offered to all types of patients in our county.

It was moved and passed that the Economics Committee have full authority to make a survey and study of the medical care problem in our county and that they proceed in whatever way they find necessary to make this investigation.

The following applicants were

elected to active membership of Mahoning County Medical Society:

DR. S. D. GOLDBERG,

DR. HARLAN PAIGE MCGREGOR.

Any objections to the above applicants should be made in writing to the Secretary within 15 days.

R. B. POLING, M. D., Secretary

INTRINSIC VALUE OF POSTGRADUATE DAY

(Continued from Page 127)

that has really taken us out of our ordinary daily routine and in return given us the viewpoints of others, the sense of warmth true fellowship brings, and also the stimulus to carry on our own daily tasks because once again we have seen clearly that the daily problems of our fellow workers in other communities are much the same as ours. Through this medium we will be once again confronted by the truism, that we cannot live, medically speaking, to ourselves alone, but must meet our common problems with uniformity of purpose. Certainly Postgraduate Day does afford the opportunity for this fine fellowship which in itself represents the intrinsic value of Postgraduate Day.

—Editor.

THIRD ANNUAL DOG SHOW

Dog lovers again have the opportunity of "Parading their Pooch," on Saturday and Sunday, April 30th, and May 1st, at Stambaugh Auditorium. The Mahoning-Shenango Valley Kennel Club, under American Kennel Club Rules will hold their Third Annual Dog Show sponsored by Junior Chamber of Commerce for Boy Scouts' Camp Building Fund.

Adults 50 cents, Children 25 cents.

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April

HISTORY OF ANNUAL POSTGRADUATE DAYS

By WM. M. SKIPP, M. D.

The Mahoning County Medical Society has always recognized the importance of continuing medical education. With this thought in mind, our far-sighted officers of eleven years ago instituted a novel or unique institution of learning in our Society. It was their feeling that to keep abreast of the times it is necessary to have contact with institutions that are advancing the knowledge of medicine. The officers and the committee responsible for that first undertaking were as follows:

President, Dr. J. E. Hardman; vice president, Dr. W. H. Bennett; secretary, Dr. J. P. Harvey; treasurer, Dr. W. X. Taylor.

Program Committee: Dr. A. W. Thomas, Dr. W. H. Bennett, Dr. O. J. Walker, Dr. J. M. Ranz.

This group of men pioneered and proceeded from the beaten path, it took a lot of hard work to put into actual practice what they thought could be done. We must remember that this was a new undertaking. They had no rules to follow. The idea of bringing a group of men of such high caliber to the Mahoning County Society was unheard of and many times they were told that it could not be done. With opposition from all sides, they formulated their plans and arranged the First Postgraduate Day, June 8, 1928.

Again, remember that there was no past experience or records to follow, but the First Postgraduate Day did bring out a large attendance; almost as large as in the years that followed. Men from surrounding counties came so that when the total was counted 179 doctors had heard a program which covered many phases of practice.

This group came from the Graduate School of the University of Pennsylvania. The program started at 10:30 a. m. at the Ohio Hotel.

Dr. John A. Kolmer, "The Treat-

ment of Acute Suppurative Streptococcus and Pneumococcus Meningitis."

Dr. W. Estell Lee, "Burns."

Dr. J. Claxton Gittings, "The Occurrence of Mesenteric Non-Tuberculous Adenitis in Children."

Dr. Harry L. Bockus, "Colitis as a Cause of Diarrhoea."

Dr. W. Estell Lee, "Osteomyelitis."

Dr. J. Claxton Gittings, "The Treatment of Rheumatism in Children with Small's Serum."

Following this meeting there was a general demand for this type of educational program so the next year arrangements were made earlier, under the direction of the Program Committee, late Dr. Arthur Smythe, chairman. More advertising of the coming meeting was undertaken and it was held in the fall, on October 21, 1929. An outstanding group of teachers and clinicians from the Mayo Clinic presented a program very similar to the first at the Ohio Hotel. The attendance was not as good as that of the first. There were 164 doctors present.

Dr. D. C. Balfour, "Significance of Dyspepsia."

Dr. H. I. Lillie, "Foci of infection encountered in the ear, nose and throat."

Dr. H. Z. Giffin, "Secondary anemia and the data obtained from a study of the morphology of the blood."

Dr. W. C. McCarty, "Gall-bladder pathology."

Dr. H. I. Lillie, "Headache from standpoint of the rhinologist."

Dr. H. Z. Giffin, "The medical and surgical treatment of various blood dyscrasias."

Dr. W. C. McCarty, "Early diagnosis of cancer of the stomach."

Dr. D. C. Balfour, "Management of lesions of the stomach and duodenum."

(Continued on Page 142)

**The Eleventh Annual
POSTGRADUATE ASSEMBLY**
of the
Mahoning County Medical Society
Thursday, April 28, 1938

Program by a group from

LAHEY CLINIC

FRANK H. LAHEY, M. D.
Director of the Lahey Clinic

GILBERT HORRAX, M. D.
Neurosurgical Service

EVERETT D. KIEFER, M. D.
Gastro-Enterology

ELMER C. BARTELS, M. D.
Internal Medicine

ALL-DAY SESSION AT HOTEL OHIO

Registration Fee, including Lunch and Dinner, Five Dollars

OUT-OF-TOWN PHYSICIANS MOST CORDIALLY
INVITED TO ATTEND

POSTGRADUATE DAY PROGRAM

MORNING SESSION

- 9 to 10 A. M. The Management of Peptic Ulcer
—DR. KIEFER
- 10 to 11 A. M. Trigeminal Neuralgia and Menieres Disease
—DR. HORRAX
- 11 to 12 A. M. Problems Involved in Weight Reduction
—DR. BARTELS
-

LUNCHEON

AFTERNOON SESSION

- 2 to 3 P. M. Diagnosis and Management of Thyroid Disease
—DR. LAHEY
- 3 to 4 P. M. Constipation and Functional Indigestion
—DR. KIEFER
- 4 to 5 P. M. Diagnosis and Treatment of Gout
—DR. BARTELS
-

EVENING SESSION

- 6:30 P. M. Dinner.
1. Problems in the Diagnosis and Accomplishments
in Treatment of Brain Tumors - DR. HORRAX
 2. Diagnosis and Management of Carcinoma of the
Colon and Rectum - - - - - DR. LAHEY

THE LAHEY



FRANK H. LAHEY, M. D.

DR. LAHEY, Director of the Lahey Clinic, heads the group. He is a graduate of Harvard, 1904; Professor of Surgery Tufts Medical School, 1913-1917; Director of Surgery A. E. F. Evacuation Hospital No. 30; Major Medical Corps, World War; Professor of Clinical Surgery Harvard Medical School, 1923-1924. Surgeon-in-chief New England Deaconess Hospital, Surgeon-in-chief New England Baptist Hospital. President American Association for the Study of Goitre, Member of the American Surgical Society, International Surgical Society, Regent of the American College of Surgeons.



GILBERT HORRAX, M. D.

DR. HORRAX—B.A. Williams College, 1909; Sc.D. Williams College, 1936; (Hon.) M.D. Johns Hopkins Medical School, 1913. Major in U.S.M.C. in France, 1917-1919; on Staff Peter Bent Brigham Hospital, 1919-1932; last few years as senior assistant in neurosurgery. Assistant Instructor and Assistant Professor of Surgery in Harvard Medical School, 1919-1932. In charge of neurosurgical service the Lahey Clinic, 1932-date. Neurosurgeon to New England Deaconess and New England Baptist Hospitals, Boston.

CLINIC GROUP

DR. KIEFER—A.B. University of Kansas, 1921; M.D. Harvard Medical School, 1926; Interne in Medicine Royal Victoria Hospital, Montreal, 1926-1927; Physician, Section of Gastro-Enterology, Lahey Clinic, Boston, since 1927. Member American Gastro-Enterological Association.



EDWARD D. KIEFER, M. D.



DR. BARTELS—University of Illinois College of Medicine B. S. and M.D., Fellow in Internal Medicine, Mayo Clinic, 1928-1932. Fellow A.M.P. Member Board of Internal Medicine, Physician, Internal Medicine, Lahey Clinic, 1932 to date.



ELMER C. BARTELS, M. D.

HISTORY OF ANNUAL POSTGRADUATE DAYS

(Continued from Page 137)

The program was well-presented by this group of men but it was believed that the fall was a very poor time for this type of program, because of other national fall meetings which many of our men attended. Under the direction of Dr. A. E. Brant, the spring was chosen as the most suitable. The date, June 12, 1930, was selected for the Third Postgraduate Day, to be held at the Ohio Hotel. The following program was offered by four members of the faculty of Jefferson Medical School. The attendance was very small, there being only 105 doctors present.

Dr. Louis H. Clerf, "Bronchoscopy, Its Importance to the General Practitioner."

Dr. J. T. Rugh, "Balance and Low Back Pain."

Dr. Elmer H. Funk, "Recent Advances in the Diagnosis and Treatment of Non-Tuberculous Disease of the Lower Respiratory Tract."

Dr. Edward J. Klopp, "Diagnosis of Malignant Growths of the Stomach and Intestines."

Dr. Louis H. Clerf, "Esophagoscopy and Esophageal Disease."

Dr. Edward J. Klopp, "Diagnosis and Treatment of Breast Tumors."

Dr. Elmer H. Funk, "Some Interesting Problems Involved in the Differential Diagnosis of Intrathoracic Diseases."

By this time many of the boosters of our Postgraduate Day had started to slip from the ship, but there were still a few who felt there was a need for this type of education. The attendance had gradually become less; many of our own men were not attending. Knocks and "kicks" were coming from all sides that this was an unnecessary expense and that the program was not worth the price. Before the time arrived for a new program, our ever-present and helpful friend, *The Bulletin*, was delivered and was a growing child. Through

its circulation the Postgraduate Day took new life and under the direction of two new committees. The Postgraduate Committee headed by Dr. M. H. Bachman and the Publicity Committee headed by Dr. E. C. Baker combined with the Program Committee headed by Dr. J. Rosenfeld. The opposition was suppressed and new life instilled into the Postgraduate Day. On June 18, 1931, at the Ohio Hotel 236 doctors attended a program presented by the following group of teachers from the Johns Hopkins University:

Dr. Emil Novak, "The Treatment of Chronic Endocervicitis."

Dr. Thomas B. Fletcher, "The Problem of Arthritis."

Dr. William E. Reinhoff, Jr., "The Surgical Status and Treatment of Chronic Peptic Ulcer with some Experimental Observations."

Dr. Louis Hamman, "The Diagnosis of Obscure Fevers."

Dr. Emil Novak, "Recent Developments in the Physiology of Menstruation."

Dr. Thomas B. Fletcher, "Manifestations of Hyperfunction and Hypofunction of the Endocrine Glands Seen in General Practice."

Dr. William E. Reinhoff, Jr., "Clinical Observations before and after operation in cases of Hyperthyroidism."

Dr. Walter Dandy, "Diagnosis and Treatment of Injuries of the Head."

Dr. Louis Hamman, "Diagnosis of Coronary Occlusion."

Dr. Walter E. Dandy, "Diagnosis and Treatment of Lesions of the Cranial Nerves."

Dr. Thomas B. Fletcher, "Diagnosis and Treat of Diabetes Insipidus."

Dr. Emil Novak, "Endocrinology and Organotherapy in Gynecology."

This was such an outstanding program that reports came from all sections of western Pennsylvania and northeastern Ohio, that never had

there been such a day and requested that it be continued. This gave the "old guard" renewed life and with lots of vigor they proceeded to make plans for the coming years.

Under the direction of the following Committees:

Postgraduate Day, Dr. P. J. Fuzy, chairman; Program Committee, Dr. E. C. Goldcamp, chairman; Publicity Committee, Dr. O. J. Walker, chairman.

425 doctors listened to a program at the Hotel Ohio on April 28, 1932, presented by a group of teachers and clinicians from Peter Bent Brigham Hospital, Boston, Mass.

Dr. Henry A. Christian, "Varieties of Bright's Disease and Their Management."

Dr. Samuel A. Levine, "A clinical conception of Rheumatic Heart Disease."

Dr. William C. Quinby, "Cardio-Renal Balance after Operations."

Dr. Merrill C. Sosman, "Through the Alimentary Canal with the Fluoroscope."

Dr. Samuel A. Levine, "The Bed-side Recognition and Treatment of Cardiac Irregularities."

Dr. William C. Quinby, "Some Clinical Aspects of Urinary Calculi and Their Treatment."

Dr. Henry A. Christian, "Diuretics and Their Uses."

It had become evident that our Society was determined to continue its Postgraduate Day. Thus it has been established as a yearly affair. All arguments to the contrary notwithstanding, the programs had not improved, that is, the speakers and teachers were of the same type. From here on it was learned that if our Postgraduate Day was to be a success, it was necessary for every member of the Society to get behind it and work, not just a couple of good workers in a few committees, but all of them, and that is what has been done.

It was learned that advertising was,

and is necessary. It is necessary to have a good program and then keep it before the profession of this district, never letting up once. It is important that the program be smoothly presented, that all attending are made welcome, and giving them their "money's worth."

The Sixth Postgraduate Day was opened at the Ohio Hotel on April 20, 1933, under the direction of the following committees:

Program Committee, Dr. C. B. Norris, chairman; Postgraduate, Dr. G. G. Nelson, chairman; Publicity, Dr. D. A. Nesbit, chairman.

There were 364 members of the profession registered. The lectures were conducted by a group of men from the Memorial Hospital of New York.

Dr. James Ewing, "Refinements in Tumor Diagnosis."

Dr. Lloyd F. Craver, "Diagnosis and Treatment of Hodgkins Disease, Leukemia and Lymphosarcoma."

Dr. Benjamin S. Barringer, "The Past and the Present in the Treatment of Genito-Urinary Carcinoma."

Dr. Mames Ewing, "Melanoma."

Dr. Lloyd F. Craver, "Medical Problems in the Treatment and Diagnosis of Cancer."

Dr. Benjamin S. Barringer, "Radium Treatment of Cancer of the Bladder."

Dr. Burton J. Lee, "Cancer of the Breast."

Dr. James Ewing, "Specializing in Cancer."

Dr. Burton J. Lee, "The Role of Surgery and the Role of Irradiation in the Treatment of Cancer."

While our Postgraduate Day covered cancer, a full week of cancer was presented to the people of Youngstown at the same time, bringing to the attention of laymen the importance of the early diagnosis of this dreaded disease.

By this time it was definitely understood that our postgraduate day



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April

was with us to stay and that each and every year a group of outstanding teachers would be brought here for our benefit and improvement. The Seventh Annual Postgraduate Day was presented by a group of distinguished men from the McGill University at the Hotel Ohio on April 28, 1934. The attendance was 395. This program was under the direction of the following committees and their chairmen:

Program Committee, Late Dr. H. J. Beard, chairman; Publicity, Dr. J. L. Fisher, chairman; Postgraduate, Dr. J. D. Brown, chairman.

Dr. J. C. Meakins, "Rheumatic Fever Considered as a Specific Infectious Disease; Its Prognosis and Treatment."

Dr. J. B. Collip, "Recent Advances in Anterior Pituitary Physiology, Part I."

Dr. Wilder G. Penfield, "Management of Head Injury, Early and Late."

Dr. John R. Fraser, "The Inflammatory Pelvis."

Dr. J. B. Collip, "Recent Advances in Anterior Pituitary Physiology, Part II."

Dr. Wilder G. Penfield, "Epilepsy: Classification and Management."

Dr. J. C. Meakins, "Chronic Non-Tuberculous Pulmonary Disease."

Dr. John R. Fraser, "Hemorrhage in the Last Trimester of Pregnancy."

The Eighth Annual Postgraduate Day presented the Mayo Group again on April 25, 1935. The Stambaugh Auditorium was filled to capacity, with 618 doctors registered. Never had such a large number of medical men been assembled in the City of Youngstown, because of the program and attention paid to all minute details by the following committees:

Program Committee, Dr. A. E. Brant, chairman; Publicity, Dr. Dean Nesbit, chairman; Postgraduate Day, Dr. J. D. Brown, chairman.

There was never a lull from 9:00

a. m. until 10:00 p. m. Every meeting was called on time and all the doctors present could hear each lecture given.

Dr. Henry W. Meyerding, "Spondylolisthesis as a Factor in the Cause of Backache."

Dr. Walter C. Alvarez, "The Treatment of Gastro-intestinal Neuroses."

Dr. Frank C. Mann, "The Functions of the Liver."

Dr. C. F. Dixon, "Rectal Cancer: Management and Prognosis."

Dr. Frank C. Mann, "The Functions of the Spleen."

Dr. Henry W. Meyerding, "The Clinical Aspects of Fibrosarcoma of the Soft Tissues of the Extremities."

Dr. Walter C. Alvarez, "The Diagnosis of Gastro-intestinal Disease Purely from a good history."

Dr. C. F. Dixon, "Essential Operations for Chronic Ulcerative Colitis."

We must not forget, as was stated earlier in this review, that our Bulletin has played a great part in the success of these meetings, first, advertising to the profession; second, by lay advertising. Our Postgraduate Day is bringing together large numbers of medical men from this section. The Bulletin advertisers have exhibited their wares to good advantage and have set up magnificent displays which have added to the benefits we have all derived from these meetings.

Our 1936 meeting was held on April 30, 1936, at the Stambaugh Auditorium. The attendance dropped a little this year due primarily to bad weather, but 375 medical men listened and learned a lot from the program presented by a group from the College of Physicians and Surgeons, Columbia University.

This meeting was arranged and conducted by the following committees:

Program Committee, Dr. E. C. Baker, chairman; Publicity, Dr. Jos. Rosenfeld, chairman; Postgraduate, Dr. M. W. Neidus, chairman.

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The following program was presented:

Dr. Dana W. Atchley, "The Nephrotic Syndrome."

Dr. Alvin L. Barach, "Therapeutic Use of Helium in Asthma and Obstructive Lesions in the Larynx and Trachea."

Dr. Walter W. Palmer, "Thyroid Function and the Low Basal Metabolic Rate."

Dr. Allen O. Whipple, "Recent Advances in Surgery of the Pancreas."

Dr. Dana W. Atchley, "The Role of Peripheral Circulatory Failure in Medicine."

Dr. Alvin L. Barach, "Recent Advances in the Treatment of Pulmonary Odema, Cough and Dyspnoea."

Dr. Allen O. Whipple, "The Medical and Surgical Treatment of Thrombocytopenic Purpura."

Dr. Walter W. Palmer, "The Problems in the Medical and Surgical Treatment of Hyperthyroidism."

The Tenth Annual Postgraduate Day was held April 20, 1937, at the Hotel Ohio where the following program was presented by a learned group from the University of Michigan.

Dr. John Sheldon, "Skin Hypersensitiveness."

Dr. Frederick A. Coller, "The Surgical Aspects of Gall Bladder Disease."

Dr. Frank N. Wilson, "Cardiac Failure; Its Recognition and Management."

Dr. Frederick A. Coller, "The Administration of Fluids to the Sick Patient."

Dr. John Sheldon, "A Consideration of the Diagnostic Criteria and Specific Management for Allergic Disease."

Dr. A. C. Furstenberg, "A Clinical and Anatomical Study of Inflammatory Processes in the Mouth and Pharynx."

Dr. Cameron Haight, "Surgical Management of Pulmonary Tuberculosis."

Dr. Frank N. Wilson, "Coronary Occlusion."

Dr. A. C. Furstenberg, Dean—"Closing Remarks."

This program was brought to us through the hard work of the following committees:

Program, Dr. John Noll, chairman; Publicity, Dr. E. J. Reilley, chairman; Postgraduate Day, Dr. Gordon G. Nelson, chairman.

We must not forget that all the members of these committees were just as important as the chairman, also that all the officers of the Society gave much help. These days would not be a success without the whole-hearted support of the entire membership of the Society. We can not forget our many friends in neighboring counties and states.

Nowhere can you find such an array of talent as that which has come to us in the past ten years. We have been greatly honored to have these men as our distinguished guests. Look over the names and you will see that they are all at the head of our profession. They have come here, given of their time and energy to aid us in the diagnosis and treatment of our patients.

Now that we have seen what has gone before us, let us look to the future and see what the Eleventh Annual Postgraduate Day has to bring on April 28, 1938. This program is being presented by an outstanding group coming from an internationally known clinic in the conservative city of Boston, The Lahey Clinic. The program is published elsewhere in this issue and will be omitted here.

Glance over the program. See what your committees—Program Committee, Dr. John Noll, chairman; Publicity, Dr. L. S. Deitchman, chairman; Postgraduate Day, Dr. J. B. Birch—have arranged for you. They need all of us to be present to show

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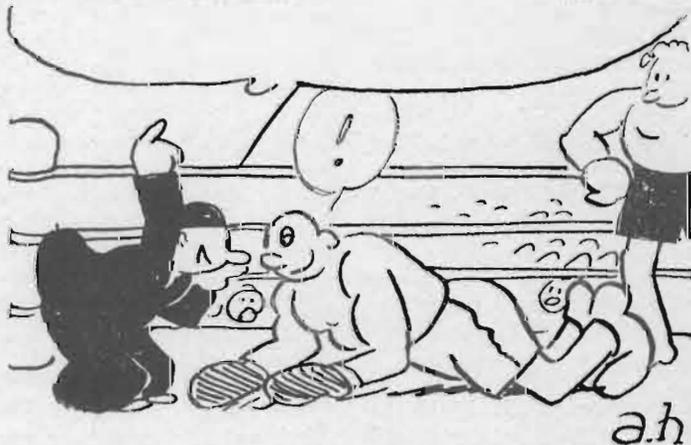
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POSTGRADUATE DAY—APRIL 28

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this group of men we appreciate their leaving their busy practices to be here with us. Do not fail them! This program brings many phases in recent advances in the care of the sick. Come and let them teach you what is new.

May we extend in advance a very cordial welcome to Drs. Frank H. Lahey, Gilbert Horrax, Everett D. Kiefer and Elmer C. Bartels. May they have a safe journey and we will do all in our power to make their stay with us a very enjoyable day.

To our many friends and guests from miles around, may we again

welcome you to a great day. We hope you will enjoy yourself and that you will be repaid for your effort in coming to be with us. We will attempt to make your stay with us a pleasant one. So take the day off.

We are now looking forward to the greatest Postgraduate Day we have ever had. The program cannot be surpassed. The attendance will be good. You will see all of your friends here. Do not forget that the program starts promptly at 9:00 a. m.

We will guarantee you that the weather will be fine.

THE MEDICAL CRIER

A Page of Sidelights, News and Views From the Medical Field

- Welcome members, visitors, internes, exhibitors to Postgraduate Day. Get away from work, relax and learn. Have a real good day in the old student atmosphere. Listen to the lectures and visit the exhibits. Remember that the Bulletin supplies the booth space free for its advertisers, so they are all old friends. Come to the banquet, it's all included in the dues this year, so you ought to enjoy it twice as much.

- An undergraduate told us this one about what the woman who lipped said to the doctor, "I thaw you latht night and got that old theelin!"

- Taking it for granted that you all read the President's Page last month, we wonder how many completed the assignment of reading he gave you. If you did, you realize that we have a mighty big and important job to do. One which must be done thoroughly and accurately, for if it is done so it will be the most important medical survey ever attempted. It will be done by the only organization capable of completing such a highly specialized undertaking. Various local surveys have been made by agencies in different parts of the country and findings published have been as divergent as the descriptions of the elephant by the three blind men. Re-

ports have been tinged by personal bias, altruism or propaganda effort. The famous report of the famous Committee on the Cost of Medical Care in 1933 was the result of expensive investigation. Its highly involved verbosity settled nothing and gave rise to a demand for a Committee to Investigate the Cost of Committees. Then came the fact finding report published by the American Foundation as "Expert Medical Testimony Out of Court." All of these were conscientious efforts to obtain a broad view of the medical situation and each one has perhaps brought us a little nearer to the truth.

Now comes a survey conducted by the doctors themselves as well as their allies the hospitals, public health departments, etc. If the various medical societies respond as they should, the result will provide the most accurate and dependable information ever gathered on the need for and availability of medical care. It must be done in an unbiased, scientific manner, not designed to bolster any predetermined theory. The idea is to supply the A. M. A. with the facts, with the picture as it exists in each community, and from them can be drawn accurate conclusions with sound recommendations for improvement.

—J. L. F.

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POSTGRADUATE DAY—APRIL 28

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Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.

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Those who received return post cards attached to their February Bulletin and do not return by April 1st, will be dropped from the mailing list. We take it you do not want it.

New Castle, Pa., and Circleville, Ohio, returned cards without signatures.

We quote some of the returns:

Your Bulletin is excellent—Please.—Ashland County Medical Society, Ashland, Ohio.

Thanks a lot.—American Medical Association, Chicago, Ill.

Thank you, I enjoy it very much.—Chas. H. Bailey, M. D., East Liverpool, Ohio.

Thanks much.—Guy E. Byers, M. D., Salem, Ohio.

I read it and then take it to the hospital for others.—E. R. Brush, M. D., Zanesville, Ohio.

Thank you so much and really do want it.—Hugh G. Beatty, M. D., Columbus, Ohio.

The courtesy of your Bulletin is very much appreciated. Have enjoyed it very much.—Edward A. Bailey, Cleveland, Ohio.

I read your Bulletin and enjoy it. It is an excellent publication.—P. V. Biggins, Sharpsville, Pa.

I enjoy your publication much.—John H. Boyd, M. D., New Wilmington, Pa.

Your Bulletin pleases me very much and I appreciate your sending it.—Harry Bookwalter, M. D., Columbiana, Ohio.

The Bulletin of the Mahoning County Medical Society is the most inspiring publication I receive.—John D. Boylan, M. D., Milford Center, Ohio.

We do enjoy your Bulletin coming to our library.—Berks County Medical Society Library, Reading, Pa.

Thank you much.—M. F. Bossart, Akron, Ohio.

An excellent Bulletin which I appreciate receiving.—John J. Bowlen, M. D., Akron, Ohio.

The Bulletin pleases—I enjoy it a lot.—A. R. Collander, M. D., Delaware, O.

I go through your Bulletin quite carefully.—L. D. Covert, M. D., Bellaire, O.

Enjoy it very much.—H. D. Chamberlain, M. D., McArthur, Ohio.

Please make sure the Bureau continues

to receive your Bulletin.—Columbus Bureau of Medical Economics, Columbus, Ohio.

We appreciate your Journal very much.—Clark County Medical Society, Springfield, Ohio.

Appreciate the Bulletin very much. It is very kind of you to send it.—A. E. Chadwick, M. D., New Brighton, Pa.

You have variety of material. Often find suggestions for our own.—Howard Dittrick, M. D., Cleveland, Ohio.

Keep it up—very good.—A. A. DeCato, M. D., Ashtabula, Ohio.

Best in the State—Yes indeed.—J. D. Dunham, M. D., Columbus, Ohio.

And do we read it?—Des Moines Academy of Medicine, Des Moines, Iowa.

With many thanks.—Medical Annals of the District of Columbia, C. B. Conklin, M. D., Washington, D. C.

Please, by all means.—W. F. Donaldson, M. D., Pittsburgh, Pa.

Your Bulletin decidedly pleases me.—R. B. Dobbins, M. D., Warren, Ohio.

I have greatly enjoyed your Bulletin and appreciate your sending it.—Elizabeth A. Leggett, M. D., Kent State University, Kent, Ohio.

I appreciate and enjoy your Bulletin very much—Thanks.—John A. Fraser, M. D., E. Liverpool, Ohio.

The Bulletin pleases me very much and oft times I send it on to Los Angeles to some of the "Old Timers." Thank you.—C. F. Flannery, M. D., New Castle, Pa.

Find it very interesting and enjoy reading it.—C. B. Forcey, M. D., Sewickley, Pa.

Best journal I receive. *Don't you dare cut it out.* Always get something out of it.—John Foster, M. D., New Castle, Pa.

You should have had a letter of appreciation long before this. Drs. D. L. Beers and H. B. Thomas formerly of Mahoning County frequently ask to see your most excellent Bulletin.—Gallia County Medical Society, Gallipolis, Ohio.

Many thanks, I like your Bulletin.—

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Paul C. Gauchot, M. D., Warren, Ohio.

I do appreciate the Bulletin even though I seldom get to attend your meeting.—Harry C. Hurd, M. D., Hiram, Ohio.

Please keep me on your mailing list.—G. O. Hartman, M. D., Sharon, Pa.

Thank you.—C. L. Harmer, Danville, Ohio.

Thank you.—R. T. Morgan, M. D., Marion, Ohio.

I sure do enjoy your Bulletin.—C. M. Hazen, M. D., Titusville, Pa.

Your Bulletin is O. K., thanks.—A. S. Kaufman, M. D., New Kensington, Pa.

Excellent.—J. D. Kistler, M. D., Pittsburgh, Pa.

Certainly do want the Bulletin. Will come to hear Labey Clinic group in April.

—J. A. Lindsay, M. D., Pittsburgh, Pa.

It certainly helps us.—Linn County Medical Bulletin, Cedar Rapids, Iowa.

I enjoy every issue.—H. G. Lafferty, M. D., Sharon, Pa.

Thanks much.—Lorain County Medical Society, Oberlin, Ohio.

One of the best printed Bulletins I receive in exchange.—Miami County Medical Society, Pleasant Hill, Ohio.

Thank you so much.—L. M. Merkel, M. D., Sharon, Pa.

Thank you for copies of your Bulletin. They repose in the new Harold H. Brittingham Memorial Library.—M. Martin, M. D., Medical City Hospital, Cleveland, Ohio.

Sure I want it, as it is good.—Robert S. Martin, M. D., Zanesville, Ohio.

It is excellent.—Chas. R. Meek, M. D., Lorain, Ohio.

I always read the Mahoning County Medical Bulletin. Thanks for mailing it.—Myron Metzenbaum, Cleveland, Ohio.

The best County Bulletin I have ever read.—R. G. McMurray, M. D., Marion, Ohio.

Many thanks.—Ben R. McClellan, M. D., Zenia, Ohio.

Many thanks—I must have it.—Sidney McCurdy, M. D., Columbus, Ohio.

We must have it, 'cause it's one of the best.—Ohio State Medical Association, Columbus, Ohio.

I thank you for the favor of receiving your Bulletin.—Max S. Nast, M. D., Butler, Pa.

We should be very glad to receive this in future. It is one of the best Bulletins on our list.—Pierce County Medical Society, Tacoma, Washington.

I would miss it very much, should you deprive me the publication.—James M. Popp, M. D., New Castle, Pa.

Every Bulletin is interesting. Portage County Society profits from your progressive ideas. Thank you.—Portage County Medical Society, Kent, Ohio.

A fine magazine—appreciated.—J. F. Rudolph, M. D., Warren, Ohio.

You bet I want it. It is a great Bulletin.—R. L. Rutledge, M. D., Alliance, Ohio.

It certainly is a very fine Bulletin.—Park G. Smith, M. D., Cincinnati, Ohio.

I appreciate your Bulletin very much.—I. P. Seiler, M. D., Piquette, Ohio.

Enjoy it immensely—many thanks.—R. M. Swan, M. D., Cambridge, Ohio.

Very glad to receive it. Many thanks.—J. W. Schoolnic, M. D., E. Liverpool, Ohio.

Thanks very much. I have meant many times to write and thank you for sending it. Have been down to Post-graduate yearly for the past four years.—Louis Sheinin, M. D., Akron, Ohio.

I always enjoy reading your Bulletin.—J. E. Tuckerman, M. D., Cleveland, Ohio.

Yes. I want the Bulletin.—F. F. Urey, M. D., New Castle, Pa.

I enjoy it very much.—H. H. Walker, Linesville, Pa.

Many thanks.—J. L. Webb, M. D., Nelsonville, Ohio.

Excellent.—E. F. Kieger, M. D., Cleveland, Ohio.

Many thanks.—Paul Wilson, M. D., New Castle, Pa.

Your Bulletin pleases—and how.—W. A. Womer, M. D., New Castle, Pa.

Many thanks.—Paul Wilson, M. D., New Castle, Pa.

We go through it and made notes every month. Thanks.—Wayne County Medical Society, Detroit, Mich.

Think it's swell.—Harold B. Ashworth, M. D., Moundsville, W. Va.

Your interesting and attractive Bulletin is appreciated, and we would like to be continued on the mailing list.—How do you manage to obtain and hold so many advertisers?—Erie County Medical Society and Buffalo Academy of Medicine, Buffalo, N. Y.

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NEWS ITEMS

By S. J. T.

Drs. P. R. McConnell, M. B. Goldstein and P. J. McOwen presented a symposium on Syphilis at the March meeting of the Staff of St. Elizabeth's Hospital.

Dr. R. B. Poling had a very bad appendix removed on Friday, March 25th, in St. Elizabeth's Hospital. He had quite a stormy time but is now getting along nicely.

Dr. Joseph Barach of Pittsburgh will speak on Diabetes at the April meeting of the Staff of St. Elizabeth's Hospital. All members of the Mahoning County Medical Society are cordially invited to attend this meeting. It will be called to order at 8:30 p. m.

Dr. C. S. Lowendorf had his appendix removed recently in St. Elizabeth's Hospital. He made an uneventful recovery and is back on the job.

Dr. M. W. Neidus is at the Mayos for a week of intensive postgraduate work in internal medicine.

Dr. C. H. Beight has moved his offices from The Dollar Bank Building to the Medical Arts Building, Market Street.

By C. A. G.

Dr. L. W. Weller is taking a surgical course at the Mayo Clinic.

Dr. Morris Deitchman is back on the job after a recent serious illness.

Dr. Allan Altdoerffer has been released from the hospital where he recently underwent an operation. He expects to return to work in about three weeks.

Dr. John Noll has been ill at home for the past four days. He is expected back at the office by Friday however.

Dr. John Noll is leaving the first

of the week to attend the American College of Physicians at New York.

RELIEF FEES TEMPORARILY LOWERED

As an emergency measure the Medical Relief Committee arranged a meeting with the County Commissioners and Mr. Feuer to determine just what could be done about the payment of the present medical fees under the increased demand for indigent care. The alternatives were pro-ration, which everyone has cause to remember in the past, or the acceptance, perhaps, of such plans as are in operation elsewhere.

It was agreed that all house calls be two dollars, office calls one dollar, fractures (uncomplicated), twenty dollars, and that the total number of home and office services be limited; in fact to economize to meet the present crisis. This plan was to be effective for six months only, at the end of which time there was to be resumption of the existent present contract.

This arrangement was recommended to the Committee on Public Relations and Economics, and was accepted by that Committee.

D. E. MONTGOMERY, Chairman
Sub-Committee on Indigent Relief.

DR. POLING ILL

Everybody in the Society will regret to learn that our Secretary, Dr. Robert B. Poling, is ill in St. Elizabeth's Hospital. Our genial and efficient Secretary perhaps finds satisfaction in his adversity. His room is full of gorgeous flowers and loving messages. Well, — that's one way to find out how a fellow stands, — but Bob ought to have known that he's tops without spilling so much Gail!

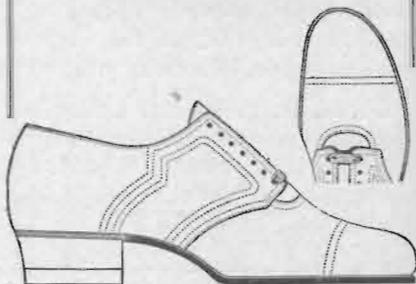
Our sympathies go to Dr. Poling, also, for the recent loss of his brother.

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