



"Let he who speaks wisely.—  
speak seldom."

—Harold Hutt.

# BULLETIN

of the  
**Mahoning  
County  
Medical  
Society**

Vol. IX  
June

No. 6  
1939



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WARREN, OHIO

# BULLETIN *of the* . . . . .

## Mahoning County Medical Society

J U N E

1 9 3 9

Published monthly at  
787 Wick Avenue, Youngstown, Ohio.  
Annual Subscription, \$2.00.

WM. M. SKIPP, M. D., President

JOHN NOLL, M. D., Secretary

R. B. POLING, M. D., President-Elect

ELMER H. NAGEL, M. D., Treasurer

H. E. PATRICK, M. D., Editor

### MEDICAL CALENDAR

**June 20**—Speaker, Dr. August A. Werner, Endocrinology.  
Youngstown Club, 8:30 P. M.

**July 20**—Golf Party, So. Hills Country Club.

**August 17**—Golf Party, So. Hills Country Club.

**September 14**—Corn Roast and Clam Bake, Bert Millikin's Farm.

**September 19**—Speaker, Dr. Walter M. Simpson, Artificial Fever Therapy. Youngstown Club, 8:30 P. M.

### FALL LECTURES

in charge of

**DR. HARRY BECKMAN**

of the

**MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**

**Dates To Be Announced Later**

### MEDICAL TALKS OVER WKBN FOR JUNE AND JULY

- June 16**—Goiter - - - - - Dr. James K. Herald  
**June 23**—Sudden Death - - - - - Dr. J. C. Vance, Lowellville  
**June 30**—July Fourth Follies - - - - - Dr. John Renner  
**July 7**—Chronic Arthritis - - - - - Dr. R. W. Rummell  
**July 14**—Physicians' Drugs & Their Control - - - Dr. H. S. Banninga  
**July 21**—Vaccines and Serums - - - - - Dr. W. D. Coy  
**July 28**—Surgery in Diabetics - - - - - Dr. James D. Brown

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*Assistant Physician*

**R. E. PINKERTON, M. D.**

*Consultant*

**E. D. McGOWAN, President**

**E. A. PAISLEY, Business Mgr.**

Fair Oaks Sanitarium is a member of the American Hospital Association and the Central Neuropsychiatric Hospital Association.

*June*



## PRESIDENT'S PAGE

Honor has been bestowed upon me a humble member of our Society. This honor comes not alone by work of myself but by the progressiveness that the entire membership of our Society has shown.

The House of Delegates at its Toledo Meeting saw fit to elect me to the highest honor that can be bestowed upon a member of our profession in our State. This is because the Mahoning County Medical Society has shown itself to be an active and wideawake group of progressive men and women.

Our Society has never lagged in its interest both in the scientific and economic phases of medicine.

We have outstanding men in all branches of medicine. We are known over the State and Nation because of our outstanding contributions to the cause whatever it may be.

Our Society in recent years has always been represented in the House of Delegates by men who have taken a very active part in the business of the profession. Also we have been represented in every scientific session. In postgraduate work both locally and State we have been outstanding.

It has been because of the achievements of these outstanding men that we have been recognized as a progressive group.

No efforts of mine, standing alone, would have amounted to one iota without these coöperating efforts.

Therefore, what has been given is only a symbol of recognition for our good and noble Society. Because of this I receive this great honor.

Our Delegates attend all meetings of the House. They are known for their sound and up-to-the-minute views and are looked to for progressiveness in State affairs. This is attested to by the number of our men that you will find on State Committees. They are in demand because of many things that are never told. It is unusual to see in the House every regularly elected delegate. But not so from Mahoning County. Not only are our regularly elected delegates present, but also our alternates are always there. We always have a full turnout for voting and discussion and our members are always attending to functions of State.

A notable occurrence was found in the recent session of the House in that a full House was present for the entire final session; not merely a handful, but every delegate remained for all the business.

Several contests were held for Councilor positions, showing that the membership as a whole is interested in the business of the Association.

This also holds true for national delegates. Many candidates were presented and again Mahoning County was honored by having the first regular delegate to the American Medical Association. This was a contested battle and Dr. Claude B. Norris was elected.

The Society held an alternate delegateship for one year in the past.

Again, I plead with the membership of our Society to continue to give me the support as President-Elect of the State Association that you have given me in all important positions I have held both in the local and State organizations.

I cannot function alone. Our Society cannot hold the lead if we do not coöperate to a man.

WM. M. SKIPP, M. D.



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**BILATERAL PNEUMOTHORAX\***

By A. K. PHILLIPS, M. D.

This is a case of a 34-year-old white male, single, mill-worker, who came into the hospital with the complaint of "wheezing" and "shortness of breath."

He dates the onset of his condition six days prior to his admission. Early that morning he had a sudden, sharp pain in the *left* mid-clavicular area, radiating rapidly down to the left upper quadrant of the abdomen. This was followed immediately with shortness of breath, profuse perspiration, apprehension, and weakness. The patient was so weak that he had to recline. In about an hour he felt better and decided to go to work. Throughout the entire day he was somewhat weak, and had to breathe through his mouth to breathe comfortably. On returning home that evening, he had a sudden severe pain in the anterior portion of the *right* lower chest. This was also followed by dyspnea, profuse perspiration, apprehension, and weakness. He then called his physician, who made a tentative diagnosis of bronchial asthma, and treated him with ephedrine and adrenalin. These medications, however, gave him no relief. For six days and nights, he was unable to eat or sleep. On the sixth day, his condition became so severe that his physician advised hospitalization.

There is no history of any idiosyncrasy to foods. There is no previous history of dyspnea, orthopnea, cyanosis, edema, palpitation, angina, chills, fever, hemoptysis, loss of weight, night sweats, or afternoon temperature.

The *Review of Systems* is not significant other than the presence of a chronic occupational cough.

His *Family History* is non-contributory.

In his *Past History*, he has had the usual childhood diseases, but not scarlet fever, diphtheria, or whooping cough. Eight years ago, he had a pneumonia from which he made an uneventful recovery. Three years ago, he had a lipoma removed from the right arm.

The *Physical Examination* reveals a well-developed and a well-nourished white, male of about 34 years of age, sitting up in bed, markedly dyspneic and apprehensive, complaining severely of shortness of breath. He is rational and as coöperative as his condition permits.

His *Skin* is soft, smooth, and moist. There is no eruption, pallor, or jaundice.

*Head and Neck* are negative.

*EENT* present a definite cyanosis about the lips, a mild upper respiratory tract infection, caries, and pyorrhea.

On *Observation of the Chest* all the extra-respiratory muscles are in use. There is a definite limitation of motion on the left side as compared to the right. On palpation, there are no abnormal pulsations, but a definite decrease in tactile and vocal fremitus is present on the left side as compared to the right. A loud diffuse tympanitic note is present on percussion. Auscultation reveals a wheezing sound throughout the chest. There are a few moist, bubbling rales in the anterior portion of the right lower chest. There is no amphoric or metallic breathing present.

There is no cardiac impulse, thrill, or retraction over the precordium.

It is difficult to percuss the heart borders. Sounds are distant, but regular in rate and rhythm. No murmurs are present. Pulse is of a fairly good volume. B. P. 130/80. Because of the wheezing sounds present

\*Case presented to the Mahoning County Medical Society, May 16th, 1939. The presentation won first prize in the Annual Internes' Contest. A number of x-rays and photographs have been deleted.

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on expiration, accurate auscultation is difficult.

His *Abdomen* shows no distension, masses, tenderness, herniation, adenopathy, or scars.

The *Kidneys* and *Spleen* are not tender or palpable.

The *Liver* is two fingers below the costal margin.

Examination of the *Extremities* reveals a definite cyanosis of the nail beds. There is no edema, ulcers or varices.

*Rectal* and *Neurological* examination were not of significance.

His temperature—99.4. Pulse—84. Respirations—24.

#### Laboratory Findings—

On the second and fourth day, two urinalysis were found negative.

On the third day, a complete blood count was done which showed:

R B C.....	4,710,000
H B .....	15.6 gms.
W B C.....	17,800

The differential showed:

Stabs .....	33%
Segmenters .....	50%
Eosinophils .....	1%
Lymphocytes .....	16%

Multiple index of 10.

#### The Progress of the Case

The patient remained in the hospital for twenty-one days; from February 6th to February 27th.

On the first day, in spite of the fact that adrenalin, ephedrine, and propadrene hydrochloride were used, the patient showed no improvement. We then decided to use amyl nitrate and aminophyllin, but instead of relieving, these increased the respiratory embarrassment. Because of the severity of his condition, we decided not to use any opiates. The patient got a little relief from the use of nasal oxygen.

On the second day, a *Portable X-Ray* of the chest revealed a complete left pneumo-thorax and a partial pneumo-thorax on the right. 600 cc's of air were aspirated from the left chest producing immediate respiratory relief. In a few hours,

the patient again became dyspneic, and 900 cc's more of air had to be removed. He then complained of pain in his chest which was relieved by a small amount of codeine.

On the third day a 24-hour sputum concentration for tubercle bacilli was reported negative. On the afternoon of that day, the patient's condition suddenly became more serious. He became somewhat irrational, restless, more dyspneic, pulseless, and his respirations were six per minute. He was fortunate that two members of the resident staff were present. Immediately they administered artificial respiration, gave him two ampules of digalin intravenously, two ampules of coramine intramuscularly, removed 1200 cc's of air, and replaced the nasal oxygen with an oxygen tent of fourteen liters concentration. With this emergency treatment, the patient was revived. He was then watched closely. His temperature, pulse and respirations were checked every hour.

From the second to the fifth day, the patient had to be tapped every two to four hours to give him respiratory relief; however, he complained of the repeated thoracocentesis. We then devised a simple apparatus by which excess air could be removed spontaneously from his chest. A transfusion needle was placed in the sixth intercostal space of the right chest, in about the anterior axillary line. A rubber tubing was attached to the needle and the other end of the tubing was placed in a gallon bottle containing merthiolate and water. A small glass tube was used to show if any fluid was siphoned into the chest. This set-up was used only in the right chest in order to give the left visceral pleura an opportunity to heal. With this apparatus, he was able to rest for periods of three to four hours.

On the sixth day, however, he began to cough and expectorate a blood tinged sputum. He complained of pain in his right chest. His temperature was 102.8, pulse 108, respira-

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tions 28. His sputum was sent to the laboratory for pneumococcic typing. This report, that afternoon, was negative. Another Portable X-Ray of the chest was taken. This showed a complete collapse on the left side and an increased pneumothorax on the right. Examination of his chest revealed nothing more than the findings on admission. A 24-hour sputum concentration for acid-fast was again found negative.

From the sixth to the eighth day the patient's temperature varied from 101 to 102.8. He still expectorated a bloody sputum.

On the eighth day, the sputum examination revealed a Type 3 Pneumococcus. Dagenan and Sodium Bicarbonate were at once started.

From the eighth to the twelfth day the temperature dropped to 99, the bloody sputum ceased, and his coughing decreased; however, he continued to complain of pain in the area where the transfusion needle was inserted. On removing the transfusion needle the patient's complaints of pain lessened.

On the thirteenth day, the patient breathed comfortably, his temperature was 99, his respirations 20, and his pulse 82. He was cheerful for the first time—examination of his chest showed less hyper-resonance, but still a few wheezing rales throughout. Heart sounds were regular in rate and rhythm and not distant. He was now placed on a soft diet and slowly the concentration of the oxygen was decreased.

From the fourteenth through the seventeenth day, the patient was comfortable. His appetite increased and his temperature, pulse and respirations were normal. Only a pleural rub on auscultation was heard in the anterior axillary and in the anterior portion of the right chest. He was now able to lie, comfortably, flat in bed without the oxygen tent.

Another Portable X-Ray was taken on the eighteenth day. There was a complete expansion of the right lung

and almost a complete expansion of the left lung. There was a small amount of pneumothorax at the left base. There were several pleural adhesions in both lungs.

On the twenty-first day, the patient was discharged and sent home in an invalid coach.

Eleven days after the patient was discharged, which is thirty-eight days since the onset of his condition, another x-ray was taken. This x-ray showed a complete expansion of both lungs. There is no evidence of tuberculosis, emphysematous blebs, or any other pathology. According to his physician he is now ambulatory. He is somewhat weak, and is still not in condition to go back to work.

In conclusion, this is a case of a bilateral pneumothorax which in a period of thirty-eight days made a complete recovery. Up to the present time the etiology has not been determined.

### TEACH US

Teach us to love the truth and be truthful:  
Teach us to admire the good and the wholesome:

Teach us, that we too, may be merciful:  
Cause us to refrain from harsh cruelty  
And be to us a *Light* that we may see  
The beauty, the grandeur, the glory—  
Of *True Manhood*. Touch our hearts and  
our minds

That we may not condone evil but feel  
A real pity for human weakness:  
Teach us, oh teach us to help others  
where once we

Sought to crush and stamp into the dusty  
Earth. Help us to banish *Hate* from our  
hearts;

Bring us to a realization clear  
That *Love* and *Truth* and *Honor* and *Pity*  
Can do more to reclaim men than all  
laws

Made by men like ourselves, men who,  
human

Like us, are subject to err. Teach us, too,  
How to overcome our less worthy and  
Trivial inclinations, so that we may  
Look men in the face unabashed and feel  
No shame—for that which is past is gone,  
is dead:

Finally, help us to persevere, strong  
In *Faith*, great in *Courage*, mighty in  
*Deed*.

Out of the darkness of the *Night* lead us,  
Into the *Light* of the day of triumph.

—Henry J. Nitzsche, 50420,  
*Ohio State Penitentiary News*.

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## THE MEDICAL CRIER

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

● Social Service Workers in New York and Buffalo are being organized into unions under the C. I. O. They are demanding a month's paid vacation in summer and a week in winter; a half year sabbatical on half pay after six years of service; time off to attend conferences (with expenses paid) and six months maternity leave on half pay after three years of service. The New York Medical Week makes some pertinent comment on their aims: "It is no secret that the principal demand for compulsory health insurance comes from social service workers who would derive an enormous gain in opportunities and power from any such step. If this program were adopted, private and public philanthropy would be hard put to support welfare workers in the style in which they seek to become accustomed!"

● Our thanks to W. B. G. for his excellent write-up of the Postgraduate Day which appeared in the Pittsburgh Medical Bulletin.

● In the very comprehensive and searching analysis of the A. M. A. published in *Fortune* recently, they estimate that if the doctors were paid for all the free work that the profession performed, some \$2,000 might have been added to the average physician's net income in 1929. *Fortune* believes that while there may be too many doctors for the demand, there are scarcely enough to meet the needs if these needs were somehow to be translated into effective demands. *Fortune* says that the average doctor finds it hard to visualize this great medical need that is supposed to justify government interference with his profession. He just can't locate all these millions of sick people the surveys are always discovering. As to contract practice schemes, the average

doctor feels that hospital insurance may be all right, but in his opinion the doctors who work for group associations, or corporations, or for insurance companies, are second-rate men. If they weren't they'd be in private practice. When you get a doctor working on a salary with a fixed income regardless of how much work he does or how he does it, you take away his incentive to better himself.

● The next A. M. A. Convention will be in New York June 10 to 14, 1940. The Convention will be in Cleveland in 1941 and Atlantic City again in 1942. At St. Louis there were only 7,412 registered, and last year in San Francisco only 6,034. In 1937 the registration at Atlantic City was nearly 10,000—9,764 to be exact, the largest medical gathering ever held anywhere.

J. L. F.

A surgeon was asked why it was that God made Eve out of Adam's rib instead of from some other part of his body. He replied, "She was not taken from the head of man, lest she should rule over him; nor from his feet, lest he should trample upon her; but she was taken from his side, that she might be his equal; from under his arm, that he might protect her; from near his heart, that he might cherish and love her."—*The Family Circle*.

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# **GOLF MEETS**

**THURSDAY, JULY 20th**

and

**THURSDAY, AUGUST 17th**

**Southern Hills Country Club**

**GOLF 1:30**

**DINNER 6:30**

**COME ONE COME ALL**

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# **ANNUAL PICNIC**

**THURSDAY, SEPTEMBER 14th**

**MILLIKIN'S FARM**

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**Corn Roast and Clam Bake**

**ALL KINDS OF SPORTS**

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# **FALL LECTURES**

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**DR. HARRY BECKMAN**

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**MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**

**Dates To Be Announced Later**

## June Meeting

TUESDAY EVENING, JUNE 20th

YOUNGSTOWN CLUB

---

Subject

The Influence of the Ductless Glands  
on Growth and Development.

---



DR. AUGUST A. WERNER, guest speaker at our next regular meeting, is assistant professor of medicine at the St. Louis University Medical School, his specialty being Internal Medicine with special attention to Endocrinology; a member of thirteen Medical and Scientific Societies and author of the book, "Endocrinology, Clinical Application and Treatment."

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## REPORT OF THE ASSOCIATED HOSPITAL SERVICE, INC., OF MAHONING COUNTY

During our first year of operation we have provided care to 1,046 patients for 8,632 patient days which represents an income to the hospitals of \$51,792.

The past year and especially the first three months of 1939 were exceptionally heavy periods of hospitalization, even discounting the fact that the first three months of the year always show the heaviest hospitalization. In spite of the fact, however, that the first three months of experience were exceptionally heavy and that the first three months of existence necessarily entailed considerable expense in organization, the plan has always been able to meet its obligations to the hospitals on the first of every month and to meet all other obligations for administrative ex-

penses. In addition, we have succeeded in accumulating a surplus for the protection of the subscribers in excess of Four Thousand Dollars (\$4,000).

We wish to take this opportunity to show our appreciation to the Medical Society in coöperating with us, both in assisting in enrolling subscribers to the service, and, also, in preventing abuse of the plan on the part of hospital patients.

One hundred and five members of the Mahoning County Medical Society have already enrolled in this service, protecting themselves and their families. June 1 is the regular date for accepting new subscribers from the Medical Society so that any members of your profession who wish to make this protection available to themselves may do so at this time.

ROBERT E. MILLS.

## BOY SCOUTS' SECOND ANNUAL CIRCUS JUNE 20 AT SOUTH HIGH SCHOOL AUDITORIUM

2300 boys is a lot of boys—and they'll all be on the field at one time in the Grand Entry and Grand Finale of the Big Boy Scout Circus that will be put on by Mahoning Valley Council the night of June 20.

In between they will divide up and vie with each other, as troops, in entertaining you with 10 mammoth events—each event including several acts.

Those of you who remember last year's sensationally successful circus, will be amazed to learn that this year's program is bigger and better than that.

The admission is only 50c adults and 25c children. The show will start at 8 P. M. and from then on until the Grand Finale there will never be an idle moment.

Every possible boy scout activity will be dramatized; pioneering and woodcraft will be enacted right be-

fore your eyes; thrills, comedy, skill, trained coördination of masses of boys, all will be presented to you in true circus manner.

Something to see every minute. Over two hours of fast, skillful entertainment, performed completely by Boy Scouts. There's not an adult in the whole cast of 2300.

You can get your ticket from any Boy Scout!

“Your master has been ill a long time?”

“Yes, the doctor had only a bicycle on his first call and now he comes in an automobile.”—*Spice of Life*.

A girlie whose name doesn't matter,  
Found that she got fatter and fatter;

But she dieted well,

And now looks like hell,

And there isn't a place you can patter.

—*Chemical Bulletin*.

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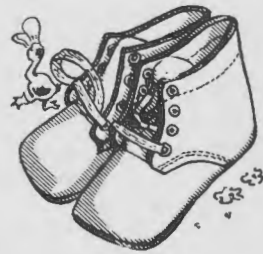
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## HOW THE BIG SHOTS ACT AND REACT

### As Seen By A Little Shot

By CLAUDE B. NORRIS, M. D.

As far as possible for me to do so, I shall hereby present a factual account of a few important actions of the House of Delegates of the American Medical Association. That completed, I shall give you my impressions of the A. M. A. Governmental set-up, both structurally and functionally. I shall do my best to keep facts and impressions separate, but I may not succeed perfectly in that respect. One reason for my willingness to do this is that I may see later how, with more experience (this being my first as a member of the House of Delegates), my ideas may be revised, reversed, or confirmed.

#### I. FACTS

The House began its first session on Monday, May 15th, at 10 A. M. Present at this first session were 166, all but 8 of the total of delegates. Until the close, Thursday at 4:30 P. M., it held daily sessions, each three to four hours long. Reference and special Committees were busy between sessions, some of them for hours at a time, in repeated conferences.

All the Ohio delegates were present all the time. Besides, Drs. Cummer and Hayden, both of Cleveland, represented Sections, and together with Dr. Stone, drew some important assignments.

The first day's session dealt largely with organizational routine. In their order came the addresses of the Speaker, the President, and the President-Elect. Then followed the reports of the Board of Trustees, the various Councils and Bureaus, and standing and special Committees. Resolutions came next—of which, for once there were not many—and finally the Speaker announced the Chairmen and personnel of the various reference and special Committees. Of

the latter, the Sub-Committee on the Wagner Act gained more attention than any other of the Committees.

#### Resolutions

As usual, two or three resolutions, seemingly sound (to their sponsors) and, again as usual, precedent-setting, were introduced. One provided for a woman delegate from the American Women's Medical Association. This was turned down, not because of objection to such a delegate, but because it sets the precedent of admitting to the official legislative body representatives of organizations not organically affiliated with the A.M.A.

A New York delegate proposed that the House should declare its opposition to exclusion from membership in the A.M.A. (which means, of course, County Society membership) on account of race, color, or creed. This was out of order, really, since each County Society alone is the judge as to who shall be admitted to membership. But the Speaker referred it, and the Committee, reporting adversely, declared the question to be in process of adjustment, and urged that final solution will be satisfactorily accomplished. Nevertheless, it was debated and several wind-bags took that opportunity to relieve themselves of purely synthesized indignation.

Somebody presented a resolution to declare it ethical for M.D.'s to teach chiropodists, and the Committee actually reported back favorably, provided the work is being offered by a reputable college or university. Discussion revealed numerous instances in which chiropodists were known to practice medicine and surgery, even to using x-ray in diagnosis and therapy. The Committee's report was tabled.

A fairly vigorous debate resulted

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from a very simple matter. Apparently, the Council on Medical Education and Hospitals has displeased some people. Who they are and why were not disclosed. Anyway, a resolution to amend the by-laws to provide for 9 members of that Council instead of 7 (as now); to have them nominated by the Board of Trustees, from a list of 3 names for each place to be filled, instead of the nomination by the President of only one; to serve 9 years instead of 7; to be ineligible to reappointment instead of being eligible as now. Strangely enough, the fight came over seemingly minor points. The first report of the Committee was rejected. Approval finally came in the form outlined above.

The Committee whose work attracted most attention was the special one appointed to consider the Wagner Bill. The hearings were prolonged, many speeches, relevant and irrelevant, were poured into the ears of the Committee, and out of the jumble the Committee gave its report with the best analysis of the Bill that has been made. Of course, the Bill was disapproved unanimously. The Chairman of this Committee, by the way, is our esteemed friend and neighbor, the able editor of the Pittsburgh Medical Bulletin, Dr. Walter F. Donaldson.

There were other resolutions, some of considerable importance. These came from County and State Societies, Councils, Committees, and Trustees of the A.M.A. Some of them passed, some failed or were in substance contained in other approved resolutions.

#### **Distinguished Service Award**

This year the nominees for the Distinguished Service Award were Dr. J. B. Herrick, Chicago; Dr. Chevalier Jackson, Philadelphia; and Dr. Edward Jackson, Denver. The race between the first two named was exceedingly close, and Dr. Jackson of Denver received a beautiful vote,

also. Dr. J. B. Herrick was elected.

#### **Nominations and Elections**

At the last session the new President, Dr. Sleyster, announced the names of his appointees to membership upon the several Councils and Committees. Elections were held for President-Elect, Secretary, Treasurer, and two members of the Board of Trustees. No more democratic process could be achieved than this. The delegate votes his choice without let or hindrance. Of course, plenty of political medicine is concocted before-hand, but that itself is a democratic process.

#### **A Little "Boning" Up**

This being my first experience in the House of Delegates of the A. M. A., at once after my election (only a short time ago) I set about the business of learning "how" to perform usefully for "the boys back home." (How's that for political hokum!) First, I studied the Constitution and By-Laws, the Standing Rules of the House of Delegates, and the mechanics of business procedure. Some of this I did not correctly apprehend. In practice some things worked differently from the way I had anticipated from my "reading up." Still it is not very difficult, once you get the "hang" of it.

#### **Structure of A. M. A.**

To understand the A. M. A. in action one must know that there exist: (1) The Administrative Staff, headed by Dr. West, the Secretary and General Manager, Dr. Fishbein, the Editor, Dr. Leland, in charge of economic problems, and several others; (2) Councils, Bureaus, and Standing and Special Committees, such as the Councils on Pharmacy and Chemistry, Foods, Physical Therapy, and Industrial Health; the Bureaus of Health and Public Instruction, Economics, Investigation, and Exhibits; the Standing Committees on various subjects, and the Special Committees working with the Bureaus and Coun-

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# LUSTIG'S

cils. These do the work between sessions of the House of Delegates.

(3) The foregoing operate principally under the authorization, direction, and control of the Board of Trustees.

(4) The House of Delegates is the legislative body, and elects the general officers. The total voting membership may not exceed 175. They come from the States in proportion to their actual active membership, plus one from each section of the A. M. A.'s scientific sections, one each from the Medical Departments of the Army and Navy, and the U. S. Public Service.

#### Trustees Are Sho' 'Nuf Big Shots!

Two Trustees are elected annually, except every fifth year only one is elected, there being only nine Trustees. They serve five years, and may not serve more than two consecutive terms. They are really the bosses. They hold the purse strings. A majority is a quorum, and the majority of a quorum present at a meeting rules. Therefore, it is mathematically clear that three, only three, of the Board of Trustees may find themselves able to do a great deal of plain and fancy dictating. Chapter VI, Section I, of the By-Laws, reads, "All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees before the same shall become effective." All the way through it appears that the boys from the grass roots—the House of Delegates—the sovereign body—in setting up governing provisions did not fully trust themselves.

#### II. IMPRESSIONS

My impressions will hardly excite much of your interest. Certainly Manager-Secretary West, Editor Fishbein, President Sleyster, Judicial Council Chairman Follansbee, Speaker Shoulters, and so forth, will slumber little less because of what I think. But it is my duty to organize in my mind

some general conceptions, if I am to be much "else than" (I did not say "more than") a rubber stamp.

First off, nothing that I have said is to be construed as being in my opinion wrong. I do not know that anything that I have observed is wrong. On the other hand, much, probably nearly all, of what takes place is undeniably right. A pure democracy is impossible in an organization with 130,000 members.

What is my present impression of men high in positions of control? Take Olin West: capable, energetic, honest, interested in his work, loyal to medicine. Morris Fishbein: astute, subtle, loves the limelight, enjoys power, but knows his business, does his days' work vigorously, is a most resourceful fighter, believes in himself, and gets results. Both West and Fishbein enjoy the emoluments, both the mediate and the immediate (who can blame them?) of their jobs, are keen politicians, know what fields to cultivate, spare no fertilizer (B.S.!), and spade it in to a standstill. While much of what they produce is political spinach, they are both likable, nevertheless, and deserve to be where they are as much as any successors that could be named. If any fault may be found it is with the organizational structure, not with these men.

What of other men? Follansbee is important, his mentality is well-adapted to his duties—and he "is right where he loves to be." The current officers, such as President, Speaker, and Trustees, are greatly influenced by Fishbein, West, and others on the many Councils. There is nothing surprising in that. He who has the *information* is at a great advantage. The Board of Trustees meets only twice annually in *Regular* meeting. They may get together 5, a quorum, at times between but it is safe to guess that their official actions consist mostly in confirming what is proposed to them. And again,

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PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN



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why not? It is not anybody's fault; it is the "system"! If State Associations, such as Ohio, find it best to bring their Councils to regular monthly meetings, paying the entire expense for travel, hotel bills, etc., with larger memberships than the 9 Trustees, it does seem feasible to require more constant attention upon the part of the Board of Trustees.

Another omission in connection with the Board of Trustees impresses me as questionable. This Board ought, it seems to me, to represent all sections of the Nation. Only one member is west of the Mississippi River, namely, Dr. Fenton of Portland, Oregon. Louisville, Kentucky; Huntington, West Virginia; South Bend, Indiana; Chicago, Illinois, each has a member. Baltimore; Boston; Elmira, New York; and Minneapolis each has one. In other words 5 or 6 of the membership of the Board of 9 Trustees live within 500 or 600 miles of one another. This results from the fact that the Nation is not "districted" for the Trustee membership. The politicians (and I saw some good ones!) get busy—and presto, the result! It impresses me that wide distribution of this control ought to make for more representative viewpoints.

A few observations about the House of Delegates. The business is handled with speed and efficiency. Spotted here and there are 10 or 15 automations who jump very quickly when the string is pulled. One is impressed with the multiplicity of Charley McCarthys! Three or four of these wooden-heads are pretty tiresome. One's complaint is met by some more seasoned members, however, by the explanation that "The powers need them to get their work done." As to age the House membership leans to the westward—many are in the late afternoon of life. It is noticeable that these men regard themselves as being at least "safe." Tradition means much to them. We need ma-

turity, yes; but maturity combined with sufficient remaining youth to provide forward rather than to create backward vision. Still and all, most of these old boys have a lot on the ball yet.

My impression is that everybody in the whole shebang is doing his best. It is for me to wait and see. I'd as well do it gracefully!

---

### PHYSICIANS AS ARTISTS

"An artist-physician has said: 'The tendency of most persons is to regard the artist with awe as a superman endowed with talents not vouchsafed to the ordinary mortal. Most doctors have a latent artistic sense which may be developed to a remarkable degree by constant practice. When opportunity affords, slip away to the park or country, sit down on a camp-stool and practise sketching from nature. At first the results may not be satisfying, but in course of time you will be gratified to notice a marked improvement. An ample sketching kit may be purchased for a small sum and any local artist will be glad to give you instruction.'

"At the least, every physician is able to develop a sensitiveness to and an appreciation for fine art. He can also cultivate a hobby which if not one of the fine arts, is in the class of 'work by the side of work.' Dr. Charles A. Dana, who has always stressed the value of cultural medicine, has advised: 'Be a collector, for example, of stamps or automobiles; or old books, or neckties, or pins; or find diversion in some collateral branch of science; the lore of birds, of fishing and shooting. Make a garden or cultivate shrubs and flowers. These kinds of activities will make your life happier and your professional character more attractive and effective.'"

—Quoted from "Parergon," published by Mead Johnson & Company, Evansville, Ind. Free copy available on request.

## ANNUAL INTERNE CONTEST

(By One of the Judges)

The annual interns' contest, held by the Mahoning County Medical Society at the Youngstown Club May 16, again gave the judges a difficult task. After considerable discussion they awarded the first prize of \$15 to Dr. A. K. Phillips and the \$10 second prize to Dr. A. S. Parker. Both are interning at St. Elizabeth's Hospital.

Closely rivaling the winners' case presentations were those made by Dr. A. L. Williamson and Dr. M. S. Owen, of the Youngstown Hospital, both of whom were commended by the judges for the excellence of their work.

Dr. Phillips presented a case of bilateral pneumothorax, etiology undetermined, illustrating the progress of the patient by slides of radiograms. Of particular interest were his description and photograph of the ingeniously simple device by which a tube, one end of which was inserted into the thoracic cavity, was carried to a jar of water, so that air could be expelled from the chest cavity but none could return.

Dr. Parker described a case of acromegaly, giving its progress over a long period of years and illustrating by means of photographs and x-ray pictures the effects on the facial and body conformation and on the bones, especially those of the head.

The rarest case was one of paroxysmal hemoglobinuria presented by Dr. Owen. The physicians in charge, driven first to the medical texts and then to the Quarterly Index, finally found that the condition had been described by an Italian medical man in 1931, and that since then only 47 cases had been reported in the world. The case here was the eighth to be described in English, and was further notable in that it was the first to be given an alkaline treatment suggested by a previous writer. Under it the

patient was kept virtually symptom-free.

Dr. A. L. Williamson, presenting a case of anterior coronary infarction, showed a remarkably complete series of electrocardiograph tracings, showing clearly the advance of the effect on the heart action, its climax, and the recession. The case illustrated the possibility of diagnosing anterior thrombosis by the use of a fourth lead to the electrocardiograph in addition to the usual three leads.

The presentations were judged by four standards, namely, interest of the case, careful workup with complete background, manner of delivery, and good English.

"Did they take an x-ray photo of your wife's jaw at the hospital?"

"They tried to, but they could only get a moving picture."—*Los Angeles Times*.

The human brain is like a freight car—guaranteed to have a certain capacity, but often running empty.—*Boys' Life*.

"Can you come out to our house right away, doctor?" telephoned little Billy.

"Yes, but who is sick at your home," answered the doctor.

"Everyone but me," replied Billy. "Dad got some mushrooms down in the pasture, and I was naughty so he wouldn't let me eat any."—*Ibid*.

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## SECRETARY'S REPORT

May, 1939

The regular May Council Meeting was held at the office of the Secretary on May 8, 1939.

The regular May Meeting was held at the Youngstown Club, Tuesday evening, May 16. A program of case presentations by the first year internes was given.

Dr. A. K. Phillips and Dr. A. S. Parker represented St. Elizabeth's Hospital and Dr. Myron Owen and Dr. A. L. Williamson represented the Youngstown Hospital Association. Dr. C. R. Clark, Dr. R. E. Whelan and Mr. George Madtes of the Youngstown Vindicator were Judges.

Each interne presented an interesting case in an excellent manner and showed much ability and originality in their work. The Judges awarded the first prize of \$15 to Dr. A. K. Phillips and the second prize of \$10 to Dr. A. S. Parker.

The following applications were read:

### *For Active Membership—*

Dr. Joseph Patrick Keogh

Dr. John McDonough

### *For Associate Class D—*

Dr. John Evans Allgood, Jr.

DR. JOHN NOLL, Secretary.

---

## Youngstown Hospital News

By SAMUEL J. KLATMAN, M. D.

The last regular Clinical-Pathological Conference of the season was held Friday morning, May 26th. No conferences will be held during the summer months but they will be resumed this fall.

Bill Skipp has been a patient at the hospital, where he was operated on for the removal of his gall bladder.

An epidemic of arm injuries has broken out with Joe Keogh sporting a Walker splint and Geo. McKel-

vey's arm being interred in a plaster of paris cast. Dr. Morrall injured his hand.

The Youngstown Hospital Staff Library receives regularly 46 medical journals covering every field of the practice of medicine. Since its inception, new journals and back numbers of journals have been accumulated, so that now many of the lists are complete. The library committee alone knows how much work and effort was put forth in accomplishing this. The use of the library is open to any medical person in good standing. However, the removal of books or periodicals is prohibited except by special permission, and the library committee insists that this rule be adhered to.

Dr. Albert J. Fisher and Miss Helen Hartwell were married May 27th, at First Christian Church.

Dr. Gabriel DeCicco and Miss Ruth Colwell have announced their engagement.

Dr. Claude B. Norris is spending two weeks vacationing at Oklahoma City, "Home Coming Week" being the attraction.

---

## St. Elizabeth's Hospital News

By S. TAMARKIN, M. D.

Dr. McNamara is back on the job after a recent operation.

Drs. Scarnecchia, McCann and Clifford attended the recent class reunion at Georgetown University.

Dr. Chester Stern Lowendorf and Miss Bess Malkoff were married June 4th and are enjoying a trip to Canada, stopping off at Detroit on their return.

Dr. Edward J. Reilly attended the Graduation exercises at the Annapolis Naval Academy and later went to Washington, D. C., where he attended the Georgetown Sesqui-Centennial Celebration.

Dr. and Mrs. E. H. Young are enjoying a cruise to Bermuda.

## DIPHtheria-THYROID RECORD FOR 1938

Twenty-four large cities in the United States have a perfect no-diphtheria record for the year 1938.

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## GOLF

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cup in the center of a 'green.' A 'green' is a small parcel of grass costing about \$1.65 a blade, and usually located between a brook and a couple of apple trees, or a lot of 'unfinished excavation.'

"The idea is to get the ball from a given point into each of the eighteen tin cups with the fewest number of strokes, and the greatest number of words. The ball must not be thrown, pushed or carried. It must be propelled by about \$200 worth of curious looking implements, especially designed to provoke the owner. Each implement has a specific purpose and ultimately some golfers get to know what that purpose is. (They are the exceptions.)

"After the final, or eighteenth hole, the golfer adds up his score and stops when he reaches 87. He then has a shower, a pint of gin, sings 'Sweet Adeline' with six or eight other liars and calls it a perfect day."

—Exchange.

Hungry persons drive fast and dangerously, says a doctor. Also those who are no longer thirsty. — *Tampa Tribune*.

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**SECRETARY'S REPORT****May, 1939**

The regular May Council Meeting was held at the office of the Secretary on May 8, 1939.

The regular May Meeting was held at the Youngstown Club, Tuesday evening, May 16. A program of case presentations by the first year internes was given.

Dr. A. K. Phillips and Dr. A. S. Parker represented St. Elizabeth's Hospital and Dr. Myron Owen and Dr. A. L. Williamson represented the Youngstown Hospital Association. Dr. C. R. Clark, Dr. R. E. Whelan and Mr. George Madtes of the Youngstown Vindicator were Judges.

Each interne presented an interesting case in an excellent manner and showed much ability and originality in their work. The Judges awarded the first prize of \$15 to Dr. A. K. Phillips and the second prize of \$10 to Dr. A. S. Parker.

The following applications were read:

*For Active Membership—*

Dr. Joseph Patrick Keogh

Dr. John McDonough

*For Associate Class D—*

Dr. John Evans Allgood, Jr.

DR. JOHN NOLL, Secretary.

**Youngstown Hospital News**

By SAMUEL J. KLATMAN, M. D.

The last regular Clinical-Pathological Conference of the season was held Friday morning, May 26th. No conferences will be held during the summer months but they will be resumed this fall.

Bill Skipp has been a patient at the hospital, where he was operated on for the removal of his gall bladder.

An epidemic of arm injuries has broken out with Joe Keogh sporting a Walker splint and Geo. McKel-

vey's arm being interred in a plaster of paris cast. Dr. Morrall injured his hand.

The Youngstown Hospital Staff Library receives regularly 46 medical journals covering every field of the practice of medicine. Since its inception, new journals and back numbers of journals have been accumulated, so that now many of the lists are complete. The library committee alone knows how much work and effort was put forth in accomplishing this. The use of the library is open to any medical person in good standing. However, the removal of books or periodicals is prohibited except by special permission, and the library committee insists that this rule be adhered to.

Dr. Albert J. Fisher and Miss Helen Hartwell were married May 27th, at First Christian Church.

Dr. Gabriel DeCicco and Miss Ruth Colwell have announced their engagement.

Dr. Claude B. Norris is spending two weeks vacationing at Oklahoma City, "Home Coming Week" being the attraction.

**St. Elizabeth's Hospital News**

By S. TAMARKIN, M. D.

Dr. McNamara is back on the job after a recent operation.

Drs. Scarnecchia, McCann and Clifford attended the recent class reunion at Georgetown University.

Dr. Chester Stern Lowendorf and Miss Bess Malkoff were married June 4th and are enjoying a trip to Canada, stopping off at Detroit on their return.

Dr. Edward J. Reilly attended the Graduation exercises at the Annapolis Naval Academy and later went to Washington, D. C., where he attended the Georgetown Sesqui-Centennial Celebration.

Dr. and Mrs. E. H. Young are enjoying a cruise to Bermuda.

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