

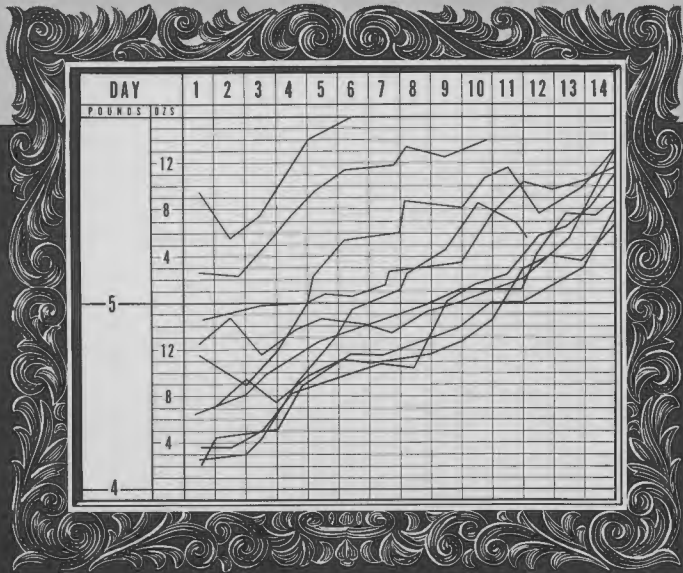
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—WALTER LIPPMAN.

# BULLETIN

of the  
Mahoning  
County  
Medical  
Society

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# BULLETIN THE MAHONING COUNTY MEDICAL SOCIETY

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*March*





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## PRESIDENT'S PAGE

It would be worth the time of any of the practicing physicians to make a study of some of the current changes taking place that affect medical practice.

The Ohio State Medical Journal has detailed in explanatory terms the "Poor Relief Act." This affects changes in the handling of the medically indigent, placing their medical care on the same basis as food and shelter.

The low wage earner continues to deserve great consideration regarding his welfare. He is supposed to pay his own way. To be ready to do that at all times works a good deal of hardship in emergency situations. Therefore, many county societies are at work making plans to arrange for prepayment insurance policies to cover the cost of medical care for this block of individuals. The Mahoning County Medical Society created a committee known as the "Voluntary Health Insurance Committee" in order that a study of methods for such insurance might be made should the opportunity permit.

Recently a set of resolutions was presented to the Society as a whole regarding local public health welfare and the care of communicable diseases. A timely editorial was written in the daily newspaper relative to these resolutions commenting favorably upon them. The recommendations presented in them should not be considered lightly. Here is an opportunity where the community hospital may be made very useful to the public at large. Public health work has definitely become a specialty in the field of medicine. The recommendation made relative to the appointment in the future of a commissioner of health who has specialized in the field of public health is worth serious attention. This idea is universally accepted as proper.

The numerous activities of the Society's business are being accomplished by the various committees and their chairmen. The Postgraduate Day Committee has all arrangements made for this oncoming event. The time is fast approaching when the local profession will be concerned with the big day of the year.

R. B. POLING, M. D.,  
*President.*

## Editorials---

### Disabling Diseases of Childhood

In an article by Dorothy F. Holland, appearing in the January 26th, 1940, Public Health Reports, the author discusses in an interesting way the disabling diseases of childhood.

Preventable diseases remain the major cause of "a high frequency of illness." She shows that the rate between five and nine years of age is 305 per 1000, while pre-school children (one to four years), the rate is 251 per 1000. These are for not less than 7 days of disability. Fortunately, the recovery rates at these ages are high.

Eight out of ten illnesses below 15 years of age were acute communicable diseases. The necessary isolation, avoidance of crowds, control of sneezing, etc., are clearly indicated.

Unexplained, is the difference in frequency rates of communicable diseases in small and large cities, these rates being much higher in cities smaller than 25,000 than in the cities larger. Perhaps in the small cities the quarantine restrictions, preventive measures, etc., are less emphasized.

The diseases of greatest frequency reported were measles, chickenpox, whooping cough, mumps and scarlet fever. Diphtheria was the lowest of all in incidence; nevertheless, between one and ten years, diphtheria remains the principal cause of death. Pneumonia exacts a heavy toll, indeed, and the control of this disease has been relatively neglected.

Accidents play a very important role as causes of disability and death of older children. "Among children five to fourteen years of age, they account, on the average, for about one-fifth of all deaths.

We have just cause to be proud of our record in increasing the average longevity by decreasing the risks of childhood. But obviously more can be done and ought to be done.

### Hearing Tests Show Deficiencies

Perhaps no other disability is more annoying and impedes progress more than impaired hearing. Therefore, its early recognition is, as in most ailments, very much to be desired.

Mr. Hawthorne, health director of the Public Schools, reports hearing tests, using a group audiometer, reveal 205 out of 7524 children tested to be deficient in one or both ears. This is 2.7 per cent, a rather high figure.

Wisely, Mr. Hawthorne refers these children to their family physicians, under whose direction treatment starts at once. So far, it is reported, 85 per cent of those who accepted treatment have improved.

Coöperation with such men as Mr. Hawthorne is always easy, and it is a fine example of what intelligent team-work will do.

### Youngstown Traffic Losses

Most doctors probably will approve the re-appointment of Traffic Commissioner Clarence Coppersmith. He has done his best under conditions not very encouraging at times.

Mr. Coppersmith's report, as published in the *Vindicator* for Sunday, Feb. 18, 1940, was interesting as much because it made clear that the Traffic Department realizes the seriousness of that job because of the tragic losses revealed.

For Youngstown this record of

destruction of property and human lives is not a "doubtful" distinction; it is disgraceful. Of course, we redeem ourselves in many other ways. But other nice things mean little to the dead—and seem pretty futile to the heartbroken loved ones of the victims.

Of course, too—we are "laymen," we doctors, when it comes to the problems of motor traffic. Still, the thought comes that we are citizens, too, and that we want safety for *our* loved ones, and that we, also, pay taxes and insurance, plenty. But, more yet, we are doctors, and as such we have a special interest in the problem, because accidents lead to morbidity and greatly influence the health of our people—a matter concerning which we are certainly not "laymen."

From the answer to one question, those who make no claim to expertness in a given field are entitled to judge those who do claim such expertness. That question is: Compared with the results of your fellow experts, how do your results rate?

In the "Weekly Accident Bulletin," Bureau of the Census, Volume 4, Numbers 52 and 53, appears proof of these startling figures: Per 10,000, San Diego killed 3.2 people; Oakland, 2.8; Youngstown, 2.5. On the same population ratio, we gave lethal exodus to twice as many as Richmond, Virginia, about three times Pittsburgh, and twice Portland, Oregon; over four times St. Louis, about twice the showing of Toledo, and just three times that of Oklahoma City.

Why? Is it due to inadequate rules in the regulation of the traffic? to poor enforcement? to liquor? to carelessness of pedestrians? to callous indifference to the safety of others? to plain dumbness? or to more than one of these and other causes?

After all, this is the joint responsibility of citizens as well as traffic officers. We should consistently, day

after day, seek to lower this needless loss. This can be done through publicity, public recognition of careful driving, and strict enforcement of the law.

### ALL CHAIRMEN MONTHLY

President Pqling has established an "All-Committee Chairmen Luncheon Hour," to meet once a month, on the second Tuesday. Such subjects as are of interest to any chairman or to all the group will get a hearing. Problems will get solutions, if soluble, and thus troubles and tribulations will get trounced.

The first meeting, at the Youngstown Club, February 8th, 1940, was well-attended. At that time the "A. D. C.," which means, Aid to Dependent Children, was one subject of discussion. It was brought out that each child gets \$17.00 per month for its entire care. A point of singular contrast in this connection is that Mahoning County gets \$244,000.00 for these purposes, of which \$600.00 goes for medical examinations. That figures at the rate of one dollar out of four hundred! Wasteful Medical Expenditure, eh, what?

The Chairmen discussed a minimum fee schedule for low income groups, as applied to certain problems of treatment. Ideas along this line call for check and recheck, but under the leadership of Walter King Stewart, something may develop later on.

Another matter discussed was the method by which the State handles the care and treatment of Crippled Children.

### MEDICAL-DENTAL SECRETARIES TO MEET

The next meeting of the Medical-Dental Bureau Doctors' Secretaries Organization will be a dinner, held at the First Reformed Church on Thursday, March 14th, at 6:00 p. m.

Attorney Bruce Black will be the speaker.

*March*

## FINDINGS FROM THE FIELD

### Hemolytic Streptococcal Pneumonia

Atypical (broncho) pneumonia caused by the hemolytic streptococcus appears sporadically when the hemolytic streptococci which reside as commensals in the respiratory tract become invasive following a local diminution in resistance in the mucous membranes due to previous infection. The disease may become epidemic when measles or influenza, common predisposing causes, are prevalent. At such times the opportunities for the multiplication of hemolytic streptococci lead to the expulsion of enormous numbers of them in droplets of sputum so that the massive amounts conveyed to others might cause pulmonary infection even in persons without serious predisposing disease.

Invasion occurs through the bronchial walls and since the lymphatic circulation is extensive and the bronchial secretions poorly evacuated, infection spreads. Inflammation may extend to various portions of both lungs and pleurae.

The onset is ordinarily gradual following a preceding upper respiratory infection with fever, cough, prostration, and chilly sensations. Tachycardia, high remittent fever and cyanosis are important features. Cough is productive of thin muco-purulent pinkish-red sputum in which hemolytic streptococci are predominant. Leucocytosis may or may not be present.

The physical signs vary greatly because of the atypical distribution and different degrees of confluence of the lesion in the lungs, with patchy areas of bronchial breathing, impairment of percussion note, and rales.

In favorable cases the temperature gradually diminishes over a period of one to two weeks and the symptoms disappear. Pleural effusion with thin sero-sanguineous pus occurs in from 50 to 75% of the cases. While pericarditis, endocarditis, and peritonitis

are not uncommon, bacteremia rarely occurs. The death rate varies from 35 to 60% in different epidemics.

There is no value in specific serotherapy in the treatment of pneumonia caused by the hemolytic streptococcus. Chemotherapy with sulfanilamide or its compounds is more promising and should be tried. The treatment of the empyema which occurs is important in that aspiration should be performed only to relieve circulatory or respiratory embarrassment. "Closed drainage" should be reserved until the severe symptoms have abated and a certain amount of adhesions have formed, in order to avoid the sudden changes in intrathoracic pressure which supervene when a large amount of fluid is withdrawn early in the disease.

### Staphylococcal Pneumonia

Atypical (broncho) pneumonia caused by the staphylococcus aureus is characterized by a pneumonic lesion with miliary abscesses and supuration, usually occurring in patients with preceding upper respiratory tract infection or debilitating disease. The route of infection is bronchogenic and it is assumed that the staphylococci frequently found in the normal nasopharynx become invasive when the individual resistance is lowered. Pneumonia of this kind may occur sporadically or in epidemic form following measles or influenza.

Invasion occurs through the bronchial walls, spreading by the way of the lymphatics and interstitial tissue to the alveoli. The bronchi are acutely inflamed and clustered around them are the pulmonary lesions either massive or small sharply defined hemorrhagic areas of consolidation, which soften and break down, forming confluent abscess cavities full of pus.

The onset is ordinarily gradual, appearing in the course of an already existing disease; however, it may be abrupt with chills, fever and pain in

the chest. Prostration and toxemia are usually severe. Cyanosis, cough and dyspnea occur. The sputum is usually purulent, may be blood streaked and contain staphylococci in predominance. Chills, sweats and remittent fever are characteristic. Leucocytosis is the rule but the count may be low. In patients who survive for five or six days the multiple abscesses may form and coalesce in the pneumonic area.

In the early stages of the illness the physical signs are of patchy consolidation, but as abscess formation progresses the signs of cavitation with amphoric breathing, bronchophony and coarse rales appear.

The course of the disease in favorable cases lasts from one to four weeks. In favorable cases the temperature gradually diminishes and the symptoms disappear. Empyema is the most frequent complication and relapse with spread of infection is not uncommon. Bacteremia is rare.

The features that distinguish staphylococcal pneumonia from other acute infections of the lung are (a) the presence of staphylococci in the lung, (b) the predominance of staphylococci in purulent sputum, (c) the remittent type of temperature, (d) the evidence of abscess formation, (e) a high mortality rate.

Treatment consists solely in supportive measures with drainage of collections of pus which can not be otherwise evacuated by aspiration or surgical procedures. Chemotherapy and serotherapy of all kinds have been uniformly disappointing.

—W. Paul Havens, M. D., Philadelphia (by invitation) Commission for the Study of Pneumonia Control. Medical Society of the State of Pennsylvania.

### **Pneumonia—Selection of Therapy**

The doctor now has two effective and important proven remedies which are life-saving in the treatment of pneumonia after the diagnosis has been made. The earlier either serum and/or sulfapyridine is used, the

greater is the patient's chance for recovery.

Sulfapyridine should be prescribed by the doctor only when he fully understands the dosage and how it should be given as well as what toxic reactions to look for.

A number of doctors who treat pneumonia patients have experienced difficulty in the typing of pneumococci in sputum after sulfapyridine has been administered. This difficulty is probably due to the fact that a marked diminution in the number of pneumococcal organisms takes place whereby less bacteria are available for specific reaction.

Wherever possible, a specimen of sputum and blood for blood culture should be taken just before treatment is started.

Sulfapyridine alone is definitely indicated for all patients who give a history of asthma or other allergic reaction. Patients in extremis should be given sulfapyridine. Patients who have previously been given serum should be treated with sulfapyridine.

After the initial dose of sulfapyridine when the patients show prompt improvement, it is likely that serum will be unnecessary.

Serum alone is indicated in all cases where sulfapyridine is contraindicated. The history of any severe anemia, impaired kidney function, cases with troublesome vomiting—particularly postoperative cases, and others where prompt response to serum alone occurs, should be treated as a rule with serum alone.

The combined use of sulfapyridine and serum is indicated in the presence of a profound pneumococcal bacteremia. Serum should be used in addition to sulfapyridine only when no definite improvement appears within 18 to 24 hours after beginning the use of sulfapyridine. Following this trial period both the drug and serum should be used.

Authorities suggest that with the combined use of serum and sulfapyridine the first dose of serum should

*March*

be given 4 to 6 hours after the initial dose of the drug. In the Massachusetts program, at least 60,000 units are recommended for Type I infection, 60,000 to 90,000 units for Type VII, and at least 100,000 units for all the others. When serum and sulfapyridine are used together, it is suggested that one-half to two-thirds of the usually recommended serum doses will probably be sufficient.

Additional serum therapy may be required and must be decided in each particular case. The general condition of the patient, the temperature, pulse rate and the blood count are important.

When additional serum is required 40,000 to 60,000 units at a time are recommended. This additional serum should be given every three to four hours. The larger doses of serum should be given when there is evi-

dence that the pneumonia is spreading.

All serum is given intravenously. It should be warmed to room temperature. A small dose of 1 to 2 cc. should be given very slowly as a trial after the doctor has satisfied himself that the patient is allergic to horse or rabbit protein. Serum should be injected no faster than 1 cc. per minute. All syringes and needles should be thoroughly dry before being used.

The doctors of Pennsylvania are again urged to fill in clinical report cards and send them promptly to the Division of Pneumonia Control of the State Department of Health. In this way every doctor in Pennsylvania can do his part in lessening the number of deaths from this disease.

—Edward L. Bortz, M.D., Chairman, Commission for the Study of Pneumonia Control, Medical Society of the State of Pennsylvania.

## EPINEPHRINE IN ALLERGY

In solution 1:1,000 epinephrine hydrochloride still remains the preparation of choice in emergencies encountered with allergic patients. The greatest source of error has been in the use of larger doses than are actually needed. Only on rare occasions does it ever become necessary to administer more than .25 to .3 of a cc. as an initial dose. This can be repeated in ten to twenty minute intervals if the occasion demands, with the result that the effect is much less disagreeable than when a single dose of .5 to 1.0 cc. is given. Such large doses are frequently accompanied by side effects which are not only uncomfortable but often times alarming to both patient and physician.

The subcutaneous route is to be preferred. Intramuscular injections are more slowly absorbed. Intravenous injection is accompanied by very rapid effect but this is accompanied by headache, vertigo, dyspnea, nausea, vomiting, and sometimes, shock. There have been reports of subarachnoid hemorrhage and hemi-

plegia following intravenous injection.

It is the consensus of opinion of men like Coca, Walzer and Thomas, "that there can be no doubt of a rapid acquired tolerance for the drug." In patients who seem "resistant" to epinephrine it may be necessary to increase the dose and if a satisfactory effect is not obtained it would be wise to suspend it completely.

### Epinephrine in Oil

Opinions vary somewhat among allergists as to the advantages obtained from the use of epinephrine in oil. Prepared commercially in a peanut oil base it is more slowly absorbed and its action, although not as satisfactory as the aqueous solution, is greatly prolonged. In cases resistant to aqueous epinephrine the oily preparation failed to give relief.

It is especially valuable in those patients who require epinephrine every hour or two. In these cases one injection of epinephrine in oil is effective for from six to ten hours. The



therapeutic effect is somewhat irregular, being satisfactory in some individuals and unsatisfactory in others. There are some reports of systemic reactions from its use but this, I believe, is due to hypersensitivity to the peanut oil base. Not infrequently many reactions such as extreme nervousness, a feeling of weakness, palpitation, and apprehension occur, but these can be controlled by the administration of a barbital derivative one-half hour before injection of epinephrine in oil. The oily preparation is not to be used where one wishes prompt relief but can be used to supplement the aqueous solution where both prompt and prolonged effect are desired.

#### Surprarenal Concentrate

This is a preparation marketed by the Armour Laboratories in two grain capsules. One report on its use in fourteen cases of various allergic manifestations was most favorable. However, in my cases I was unable to duplicate any of the favorable results reported.

—J. R.

### PROGRAM COMMITTEE REQUESTS

Happy to be of important service, but a bit anxious! So, Program Committee Chairman, Dr. W. H. Evans, asks all of us to bring to him any suggestions we may have for improving programs.

Dr. Evans met with his Committeemen early in February and dangled several problems before them. Some of them they sent as recommendations to the Council.

1. Recommended: That all guests at Postgraduate Day be specially invited to attend the Autumn Postgraduate Series gratis, and to bring friends along.

Council says, "Amen"!

2. Recommended: Honorariums for regular speakers and Postgraduate Day Faculty.

Council asks "How determine

amounts?" Thumbs down, but does trail along on the proposition that something nice by way of a gift would be hunky-dory, if in good taste.

3. Recommended: Cut out judges of contests by the Interns who fill the program in the Spring, but give to each participant a prize such as a medical book, autographed by the author and the President of the Society, with a legend concerning the recipient's good work in earning it. Further, that only a well-done case-report, or a thorough review of a subject, or original work, shall be acceptable.

Council fell for that one.

The Committee inspected the idea that at each meeting a "preliminary bout" be staged, such as a paper by one of our locals. Another one that looked pretty good at first, was to prelude the regular meetings with a good medical movie. They turned both these out to freeze. "Make the program too long and tiresome," they explained.

More yet: They propose to see if during the year, for the benefit of all the Professional viewpoints, two national medical actors, such as Dr. Cary of Dallas and Dr. Peters of New Haven, representing rather contrasting viewpoints, might not be brought before a large gathering of medicos.

A final point, and there was none better: Say we have a speaker next month on a surgical subject or an eye subject, or obstetrics or whatever: Let at least the men, general practitioners or otherwise, interested in that particular discussion look up on it, and be ready to ask a question or to make some intelligent comment.

Besides Dr. Evans the Committee consists of Drs. W. H. Bunn, Earl Brant, F. W. McNamara, P. J. Fuzy, S. W. Weaver, and E. R. Thomas.

A live outfit, don't you think?

*March*



## SECRETARY'S REPORT

At the regular meeting of the Council held at the office of the Secretary February 12, 1940, the following suggestions by the Program Committee were adopted:

1. To invite outside men who attend this coming Post Graduate Day to the Fall Lecture Course free of charge. They are also to be allowed to bring their friends.

2. To cut out the Judges at Interne Night and to give each participant a medical book not to exceed \$15.00, to be autographed by the President. There shall be two participants from each hospital who are picked by competition at their own Hospital Staff Meeting. The material presented can be a case report, review of a subject or original work. The contestants can be any of the Interne Staff including second year men and residents.

3. That the President is to ask two or more members to discuss the subject presented by the guest speaker at the regular monthly meeting.

The following applications were passed upon favorably by the Council:

### *Active Membership*

Dr. Rose Ruth Middleman  
Dr. Vernon Leroy Goodwin

### *Associate Member*

Dr. Erhard Weltman.

Unless objection in writing to any of these applicants is filed with the Secretary within 15 days, they will become members of the Society.

### **Regular February Meeting**

The regular February meeting of the Mahoning County Medical Society was held at the Youngstown Club on Tuesday evening, the twentieth of the month.

Dr. Gabriel Tucker, Professor of Bronchology, Esophagology and La-

ryngeal Surgery at the Graduate School of the University of Pennsylvania College of Medicine, delivered an excellent address upon "Observations of General Medical Interest on the Diagnosis and Treatment of Benign and Malignant Tumors of the Larynx with Special Reference to Cancer of the Larynx." His talk was illustrated with slides and movies of tinted mirror photographs of the larynx.

Following the scientific program the three following resolutions were read by the Secretary.

#### *Resolution I.*

Whereas, The development and progress in public health administration has reached a state when it is now recognized as a specialized branch of medical practice and

Whereas, a Health Department serving a community the size of Youngstown should have as its Director a man who has had special training in public health work and

Whereas, the manifold duties of a Director of Health Department require for their fullest efficiency a man who can devote all of his time to the job

Be It Resolved: that the Mahoning County Medical Society recommend to the Mayor and Council of the City of Youngstown that necessary steps be taken to fill the position of Director of Health with a man who in addition to his degree of M. D., has also earned the degree of Doctor of Public Health and furthermore who will devote his full time to the job.

#### *Resolution II.*

Whereas, at present we have a costly contagious disease hospital plant, larger than is necessary for our present needs, poorly organized, under-manned, lacking proper staffing, nursing, laboratory, x-ray, surgical and medical facilities for the efficient treatment of contagious disease patients and

Whereas, as a result of this condition, no physician feels safe in assuming the responsibility of sending anyone under his care into such an institution. Forty-three contagious patients were admitted in 1937 and only sixteen in 1938, and

Whereas, legal obstacles prohibit the admission of contagious disease cases to our general hospitals, over the past few years when surgical complications arose

(Continued on Page 83)

## March Meeting

March 19th, 1940

YOUNGSTOWN CLUB

8:30 P. M.

Speaker

**DR. MILTON B. COHEN**

Director, The Asthma, Hay Fever and Allergy Foundation

Cleveland, Ohio

Subject:

**"The Clinical Problems in Allergy"**

---

Dr. Cohen is well known to most of our members. He has for many years conducted an extensive private practice in Allergy, and is Allergist for St. Alexis Hospital. He is also a member of the American College of Physicians, Society for Experimental Biology and Medicine, American Association of Immunologists, American Association for the Advancement of Science, Past President, Society for the Study of Asthma and Allied Conditions, Vice President, American Association for the Study of Allergy.

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## May Meeting

**ANNUAL INTERNES' CONTEST**

Representation by St. Elizabeth's Hospital  
Youngstown Hospital Association

Tuesday, May 21st, 1940

YOUNGSTOWN, CLUB

# **Thirteenth Annual Postgraduate Assembly**

**April 24th, 1940**

of the

**MAHONING COUNTY MEDICAL SOCIETY**

**HOTEL OHIO, YOUNGSTOWN**

Program by group from

**JOHNS HOPKINS UNIVERSITY**

**Drs. Warfield T. Frior, Chief of Surgery  
Richard TeLinde, Professor of Gynecology  
Benjamin Baker, Associate in Medicine  
Lloyd Lewis, Chief of Genito-Surgery**

## **Subjects**

- 1. The causes of Post-Menopausal Bleeding—Dr. TeLinde.**
- 2. The effect of Treatment of Headache—Dr. Baker.**
- 3. The Neurological Diseases of the Urinary Bladder—Dr. Lewis.**
- 4. Practical Aspects of Endocrinology—Dr. TeLinde.**
- 5. Consideration of Acute Circulatory Collapse—Dr. Baker.**
- 6. Urological Significance of Hematuria—Dr. Lewis.**
- 7. The Prevention and Treatment of Tetanus, with Special Emphasis on the Use of Toxoid—Dr. Frior.**



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New York

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•

### Secretary's Report

(Continued from Page 79)

in this type of case, surgeons have been forced to operate on the kitchen table in the home, a throw-back to Horse and Buggy days, and

Whereas, Reports from Cleveland and Pittsburgh and Youngstown for the year 1937, for which period comparative figures are available, show that Cleveland treated 173.2 patients per 100,000 population, Pittsburgh 139.7 and Youngstown only 21.2 patients in their contagious hospitals. The figures are reduced to cases per 100,000 of population for easy comparison and plainly show that in Cleveland and Pittsburgh where modern hospital facilities are available to contagious disease patients, many more are cared for in the hospital than in Youngstown. In other words, with the proper provisions for their care available, many more (probably about 200 annually) of our contagious sick would be treated in the hospital with better prospects for their recovery than is now possible in the very inadequate conditions under which they must now be treated in their homes. This would result in better service, not only to the individual sick, but also in more efficient administration of quarantine laws in the community

Be It Resolved: That the present Municipal Contagious Disease Hospital be organized, equipped and manned on a basis of a modern, up-to-date, contagious hospital, sufficient to care for the contagious disease cases of the City of Youngstown in an efficient up-to-date manner.

#### Resolution III

Whereas, Looking at the Bulletin of the State Department of Health which lists the per capita expenditures for Health purposes of the various cities throughout Ohio for 1937, we note that whereas Youngstown spent 40.3 cents, Akron spent 45.7 cents, Ashtabula 43.2 cents, Cincinnati 47.3 cents, Cleveland 54.5 cents, Dayton 47.1 cents and Salem spent 43.8 cents—3.5 cents more per capita for health than we here in Youngstown

Be It Resolved: That the Budget Committee recommend to the Mayor and Council an increase in appropriation for health purposes necessary to provide for the expanded program of the Health Department as outlined in the previous resolutions I and II.

Following the reading of each a motion was made, seconded and duly passed to accept each one.

The application of Dr. Samuel H.

Davidow for Active Membership was read.

A motion of the Council concerning the Interne Competition to be held in May, 1940, was read as follows: To cut out Judges at the Interne Competition Night and to give each participant a medical book not to exceed \$15.00 to be autographed by the President. There shall be two participants from each hospital who are picked by competition at their own Hospital Staff Meeting. The material presented can be a case report, review of a subject or original work. The contestants can be any of the Interne Staff including Second Year Men and Residents.

A motion was made, seconded and duly passed, to accept the change as authorized by Council.

### DR. TUCKER GOOD

Dr. Gabriel Tucker, Professor of Laryngeal Surgery, Graduate School, University of Pennsylvania, addressed our Society at the Feb. 20th meeting.

To say that he was good is too much understatement; he was superb. While his very large audience regretted the necessity of his leaving immediately after concluding his address—they had that deeply satisfied mental "euphoria" that comes only from a masterful presentation of an important subject by a master of the subject.

Using excellent stills and movies-in-color, Dr. Tucker dealt with the benign and the malignant tumors of the larynx. He gave the re-assuring information that (a) benign tumors outnumber the malignant three or four to one; (b) that surgical removal of all of both types (early for malignancies especially), is successful, and by reëducation of the cords, a good voice is restored. Rather astonishing is the regaining of tones even after laryngectomy.

The Society thus chalks up another great scientific triumph.

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

*March*

## THE MEDICAL CRIER

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

● If you never attend Medical Conventions, Postgraduate Days, or Society Meetings, if you are an introvert and a claustrophobe, still there is one meeting you must attend and start to make your plans now. That is the Convention of the Ohio State Medical Association in Cincinnati, May 14, 15 and 16, when Dr. William Skipp will be installed as President. Plans are on foot for a huge Youngstown Delegation to take over an entire floor of the magnificent Netherland Plaza Hotel. We will have our own parlors where perpetual open house will be held. Take your lady with you and enjoy a vacation in that luxurious hotel with its fine restaurants and ball rooms in an interesting city which is the gateway to the South. Don't fail to take her to dance in the Venetian room at the old Gibson Hotel with its historic associations. Forget your cares and petty differences, meet old friends and relax in an atmosphere where science and good fellowship meet to make an occasion long to be remembered.

● Every once in a while some medical author rears back and sends out a blast against the smooth, convincing high-pressure drug salesman who pumps the gullible doctor full of tall-tales about his mediocre products. But a word can be said in defense of the average detail man who is very seldom smooth or high pressure, though often convincing. Many of them are very sincere and well trained young men who wait patiently in your outer office long after their turn in order to tell you about the latest products brought out by the companies they represent. Many a new product or new use for an old one can be picked up in a few minutes spent with the detail man. Those who represent the better houses such as Lilly's, Abbotts, Parke-Davis, Lederle, Squibb, etc., never hesitate to give references in the literature to

back up their statements. They present their message in a straightforward manner, take very little time and are on their way. The questionable fellow can be spotted quickly. He is too glib and cocksure. When interrupted by a question he is upset and anxious to get back on the patter. The old question "Is this passed by the Council on Pharmacy and Chemistry?" is his nemesis. He either adopts a lofty attitude of being above such things, or tries to call the Council unfair. The average doctor is not so easily misled as to be taken in by every salesman, but the better type of detail man deserves friendly and courteous treatment. His time is valuable and it is often possible to give him a few minutes while a patient is getting dressed. He will appreciate the favor—and his samples are so nice!

● The vitamine situation at present is in a mess. The public is vitamine conscious and all sorts of drug firms are falling over themselves to cash in and exploit their particular brand of capsules, pills or liquids. Patients come in with boxes of concentrates they have bought to ask if they are alright. Many of them are put out by firms we never heard of and we suspect that most of the units are on the label instead of in the contents. The belief still persists that vitamins will cure colds or that tired feeling. It reminds us of the early days of radio before sets became more standardized and most of them held more howls and squeals than music. Surely the day will come soon when the vitamins will all be isolated, their chemical formulae worked out, the indications clearly defined and they can be prescribed with the exactness of thiamine chloride or nicotinic acid. Speed the day!

● War regulations for you if you were practicing in Germany: "Fats, alcohols and similar substances of

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J. L. F.

### DR. STEFANSKI FOR CORONER

Dr. Clarence Stefanski is a candidate for coroner on the Republican ticket, subject to the primaries to be held in May.

Back in the days when nails were made here in Youngstown by the old Valley Iron Company, Dr. Stefanski's father helped make them. Along came Clarence, to add to the family's burdens and joys, just about the "turn" of the century.

Father John Stefanski and mother Mary, did all they could for their young son with the nice smile. But they knew there were things Clarence must do for himself. So, Clarence got his first job, taking care of a horse at a dollar per week, for Dr. C. M. Klyne. Clarence was a little tyke then. Time passed, and ambitious, he thought, "Feeding folks ought to beat feeding horses." So he went to work for Fred R. Moody

in the grocery store. There he did his deliveries and altogether enhanced the good opinion people had of him and his boss.

Finally, Clarence grew up and looked about. "What's it all coming to?" asked the young man. He wanted to be a doctor; so he entered medical school at Cincinnati where he worked as an experienced male nurse for forty dollars and keep. In due time, he turned himself out, ready to intern at Grace Hospital, Detroit. He made good there. Then he came to Youngstown and entered practice.

World War I broke out. Dr. Stefanski enlisted in 1917, and saw 10 months of service overseas with Field Hospital No. 35, 7th Division, as Captain. Then, in 1920, he found himself back home on the job, where he has been ever since.

Dr. Stefanski is a Methodist, an Elk, a Mason and a Shriner. He is a member of the American Legion, and also, of the South Side Civic Organization. He belongs to the Courtesy Staff of the Youngstown Hospital Association.

As a member of the Mahoning County Medical Society, Dr. Stefanski has been very active on the Legislative Committee, the Social Committee and the Publicity Committee.

He promises, if elected, to conduct the office efficiently and fairly.

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*March*

## NEWS and VIEWS

### St. Elizabeth's Hospital News

By S. T.

Doctors W. D. Collier, P. J. Mahar and B. J. Dreiling presented a Symposium on "Cirrhosis of the Liver" at the February meeting of the Staff of St. Elizabeth's Hospital.

Dr. and Mrs. L. S. Shensa announce the birth of a son, David, and Dr. & Mrs. S. Goldberg the birth of a daughter, Sandra Lynne, during the past month at St. Elizabeth's Hospital.

Dr. R. V. Clifford is at Johns Hopkins in Baltimore where he plans to stay one year. He is working with Dr. Geschicter in Pathology and Surgery.

Dr. J. B. Kupec has been confined in St. Elizabeth's Hospital for the past several weeks with pneumonia. He has made a nice recovery and should be back on the job in the near future.

Dr. and Mrs. F. W. McNamara are in Florida for several weeks' vacation.

Dr. and Mrs. P. J. McOwen are enjoying a two weeks' vacation in New York.

Among the recent victims of the "flu" are doctors B. J. Dreiling, C. S. Lowendorf, R. B. Poling, J. M. Ranz, S. J. Tamarkin and E. H. Young.

### PROGRESS NOTES

By Samuel J. Klatman, M.D.

Franklin Bicknell, M. D., reports on a series of 26 cases of myopathies treated with large doses of Vitamin E. His work is based upon the experimental work of Einarson and Ruagsted in 1938. The author is of the opinion that favorable results are obtained in the treatment of myopathies especially muscular dystrophies and amyotrophic lateral sclerosis. In his summary he states that it is reasonable to suggest that in all degeneration of the muscular and nervous

systems a large supply of Vitamin E should be of value. He concludes that this treatment is one of the great advances in medicine.

Vitamin E in the Treatment of Muscular Dystrophies and Nervous Diseases. Franklin Bicknell. *Lancet*, V. 238; Jan. 6, 40.

(Comment—The author is quite enthusiastic about the results of his work but before it can be accepted as conclusive it should be corroborated. However, if proven it will truly be a great advance in medical treatment. Work along these lines is now being carried out in several clinics in this country and preliminary reports are beginning to appear.)

G. C. H. Franklin, M. D., F. A. C. P., reports in the January, 1940, *Annals of Internal Medicine* a new species of Actinomycosis which he calls *Actinomyces Moormani* which is pathogenic to man. A clinical case is reported along with the bacteriologic findings.

### NURSES' NEWS FOR MARCH

The Advisory Council of District No. 3, Ohio State Nurses Association, at a dinner meeting in the Ohio Hotel, Wednesday evening, February 14, planned their program for the year 1940. The first meeting of the year will be held on the regular meeting night, the second Wednesday evening, March 13, subject and place to be announced later.

The Official Registry for Graduate Registered Nurses, who maintain an office at 1316 Mahoning Bank Building with a twenty-four hour service, has elected the following officers for the ensuing year:

President, Miss Elizabeth Condrin  
Secretary, Miss Margaret Edwards  
Treasurer, Miss Martha Morris.

The Registry has planned a series of lectures for their members, to which they have invited all the nurses of the community.

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*February*—Speaker: Dr. Frederick Coombs. Subject: "Modern Diagnostic Methods."

*March*—Speaker: Sr. M. Adaline, Pharmacist at St. Elizabeth's Hospital, Youngstown, Ohio. Subject: "Drugs."

*April*—Speaker: Dr. Joseph P. Keogh. Subject: "Chest Conditions, Their Treatment and Nursing Care."

*May*—Speaker: Dr. M. Wm. Neidus. Subject: "Cardiacs."

Place—Stewart Class Room, South Side Unit, Youngstown Hospital, 8 P. M.

*Nurses of District No. 3, O.S.N.A.:* The Registry Committee has planned this series of lectures for *your* benefit. Why not attend, and show the Committee and the Speakers that you are interested in advancement, and appreciate their efforts.

Miss Mary J. Taddei, Youngstown Hospital Alumnae, is taking a postgraduate course in Surgery at Philadelphia General Hospital.

Miss Velma Yeager, who recently returned from a postgraduate course in Surgery at the University Hospital, Charlottesville, Va., has been added to the Operating Room Nursing Staff at the South Side Unit.

Elizabeth Pope has returned to the North Side Unit after having completed a postgraduate course in Obstetrical Nursing at the Women's Hospital, Detroit, Michigan.

Matilda Gayetsky has been appointed Assistant Nursing Arts Instructor at the South Side Unit of the Youngstown Hospital on a part time basis until she has completed her

work toward a Bachelor of Science degree from the Youngstown College.

Miss Dorothy M. Paxton, who is in the Red Cross Nursing Service, Washington, D. C., was called home due to the serious illness of her father, Mr. H. E. Paxton, who expired early Sunday morning, February 18, 1940. District No. 3, O.S.N.A., extend their sincere sympathy to Miss Paxton and her family at this time.

Weddings—Miss Betty A. Borkman, Youngstown Hospital Alumnae, and George L. Graham, February 23, 1940.

Saturday, February 18, at the Nurses's Home, the Nursing School Faculty of St. Elizabeth's Hospital conducted a very impressive "Capping Ceremony," thirty-six of the Preliminary Students were given their caps. At the close of the service they received Benediction in the hospital Chapel. Sunday afternoon the Senior Class sponsored a tea for the Junior Class, their relatives and friends, about 125 guests were entertained.

Miss Gernie Yoder, Director of Nurses at the Warren City Hospital, and President of District No. 3, O.S.N.A., is convalescing from her recent illness.

Mr. and Mrs. Howard Prentice have returned from a winter vacation in California.

Two new incubators have been added to the equipment of the Youngstown Hospital, one being placed in each unit. The incubator at the South Side Unit was the gift of Mr. Bert Printz.

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March

## THE PATHOLOGICAL CONFERENCE

Mr. C. M.; age 42; American; white. Admitted 2/9/1940.

*Chief complaint:* Marked dyspnea—about three hours duration.

*Present illness:* Patient states that he was entirely well until April 20, 1939, at which time he had his first attack of dyspnea, associated with a sharp constant pain over the sternal and precordial regions, radiating down the posterior aspect of the left arm but not into the neck. He states "it cut deeper when you tried to catch your breath." Precipitating factors unknown. The attack subsided spontaneously. Patient was up and about thereafter. Blood pressure response not known. He had a similar attack last May but at this time there was less pain than formerly and more dyspnea. He began taking Digitalis at that time with some relief of symptoms. He had another slight attack in July and a fourth episode in September. Each time the dyspnea was more severe and the pain less.

His wife states that the patient had been short of breath on lying down at night during the week prior to admission. The dyspnea was relieved by sitting up. Since the first attack patient has used at least two pillows every night. On the night of admission patient went to bed quite well. He was awakened shortly thereafter by extreme dyspnea. The exertion of dressing and going to the Doctor's office increased this dyspnea; there was no associated pain whatsoever. On arrival at the hospital patient was extremely dyspneic, leaning well forward in his chair, with his head resting on his hands. There was slight cyanosis but no obvious venous distention. Cold sweat stood upon the brow. Pulse rate was rapid and bounding in character but regular in volume and rhythm. About 20 minutes after admission patient vomited a large amount of blood-tinged fluid and he had a cough which was productive of frothy pink sputum.

He complained of no pain nor of any subjective cardiac irregularities. The patient stated that he took Digitalis from last August until Thanksgiving. He felt relieved and took no more until the beginning of the present episode, having taken 4½ grains on Monday, 3 grains on Tuesday, and on Wednesday, the day before admission, 1½ grains.

*Family history:* Non-contributory.

*Marital history:* Wife living and well. One child living and well. One died at age of 10, cause unknown; one died after 3 hours; one stillborn.

*Past history:* Non-contributory.

*Systemic review:* Head—Complains of occasional headaches and vertigo. Genito-urinary—Patient admits two attacks of gonorrhea, the last one being in 1922. Gives no subsequent signs or symptoms.

*Physical examination:* T. 99.8; R. 32; P. 140. B. P. (right) 118/46; (left) 124/46. General appearance: slightly developed, rather thin, white male, appearing older than stated age of 42. Complexion sallow; mood apprehensive; appears chronically ill; the slightest exertion increases the symptoms. Skin—Cold and clammy on admission; perspiration marked. Cyanosis slight.

Head—Pupils equal and regular; react to light and accommodation. Otherwise negative. Neck—No shocks or thrills. Thorax—Negative. Lungs—Numerous fine, moist rales heard at both bases posteriorly and in the left axilla.

Heart—No increased precordial activity. No shocks felt but a thrill is palpable over the aortic area when patient leans forward. Heart is moderately enlarged, L. B. C. D. being 12½ cm. to the left of the M. S. L. in the 5th interspace. No definite right side enlargement. Rate rapid. Regular sinus rhythm. A double murmur was heard over both the apex and at the base (both systolic and diastolic). Pulses are equal, regu-



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*March*



lar, synchronous, and water-hammer (Corrigan) in type. Capillary pulse present, as seen in nail beds.

Abdomen—Negative. Extremities—No ankle edema. Reflexes—Physiological.

*Hospital course:* The day after admission the patient vomited almost everything that was taken by mouth and numerous coarse rales were heard throughout both lung fields. He was given two ampules of Digifolin daily for two days and nine grains of Aminophyllin daily. Oxygen was used for relief of the dyspnea the first night only. Water balance satisfactory. The second day after admission the stomach was lavaged, with subsequent relief of vomiting. With bed rest the dyspnea became less marked and the patient began to eat well. Condition five days after admission was much improved clinically.

*Laboratory findings:* 2/9/40 R.B. C. 3.7. Hbg. 70%. W.B.C. 21,000. 80% Polys.

2/12/40 W.B.C. 20,600. 80% Polys.

Urine essentially negative on two occasions.

Kahn 4 plus; Kline 4 plus.

Fluoroscopic examination of chest revealed heart enlarged to the left and chronic passive lung congestion.

E.K.G. Sinus Rhythm. Rate 130 to 140. Intra-ventricular block. Left ventricular preponderance. No definite picture of Coronary Occlusion.

*Proceedings:* After a discussion of the history and physical examination by Dr. Charles Warnock the patient was brought to the conference room and examined by several of the Staff members. After a spirited discussion the following diagnosis was agreed:

Etiological: Luetic Heart Disease.

Anatomical: Aortic Insufficiency; Coronary Embolii or Thrombosis; Chronic Passive Congestion of Lungs.

Functional: 50% impairment.

It was felt, however, that Rheumatic Heart Disease, complicated by Pulmonary Infarction, would be a possible alternative diagnosis; al-

though the proponents of this particular speculation seemed rather discouraged by the weight of contrary evidence.

Respectfully submitted,

GEORGE M. McKELVEY, M.D.

### DR. HAYES FOR CORONER

Dr. M. E. Hayes offers to serve again as coroner, subject to the Republican primary election to be held in May.

Nearly everybody knows Dr. Hayes, both very well and very favorably. Since his graduation from the University of Pittsburgh in 1895, he has lived the life of an honorable medical citizen in our midst; and since he was licensed, in 1897, he has held firmly to high ethical standards in the practice of medicine.

The duties of Coroner are not strange to Dr. Hayes. Up to 1937, he had served in that responsible office for some 22 years. He left the office with the full confidence of the lawyers and the courts. It has been reliably said of him that he kept the required legal records most painstakingly correct, but that those who would attempt to use them or peruse them simply to satisfy their morbid natures, found Dr. Hayes at least unsympathetic.

A discussion *in extenso* of Dr. Hayes is unnecessary. As one with whom we are all acquainted, both with his long personal career and with his excellent record already made in the office which he seeks, Dr. Hayes deserves to rate highly.

He promises the same faithful performance of duty as that revealed by his record.

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# PRINTZ'S

# It Can Happen Here

**L**EST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between  $37^{\circ}$  and  $42^{\circ}$ , where the average amount of fall and winter sunshine is equal to that in the major portion of the United States. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.



Example of severe rickets in a sunny clime.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

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