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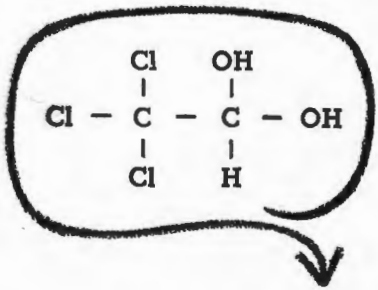

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1. Hyman, H. T.: An Integrated Practice of Medicine (1948)
2. Rehfuss, M. R. et al: A Course in Practical Therapeutics (1941)
3. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics (1941), 22nd printing, 1951.
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Representative to the Associated Hospital Service
H. E. PATRICK

TABLE OF CONTENTS

Volume XXIII—No. 6 **June, 1953**

ADVERTISERS' LIST

Our President Speaks

Last month I was a guest of the Woman's Auxiliary to the Mahoning County Medical Society at their installation dinner.

The installation ceremonies, conducted by Mrs. Wm. H. Evans, were very impressive.

The following officers were installed:

Mrs. Morris Rosenblum, President
Mrs. Ivan Smith, President-Elect
Mrs. C. W. Stertzbach, Recording Secretary
Mrs. Asher Randell, Corresponding Secretary
Mrs. G. W. Cook, Treasurer

The Auxiliary was organized in 1940, and the past Presidents were presented gavels.

Mrs. W. O. Mermis, the retiring President, had a very successful year which, of course, made it a very busy year. With her guidance entertainment was provided for the wives of out-of-town guests at the Sixth Councilor District post-graduate day. Much "leg work" was done for the Heart, Polio, Cancer, and Diabetes Drives. A tea for over two hundred sixty prospective nursing school students was very successful. Raising funds by means of social events, they were able to sponsor two nursing scholarships. Consequently, each year they are responsible for three students at each nursing school. During the last national election a car pool was formed, baby sitting was arranged, and absentee ballots were delivered to bedfast patients. They also donated One Hundred Dollars to the AMA Medical Education Fund. We can see how the Auxiliary has done much for the betterment of our community.

I have given only a brief sketch of the Auxiliary activities this past year. Similar projects were sponsored over the past thirteen years of the Auxiliary's existence. We are very grateful for this help.

V. L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society
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Published for and by the Members of the Mahoning County Medical Society

H. J. Reese
3720 Market Street

EDITORIAL

WHERE WERE YOU?

At the April meeting of the Medical Society the membership was given an opportunity to discuss some of the problems which are uppermost in our thoughts. All of us like to "sound off" occasionally on our favorite peeves. It lets out some steam and once in awhile even leads to worthwhile discussions. It further enables others to know of the varied opinions of other physicians. In this way we may learn "more and more about more and more."

Everyone of us has said at some time or other that things were not being done according to our own desires. Each has stated how he would change things, if he had the opportunity. So, what happened when the opportunity arose? Approximately one-fourth of the total membership of the Society came to the meeting. Of these about twenty had enough spirit to stand up and speak at some time during the meeting. Where were the other three-fourths of the Society? Were they too tired to come? Weren't they interested in their own affairs? Perhaps they felt that this wasn't important enough. Let these never forget that this type of thinking in Germany produced a fairly thorough eradication of the medical profession in Hitler's regime; it helped to bring about nationalized medicine in England, and it is still there. It can still happen to us here if we aren't awake.

Let us all make it a policy to get all the facts we can, study them carefully, and form a proper opinion before we speak and act. Let us not act hurriedly and carelessly. The result can only be unfavorable to us and may be quite damaging.

Perhaps we can have another forum type of meeting soon. If so, let's all be there, so that 100%, not 25%, of the membership can be heard. It's too late to "let George do it."

H. J. R.

BACTERIAL ENDOCARDITIS

Bacterial endocarditis, even after a decade's experience with antibiotics, remains a difficult therapeutic problem. While the incidence of this infection may have fallen slightly as a result of the widespread use of antibiotics, it still is a relatively common complication of rheumatic and congenital heart disease and must be considered every time a febrile illness occurs in patients with these conditions. Furthermore, in spite of the increasing number of antibiotics available, the mortality from bacterial endocarditis has not decreased appreciably in the past five years, being still in the neighborhood of 30 per cent. Since most of the deaths are now attributable to complications, particularly heart failure and major embolic accidents, early recognition and eradication of the infection offer the main approaches to improving therapeutic results. The infectious agent can be eliminated in better than 90 per cent of cases, but, if this is not accomplished before irreversible valvular or myocardial damage has occurred, or before there has been a cerebral embolus, the patient may be dead or incapacitated in spite of a bacteriologic cure. Hence, early diagnosis is extremely important.

DIAGNOSIS

Usually the onset of subacute bacterial endocarditis is insidious, and its manifestations are so protean that early recognition is diffcult. The patient may pass off his symptoms as "flu" for weeks or months without ever consulting a physician. One important step, then, is to educate patients with valvular heart disease as to the importance of consulting their physician whenever they are not feeling well and particularly whenever they have fever for more than a few days. This can and should be done without frightening the patient unnecessarily. He can at the same time be reassured that, if the infection is detected and treated early, a favorable outcome is almost certain.

In the first few weeks of the disease many of the classical features of bacterial endocarditis are frequently absent. The patient may not feel or look particularly ill. Embolic lesions, splenomegaly, clubbing of the fingers and anemia are helpful diagnostically if present but usually do not occur until the disease is well established. The only features which are almost always present at least in some degree are a heart murmur and fever. In any event, all patients exhibiting these two findings must be suspected of having bacterial endocarditis, and multiple blood cultures as well as appropriate studies to rule out other causes of fever are in order. If organisms are recovered from several blood cultures, the diagnosis is virtually established. However, in some cases blood cultures remain negative, especially when the patient has already received some antibiotic therapy. While it is highly desirable to identify the infecting organism so that its reaction to various antibiotics can be measured, there are times when one has to treat the patient without the help of an established etiologic diagnosis. Should there be a reasonable possibility on clinical grounds that the patient might have bacterial endocarditis, five or six blood cultures should be taken (at hourly intervals if the need for therapy seems urgent) and then treatment should be started without waiting for the results. Therapy can be modified later if the patient's response or the bacteriologic findings so indicate.

One of the most difficult differential diagnoses is that between rheumatic activity and bacterial endocarditis, not only because they have many clinical features in common, but also because in a small number of cases the two

conditions coexist. If a patient over the age of ten who has been suspected of having chronic rheumatic activity runs an atypical course and does poorly on anti-rheumatic measures, it is probably wise to give an intensive course of penicillin and streptomycin even though the diagnosis of bacterial endocarditis cannot be established.

THERAPY

The treatment of bacterial endocarditis caused by penicillin-sensitive green (viridans) streptococci present few problems. Patients with such infections can almost always be cured by an intensive course of penicillin (10 to 15 million units daily) given for two weeks. There is considerable evidence that adding streptomycin (1 to 2 grams daily) to the above regimen increases its effectiveness without great risk of streptomycin toxicity.

In recent years, unfortunately, a smaller proportion of patients with bacterial endocarditis have been found to harbor penicillin-sensitive streptococci, and more patients infected by enterococci and penicillin-resistant staphylococci have been encountered. The latter patients together with those from whom no organisms are recovered and those whose disease is caused by a great variety of unusual organisms present a much more complicated therapeutic problem.

The guiding principle of antibiotic treatment of bacterial endocarditis should be the selection of the agent, or combination of agents, which offers the best hope of complete and rapid sterilization of the vegetations. To do this one cannot rely on antibacterial substances which are primarily bacteriostatic in their action, such as the sulfonamides and the newer broad spectrum antibiotics. Antagonism between these agents and penicillin has been demonstrated in vitro and in animals under certain circumstances, and, therefore, for the present their combination with penicillin in treating bacterial endocarditis should generally be avoided even though the clinical importance of antibiotic antagonism remains to be proven. Ideally, the determination of the optimum treatment in penicillin-resistant infections should be based upon studies of the infecting organism recovered from each patient and these studies should include procedures which measures the bactericidal effects of the antibiotics tested. When such information is not available, one must be guided by probabilities based upon experience with other cases.

Enterococcal endocarditis can usually be cured by high doses of penicillin (10 to 20 million units a day) plus streptomycin (1 to 2 grams a day) administered for six weeks. A longer course seems to be more necessary for enterococcal endocarditis than for the usual streptococcus viridans infection probably because enterococci are killed very slowly even by optimum concentrations of antibiotics. Streptomycin is added to the regimen because it has been shown repeatedly that, while it is ineffective by itself, it greatly enhances the killing effect of penicillin for this organism. Vestibular damage is likely to occur from the use of this drug, but in such cases the risk seems justifiable. Most enterococci are quite "sensitive" to aureomycin, terramycin and chloramphenicol, but clinical results with these three agents have been disappointing — far inferior to those obtained with penicillin plus streptomycin.

Staphylococci are even more difficult to deal with, not only because they are more invasive and cause more rapid tissue destruction than the non-hemolytic streptococci, but also because in recent years a high proportion of strains encountered in human infections have been resistant to peni-

cillin, and a few have been resistant to all available antibiotics. The variation among strains is tremendous, and no general rules of therapy can be laid down at present except to say that, if the organism is resistant to penicillin, one can try aureomycin or terramycin, or one of these combined with streptomycin or penicillin, for four to six weeks with some hope of cure. The new antibiotic erythromycin is also worth considering in resistant staphylococcal infections, but experience with it is meager.

PROPHYLAXIS

It is not feasible to administer running doses of antibiotics month in and month out to prevent bacteremias and hence to give complete protection to people with known predisposing heart disease. In fact, we have no sure means of completely preventing bacteremia, even over a short time following tooth extraction. Penicillin does, however, decrease the frequence and intensity of bacteremia, and, if kept up for a sufficient time, at least forty-eight hours, will probably kill any organisms reaching the heart valve before a vegetation is formed. Patients with valvular heart disease should be educated concerning the need for prophylaxis at the time of operative procedures, particularly in the mouth, nasopharynx, bowel or genito-urinary tract. One to two million units of penicillin daily given in repository form every twelve hours are probably effective in most instances, but no one regimen has been thoroughly proven.

THOMAS H. HUNTER
University of Virginia
School of Medicine
Charlottesville, Virginia

"Modern Concepts of Cardiovascular Disease"
American Heart Association, Vol. XII, No. 4

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The opinions and conclusions expressed herein are those of the author and do not necessarily represent the official views of the Scientific Council of the American Heart Association.

AMA PUBLISHES HEALTH INSURANCE BOOKLET

The seventh annual revision of the health insurance brochure published by the Council on Medical Service and its Committee on Pre-payment Medical and Hospital Service now is available to physicians and allied groups. In this booklet — "Voluntary Prepayment Medical Benefit Plans" — each plan is described by summary of benefits, enrollment at the end of 1952 and other pertinent data. Separate sections list plans by type of sponsorship. Also identified are plans which have been granted the Council's seal of acceptance. One section is devoted to Canadian plans which have been organized or approved by the provincial branches of the Canadian Medical Association. In addition, other types of programs are described to give examples of voluntary methods of insuring some of the costs incident to health care. Single copies are available, without charge, from the Council.

A.M.A. News Notes, Vol. 2, No. 6

• **PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN** •

MULTIPLE PRIMARY MALIGNANCIES

Gordon G. Nelson, M.D.

Several years ago I reported two cases of multiple primary malignancies and a short review of the literature. In this paper I wish to report five more cases of double primary malignancies with a few additional facts gleaned from the more recent literature. It was about ninety years or more ago that Billroth reported the first case of multiple primary malignancy. It is quite evident, as the number of multiple cancers increases, that these tumors have passed from the stage of pathologic curiosities to that of well recognized entities. The frequency or infrequency of occurrences of these tumors has great significance, for we should be able to obtain from a study of this condition, light on the resistance or susceptibility to cancer as well as some clue to the role played by heredity.

Warren and Gates have made a critical study of the cases encountered in a study of 1078 post mortem examinations on malignant disease cases autopsied in the laboratory of Pathology of Harvard Medical School. They were impressed by the frequency of occurrence of multiple malignant tumors, particularly of the skin, stomach, colon and pharynx. Billroth laid down certain criteria for multiple primary malignancies. First: each tumor must have a different histologic appearance. Second: the tumor must arise in different locations. Third: each tumor must produce its own metastasis. Warren and Gates think this is too strict a classification, as the last requirement would rule out a large number of cancers. In their experience, about 40% showed no evidence of metastasis. New criteria established by Warren and Gates are that each of the tumors must present a definite picture of malignancy. Each must be distinct, and the probability of one being a metastasis of the other must be excluded.

Most reports of multiple cancers of the breasts are open to criticism, since the probability of metastasis from the opposite breast is very strong. That the breasts may be the site of independent multiple cancers cannot be denied, but the proof of true multiplicity is extraordinarily difficult. Multiplex carcinomata of the rectum arising on the basis of polyposis might be open to question so far as their consideration as independent tumors is concerned, as undoubtedly the same etiologic factor involves all. Warren and Gates feel, however, that they are fully as well substantiated as multiple carcinoma of the skin, the independence of which has never been questioned. The organ which has been the seat of most of the multiple carcinomata is the skin. Ward, at the Radium Institute of London, reported 94 cases of multiple carcinoma out of 1777 cases of skin cancer treated at that place, a percentage of 5.2. Poppin reported a case of a woman of 50 with over 200 separate basal cell carcinomas of the skin. Warren and Gates found 44 cases of three or more malignancies of the gastro-intestinal tract. Further breakdown of their statistics reveal that double carcinomata occurred in the colon 55 times, skin 33 times, stomach 25 times, pharynx 15 times, uterus 12 times, esophagus 4 times, and bladder and duodenum once each. Double carcinoma also occurred in the symmetrical organs as follows: breasts 45 times, salpinges 10 times, adrenals 3 times, kidneys 3 times, bronchi once, and parotids once. Double carcinomata also occurred in 2 systems as follows: Genito-Urinary tract and gastro-intestinal tract 62 times; G.U. tract and breast 54 times; Breast and skin, G.U. tract and skin, G.I. tract and skin, 9 times each. Carcinoma and sarcoma occurring in the same organs are rare. It was reported 25 times.

Next to the skin, the G.I. tract seems to be most frequently involved in multiple primary malignancy. This may be explained by the development of carcinoma on the basis of polyposis.

Fifty-five cases of double carcinoma of the colon were reported by Warren and Gates who feel that multiple polyps are the fore-runner of these lesions. Prior to 1933 the total number of multiple malignancies was 277 out of 20,738 cases of malignant disease or a percentage of 1.3. The European literature gives .3% as the incidence and the American literature gives a percentage of 4.3% up to about 1944. As to the sex incidence, 3.6% are males and 1.9% are females. The average age of all patients with two or more primary malignancies was 54. The average duration of life from the onset of the earliest to death was three years, so it seems that these cases have not developed their multiplicity of cancers because of a longer time during which additional tumors might make their appearance. The longest period of time which elapsed between the appearance of tumors was reported in one case as 19 years. The shortest interval was a matter of months.

In our cases, there was one patient who developed the second primary bowel carcinoma 15 years after the first one and in the interval she developed a breast carcinoma. In another case there was an interval of six years between the development of the first carcinoma in the cecum and the second cancer in the sigmoid. I have been privileged to see four more cases of double primary cancers, and will briefly enumerate them as follows:

(1) carcinoma of cecum followed in 2 years with bilateral ovarian carcinoma;
(2) large tumor of scalp followed in 2 years with squamous cell tumor of cervix;
(3) very large papillary carcinoma of ovary occurring simultaneously with an annular carcinoma of sigmoid;
(4) carcinoma of breast followed in 6 years with carcinoma of cecum.

A fifth case is mentioned because it is one of a carcinoma occurring first in the right breast and then in the left after an interval of a year, but it may possibly be that the second cancer is a metastasis of the first growth although there is no other evidence of secondary deposits at the present time.

Slaughter, in 1944, discussed the multiplicity of origin of malignant tumors, holding that the traditional concept of cancer as an isolated biological accident is no longer tenable. He states further that, because of recent advances in our knowledge of the pathologic and physiologic background of the neoplastic diseases, it is becoming increasingly apparent that malignant tumors have a number of etiologic relationships. He discusses the multicentric origin of cancer and recommends discarding the older concept of a malignant tumor arising from one cell, which divides and increases by multiple progression. It now seems probable that many tumors arise from multiple foci of neoplastic change in immediate adjacency to each other. These foci coalesce as growth occurs and produce a lesion which clinically is seen as a single tumor. This is demonstrated by the microscopic appearance of sections of so-called "carcinoma in situ". Broders used this term in 1932 for those lesions in which cells are histologically malignant but have not yet invaded the basement membrane of the epithelial layer. Such lesions, he says, are not uncommon in the rectum and colon, particularly in association with polyposis. Padget's disease of the nipple has been considered an example of such a lesion. Brill-Symmer's disease or giant follicular lymph-adenoma

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has also been considered an analogue of these epithelial lesions, as a precursor of invasive lympho-sarcoma. Bowen's disease or "intra-epithelial epidermoid carcinoma in situ" of the skin is the most common lesion of this type. These lesions are true cancer, and will eventually invade and kill their host. Their importance lies in the fact that sections of these lesions show the anaplastic change to be taking place simultaneously in many areas of involved epithelium, these areas not being connected by any vascular channels which could transport cells from one location to another.

Ewing has recognized and accepted these lesions as being examples of the multicentric origin of cancer. From the macroscopic standpoint, there are many tumors which characteristically develop from multiple foci. Many benign neoplasms arise in multiple areas. Some are totally benign, others are tumors which occasionally undergo malignant transformation, and still others are considered pre-cancerous lesions. Such definitions are based on percentage considerations, as there is no known benign neoplasm which does not have its malignant expression, rare as it may be. Moles and neuro-nevi are common benign tumors found on practically every human being. The malignant melanoma that arise from these lesions are not very frequent. Multiple melanomata are very rare. Lipomata are frequently multiple and benign. However, Stout has several case reports of multiple lipo-sarcoma in which he relates their genesis to multiple lipomata. The various keratoses of the skin are another example of multiple benign tumors, some of which are considered pre-cancerous. Von Recklinghausen's disease is an example of a neoplastic entity, in which multiple benign neuro-fibroma may dedifferentiate into neurogenic sarcomata. Certain tissues of entodermal or mesodermal derivation have characteristic multiple benign lesions which are more or less frequently associated with malignant transformation. The most common of these are polyps of the stomach and colon, papilomas of the urinary bladder and fibromyomas of the uterus. All of these benign lesions which occur as multiple independent neoplasms are a potential source of multiple malignant tumors.

In three of our cases, there was a history of carcinoma in the families. Maude Slye, in working on the relation of heredity to cancer, was able to demonstrate that "in mice resistant by heredity, irritations and trauma incident to life in her laboratory have never been able to induce cancer, while in mice, susceptible by heredity to only one location, irritations or stimulations applied to other parts of the body, have to date failed to induce neoplasms in these insusceptible tissues". Her ability to breed into as well as out of mice the tendency not alone toward malignant disease in general, but also toward specifically localized tumors, seems to indicate that some inheritable biologic factor influences the destiny of a group of tissues. Apparently, certain persons are either born with or have acquired a type of tissue that tends to cellular hyperplasia and malignant change more readily than do the tissues of others. Cokkins says that individual susceptibility, perhaps hereditary or familial, is the only explanation capable of general application.

Dr. John Bugher of the University of Michigan, who has a flair for mathematics, has worked out on a mathematical basis, the expected occurrence of coincidental multiple primary malignancies and arrived at the conclusion that the actual incidence must exceed that expected from chance alone. He explains this apparent contradiction between theory and experience by stating that the risk of acquiring cancer is not spread uniformly over the entire popu-

lation, but over some large part of it. Cancer morbidity and mortality rates based on this reduced population would give a frequency of coincidental cancer multiplicity in agreement with that found to occur in fact. This is equivalent to saying that there is an inherent susceptibility to cancer not possessed by all people, a conclusion abundantly corroborated by many other lines of evidence. In a series presented by Hart and Broders, there was a significant family history in 28.6% of the cases. Mider et al, in a recent study of multiple cancer, suggest that the relative frequency of second primary malignant neoplasms may be influenced strongly by the types of original cancers found, i.e., persons with skin cancers are predisposed to other skin cancers. Their study also indicated that the patient who is successfully treated for a specific anatomical type of cancer has at least as great a chance of developing another cancer as does the noncancerous individual of similar age and sex. The presence of cancer in one organ does not confer any immunity to the development of cancer in another organ. Further, a second cancer of the same histogenesis may be expected to occur much more often than one would expect on the basis of chance alone.

Slaughter, in his study of multiple cancers led him to the belief that "cancer does not arise as an isolated cellular phenomen, but rather as an anaplastic tendency involving many cells at once." It is suggested that the etiologic factor, whatever it may be, acts upon all the tissues of one type, and may produce multiple anaplastic lesions of the mucosa of the colon for example. It is common practice to assume that many of the ills to which the body falls heir after the eradication of a cancerous focus are due to a recurrence or metastasis of that cancer. A fairly large proportion of the cancer population, however, develops other diseases both cancerous and non-cancerous, that are not related to the first neoplasm. We should therefor be on the lookout for evidence of a second cancer developing in each patient who has once had a malignant tumor.

Summary: 1) A short review of the literature on multiple primary malignancies is presented.
2) A number of cases are reported.
3) Multiple carcinoma occurs at approximately the same age as single cancers.
4) Finally, it seems that multiple malignancies can be expected to occur in those organs which are the most functionally active during life, and which are the targets for the many irritations and stimulations that occur during man's stay on earth.

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NEWS

Dr. Sidney Franklin has been appointed Surgeon for the Department of Ohio Reserve Officers Association.

Dr. Elmer Wenaas has been named State Chairman of the Judicial and Professional Committee of the Ohio State Medical Association.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society on Monday, May 11, 1953.

The following doctors were present: V. L. Goodwin, President, presiding, S. W. Ondash, W. M. Skipp, G. G. Nelson, A. K. Phillips, H. J. Reese, E. J. Wenaas, M. W. Neidus, J. D. Brown, C. A. Gustafson and A. A. Detesco, comprising the Council, also present were P. J. McOwen, L. S. Shensa and E. A. Shorten.

Dr. McOwen presented a fee schedule which was approved by the Dermatological Members of our Society and is intended to be posted in their respective offices for the benefit of both doctor and patient.

Dr. Gustafson moved that we follow the constitution and By-Laws by having the budget committee function. The committee consists of the President, Pres.-Elect, Treasurer and the Editor of the Bulletin, all members of Council. The motion was seconded and duly passed.

Dr. Gustafson moved that the revisions to our Constitution and By-Laws that have been made and approved by the members, since the last printing, be made and that printed copies be sent out to each member. The motion was seconded and duly passed.

Mrs. Herald, speaking for Dr. Randell, called attention to complaints from patients to their doctors, that the answering service of the Medical-Dental Bureau require too much information and that they resent it. Council decided that inasmuch as the Bureau receives instructions from its members as to how they wish their calls handled, it was a matter between the Bureau and the Doctor.

Dr. Shorten and Dr. Shensa reported on the work of their committees, namely the Public Relations and the Lay Education Committees. They have been assured of the co-operation of the press, radio and TV stations. It is gratifying to note the co-operation of these committees and what they have accomplished.

Dr. Detesco suggested that, in the interest of good co-ordination and a better chance for committee chairmen to do a good job, committee appointments be made not later than November preceding the Annual Election of officers which is the third Tuesday in December.

Dr. Detesco, in discussing the problem of getting members out to meetings, though it advisable to consolidate them as much as possible and to take advantage of sponsorships by acceptable groups and to encourage buffet luncheons to create a more cordial and social atmosphere.

The following applications were presented:

ACTIVE MEMBERSHIP

Dr. R. L. Tornello, 402 Home Savings & Loan Bldg., Youngstown, Ohio
Dr. N. H. Bare, 800 E. Indianola Ave., Youngstown, Ohio
Dr. F. M. Lamprich, 2316 South Avenue, Youngstown, Ohio
Dr. L. J. Gasser, 651 W. Indianola Avenue, Youngstown, Ohio

INTERNE MEMBERSHIP

Dr. Alexander Calder, St. Elizabeth's Hospital.
Dr. Joseph V. Newsome, St. Elizabeth's Hospital.
Dr. Donald R. Bernat, St. Elizabeth's Hospital.
Dr. S. W. Chiasson, St. Elizabeth Hospital, Youngstown.

Unless objection is filed in writing with the Secretary within fifteen days, the preceding become members of the Society.

The Executive Secretary read a letter from Dr. L. J. Goldblatt in which he stated that due to ill health he was retiring from active practice and wished the Society to confer Honorary Membership upon him.

G. E. DeCicco, M.D.
Secretary

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The regular meeting of the Mahoning County Academy of General Practice was held on Tuesday, May 12, 1953, at the South Side Nurses Home. Dr. J. R. Cook of the Cleveland Clinic gave the last paper in the Endocrinology Course. He gave an interesting talk with slides on "Diseases of the Adrenal Glands."

The next meeting will be held on June 9, 1953, at which time, the paper will be given by Dr. Louis Bloomberg on "Eye Signs of Interest in General Medicine." This will be the last meeting until September.

There will also be a ceremony honoring several of our local physicians. The following doctors will be made honorary members of the Academy of General Practice: Dr. S. Badal, Dr. A. B. Sherk, Dr. L. Segal.

D. H. Levy

REGULAR MEETING

May 5, 1953

The regular monthly staff meeting of the St. Elizabeth's Hospital was held on Tuesday, May 5, 1953. Meeting was called to order at 8:30 p. m. by Dr. W. H. Evans, Chief of Staff.

1. The minutes of the last monthly meeting were read and approved. Dr. R. V. Clifford, Chairman of the Ex-Interne Association, announced that Ex-Interne Day would be Thursday, June 25, 1953. Speaker will be Dr. Hugh H. Hussey, Associate Professor of Medicine, Georgetown University, on topic "Chest Pain." Golf will be played and a dinner will be held at the Tippecanoe Country Club. Assessment is $10.00.
   New St. Elizabeth Hospital Brochure, Dr. S. W. Ondash, Editor, will be brought out on this day.
2. Minutes of the last Executive Committee Meeting were read.
3. Case presentations were as follows:
   a. *Duodenal ulcer with hemorrhage*—presented by Dr. R. E. Hancock. Discussed by Drs. J. M. Ranz, J. LoCricchio, R. J. Scheetz, J. K. Herald, M. W. Neidus, A. K. Phillips and P. E. Krupko.
   b. *German Measles in Early pregnancy (first trimester)* — presented by Dr. S. W. Chiasson. Ten to twenty-five per cent of such cases have some sort of congenital defects.
4. In the absence of further business, meeting was adjourned at 9:40 p.m.

H. J. Reese, M.D.
Secretary

TABULATION OF HEALTH AND WELFARE ITEMS IN FISCAL 1954 BUDGET

The left column lists the Budget Bureau's estimates of what U. S. will spend on domestic health and welfare fields during the current fiscal year, ending June 30. The right column represents Bureau recommendations to Congress for 1954 fiscal spending, starting July 1. Not all Public Health Service items are listed, nor does the tabulation include the armed forces. Note: These are Truman administration proposals; the Eisenhower administration may accept or amend the figures as it sees fit.

Agency	Fiscal 1953 Current Spending	Fiscal 1954 Proposed Spending
Veterans Administration		
Medical Care	660,000,000	691,000,000
Hospital Construction	103,000,000	83,000,000
Federal Security Agency		
Public Assistance	1,001,600,000	1,341,650,000
Public Health Service (total)	284,997,000	270,693,000
Control of veneral disease	9,800,000	8,325,000
Control of Tuberculosis	8,240,000	7,645,000
Control of communicable disease	5,920,000	5,735,000
Hill-Burton hospital program	134,700,000	94,804,000*
Cancer Institute	17,887,000	22,000,000
Heart Institute	12,000,000	16,500,000
Mental Health Institute	10,895,000	15,500,000
Arthritis and Metabolic Institute	---**	8,450,000
Neurology and Blindness Institute	---**	7,670,000
Microbiology Institute	---**	7,000,000
Children's Bureau***	30,335,000	34,375,000
Vocational Rehabilitation***	22,950,000	23,725,000
Food and Drug Administration	6,650,000	6,713,000
Atomic Energy Commission	25,200,000	26,565,000
Civil Defense Administration	27,183,000	94,000,000‡
Bureau of Indian Affairs	51,801,000	57,576,000
National Science Foundation	15,000,000	15,000,000
Bureau of Prisons	1,298,000	1,334,000
Total	2,279,394,000	2,654,855,000

*Includes $75,000,000 for new construction.

**Funds for these institutes were included in total budget of National Institutes of Health for fiscal 1953.

***Bulk of funds for grants to states.

‡Includes $82,000,000 for Federal stockpiling.

NOTICE

The boys who go to Stambaugh Boy Scout Camp each year must be examined, and a small form signed by a physician. Most of these Boy Scouts are patients of you doctors. To avoid infectious diseases getting into camp and physically disabled boys going to camp, I'm asking that care be taken on examining this group. It would be appreciated if this were done at a minimum rate or gratis for any Boy Scout who might come in your office.

APPOINTED TO IMPORTANT COMMITTEES

The Mahoning County Welfare Department has requested a committee to meet with their sub-committee on medical services. The committee consists of Mrs. Fred James, Chairman; Mr. Del Courtney and Rev. W. Payne Stanley. Our committee is Doctors J. N. McCann, E. J. Reilly and L. H. Getty.

Drs. J. K. Herald and H. E. Hathhorn will be our representatives to the Delegate Assembly of the Community Corporation.

Dr. Asher Randell will be our representative on the Coordinating Council.

Mrs. Fred Tod, President of the Visiting Nurses Association, has requested the appointment of two of our members to act in an advisory capacity. Dr. A. A. Detesco and Dr. D. H. Levy have expressed their willingness to serve on their board.

KEEPING UP WITH A.M.A.

By Wm. M. Skipp, M.D.

The new Department of Health, Education and Welfare came into being April 11, 1953. Its first Cabinet Member and Secretary is Mrs. Oveta Culp Hobby. There is still much speculation of what the outcome will be if we do not have Mrs. Hobby as Secretary of this new department, including our President. Will we be heading into trouble and socialized medicine? But such men as Senator Taft and Representative Judd feel, regardless of who is the President or who the Secretary of this department, the Congress can and will stop medicine being put in the spot Truman and Ewing tried to work through into socialism, because now the Social Security Department can be cleansed of its social minded workers such as Altmeyer, Faulk, and others.

The Defense Department Commission, headed by Lewis L. Strauss, special assistant to President Eisenhower, reported on the special pay, which has merit in that it does induce physicians and dentists to join the Armed Forces, which has alleviated somewhat the critical shortage of military physicians. "It has not met the full need." As an incentive to volunteer for limited periods of duty the Commission found that special pay "does not appear to be required." The report concludes that the extra $100 per month should not be given to physicians who serve no longer than other citizens are required to serve in uniform, but it does seem that the Commission has not considered that the physicians are the only class of citizens subject to compulsory service beyond the regular draft age of 26. The specific recommendation is "that special pay for physicians and dentists be limited to regular officers and to reserve officers who volunteer and are accepted for extended duty beyond that required by Public Law No. 779, or subsequent similar legislation."

The Commission does not believe that physicians coming into service for two years, under compulsion, should receive the extra pay.

It does believe that those who genuinely volunteer for more than the required time should be given the extra pay.

Those who qualify for the special pay should receive it from the beginning of their active duty.

The report also recommends elimination of extra pay for sea duty and foreign duty, and of flight pay for certain officers.

The Doctor Draft Law will expire if not renewed by June 30. The new law, introduced by Senator Leverett Saltonstall and Lester Hunt, to extend the law to July 1, 1955. Major provisions of the bill include: (A) four present priority groups continued; (B) 24 months retained as required period of service; (C) service credit given co-beligerants of World War II; (D) maximum induction age kept at 51; (E) men who have served less than a year since June 25, 1950, liable to recall, but those who have served over a year not liable during 2-year life of this act; (F) aliens made subject to service.

Physicians would be commissioned in grades "commensurate with . . . professional education, experience or ability."

The National Advisory Committee to Selective Service (Rusk) in conjunction with state and local affiliates would continue with present responsibilities, and in addition would be specifically authorized to "make determinations with respect to persons in residency training programs who shall be recommended for deferment.

ANNUAL GOLF MEET

THURSDAY, AUGUST 13, 1953

Youngstown Country Club

MAHONING COUNTY MEDICAL SOCIETY
CORYDON PALMER DENTAL SOCIETY
MEDICAL-DENTAL BUREAU

GOLF	12:00 Noon
DINNER	7:00 P. M.

NO dinner tickets sold at Club
NO dinners served without reservations

YOUR CHECK IS YOUR RESERVATION
and must be in by August 7

Dinner Tickets $5.00

Caddie, Greens Fees and "PRIZE POOL" $6.00
(To be paid at Club)

The bill changing the Draft Law, which has passed the House, and is now up to the Senate Committee. The House version is that prior military service will be taken into consideration, and those with more than the 18 months that the bill requires of service will be retroactive and will be given a discharge in 90 days after the bill becomes law. Many suggestions of the A.M.A. are included. Representatives of all groups, including the A.M.A., appeared. Many members of the A.M.A. testified before the House Committee on Armed Services.

Congress asked to approve study of U. S.-State relationships. President Eisenhower has asked Congress to authorize and appropriate funds for a commission to study all federal-state relationships in the fields of taxation and grants, including medical programs. The commission would make a broad and comprehensive study of areas of joint taxation and of grant-in-aid programs, most of which are handled by the various components of Federal Security Agency.

Rep. Charles Halleck (R., Ind.), and Senator Taft were prepared to introduce legislation to carry them out. The study of the commission was explained by Senator Taft at the special Washington meeting of the A.M.A. House of Delegates.

Arthur J. Altmeyer retired on May 8 as Commissioner of Social Security. He is 62, one of the advocates of socialized medicine for 20 years. He has directed social security legislation for 15 years, wrote most of the program for the Wagner-Murray-Dingle bills in the past. In fact, he wrote the bills, or directed how they should be written.

S. 1470 (Kefauver (D., Tenn.), March 27). Voluntary coverage under Social Security for Physicians, Dentists and Certain Others. Present law exempts from coverage certain self-employed groups, namely, physicians, lawyers, dentists, osteopaths, veterinarians, chiropractors, naturopaths, optometrists, Christian Science practitioners, architects, accountants, funeral directors, and professional engineers. This bill would permit physicians, lawyers, dentists, osteopaths, veterinarians, chiropractors and optometrists to elect coverage on the same basis as presently covered self-employed. Annual contributions would amount to 2¼% of the first $3,600 in earnings.

Policy-making jobs freed from Civil Service. On April 1st the President issued an executive order removing several hundred policy making jobs from Civil Service, thus permitting heads of departments to appoint persons of their own choosing for better harmony and close personal and confidential relationships.

Too Many Wrong Ideas About Doctors. This was the title of a lengthy question-and-answer article in the April 3 issue of U. S. News & World Report, based on an interview with Dr. R. B. Robins, immediate past-president of the American Academy of General Practice and former vice-president of the A. M. A.

The article was especially well done and from the standpoint of the lay public it reviewed many of the positive things which medicine is trying to accomplish today. Bob did a good job, not only for the academy, but for the medical profession as a whole.

The article covered nearly every conceivable problem faced by the medical profession today.

H. R. 4393 (Davis (D., Ga.) April 1). Professional Education Expense Deductions from Taxable Income. Although present tax laws permit taxable

income deductions for ordinary and necessary expenses in trade or business, there is no express provision in the law to permit professional persons to deduct the cost of additional education. This bill would permit deduction of reasonable costs of additional education, if for the purpose of carrying on a profession, improving professional qualifications or increasing professional remuneration.

H. R. 4450 (Edmondson (D., Okla.), April 2). Medical Expense Deductions. Present income tax law permits taxpayer to deduct certain medical expenses in excess of 5% of taxable income. This bill would reduce the limitations from 5% to 2%.

S. J. Res. 1 (Bricker, et al). To outlaw treaties and executive agreements which supersede laws of the U. S. Hearings have been concluded before the Senate Judiciary sub-committee. The administration's stand is opposed to this resolution. Secy. Dulles recommends a thorough study by a committee of the House and the Senate, and the legal profession. Mr. Dulles said that the administration would not sign the U. N. Covenant of Human Rights or on political rights of women, or the genocide convention pending before the Senate. He believed in a policy of "persuasion, education and example" rather than through treaties. Mr. Herman Phleger said, as legal advisor to the State Dept. in more than 100 conventions dealing with a wide range of subjects which included the one for minimum standards of social security which provides for compulsory health insurance, there has been no consultation with the International Labor Organization.

Draft call again cut, "over 30" inductions halted in Priority III. Physician draft call for the April-June period has been reduced from 1200 to 966 so that Selective Service has halted all physicals and inductions of all the III group over 30.

Federal officials note that over 2700 young physicians will be completing interneships this June 30, and will be in priorities I and may not be physically fit, but this group will supply a large proportion of the needs for this year.

AMA Refutes Louisville Times VA Story: The Louisville Times caused a brief flurry of excitement in medical circles when it published a copyrighted story, saying that the A. M. A. and the American Legion had entered into a "deal" whereby the American Legion agreed to oppose the compulsory insurance program of former President Truman in return for a promise by the A. M. A. to refrain from opposing expansion of veterans' hospitalization. Associated Press picked up the Times story and sent it to newspapers all over the country.

Both the A. M. A. and the American Legion in Washington issued statements immediately, pointing out inaccuracies and falsehoods. The key to the whole propaganda scheme was contained in an editor's note which appeared on the front page of the Louisville Times.

A. M. A. President Louis H. Bauer refuted the story — "After reading the Times story Dr. Hull issued a statement to the press on the absurdity of any "deal" between the A. M. A. and the Legion. — He pointed out that no one in the A. M. A. has ever been authorized to make a "deal" with the American Legion. — While the A. M. A. has always supported the best medical care possible for the veteran injured in service, it has for years critically examined the provision of free hospital care by the federal government to veterans with non-service-connected disabilities."

The Legion, too, claimed the story was "categorically false." "At no time, the Legion said, "did the American Legion or any representative of the organization enter into such an agreement."

The Legion statement closed by saying: "The Louisville Times story quotes Dr. Shoulders, former President of A. M. A., as saying that no General, Medical and Surgical hospitals were built for veterans between 1931 and the end of World War II, and that this was a by-product of the alleged agreement. As a matter of fact, VA records show that 15 GM&S hospitals were opened between 1931 and 1940, during which period American Legion National Conventions adopted numerous resolutions urging expansion of these facilities. The American Legion deplores this charge, which appears to be one of a series of attacks agains the American veteran, and the American Legion . . . "

Postage Stamp Honors Medical Men. The Washington Star reported recently that postal authorities are considering issuing a series of stamps honoring distinguished American medical leaders such as Beaumont, Billings, Goldberger, Holmes, Osler and Sternberg.

Defense Dept. Sets Up Commission to Study Dependent Care. Secretary of Defense Wilson has appointed a Citizens Advisory Commission on the Medical Care of Dependent Military Personnel and asked it to start immediately on a study of this problem.

The Commission will study all aspects of the controversial question of military medical care for DEPENDENTS, including type and extent of care to be provided, categories of dependents eligible, and extent of facilities to be furnished by the federal government for these purposes.

Chairman of the Commission is Harold G. Moulton, Ph. D., formerly president of Brookings Institution.

The Pan American Sanitary Organization asks its 21-nation directing council what action, if any, should be taken on a year-old regional INTERNATIONAL LABOR ORGANIZATION PROPOSAL FOR EXTENDING SOCIAL SECURITY MEDICAL SERVICES IN THIS HEMISPHERE. The resolution: "The Conference resolves to recommend to American countries: 1. To try to extend, as soon as possible, to the greatest number of persons within the possibilities of each country, social security medical services or other appropriate methods, including provision for medicines, dental treatment, examinations by specialists and hospital treatment in clinical and in maternity cases, and 2. to try to intensify the measures of prevention against disease harmful to society."

H. R. 4495 (Short) to Amend the Doctor Draft Act. Hearings have been held on this measure, with possible inclusion of A. M. A. recommendations. Among recommendations: 1. period of duty for Priority 2s recalled to service be limited to 12 months if they have had 12 or more months service since Sept. 16, 1940, 2. all accrued or terminal leave as well as travel time at time of separation be included in computing total active service, 3. in call-up of Priority 3s, men who have just completed internships to be called first with any deficit to be made up equally by men over and men under 40 years of age, 4. retention of maximum age of liability at 51 and of present deferments for essentiality, 5. continuation of National Advisory Committee to Selective Service and Health Resources Advisory Committee of the Office of Defense Mobilization, 6. credit for World War II

service with our allies be given registrants, 7. members of the reserves be permitted to resign their commissions if they so desire, and 8. continuation of the $100 a month equalization pay.

Drop Vets from Doctor Draft Act, A. M. A. asks in testifying before the Armed Services Committee of the House of Representatives in Washington Dr. Edwin S. Hamilton, a member of the A. M. A. Board of Trustees, proposed that Congress amend the Doctor Draft Law to relieve from further military obligation those physicians with previous service in the Armed Forces. The Association backed the Doctor Draft Act when originally enacted in 1950 and is prepared to back a one-year extension at this time.

President Backs Medical Education Drive. The financial crisis facing medical schools is a "dangerous threat to the national welfare and must be met," President Eisenhower said recently in opening the 10,000,000 dollar campaign within industry and the medical profession to help the schools overcome deficits threatening their teaching and research programs.

The President's views were expressed to S. Sloan Colt, New York banker and president of the National Fund for Medical Education: "As I wrote to you on January 6, the financial problems of the medical schools should be solved through private, rather than governmental means. Excessive reliance on government violates the essential principle of our free enterprise system. It falls, then, upon American business to assume a greater share of the responsibility for maintaining the institutions essential to our national health."

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR APRIL, 1953

	1953	Male	Female	1952	Male	Female
Deaths Recorded	212	118	94	226	125	101
Births Recorded	599	314	285	668	356	312

CONTAGIOUS DISEASES	1953 Cases	Deaths	1952 Cases	Deaths
Chicken Pox	79	0	43	0
Measles	111	0	178	0
Mumps	118	0	10	0
Scarlet Fever	4	0	12	0
Whooping Cough	4	0	13	0
Infectious Hepatitis	8	0	0	0
Tuberculosis	5	1	10	0
Typhoid	1	0	0	0
Chancre	1	0	0	0
Gonorrhea	20	0	33	0
Syphilis	16	0	26	0
German Measles	0	0	5	0

VENERAL DISEASES New Cases	Male	Female
Syphilis	5	2
Gonorrhea	14	5
Chancre	1	0

Total Patients	27
Total Visits to Clinic (Patients)	247

THE LABORATORY DIAGNOSIS OF DIABETES

Diabetes mellitus is one of the few important diseases in which laboratory procedures are necessary for intelligent management. Whenever the physician suspects diabetes, because of suggestive signs or symptoms in the history or physical examination, what should be his next step to confirm or disprove his suspicion?

The routine urine analysis for reducing substances (using either the familiar Benedict's test or the recent modifications employing reagent tablets or powders) will prove helpful, particularly if the urine specimen is obtained an hour or more after meals. If the urine test is negative, the clinical impression should still be followed up with a glucose tolerance test.

If the test is positive, intensive investigation of the metabolic state is clearly indicated. The presence of glycosuria suggests three clinical possibilities: (a) true diabetes mellitus, (b) renal glycosuria (a low renal "threshold"), or (c) melituria (sugars other than glucose in the urine).

In the presence of glycosuria a high *fasting* blood sugar (over 130 mg. per 100 cc.) is presumptive evidence of diabetes. A normal blood sugar may be found in cases of renal glycosuria or the rarer melituras. (The latter must be differentiated by fermentation studies.) However, the presence of a fasting blood sugar under 130 mg. per 100 cc. *does not rule out* diabetes. Since the fasting blood sugar of the patient with mild diabetes is likely to be within the normal range, little can be deduced from this determination alone. Therefore, putting the regulation of carbohydrate metabolism to test by glucose loads (i.e., the various glucose tolerance tests) has been generally advocated.

GLUCOSE TOLERANCE TESTS

In the normal adult, administration of 100 Gm. of glucose by mouth is followed by a rise in venous blood sugar that will not reach 200 mg. per 100 cc. In two hours the level should fall to 120 mg. or less. Either an excessive elevation in the fasting level or a blood sugar over 120 mg. two hours later is strong evidence for the presence of diabetes.

On the basis of experience, the American Diabetes Association has adopted standards which can be considered the upper limit of normal for the blood sugar. These are shown in Table I. When the blood sugar exceeds these levels, it is highly probable that diabetes is present. Lukens feels that these limits may be rather high, and he is suspicious of any fasting blood-sugar level above 100 and of any value over 140 after meals.[1]

Beaser[2, 3] has introduced a modification in the oral glucose tolerance test, so that, following the ingestion of 100 Gm of sugar, a blood glucose of over 180 at one hour and over 120 at two and a half hours (Folin-Wu method) strongly suggests diabetes.

Source	Folin-Wu Method		Somogyi Method	
	Fasting	After Meals	Fasting	After Meals
Venous	130	200	110	150
	(Folin-Malmros)			
Capillary	140	240	120	200

Table I. American Diabetes Association Standards for Upper Limit of Normal Blood Sugar (in mg. 100 cc.)

This may be compared with Joslin's statement that "patients with glycosuria whose venous blood sugar is either 130 mg. per 100 cc. fasting or 170 mg. per 100 cc. (200 capillary) at any other time of the day are diagnosed as diabetics."[4]

SERUM PHOSPHORUS CHANGES

Another aid in settling the diagnosis of borderline diabetic patients is the fall in serum inorganic phosphorus after glucose administration. In normal metabolism, glucose presumably takes up phosphorus and becomes glucose-6-phosphate in the process of entering the metabolic pool. This action is reflected by an approximately 25 per cent fall in the serum phosphate level. In diabetes the fall is less than this amount, consistent with the concepts of impaired utilization of glucose.[5] However, Schneeberg[6] has shown that there is no hard and fast dividing line between normal and diabetic subjects to determine a positive answer. It would seem that phosphorus determinations are probably of limited value in routine practice and are useful mainly in the detailed study of a diabetic patient in research centers.

It appears that, although urine analyses or glucose tolerance tests are often the deciding factors in the diagnosis of diabetes, the problem of differentiating the "borderline" diabetic subject from the normal still remains a *clinical* rather than an entirely *laboratory* procedure.

References

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"P.B.", May, 1953

GOLF MEET

On Thursday, May 14, members of the Mahoning County Medical Society and Residents and Internes of our local hospitals were guests of the Chas. Pfizer & Company at their "Pfizer Physicians' Golf Tournament." The program started at 12:00 noon and included golf in the afternoon, golf films and a delightful cocktail hour at 6:30 and dinner at 7:00.

Everyone had a delightful time and the program was enjoyed and appreciated by all who had the pleasure of attending. Chas. Pfizer & Company are one of our loyal *Bulletin* supporters.

Dr. E. J. Wenaas won the Pfizer trophy for low gross.

DINNER DANCE

The Mahoning County Medical Society and the Corydon Palmer Dental Society enjoyed another Annual Dinner Dance at the Youngstown Country Club on May 16.

There were 130 couples in attendance, with dancing from 9:00 P. M. until 1:00 A. M.

SURGICAL HELP FOR CORONARY ARTERY DISEASE

Dr. Claude Beck addressed the Mahoning County Medical Society at a dinner meeting at the Mahoning County Tuberculosis Sanatorium on Tuesday May 19th. He stated his purpose was to present facts about his surgical approach to the treatment of the disease.

Coronary artery disease is 2½ times as important as cancer because it kills 2½ times as many people. In addition, it usually strikes during the prime years of life when the breadwinner is most needed by his family.

The aim of the surgical approach is:

1. Prevent sudden death, e.g., ventricular fibrillation, trigger mechanism, or cardiac standstill.
2. Prevent myocardial degeneration. This is accomplished by a combination of the following mechanisms resulting from the surgical approach.
    1. Retrograde venous flow from the aorta thru the coronary venous system;
    2. Intercoronary communications;
    3. Elevation of coronary sinus pressure.
    4. Extra coronary communications. Slides were shown illustrating these principles in both dog and human hearts.

Intercoronary communications can be surgically produced by:

1. Occlusion of an artery
2. Inflammation on the surface of the heart by means of powdered asbestos on epicardium.
3. Arterialization of the coronary sinus.
4. Chronic anoxia eg; Cor Pulmonale or Anemia.
   A small amount of blood to an ischemic area can save a life-even as little as 5cc may mean the difference between life and death. Occlusion close to the aorta seems to give a redistribution of blood. Such an occlusion may not be fatal.

The surgical approach which has proven most satisfactory is an artificial shunt between the aorta and the coronary sinus. This is accomplished in a 2 stage procedure with a basilic vein graft. The result of such a procedure is an increased flow thru the capillary bed and increased flow thru the intercoronary circuit.

Dr. Beck concludes that the facts of prevention of sudden death and prevention of myocardial damage are incontrovertable and his evidence substantiates this.

The procedure has been performed on 5000 dogs and a number of human patients. One patient is living and working 4 years after the procedure. The selection of patients is not definitely established. Contraindication is presence of cardiac failure. All patients selected must have proven damage and definite diagnosis of coronary disease previously made by a medical man, not a surgeon.

F. Morrison, M.D.

HEALTH COUNCIL GETS NEW LEASE ON LIFE

The National Health Council, which received considerable publicity last March when it sponsored a forum on the report of the Truman Commission on the Health Needs of the Nation, has decided to stay in business.

At a special meeting in New York on May 12, delegates voted by a close margin to continue the council's program activities. This meeting was called to act upon a recommendation from the Board of Directors, based upon insufficient operating funds, for "orderly termination" of the program by December 31 of this year.

The executive committee of the board later elected as its chairman, James E. Perkins, M.D., managing director of the National Tuberculosis Association.

A statement released by the council said in part:

"Delegates' instructions to the executive committee pointed to inclusion, in plans for future council activities, of more public forums on health matters of interest to all citizens and all health agencies, such as that on 'Advancing the Nation's Health,' which featured its 34th annual meeting held March 18-20 in New York City. The forum was designed as a step toward carrying out a broad new program of the council which delegates in March approved by a vote of 36 to 5.

"Aid to state and local health councils is another significant activity which the delegates wished continued. A study which the National Health Council recently completed shows 1,607 such councils in operation throughout the country as compared with 1,224 in 1950 when an earlier study was made."

Secretary's Letter, A. M. A., No. 257

"WANT TO TRAVEL?"

144 U. S. PHS Personnel Participating in Foreign Programs.

According to latest records, a total of 144 U. S. Public Health Service personnel are participating in health programs in foreign countries under sponsorship of Mutual Security Agency, Technical Cooperation Administration and Institute of Inter-American Affairs. Of the total 42 are physicians, 30 nurses, 31 sanitary engineers and 41 technicians of various types.

The PHS annual report, covering the fiscal year ending last June 30, lists 17 countries in which health programs were conducted under MSA or TCA sponsorship. They are Burma, Formosa, Greece, Indochina, Indonesia, the Philippines, Thailand, Turkey, Ethiopia, India, Iran, Israel, Jordan, Lebanon, Liberia and Libya. Since last July, additional programs have been started in Egypt, Nepal, and Saudi Arabia.

In addition, in this hemisphere PHS is assisting in health programs in Boliva, Brazil, Chile, Colombia, Cost Rica, the Dominican Republic, Equador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

Regarding international health responsibilities of the United States, the PHS report declares: "Health has become a basic part of the United States foreign policy. Health programs are not only of primary importance in relation to economic development, they are one of the most effective weapons against disease, discouragement and despair that make breeding ground for communism. The Public Health Service has played a leading role in developing and operating the health programs in underdeveloped areas, working

with the Mutual Security Agency and the Technical Cooperation Administration of the Department of State. The service also continued to serve as official liaison with World Health Organization and the Pan American Sanitary Bureau; and through the service of the Surgeon General as president of the World Health Assembly, assumed a key position in WHO."

A. M. A. Washington Letter No. 20.

OHIO STATE MEDICAL ASSOCIATION

From:
Ohio State Medical Association
79 East State Street, Room 1005
Columbus 15, Ohio
Telephone: MAin 7715
May 25, 1953

A postgraduate course in pulmonary diseases, planned especially for general practitioners, will be held at the Ohio State University College of Medicine and at the Neil House in Columbus, September 25 and 26.

Sponsored by the College of Medicine, the Ohio State Medical Association, the Ohio Tuberculosis and Health Association and the Ohio Trudeau Society, the course will cost $15 and the attendance will be limited to 150.

The course has been approved for nine hours credit by the Ohio Academy of General Practice.

Hotel reservations are to be arranged directly with the hotel of the registrant's choice. Course reservations may be made by sending a check in the amount of $15 to Mr. H. G. Howson, treasurer, in care of the Ohio Tuberculosis Hospital, Ohio State University, Columbus.

A complete announcement of the course and registration blank will be mailed to each member of the Ohio State Medical Association with an early issue of the OSMAgram.

As an additional attraction, arrangements have been made to secure a block of seats for the Ohio State University-Indiana football game at 2 p. m., Saturday, September 26, just following the adjournment of the course. An additional amount of $3.50 per ticket should be included with the registration fee for those who wish to attend the game.

A staff of eighteen physicians from the Ohio State University College of Medicine, the University of Cincinnati College of Medicine and the Western Reserve University School of Medicine will conduct the course.

Out-of-state guest speakers will be Doctor Charles P. Bailey, professor of thoracic surgery, Hahnemann Medical College, Philadelphia; and Rene Dubos, Ph. D., Rockefeller Institute for Medical Research, New York City.

RESEARCH REPORT

High blood pressure in dogs has been consistently lowered to normal levels by a vaccine developed at the University of Illinois. Some dogs used in the studies have been hypertensive for eight or more years. The effect of the vaccine in lowering blood pressure in the experimental condition lasts for months and can be maintained with booster injections. The animal tests have progressed to the degree that a vaccine for humans suffering from high blood pressure — a leading cause of death — may be finally in sight.

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO — JUNE, 1933

In the President's Page, Dr. Harvey made a strong plea for free discussion of controversial issues affecting the Society, with tolerance and respect for the other man's viewpoint. As I recall the issue then was the formulation of a method to care for the indigent sick which was a huge problem during those depression days. His words are very apropos today when there is controversy over a much less important issue.

Dr. George Heuer of Cornell University addressed the Society on "Chest Surgery", stressing the point that this was the only body cavity which the surgeon had not attacked.

An article by Dr. Lewaaron Moyer called attention to the increase in typhoid fever cases (28 in 1932) and made suggestions for diminishing the incidence of typhoid. Dr. W. H. Bunn reported an unusual case of liver abscess with multiple abscesses of the lungs. Dr. L. E. Phipps took the doctors and lawyers over the coals in his article on "Medical Witnesses".

This issue was dedicated to Dr. J. Chalmers Da Costa, the eminent Philadelphia surgeon, who died in May 1933. Some of his sayings quoted: "Diagnosis by intuition is a rapid method of reaching a wrong conclusion." "While a young man is trying to climb up the ladder of fame his chief difficulty is to avoid being knocked off by older men engaged in coming down." "Each one of us, however old, is still an undergraduate in the school of experience. When a man thinks he has graduated he becomes a public menace."

TEN YEARS AGO — JUNE, 1943

Dr. H. M. Marvin of Yale University addressed the Society on "Diagnosis and Treatment of Heart Disease." He stressed the frequent incidence of disabilities resulting from unwise announcement to the patient of heart disease before one is sure, and the difficulty of removing from the neurotic the fears thus created.

From the men in the service: "God knows I tried hard", wrote Lou Deitchman, "to throw out my chest and suck in the hypertrophied embonpoint. My poor viscera cried out 'Give us liberty or give us breath', and after months of torture I discovered that it only made me uncomfortable without adding a whit to my military bearing so I give it up as a bad job. An old doctor becomes a soldier boy when he enlists, about as much as an old maid becomes a young bride when she marries." Capt. Neidus wrote, "I have been out in the woods and swamps of Mississippi all winter. Thirty-five mile marches with a full pack are commonplace. We get up at 6:00 A. M. and on the go by 7:30. My health has been excellent." Harold Reese wrote, "We have a meeting each Tuesday evening. Tonight we are going to hear something about Penicillin." "North Africa is beautiful country, but not for comfort," said McElroy, "cold as hell at night and hot during the day. Everything plenty dirty." Paul Kaufman sailed in February for Oran, then through Algiers to French Tunisia. Luke Reed at Muroc, California was swamped with diabetics, epileptics and cardiacs who had been passed by enthusiastic draft boards.

Here at home Genevieve Delfs and Edwin Brody become new members of the Society. Some members were complaining about the 20 dollars dues with no Post-Graduate Days. Dr. James Miller and Jean Althof were married. Dr. Gross returned from a trip to Southern Pines. J. L. Price of the Medical-Dental Bureau, gave some timely tips on evaluating the patient's credit status, which is credit men's jargon for getting the cash.

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