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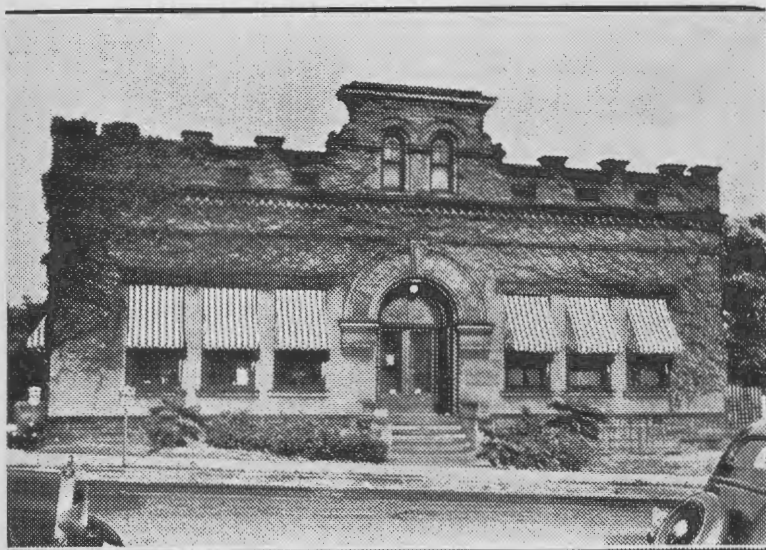
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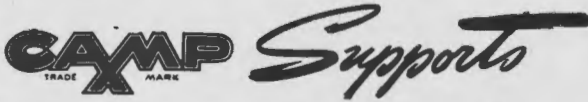
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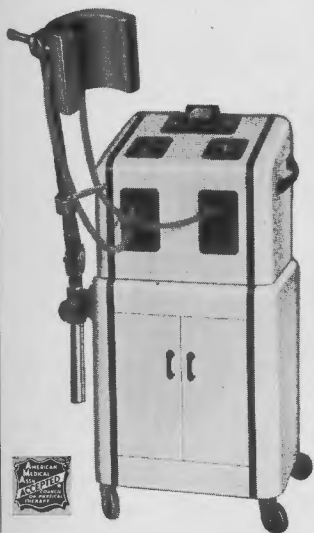
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PRESIDENT'S PAGE

The board of trustees of the Mahoning County Tuberculosis Hospital have adopted a policy for the election of a rotating staff for the institution at the request of Dr. E. E. Kirkwood. This staff will consist of specialists in all lines of medical endeavor.

This is a step forward for the sanatorium and it is the only sanatorium in Ohio that has adopted such a broad policy in its operations. Certainly the hospital has grown to the proportions of a large institution and a representative staff is important for the proper care of the occupants. The members of the Mahoning County Medical Society demonstrated progressive ideas in promoting the adoption of this policy. A properly functioning staff as outlined above will be able to effectively care for any illness that may develop among the patients in the sanatorium.

This plan will not only afford efficient care for the patients concerned, but the members of the staff will have opened for them a vista of clinical material in tuberculosis for study and experience in the management of this disease. The physicians of the community should benefit greatly by this opportunity.

It is now the duty of the group of specialists upon whose shoulders the responsibility is placed to effect an efficient staff. This can undoubtedly be done.

With regard to another matter, whenever a doctor makes a speech to a lay audience, his statements are considered authoritative on that particular subject. It is also assumed that he speaks the mind of the profession as a whole. For this reason it is deemed advisable to have a bureau in the organization through which the speaking material is passed before it is expressed to the public. The committee on "Lay Education" serves in this capacity for the local profession. Requests for speakers, therefore, should be relayed by this committee to the doctor.

R. B. POLING, M. D.

BULLETIN *of the* Mahoning County Medical Society

M A Y

1 9 4 0

Editorials---

Postgraduate Day

Turn to your lexicon, list all the laudatory superlatives relating to quality as applied to such things, then specify a few special excellencies—and you describe Postgraduate Day, 1940.

The addresses were of the right length, and combined to an unusual degree both succinctness and completeness.

The large audiences were amiable, keen to learn—and to laugh—quick to grasp the speakers' purposes.

Clear, able, human, but very much in earnest and with a lot of "Puckishness"—rather well describes the four fine gentlemen who conducted the scientific program.

Everybody ought to be pleased about this Postgraduate Day.

We, Individualists?

You hear, mostly from doctors, the explanation for our much decried disinclination to pull together as being that we are "Individualists." We say we are so much upon our own in making decisions in our personal work as doctors that we react the same way in other matters.

If we are not sublime egotists we are constantly at work with our fellows—in hospitals, scientific meetings, clinical demonstrations, and consultations related directly to our own patients. Very few bright doctors make vital medical decisions without first getting the views of one or more respected fellows.

Other professional people have found that coöperation all along the line is essential. Maybe we just have a streak of cussedness and are using a specious excuse for it!

But we hear less and less of such

infantilism and see more and more of "what it takes"; viz., friendly adjustments of differences, and pulling together.

The Girls Are With Us

The Ohio State Association and the Mahoning County Society have fallen for their smiles and wiles. Their captivation is just too captivating. They've had us hopelessly theirs all the time, but didn't tell us, and we, poor stupes, thought we'd outwitted them!

Now we have the Ladies' Auxiliary, National, State, and County. No more Stag-control, or practically so. Our wives, sweethearts, and mothers have leveled our ramparts and have taken all our forts. Oh, Sweet Surrender!

We were told that if these our beloved were given the ballot, they'd demote demons of devilish devotion clear down. They didn't, but neither had we, nor have we been much more than growling successes in our present set up.

The credulous darlings say they can help us; that they're a-goin' to. Well, if there're any hopes we'd as well give 'em a chance, can't hurt anything—and, besides, they aren't asking us, anyway; they're telling us!

Funning aside, the Women's Auxiliary has great potential usefulness. Certainly our women are sincerely devoted to the welfare of their men folks—and they understand our problems. Many things that need to be done they can do far better than we. Their judgments are likely to be more objective than ours. Indeed, we are lucky that they have entered the fight, both as fellow strategists and as comrades in arms.



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HERNIATION OR PROTRUSION OF INTERVERTEBRAL DISCS

By S. W. WEAVER, M. D.

Very little attention was given to the condition of protruded intervertebral discs (nucleus pulposus) until 1922. They were not generally recognized as a definite entity until 1934, when numerous reports from various clinics and individuals appeared, calling attention to the diagnosis and treatment. Virchow, in 1857, mentioned an extruded intervertebral disc, due to trauma. Goldthwait¹, in 1911, was probably the first in this country to direct attention to the possible role of intervertebral discs in producing sciatic pain, commonly known as "sciatica" or "lumbago." In the same year Middleton and Teacher², of Glasgow, reported a case post mortem where the symptoms were due to a protruded disc.

Schmorl and Junghanns³ were outstanding in their observations and descriptions concerning the pathology of extruded discs; and yet they were not of the opinion that they produced many neurologic symptoms. Schmorl et al, found numerous post mortem extruded discs, and many were multiple. Echols⁴ has found numerous protruded discs in post mortem cases where no symptoms of nerve root or cord pressure were evident clinically. Some of these were multiple in adjacent interspaces, and some in different regions of the vertebral column. Adson⁵ et al, in 1922, discovered the discs when searching for spinal cord tumors, but they were considered chondromas or abnormal extrusions. In 1923, Stookey reported seven cases in the cervical region, and in 1929 two more cases of protruded discs were reported by Dandy⁶. Mixer and Barr⁷, in 1934,⁸ and Mixer and Ayer⁸, in 1935, stimulated more interest; and since then most orthopedic surgeons and neurological surgeons are looking for such cases.

To understand the mechanism of a herniation of intervertebral discs, one must review the anatomy. The

disc is composed of (1) annulus fibrosus, a fibro cartilaginous structure situated at the periphery of the body of the vertebra in its entire circumference, and (2) the nucleus pulposus, a highly expansile structure which is surrounded by the annulus fibrosus. In the living person, the nucleus pulposus is compressed by adjoining vertebrae which are lined on their upper and lower surfaces by (3) a thin plate of hyaline cartilage. The main portion of the disc is the nucleus pulposus and annulus fibrosus.

With any stress or strain the disc bulges in all directions, but is kept in place by the vertebral ligaments, mainly the anterior longitudinal and posterior longitudinal ligaments. Naffziger, Inman, and Saunders⁹ point out the posterior longitudinal ligament as a poor, ill-defined structure which supports the disc only in the midline. In the region of the intervertebral foramen the disc is not supported by any extrinsic ligaments, thus allowing protrusion under certain conditions. Love and Camp¹⁰ have a logical explanation of the mechanism. They point out that most injuries occur where the spine is flexed, causing the anterior intervertebral space to be narrowed and the posterior space widened, and at the same time placing undue strain on the posterior longitudinal ligament.

This tends to squeeze the soft expansile nucleus pulposus backward against a weakened barrier, and thus causes protrusion of the disc into the spinal canal.

Most of these seem to be due to mechanical trauma and some predisposing weakness may be anatomical. Schmorl also found many prolapsed discs into the body of the vertebrae. In addition to the protruded disc the ligamentum flavum is usually hypertrophied.

Symptoms caused by herniated intervertebral discs vary with the level,

location, and size of the protrusion. Protrusion is by far more common in the 4th and 5th lumbar interspaces than elsewhere in the vertebral column; but they may occur any place, many being in the cervical region. To list the most common symptoms will be helpful.

(1) Root pain, especially "sciatic pain," referred along the course of the sciatic nerve is probably the most constant. This is usually unilateral. "Sharp," "shooting," or "electric current" pains are described by the patient, often terminating in the ankle or heel. Sneezing, coughing, twisting, or lifting often produces the pain.

(2) "Backache" or "lumbago," with pain in the sacro-iliac or lumbo sacral regions, are often the only symptoms. Van Wagenen¹¹ believes this may be due to the dura adhering firmly to the bony structures, causing a stretching and resulting pain when there is traction on the nerve root.

(3) Numbness of an extremity or weakness with no pain may occur.

(4) Paralysis is late in appearing.

(5) Bladder incontinence, dribbling, or retention is often late and associated with other symptoms.

The symptoms may occur at the time of injury, which is usually that of a "shooting" or "electric shock" pain going down one leg to end in the knee or heel. This may be only transient and tends to recur. Seldom does the pain remain constant, but a few cases have been observed. The pain may appear weeks or months following a "back strain" or trauma, so that every patient complaining of "sciatica" must be considered as a possible candidate for a protruded disc. Pain in the back may be the only symptom.

The diagnosis is made finally by finding the protruded tissue at the time of operation; but the clinical diagnosis is made by: (1) history of trauma or "low back sprain"; (2) pain localized to one leg commonly, or both legs less frequently; (3) neuro-

logical examination; (4) spinal fluid studies, consisting of dynamics, quantitative protein determination, serology, and cell count; (5) x-ray air studies (spinograms) which are done last; and only in uncertain cases, lipiodol or opaque media is used in the spinal subarachnoid space.

The history is extremely important and should be verified if possible by co-workers or those present when trauma was received. Neurological examination is imperative; and although it may reveal no abnormal signs, there are some commonly found. Of these there is frequently an absent ankle jerk. Lasègue's test (raising the straight leg) is often positive. Pain¹² is the chief symptom given by the patient; it may be localized in the back or referred along the course of a nerve.

Spinal fluid dynamics rarely show a block, but often show an increase in the total protein (above 40 mgms. per 100 cc.; and the first 2 cc. removed should be used for the protein determination). The spinal needle is inserted in the 4th or 5th interspace. Other routine spinal fluid chemistry should always be done. If the fluid shows no abnormalities, this does *not* exclude a protruded disc; since a disturbed fluid circulation or partial block are the cause of increased protein unless the fluid is removed close to a disc that has ruptured.

X-rays of the spine routinely are of little or no value and are not conclusive enough to indicate a laminectomy even when one interspace is narrowed. I favor the use of oxygen or air which is inserted into the spinal subarachnoid space after some fluid is removed. Usually 25 cc. of spinal fluid should be removed and 25 cc. to 40 cc. of air introduced. The patient is placed with the head down 15 to 20 degrees to avoid having the air ascend to the ventricles or upper spinal canal. A lateral stereoscopic view is taken; and, if there is sufficient air present, the

needle is removed and A.P. and P.A. stereoscopic views are taken. The radiologist is a very important factor in getting good detail on the films and also being able to interpret what is present. A filling defect is seen when the disc is protruded. Lipiodol should be reserved for the doubtful or negative cases where the diagnosis is still a suspected disc herniation.

Differential diagnosis must be made. The common conditions simulating a protruded disc are: (1) spinal cord tumors; (2) orthopedic back sprains or "slipping"; (3) bone disease, spondylitis, or tuberculous lesions, bone tumors; (4) inflammatory nerve lesions, radiculitis, or peripheral neuritis.

The treatment is surgical removal of the protruded disc, either from a hemilaminectomy or bilateral laminectomy. The disc is removed either extradurally or by transdural approach. An attempt to remove it by unilateral laminectomy, removing the 4th and 5th lumbar or two adjacent laminae where the disc is suspected, is the choice. At times this is not sufficient. More lamina must be removed, especially where no disc is found and a tumor or only a hypertrophied ligamentum flavum is found.¹³ Love has been successful in removing the disc in suitable cases without laminectomy, using a modified kidney approach position. One should not remove the articular facets in the laminectomy but keep the narrow opening, thus avoiding the need for a fusion. There has been some disagreement between the orthopedic surgeons and the neurosurgeons; but I do not think a fusion is necessary if the facets are not disturbed and when there is no abnormal "slipping" of the vertebral bodies. There are times when a fusion should be done after a laminectomy for a disc, depending on the individual case. One advantage of not doing a fusion is that of time, saving hospitalization. There are some recurrences and neg-

ative explorations; but surgery can not always be an exact matter, and the patient having a herniated disc may be branded a "neurotic" or a "malingerer," to our discredit.

Summary: (1) Herniation or protrusion of intervertebral discs (nucleus pulposus) is not rare and should be considered in patients having trauma and subsequent pain, backache, or neurological findings.

(2) Symptoms are variable, those most frequent have been mentioned.

(3) Diagnosis must depend upon history, examination, and x-ray air studies (or lipiodol).

(4) Surgical removal is necessary and in some cases of doubt exploratory hemilaminectomy should be done.

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CHAIRMEN CONSIDER PREPAYMENT PLANS

The regular monthly meeting of the Chairmen of the Standing Committees was held at the Youngstown Club, April 11th, 1940. The subject of most discussion was Voluntary Prepayment of Medical Service, i.e., Voluntary Health Insurance. The discussion was based upon the work of a session of County Society officers, held by our Councilor, Dr. W. L. Rutledge, at Alliance, March 31st. Dr. R. T. Allison, Akron, chairman of the State Sub-Committee on Voluntary Health Insurance, at that meeting gave a careful analysis of the problems.

These problems are both preliminary and direct. That is, before placing in effect any specific plans, the General Assembly must enact enabling legislation. After that some definite plan or plans may be undertaken. Of course, all this depends upon whether the profession believes, in the first place, that any health

insurance plan at all is feasible or necessary.

President Poling tested the sentiment of the Chairmen present and found that they believed unanimously that voluntary prepayment of health hazards is not only a prudent arrangement but is practically a necessity; and that they favor such legislative action as will authorize and guide the setting up of definite plans.

Some discussion followed as to the nature of various plans in effect elsewhere. These, the Chairmen felt, ought to be carefully studied, not by one Committee only, but by each member of the Society.

Right on this subject your attention is called to the General Session of the State Association meeting at Cincinnati, Tuesday afternoon, May 14th, at 4:00 o'clock. Dr. Hannah, Toronto, Canada, Managing Director of the Toronto plan, will speak. That will be worth hearing.

ON REPORTING COMMUNICABLE DISEASES

By CHAS. SCOFIELD, M.D.

Struthers Commissioner of Health

Very often the physician attending communicable diseases overlooks or forgets the public health importance of reporting **all cases**. Certainly all of us forget at times and that I think is only human and therefore excusable.

More emphasis should be placed on reporting chickenpox and whooping cough and exposure to both should be avoided.

Chickenpox, because often scars may be severe; and sometimes smallpox is present instead of chickenpox. This last has been the case many times in Ohio as well as elsewhere.

Whooping cough should likewise be reported early for very obvious reasons.

Sometimes it seems that the physician may not report communicable disease cases because of objections

(wholly unwarranted) of the family; and so he tries to please his people. When this occurs I feel that it is a very unworthy practice and must sooner or later cause a definite reaction from the local health district.

As for Struthers, if non-resident practitioners reported as well as the local ones do we would seldom have cause for complaint. I take this means of thanking the Struthers and other good "reporters."

The Struthers Health Department welcomes telephone reports in all but venereal diseases.

Dial the Struthers Board of Health—52108 in the daytime. If it seems necessary on holidays or Sundays dial—52533.

(Dr. Scofield's contribution was unintentionally omitted from last month's *Bulletin*.—Editor).

In Memoriam

John Edward Hardman, M. D.

June 8, 1887—April 4, 1940

JOHN EDWARD HARDMAN, M. D.

By F. W. McNAMARA, M. D.

Dr. John Edward Hardman was born at Deposit, New York, on June 8, 1887. He received his medical degree from the University of Maryland in 1909. A year spent as intern at the Adrian Hospital in Punxsutawney was followed by a period of assistantship to Dr. J. P. Benson at Anita, Pa.

He began the practice of medicine in Youngstown in 1911 with offices on Wilson Avenue, and more recently was located in the Central Tower. Dr. Hardman became a member of the Mahoning County Medical Society shortly after his arrival in Youngstown, and in 1928 became its President. Under his direction the first Post-graduate assembly was inaugurated. He was for many years an active member of the surgical staff of St. Elizabeth's Hospital, and was responsible in great measure for the development and success of that institution.

Gifted with an unusually pleasing personality, his genuine regard for his patients brought him that which he loved most—an abundance of work. He possessed an inherent sense of decency and charity. His amiable, genial manner and a great capacity for work made it comparatively easy for him to take in excellent stride, the worries and cares of a busy practitioner.

Well rounded in his knowledge of the science of medicine, and versatile in the application of that knowledge,

he contributed much to the education of interns and nurses at St. Elizabeth's Hospital.

As he worked hard he also played hard. In his earlier years he played a very good game of tennis. Later he adopted golf as a hobby and became one of the low handicap golfers in this community. He was one of the organizers and a leader in the Southern Hills Country Club.

His more cultural diversions were music and the theater. Dr. Hardman was a charter member of the Wednesday Night Medical and Social Club, where with congenial companions he took the keenest enjoyment in the popular games of chance.

In 1935 illness compelled him to retire from active practice, and his few remaining years were spent in travel, reading, and in the too infrequent visits with his friends and former associates.

Dr. Hardman is survived by his wife, the former Alta Elizabeth McMillan, who shared his interests, and with him dispensed generous, cordial hospitality to their many friends. Surviving also is one son, Dr. Edward Hardman, Junior Surgical Resident at St. Elizabeth's Hospital.

On April 4, 1940, death came gently to him who had no quarrel with life, but in the lives of his colleagues his going leaves "a lone-some place against the sky."



Dr. Hardman

An Invitation

The members of the Mahoning County Medical Society are cordially invited to attend a joint meeting of the

**CLEVELAND AND PITTSBURGH EAR, NOSE AND
THROAT SOCIETIES**

to be held

July 10th, Youngstown Country Club

The guest speaker Dr. French K. Hansel, Ass't Professor of Medicine of Washington University, St. Louis, Mo., is one of the world's outstanding authorities on Allergy.

Golf Meet

Wednesday, July 24th

SOUTHERN HILLS COUNTRY CLUB

Golf 1:30

Dinner 6:30

Scientific Program

THE MAHONING COUNTY MEDICAL SOCIETY

presents

The Annual Internes' Contest

~~Tuesday, May 14th~~

Tuesday, May 21st

YOUNGSTOWN CLUB

8:30 P. M.

Representing St. Elizabeth's Hospital

DR. P. T. HODGIN

DR. N. D. BELINKY

Representing Youngstown Hospital Association

DR. MARION G. FISHER

DR. WALTER B. WEBB

NATIONAL PHYSICIANS' COMMITTEE

By CLAUDE B. NORRIS, M. D.

A few months ago, a group of distinguished leaders of organized medicine met to discuss ways and means by which to meet effectively subversive propaganda directed against the welfare of the medical profession and the public, and to devise plans for extending medical service to the indigent. They organized as an "Executive Board." They took the name, "National Physicians' Committee for the Extension of Medical Service."

Those constituting this Executive Board are: Drs. E. H. Cary, Dallas; Austin Hayden, Chicago; N. S. Davis III, Chicago; Irvin Abell, Louisville; F. F. Borzell, Philadelphia; W. F. Braasch, Rochester; J. A. Hartwell, New York; R. I. Lee, Boston; Alphonse McMahan, St. Louis; E. H. Skinner, Kansas City; and C. B. Wright, Minneapolis. They then selected Mr. John M. Pratt as Executive Administrator.

These men have all served and are serving in the highest positions in organized medicine. Several of them have held the Presidency of the A. M. A. Their loyalty to medicine, to our best interests, and to the best good of our citizens, is beyond discussion.

The Executive Administrator, Mr. Pratt, was formerly associated with the Gannett people. Although the Gannett political contingency "found him first," they have placed no claim upon him on that score.

Certain doctors are asked to be members of the "Central Committee." What special voice or purpose this Central Committee has, if any, is not clear. Apparently, however, they are largely contact men who explain the program and encourage your financial support.

The A. M. A. has no official connection with the National Physicians' Committee. While some officers and

trustees, as individuals, appear to have founded the movement and to be in charge of its activities, they do not so act as A. M. A. representatives.

The National Physicians' Committee claims no authority to act for the entire profession. It is a voluntary organization and your personal participation and financial assistance are solicited entirely upon your voluntary free decision. They act only for those who thus authorize them to do so.

The A. M. A. has accepted the role of *non possumus*. So, apparently, no agency existed to defend our current special legislative and economic interests until the National Physicians' Committee was organized. It seems, therefore, wise to disregard, for the time being, important objections to this mode of procedure, in order to wage immediate war against dangers now threatening.

The functions of this organization, as by them declared, are:

1. "Making possible the providing of medical service to the indigent and those in the low income groups, and securing the most widespread distribution of the most effective methods and equipment in medicine and surgery.

2. "Countering destructive propaganda by familiarizing the public with the facts in connection with the methods and the achievements of American Medicine."

April 3, 1940.

John Noll, Jr., M. D.,
101 Lincoln Ave.,
Youngstown, Ohio.

Dear Dr. Noll:

As Secretary of your County Medical Society you are in a position to render a service to the profession at large—and to the public—that was never before offered to one holding

May

the important position which you now occupy. It is a vitally important service.

American Medicine is under attack. The American Medical Association is being prosecuted in a Federal Court on criminal charges. The issue of whether medicine is a trade or a profession is involved. The public is being led to believe—through the most thoroughly systematized campaign of propaganda that this nation has ever known—that our medical service is inadequate and ineffective.

This campaign of propaganda is intended to break down the confidence of the public in our medical service and to discredit the practicing physician. This nation-wide, intensive effort is designed to pave the way for health legislation that may revolutionize our system of medical practice and subject physicians to political control.

Merely to illustrate, we enclose photostatic reproductions of the headlines in Chicago newspapers in connection with the Federal Court action; the story that appeared in Liberty Magazine, issue of March 9th; and the misstatements in the New York Times headlines of February 26th. The article by Dr. Hugh Cabot in the April issue of the American Magazine is merely another case in point. Newspapers, magazines, radio, and the public platform are being used to carry these half-truths and misstatements into every home in every city, town and hamlet in the United States.

Unless the sinister propaganda is counteracted, we can look forward to radical—even revolutionary—changes in our system of independent medical practice. Unless the public is made conscious of the progress, the achievements and the effectiveness of our medicine, we can expect soon—a medical service under government domination and political control.

Because there was never before

such a need and because no existing unit of organized medicine was equipped to undertake this task on a scale that would enable it to become effective on a nation-wide front, the National Physicians' Committee for the Extension of Medical Service was established. Its Board of Trustees are veterans in the war that has been waged to establish and maintain ethical and scientific standards and further the interests of the profession. Nearly five hundred of the most distinguished physicians in the country now comprise its Central Committee.

This Committee has undertaken a task of vast scope and of the most vital importance to the profession and to the public. It will become effective in direct proportion to the support that is given it by the rank and file of practicing physicians.

Every day brings us evidence of a dawning of understanding of the need, the aims and purposes, and the methods of the Committee, and pledges of support from almost every state. On the reverse side of this page are excerpts from actual letters that have been received. However, so far, we have had about a 10% response to our invitations for cooperation. We must have 75%, 80% or 90% to become really effective.

It is of the utmost importance that we know whether or not we can depend upon your cooperation and support—now or later. Has your Society considered and discussed the aims, purposes, methods and need of support of this Committee? Will you bring this letter and its enclosures to the attention of your members at its next regular meeting or—at a specially called meeting for this purpose?

Please, will you aid to the extent of filling in the information asked for on the enclosed post card and mailing it to us without delay? We have reached a point where it is essential that we know to what extent we can depend upon the support of the organized units of the profession.

Please, will you mail the post card—today if possible? I assure you that we shall appreciate your coöperation.

Sincerely yours,

National Physicians' Committee,

JOHN M. PRATT,
Executive Administrator
National Physicians Committee.

NEW INTERNS YOUNGSTOWN HOSPITAL

David Endres, Superintendent of the Youngstown Hospital Association, has announced the Intern Staff for next year.

Dr. Myron Stanley Owen of Wayland, graduate of Western Reserve Medical School, will be chief resident physician.

The other appointments are: first year, William Edward Goodman, Warren, Jefferson Medical; Benjamin Gilbert Green, South Haven, Mich., Johns Hopkins Medical; William Thomas Krichbaum, New Philadelphia, O., Western Reserve Medical; Charles Wilfred Mathias, Niles, Western Reserve Medical; Louis George Ralston, Slippery Rock, Pa., Western Reserve Medical; Charles Robert Sokol, Collins, Ia., University of Iowa Medical; Richard W. Trotter, Lake City, Ia., University of Chicago Medical; Samuel Redding Ziegler, Dayton, Western Reserve Medical.

Second year, W. Frederick Bartz, Youngstown, O., Ohio State Medical; Marion Grier Fisher, McConnellsville, Western Reserve Medical; Woodrow S. Hazel, Youngstown, Western Reserve Medical; Louis Richard Kent, Port Washington, N. Y., Cornell Medical; Robert Stone McClintock, Sioux City, Ia., State University of Iowa; Nevin Ray Trimbur, Niles, University of Cincinnati; Robert Edward Tschantz, Canton, University of Cincinnati; Walter Bosworth Webb, Brecksville, Western Reserve Medical.

PROGRESS NOTES

By SAMUEL J. KLATMAN, M. D.

Levy and Lichtman report in the Archives of Internal Medicine, March, 1940, that they encountered nineteen patients with carcinoma of the body and tail of the pancreas seen by them between 1926 and 1935. Diagnoses were confirmed by operation or autopsy. The clinical signs and symptoms found to assume diagnostic significance were as follows:

1. Rapid loss of weight unaccountable by any other cause.
2. Marked anorexia.
3. Non-colic pain in the abdomen unrelated to the digestive cycle and unrelieved by food. Change of posture will sometimes relieve it.
4. Absence of anemia.
5. Absence of occult blood in the stool.
6. Disturbed carbohydrate metabolism similar to that of diabetes.
7. Atypical x-ray observations of the stomach and the duodenum.
8. Elevation of the blood amylase.
9. Hemorrhagic ascites.
10. Peripheral venous thrombosis seen in six cases.

The authors believe that the marked loss of weight with the absence of secondary anemia and of occult blood in the stool is an important differential point between pancreatic carcinoma and gastric carcinoma.

A. R. Rich and J. D. Hamilton report in the March, 1940, issue of the Johns Hopkins Hospital *Bulletin* that they were able to develop a type of cirrhosis of the liver resembling the Laennec type of human cirrhosis by feeding rabbits a particular diet which was supplemented by various vitamins but lacking in yeast. They state that the changes occur in the livers of all of the fourteen rabbits kept on the diet from 25 to 113 days. They conclude that the cirrhosis was due to lack of some factor contained in yeast but different from vitamins B-1, B-2, B-6 and nicotinic acid.

THE MEDICAL CRIER

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

● Years of good programs and successful Postgraduate Days have made us complacent. I doubt if there are many who realize the terrific job a program chairman has on his hands. Take for instance this last Postgraduate Day. John McCann made several trips to Baltimore to get Firor's promise to come and bring the group with him. When they arrived John was down there at six A. M. to meet the train, helped to entertain the men all day and after the last lecture was given in the evening, went with them on a tour of the mills at McDonald before putting them on the train at eleven-thirty. A very full day with his own work completely neglected.

We doubt if there are many who realize the time spent by Marinelli and Tims and their committee in taking care of all the details which go to make a successful Postgraduate meeting. Maybe you did say something to them by way of appreciation, but if you didn't you certainly should. It's a lot of work and your thanks is their only pay.

● Dr. Firor made a tremendous hit at the Rotary Club Dinner with his sensible talk. He is no theory bound professor with his head in the clouds, but an active surgeon busily engaged in competitive practice as well as teaching. His contact with the profession and his patients on a practical basis shows in his philosophy and approach to the public. So it was with the rest of the faculty who were our guests, although coming from a great University none of them were full time men, but each had his own practice to look after. Such an arrangement prevents a man from withdrawing himself into a cloistered

world of unreality, and keeps his feet on the ground. Foolish schemes for the control of medical care by socialistic systems usually emanate from the brain of some individual who has gotten out of touch with the real problems involved, who has lost the callouses from his hands, or who never had to work for a living in the first place. When plans are discussed for improving medical care let us hope that men like Dr. Firor are consulted.

● Dr. Lloyd Lewis, the urologist, is an ardent devotee of the saddle horse. His idea of a vacation is to rush off with Mrs. Lewis to Pinehurst or Asheville or White Sulphur Springs, arriving without reservations and make them give him the best room in the place. Then they explore the mountain trails on horseback. Dr. TeLinde is a farmer. Winter before last he bought a farm near Baltimore, then fell while skating and fractured the neck of his left femur. That meant nine months in a cast with no chance to fix up the old farm house, but plenty of time to plan. Now he expects to enjoy doing things there this summer. Dr. Baker is a golfer, loves to tell stories and emanates U. of Virginia all over. He is a great admirer of Dean Lewis and spends much time with him.

● The Cleveland Academy of Medicine put on their annual show "Doctors At Sea" on April 27. They had the usual large crowd and a hilarious evening. It was a treat to hear the Academy Orchestra broadcast from WTAM last Saturday night. They played Ferde Grofe's "Mississippi Suite," "From Africa to Harlem" and several numbers written especially for "Doctors At Sea." They sound-

ed better than the Cleveland Symphony to me and made me feel that our little Medical-Dental Orchestra of ten pieces is pretty small stuff. For your information, our own musical organization still exists and is holding practice sessions right now for a public appearance before the Medical Technicians on May 9 and the Medical Secretaries' organization on June 13. Any physician or dentist who plays a musical instrument is invited to get in touch with Herman Kling or Frank Simmerly with a view to spending many an enjoyable musical evening.

—J. L. F.

OHIO SANITARY CODE

Supplemental Regulations requiring reports of bites or injuries by dogs, cats or other animals

(Submitted for publication by Dr. R. G. Mossman, Youngstown Health Commissioner.)

Regulation 2b: *Report of bite or injury by dog or other animal.* Whenever a person is bitten or injured by a dog, cat or other animal, prompt report of such bite or injury shall be made to the health commissioner of the health district in which such bite or injury occurred. The report herein required shall be made by the physician called to treat such bite or injury when medical care and treatment were necessary, or, if such injured person is received at a hospital or dispensary for treatment, the report herein required shall be made by the superintendent or person in charge of such hospital or dispensary. Where a physician is not consulted or the person is not taken to a hospital or dispensary, the report shall be made by the person bitten or injured or by any other person who has knowledge of the facts.

Adopted January 14, 1940; effective February 15, 1940.

Regulation 2c: *Report by veterinarian.* Whenever a veterinarian shall be called upon to examine a dog, cat or other animal that has bitten or

injured a person, he shall promptly report the result of his examination to the health commissioner within whose jurisdiction the dog, cat, or other animal is found. Any dog, cat or other animal inflicting a bite or injury shall be confined in the county dog pound or be placed under the care and supervision of a veterinarian until it shall be determined that the animal is not afflicted with rabies. The isolation period hereby required shall not be less than ten (10) days from the date the person was bitten or injured.

Adopted January 14, 1940; effective February 15, 1940.

SANITARIUM STAFF

The trustees of the County Tuberculosis Sanitarium, Chairman W. H. Hoobler, Medical Director Dr. E. E. Kirkwood, and the Committee of the Mahoning County Medical Society, have reached a satisfactory agreement to organize a regular staff for that institution.

It is planned to establish services in the different special branches, and to set these up on a rotating basis. All the doctors of the Society whose answers to the recent questionnaire indicate willingness to serve will be certified to Dr. Kirkwood. Appointments are subject to his approval.

SECRETARY'S REPORT

At the regular Council meeting held April 8th, at the office of the Secretary the application of Dr. Donald A. Gross was approved.

Unless objection in writing to this applicant is filed with the Secretary within 15 days, he will become a Non-Resident Member of the Society.

The Postgraduate Day Assembly was held at the Ohio Hotel, April 24, 1940. A noted group from Johns Hopkins Medical School presented a practical and instructive program.

DR. JOHN NOLL, Secretary.

May

NEWS and VIEWS

Dr. and Mrs. John A. Renner announce the arrival of a daughter April 12th, North Side Unit.

Dr. Morris Deitchman was guest speaker Thursday, May 2nd, at the Youngstown Society of Medical Technicians, his subject was "Duodenal Drainage." The meeting was held in the Tod Nurses' Home. Next year's officers of the Medical Technicians are: President, Miss Lucille Dudley; Vice President, Mrs. Mildred Williams; Secretary, Miss Helen Rawdon; Treasurer, Miss Ursula Mullen.

Dr. and Mrs. C. H. Beight have returned home after a six week sojourn in Miami.

Miss Martha Morris and Dr. Raymond Lupse will be married May 15th. Miss Morris is a graduate of Youngstown Training School for Nurses. Dr. Lupse was a Resident Physician in Obstetrics at the North Side Unit during 1937-39. He is now Asst. Resident in Obstetrics and Gynecology at Lakeside Hospital, Cleveland, and after July 1st will occupy the same position at University Hospital, Cleveland.

Dr. and Mrs. J. Clair Vance are spending a spring vacation in Florida.

Dr. F. W. McNamara spoke to the St. Elizabeth's Hospital Auxiliary Monday afternoon May 6th, his subject being Cancer.

Dr. Morris S. Rosenblum is doing some Postgraduate work at the Mayo Clinic, Cleveland.

Miss Marjorie Nina Rouch and Dr. Robert Lee Piercy married in Rochester, N. Y. The bride has been an assistant head nurse at Strong Memorial Hospital, where Dr. Piercy has been a senior interne and is beginning a two-year residency July 1st.

Miss Rouch, the daughter of Mr. and Mrs. Chester W. Rouch, of Ontario, is a graduate of the White Plains, N. Y., School of Nursing and

Johns Hopkins Postgraduate School.

Dr. Piercy, the son of Dr. and Mrs. F. F. Piercy, Youngstown, is a graduate of Leland Stanford University and University of Rochester Medical School, served a one-year internship and one year as a senior interne in general surgery at the Strong Memorial Hospital. The young couple will reside in Rochester, Dr. Piercy to take up his residency in ear, nose and throat at the hospital there.

Dr. Johns S. Lewis addressed the Trumbull County Medical Society in March. His subject was "Urinary Infections."

Dr. Claude B. Norris addressed the same group in April, subject: "Syphilis Therapy; Management and Complications."

Dr. W. D. Collier attended the meeting of The American Association of Pathologists and Bacteriologists in Pittsburgh recently.

Dr. J. B. Kupec has returned from an extended sojourn in the South

Mrs. Samuel D. Culp, aged 74, mother of Mrs. John Heberding, Salem Road, passed away on April 15th.

A short service was held at the Culp residence at 2:00 P. M., on Thursday, April 18th, after which funeral services were held at the Midway Mennonite Church. Interment was in the Church Cemetery.

Besides Mrs. Heberding, Mrs. Culp leaves her husband, two sons, five grandchildren and three brothers.

Mrs. Claude B. Norris was called to Riverside, California, when her mother Mrs. Archibald T. Bell suffered a stroke on March 25th. Mrs. Bell died March 26th and was interred in Olivewood Cemetery at Riverside, on March 29th. Mrs. Norris returned to Youngstown recently.



Cosmetic Allergics

Patients suffering with allergic manifestations and skin eruptions due to cosmetics can well be recommended the use of Cara Nome Beauty Creations.

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where he was recuperating from his recent illness.

Dr. and Mrs. C. S. Lowendorf announce the birth of a daughter, Maxine, in St. Elizabeth's Hospital on April 30th.

Dr. and Mrs. S. R. Cafaro returned from their honeymoon in Florida and Cuba and are now at home on Cordova Ave.

The Intern Staff entertained the Attending Staff of St. Elizabeth's Hospital in the Intern's home on Tuesday, April 23, after the regular staff meeting. This was the annual Intern's party for the staff. Refreshments and cards kept the doctors entertained until the early morning hours. Doctors N. Belinky and P. Hodgkin were announced as winners of the Interns Competition. They will present their papers before the Mahoning County Medical Society.

NURSES' ACTIVITIES

The slogan for District No. 3, O.S.N.A., "Every Nurse in the District a Member of District No. 3" is nearing its goal. Our Field Secretary, Miss Elizabeth Evans, reports 855 members in good standing, as of April 23, 1940.

The next regular meeting of District No. 3, O.S.N.A., will be held at the Y. M. C. A. Auditorium, Youngstown, Ohio, May 8, 1940, at 2:30 P. M.

Speaker: Dr. Martha Koehne, Columbus, Ohio.

Subject: "Newer Knowledge of Nutrition."

There will also be, "Echoes from the State Convention." There should be many interesting ones, since about 100 members of the district registered for one or more days of the convention.

The Y. M. C. A. Auditorium has been selected as the permanent meeting place for the district meetings, due to its growth and increase in attendance.

Miss Elizabeth Condrin, President of the Official Registry for Private Duty Nurses, reports an increase in attendance at their series of lectures—70 nurses heard Dr. J. P. Keogh give an interesting discourse on "Chest Conditions and Their Treatment."

Dr. M. Wm. Neidus will give the closing lecture of the series, May 16th, 8 o'clock P. M., in the Stewart Class Room at the South Side Unit of Youngstown Hospital. He will discuss "Cardiacs."

Youngstown Hospital School of Nursing has been accredited by the National League of Nursing Education. The Alumnae Association generously paid the fee for the accreditation.

Miss Edna Gordon has returned to the North Side Unit, after completing a six months Postgraduate course in Medical Supervision at Cook County Hospital, Chicago, Ill.

April 1st, Dr. I. C. Smith gave an interesting talk to the Staff Nurses of St. Elizabeth's Hospital, on "Fever Therapy," which was augmented with a film on the same subject.

The Senior Students of St. Elizabeth's Nurses Training School gave a Symposium on Psychiatry for the Graduate Staff Nurses—six of the student nurses from St. Elizabeth's Hospital attended the O.S.N.A. Convention in Akron, Ohio.

Personals

Miss Grace Smith is convalescing from a major operation.

Mrs. Bertha Enos is a patient in the South Side Unit, Youngstown Hospital.

Miss Geraldine Burns and Miss Ethel Levine spent the winter working in Miami Beach, Florida.

Miss Catherine Kennedy has returned from a two weeks vacation in Florida.

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Miss Helen Brislane will continue to enjoy the sunshine at St. Petersburg until warm weather.

Miss Mary Grace Gabig has returned to St. Louis University where she is doing postgraduate work, after spending the Easter holidays at home.

Miss Florence Johnsons has taken up her new duties at Charity Hospital, New Orleans, La.

Marriages

Emma Foray, R.N.—Roy D. Pennoch in the home of the groom's parents at Clayton, N. M., Easter Sunday, March 24th.

Mary Yager, R.N.—Julius Polako in St. Brendan's Church, Youngstown, Ohio.

Engagements

Martha Morris, R.N.—Dr. Raymond Lupton, M.D.—to be married May 15th.

Mayme A. Harrison, R.N.—James A. Lees—to be married May 28th.

Births

Joseph and Margaret Arnold Skelding, a son, James Robert, April 7th, 1940.

Adolph and Pauline Webb Mullholland, a son, April 21st, 1940.

John and Dorothy McCartney Monroe, a daughter, March 12th, 1940.

Francis and Josephine Tobin Buckley, a son, February 21st, 1940.

Mr. and Mrs. Ethel Keim McIntyre, a daughter, March 26th, 1940.

The Baccalaureate service for the Graduating Class of Youngstown Hospital will be held in the First Baptist Temple, Sunday evening, May 5th, 7:30 P. M.

The Youngstown Hospital Commencement will be held in Stambaugh Auditorium, May 9th, 8 P. M.

We thank you for your gracious invitation to "Postgraduate Day."

THE STATE MEETING

In a few days (May the 14th) the Ohio State Medical Association will open its 94th Annual Session, at Cincinnati. This is to be a genuinely outstanding landmark in the Scientific and Sociological progress of our Association. The many Round Table discussions, the elaborate program by able and experienced medical scientists, both from distant places and within our own borders, and the splendid exhibits—all give assurance of high excellence. Then, too, the pressing economic, legislative, and allied problems of today come in for fearless and thorough discussion by thoughtful men.

Mahoning County will be well represented at this meeting. In addition to our signal honor in supplying the new State President, several of our other men are prominent in the program. Our position in State affairs honors us; but it also means work for us if we are to avoid what so often happens—resting on laurels, then retrogression.

SECRETARIES WILL MEET

The Doctors' Secretaries Organization of the Medical-Dental Bureau will hold their next meeting at 6:30, Tuesday evening, May 21st, in Harding Hall, 2612 Market St. Dr. Sam Farkas will speak. Miss Mary Lou Weir is chairman of the Committee in charge of this meeting.

VITAMIN ADVERTISING AND THE MEAD JOHNSON POLICY

The present spectacle of vitamin advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the use of vitamin products.

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FINDINGS FROM THE FIELD

Foremost Representatives

(New York *Medical Week*)

Let it not be said that Postmaster-General Farley is indifferent or ungrateful to American medicine. Last year the J. A. M. A. complained of the relatively small number of physicians honored by special issues of postage stamps in this country. Last week the Post Office Department announced that Major Walter Reed and Dr. Crawford W. Long are soon to receive this distinction.

No one will dispute the right of these two American physicians to be honored by every means at our command. Major Walter Reed and his associates in the Army Medical Corps freed North America from a scourge which had caused tens of thousands of deaths and made large areas unsafe for human habitation. Dr. Crawford W. Long, a general practitioner in private practice, used ether as an anesthetic and freed surgery from the shackles of pain.

There are other American physicians who also deserve to be honored. The humble postage stamp passes through millions of hands and catches many eyes. Who knows what an incentive it might prove to struggling tyros if they knew that some day their pictures might appear on stamps, to speed bills and love letters on their way and perhaps end their days in the loving care of a philatelist?

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Where Doctors Disagree

(Editorial, *Minnesota Medicine*,
October, 1939)

We can not but wonder a little, from a relative standpoint, at the mental processes which led to the selection of Crawford W. Long and Walter Reed as the foremost representatives of our profession. Without in any way seeking to belittle their accomplishments, let us see exactly what they did. Long was definitely the first to use ether, but he kept all

knowledge of it to himself and to those in his own immediate circle.

The case of Walter Reed, the other representative of medicine in the list, is somewhat different. Reed was chairman of the army board of four which disproved the old theory of the transmission of yellow fever by fomites and accurately fastened the blame on a particular species of mosquito. It was an epochal piece of work with the most far-reaching consequences, but the important point is that it was a joint effort, for which no one man alone should receive distinction.

Who, then, it may be asked, are those who are more justly entitled to this recognition? There are many; here are a few: John Shaw Billings, who developed the largest medical library in the world and the largest medical museum in this country, initiated the Index Catalogue and the Index Medicus, compiled the Medical and Surgical History of the War of the Rebellion, designed the buildings of the Johns Hopkins Hospital and laid down the fundamental principles on which the growth and importance of its medical school have occurred, spending the last seventeen years of his life in the monumental task of reorganizing the New York Public Library System. "Altogether," says Garrison, again, "Billings did a giant's work for the advancement of American medicine." Then there is William Beaumont who, single-handed and in the crudest surroundings, conducted a series of experiments and made basic findings in the physiology of digestion, so thoroughly accurate that today they remain unchallenged. There is Samuel D. Gross, the foremost American surgeon of the first half of the nineteenth century, who, just 100 years ago this year, wrote the first exhaustive treatise on pathological anatomy in the English language and made many notable con-

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tributions to the development of American surgery.

Perhaps we should be thankful that American medicine received any recognition at all in Washington at this time.

*

The Reformer and Medical Practice

O Lord, alas,
Deliver us from the reforming ass
Who would take down the moon
and sun,

And light the world with gas.

(Editorial, *Journal Michigan State Medical Society*)

Medicine has an ancient and honorable tradition. Long experience has taught us that there are some things which we may accept as certainties. It has taught us that altruism is a virtue. It has taught us also that improvement of one's professional capacity by painstaking study and research, research perhaps for a few and study for the great majority of us, is beyond peradventure in the interests of patients as well as ourselves.

Experience has also taught us that personal relationship between the doctor and the patient is in the interest of the patient inasmuch as it places on the doctor's shoulders a responsibility to which he must rise. Of these, we are sure. Whether medicine can be practiced more satisfactorily under state subsidy and control is a much mooted question. Many feel that it can not. They feel that change should be gradual and evolutionary rather than revolutionary. To them there is no greater menace than those who come forward with doctrinaire proposals for the solution of economic, social or medical problems.

*

The National Physicians Committee for Extension of Medical Service

(King County Medical Society *Bulletin*)

So many committees, organizations, commissions, groups and societies to study problems of medical care have

been organized in the past few years that it is only natural to be slow in accepting another whose title does not distinguish it from its predecessors. The National Physicians Committee for Extension of Medical Service is, however, not just another inquisitorial committee. It is composed of a group of stable individuals, long associated with organized medicine, whose principles and ideals are beyond question. Its purposes are truly those of organized medicine.

For some time it has been apparent that a number of groups would be glad to assist the medical profession in its fight for the preservation of private practice and principles of democracy. In fact, the American Medical Association has on numerous occasions returned gifts of money from these individuals and organizations. For many reasons which it is not necessary to discuss, the American Medical Association cannot indulge in any activities which might in any way be construed as lobbying or spreading of propaganda.

The new committee has no connection whatever with the American Medical Association. It was founded as an entity and owes allegiance to no other organization or group. Its aims and purposes, however, are to promulgate the principles for which the medical profession has long stood, to educate the public regarding the aims and ideals of American medicine and to lead the fight of those who are coming to realize that we must all take a very determined stand on the principles of our democracy.

This committee should be generously supported by every member of the society.

*

On Reading Medicine

By William S. Reveno, M. D.

(*Detroit Medical News*)

To the large majority of practicing physicians reading medicine is both a necessary and pleasurable task filling in the spare moments of each busy day. In spite of the wide availability

of practical information at meetings, conferences, round-table discussions and lectures, the gleaning of knowledge from standard texts and periodicals in the solitude of one's study, continues to rank as the most profitable means of enhancing the doctor's medical education. Appreciation of this fact is attested to by the large volume of reading matter that is both offered and forced on the conscientious reader. So great is this avalanche and so irresistible its appeal that many attempt the impossible feat of trying to swallow everything, and end up by becoming a part of the large army of those who read and run, skimming odd bits of information that serve no useful purpose.

Those who have successfully managed to derive the most out of their reading, have first of all set themselves resolutely against trying to read everything. In general, they cater to the particular subject in which their greatest interest lies—at the moment—and lavish most of their effort in becoming well versed in all phases of that subject. They may follow the plan of devoting an entire year to the one subject, reviewing the fundamental data first and supple-

menting it with current views and discussions. Each year or two a new main interest occupies the center of the stage so that eventually a well rounded and trustworthy fund of knowledge is acquired to which additions may readily be made. By this method there is soon acquired the ability to sort the practical from the hypothetical and to recognize distortion of proven ideas and methods by meddlesome modifications.

With this as a foundation, a weather eye is kept peeled for current developments on the general medical front—scientific, organizational, economic and legislative—by scanning the profusion of editorials and abstracts in the established scientific journals. Total dependence upon this method alone, while it gives one access to a mass of information, is as superficial as the development of a knowledge of literature through the diligent reading of book reviews.

Whether one chooses to follow this particular plan, or evolves one of his own, the fact remains that, only by a systematic approach to the problem of reading medicine can one hope to acquire the desired dividends in added knowledge.

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