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BULLETIN

of the
Mahoning
County
Medical
Society

Vol. XI No. 5
May 1941



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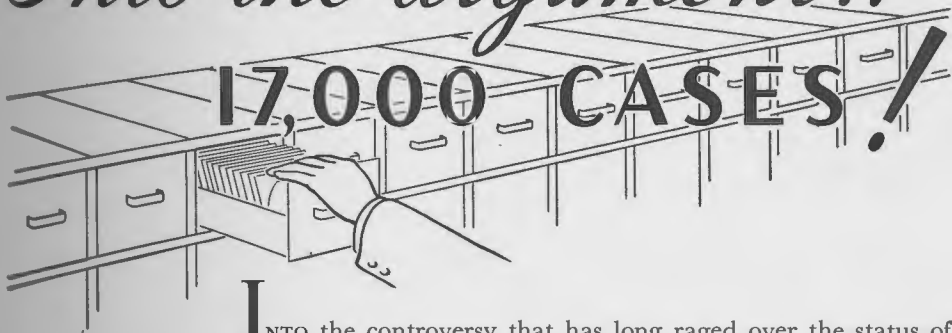
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PRESIDENT'S PAGE

The Society is indebted to the leaders of another great medical institution for one of the very finest postgraduate programs of our long history of fine P-G programs.

Doctors Middleton, Waters, Gale, and Sevringhaus gave us the latest and best, both of the practical and of the investigative, in their various subjects. To each of them we who were so fortunate as to hear them are most grateful.

We should keep in mind that the various Committees whose efforts made the day such a splendid success deserve our appreciation. They have it, and I but give expression to the Society's wishes in mentioning with praise their efficient and effective work.

The much discussed Ohio Medical Service Enabling Act is now a law and as such makes possible in Ohio the establishment of Medical Service plans throughout the State.

Chief credit for its passage goes to Dr. Skipp, State President, for his untiring effort in its behalf. Ably assisting him in this arduous time-consuming task, were Drs. Hein of Toledo, Paryzek of Cleveland, Parke Smith of Cincinnati, and C. S. Nelson and G. H. Saville from the State Medical Association office, who have spent one to three days for the past several weeks in Columbus, working with the legislators for the passage of House Bill 51. Credit also must be given to those Legislative Committeemen in each County Society who laid the ground work back home. To one and all who had a share in helping put over this piece of legislation, the medical profession and the public-at-large owe a vote of thanks.

Curiously enough the chief opposition to the bill came not from insurance people, but from the farm coöperatives and the C. I. O., the very people whom a medical service prepayment plan will most benefit.

Now that we have the Enabling Act, the next question naturally arises, "What are we going to do about it?"

So much publicity has already been given Prepayment Medical Service plans that the general public is already asking when such service will be available.

Here in Mahoning County, the committee has been working on a plan for the past eighteen months, and hopes soon to have it ready to submit to the public. Needless to say, the plan must be worked out thoroughly and must be as nearly perfect as is humanly possible to make it, before it can be announced. It is essential to make haste slowly at this time in order to assure its ultimate success.

O. J. WALKER, M. D.

May

BULLETIN of the Mahoning County Medical Society

M A Y

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Editorials---

Q. E. D.

From the highest to the humblest, all the time and in every circumstance, men and institutions are on probation, subject to appraisal and approval or disapproval, either by others or by themselves, more often by both.

Annually our Postgraduate Day has passed this test, *cum laude*, so far. The lengthening list of triumphs under adversity justifies our pride. The ablest men of medicine the country affords have come to us, have given us their best, and have counted themselves as indebted to us rather than the reverse. Fellow physicians from long distances, from other fine medical centers, join with us year after year. New faces continue to appear and then to reappear each successive year, until they become familiars and thus new friends become old friends.

Each year we have, it seemed at the time, hit the ceiling of quality in our faculty, only to feel the next year that "after all this one was just about the best yet." Our faculties have rated "Straight A's right down the line."

We've judged and we have been judged, and this must continue to be so. That being true let us be frank if we do seem a little boastful. Beyond doubt, that Wisconsin group, Dean Middleton, and Drs. Waters, Gale and Sevringhaus had "everything"! And how they "dished" it out to us—and what great gentlemen they are! Giants in their fields, they are still humans just like us ordinary folks, quickly responsive alike to work and fun. The Post-

graduate Committee next year has something high to shoot at. But they're training up now and will probably come close to a bull's-eye!

We who were privileged to hear these fine leaders, reaffirm our gratitude to them for bringing to us this remarkable program.

The Bleeding Prince

Some two thousand years ago God gave to the world the Prince of Peace. His simple message cost him his life.

Today evil forces, diabolically clever, equipped with instruments of unbelievable capacity to destroy, are defying every precept of THE Prince. Innocence is no protection, helplessness evokes no pity.

At home His side is pierced by countless darts of greed, ambition, and disloyalty.

We send our boys away to prepare to do battle for us—possibly to lose their lives for our Country—and \$21.00 per month.

Meanwhile, paralyzing labor strikes in defense industries, industrial shylocks, and reckless partizans, pro- and anti-administration—hinder production of instruments needed if the boys are to fight effectively.

People gripe at taxes, evade and defy the law, apparently regarding their country as created only for their special advantage.

Silly law suits are conducted by the Government against groups and individuals, wasting time, money, and energy sorely needed for constructive uses.

Selfish and grasping leaders, seek-

(Continued on Page 164)



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ISALY'S

May

PRACTICAL TREATMENT OF TUMORS AND DISEASES OF THE MAMMARY GLAND

By MURRAY M. COPELAND, M. D.

Baltimore, Md.

In presenting the type of treatment best suited to various diseases and tumors of the breast it is essential to group the lesions according to pathological entities. They may be divided into those connected with abnormal function of certain of the endocrine glands and those of definite neoplastic nature. In a few instances malignant tumors are definitely related to endocrine gland dysfunction. In discussing the various diseases and tumors of the breast an effort will be made to point out the relationship of the endocrine disturbance where it is known to exist.

The clinical and pathological features which aid in distinguishing various benign lesions from carcinoma have become increasingly important since, due to the recent cancer campaign activities, patients are asking for medical aid at a stage when the classical symptoms and signs of carcinoma are lacking.

Benign Hypertrophy

Infantile hypertrophy is usually seen in girls from two to four years of age. The enlargement of the breasts is accompanied at times by menstruation and growth of pubic and axillary hair. The most common cause of this disease is a granulosa cell tumor of the ovary. Rarely, a pituitary disturbance is the causative factor and anterior pituitary-like hormone, in the form of prolactin, can be demonstrated in the urine. Occasionally, ovarian teratoma may be the exciting cause.

In general, increased secretion of estrogen occurring in infancy is the exciting cause of mammary hypertrophy, regardless of the source of the estrogen. Although the early and excessive secretion of estrogen may continue over a period of years, the breasts are not larger than those ob-

served in the normal adult, and the developmental pattern seen under the microscope is normal, though premature.

In girls at puberty, breast development may greatly exceed the normal in one or both breasts. Asymmetrical enlargement of the breasts between the ages of ten and thirteen years usually corrects itself by the end of puberty. No treatment is necessary. The condition is thought to be due to the fact that the enlarged breast is slightly more sensitive to the ovarian hormone than its fellow and thus responds to subthreshold amounts of the hormone.

True virginal hypertrophy occurs following puberty and, once established, tends to persist. No encouraging results have accrued from endocrine therapy. Surgery is indicated where the enlargement is excessive. Pathologically, the breast resembles normal puberty growth, except for the excessive amount.

Gynecomastia in the male is the homologue of virginal hypertrophy in the female. One or both breasts may be diffusely enlarged, either at puberty or with the decline of the sexual life. Clinical observations point to a definite relationship between the sex organs and gynecomastia. It has been observed in hermaphrodites, in cases of chorioepithelioma and certain other teratomas of the testicle, in boys and young adults with atrophy of one testicle and hypertrophy of the interstitial cells of the opposite testicle. Gynecomastia in the male is usually self-limited and benign. Excision may be indicated for cosmetic reasons.

Chronic Cystic Mastitis

The term chronic cystic mastitis is used to designate a group of benign conditions of the breast, including

painful breast, nodular hyperplasia and cystic disease of the breast. During puberty and post-puberty development, from the ages of fifteen to twenty-five, breast development is unusually stable, in spite of wide variations in the amount of ovarian hormone, provided child-birth has not occurred. During the child bearing period and following the age of thirty in the nulliparous woman, abnormal ratios between the two ovarian hormones, estrogen and corpus luteum, frequently produce changes in the breast known as chronic cystic mastitis. Either one or both hormones may be deficient. The corpus luteum hormone is more often deficient than the estrogen secretion, and chronic cystic mastitis from this cause is more common in women who have borne no children or have had small families of one or two children only. A frequent precursor of chronic cystic mastitis is the painful breast. This condition is characterized by cyclic pain which reaches its maximum intensity before the menstrual period. Painful and tender tissue is usually felt in the upper and outer quadrants and feels like a flat, granular area. Menstruation is usually regular. Pain and tenderness become more severe and eventually are prolonged throughout the entire cycle. Fear of cancer is often aroused. Patients are often either unmarried or married and childless. The entire clinical picture suggests a corpus luteum deficiency. These women frequently respond to endocrine therapy, either estrogen or corpus luteum hormone, if the condition does not subside spontaneously.

Adenosis, or Schimmelbusch's Disease: is a type of breast which is not only painful but has small shot-like nodules. It appears in women between thirty and forty years of age. The condition is usually bilateral and the entire periphery of the breast may be involved. Microscopically, proliferation of lobules without encapsulation,

the development of intracystic papillomas and, in some cases, the appearance of uncomplicated cysts is typical. Because of multiple small cysts it has been called microcystic disease. This condition may have been preceded by painful breasts for a number of years. The secretion of the corpus luteum hormone is at a low level at about the decade when this condition appears, and thus is suspect as the exciting deficiency causing the disease. Since it is a bilateral condition, the problem of treatment is difficult. Some cases have been relieved by corpus luteum or estrogen therapy. If no treatment is given and the condition is followed until the menopause, it usually disappears. If one definite tumor stands out, excise this tumor. If it is benign, a radical removal of the breast is not necessary.

Cystic Disease of the breast is characterized by the development in the breast substance of one or more cysts of appreciable size. Cystic disease usually appears toward the end of the menopause. This is the period when the corpus luteum has ceased to function. Diagnosis is frequently easy to make. Often only one cyst may be noted. A typical location is in the outer and upper quadrant of the breast. Duration of symptoms varies from a few days to a few weeks. Except for the history of having had few or no children and being at menopause, patients appear otherwise normal. The breasts are usually of moderate size, contain much adipose tissue, and seem normal except for the nodule. The treatment is to excise the nodule and have it examined by the pathologist. When excised, the cyst has a blue dome, contains clear-to-cloudy fluid and a smooth, glistening lining. Seventy-five per cent are cured by such procedure. In eleven per cent there may be multiple cysts at time of operation, and in the remainder of the twenty-five per cent a second or third cyst may occur after excision.

To sum up chronic cystic mastitis, it is a disease which occurs in women during the child bearing age at a time when the normal function of the breast is based upon a careful balance between the ovarian follicle hormone and corpus luteum hormone. All forms of chronic cystic mastitis are apparently accompanied by varying degrees of corpus luteum deficiency.

Fibroadenoma

Fibroadenomas are benign, well encapsulated, fibrous tumors with growing ducts and without true mammary lobules. The tumors grow slowly, the duration averaging from three to four years. They are most frequently noted in the upper and outer quadrants of the breast at the periphery. In one-third of the cases, the nodule is painful or tender. The breasts are usually well developed. The nodule rarely increases in size during menstruation, however, this is the rule during pregnancy. Local excision is the treatment of choice in these cases. About ten per cent of these lesions are complicated by fibrosarcoma, usually after an intermediate stage of intracanalicular myxoma. Under such conditions the treatment is amputation of the breast together with the pectoral fascia. It is not essential to remove the axillary glands or muscle, as it does not metastasize to the nodes. The majority of giant intercanalicular myxomas are not malignant.

Papilloma

The majority of all bloody discharges from the nipple are due to benign papillomas. They occur in women near the menopause, or over forty-five years of age. On palpation a soft, palpable tumor, near the nipple zone, may be noted. The growth of such lesions at this age is apparently due to a reactivation of nipple zone growth after aging of the rest of the gland. Clinically, about fifty per cent of these cases have bloody discharge

from the nipple. The nipple may be slightly adherent, more often freely movable. The tumor at times may be located only by transillumination. On pathological examination a cyst containing bloody fluid and a soft, papillomatous mass is found. Simple excision usually suffices to cure, though a certain percentage of these tumors undergo malignant change and require more extensive surgery.

Carcinoma of the Breast

Present day curability of mammary carcinoma by radical surgery ranges between thirty and forty per cent. Attempts are being made to increase the number of cures by education of the public and profession, by combining irradiation and surgery and by prophylactic measures against certain so-called pre-cancerous lesions of the breasts.

Duct Carcinoma: Approximately three-fourths of all carcinomas arise from the glandular epithelium of the ducts and terminal tubules. It occurs usually as a tumor 1 cm. to 5 cm. in diameter with atrophy of the overlying fat and with or without retraction of the skin or nipple. It may occur as a large mass occupying one or more quadrants of the breast. A common form is a hard, small mass 1 cm. to 3 cm. in diameter, occurring at or near the menopause. Patients have usually noticed the presence of the lump for six months or less, prior to the time of examination. Discharge from the nipple is not a common symptom. The tumor, on section, is usually a dense, whitish, stellate mass, which is gritty. The surrounding breast is usually fatty, with traversing bands of fibrous tissue. On microscopic examination, the cells grow characteristically in small nests or islands, frequently in elongated cords and with large amounts of intervening fibrous tissue known as desmoplastic reaction. The results of surgery are widely published. It is the treatment most generally employed.

Radical mastectomy alone will offer up to seventy per cent 5-year survivals if the regional glands are not involved. It is not a completely satisfactory procedure alone, if the carcinoma has extended to the axilla or further. At the present time radical surgery plus post-operative irradiation offers about ten per cent increase in 5-year survivals where glands are involved—(10% as compared with 20%). Pre-operative irradiation has not proven to be of great advantage to date. The treatment advised here holds for the various types of carcinoma of the breast.

Papillary Carcinoma: The average size of these tumors is between 5 cm. and 6 cm. There is a wide age distribution in this group—between thirty and seventy years. The occurrence of sanguinous discharge from the nipple, the location in the breast and the microscopic appearance justify the conclusion that many of these cases are late manifestations in pre-existing benign papillomas. Microscopically, a benign papillary structure may be seen with malignant change at one margin. The predominant epithelial cell is malignant in character, arranged in loops or folds about a fibrous stalk. Lymph glands are involved late in the disease. Papillary adenocarcinoma may be cured by radical operation even in advanced cases.

Gelatinous Carcinoma: Three per cent of breast carcinoma shows gelatinous intercellular substance under the microscope. Muroid cancer is slow growing and a low-grade form in which complete arrest of the disease may be obtained by proper surgery in advanced cases. It tends to occur beneath the nipple and to be accompanied by a sanguinous discharge. The duration of symptoms is counted in years rather than months and, like papillary carcinoma, has an age distribution between thirty and seventy years. The outstanding clinical features are: small size of tumor, pro-

longed duration of symptoms, peculiar fluctuant consistency of tumor, bulging of the nipple and freely movable character of growth. The microscopic study indicates that it is the result of secretory changes in slowly growing forms of adenocarcinoma.

Comedo Carcinoma: A low-grade of malignancy arising in the epithelium of the small tubules, or from the basal cells beneath the lining of the larger ducts and for a long time may remain confined to the normal boundaries of the duct tree. The term comedo is applied to such a tumor because, when it is cut, plugs of tumor cells may be expressed from the ducts similar in appearance to comedones expressed from ordinary blackheads. The tumor is usually located near the skin and atrophy of the overlying fat may occur. The tumor usually remains movable. Of all the forms of carcinoma of the breast, comedo carcinoma offers the most favorable prognosis, when subjected to the proper surgery.

Paget's Disease: Paget's cancer is characterized by invasion of the epidermis of the nipple or areola and, usually, the mouths of the larger ducts by malignant cells resembling those seen in transitional cell cancer of the skin or mucous membrane. The clinical histories are of two types: one in which nipple symptoms precede a tumor in the breast and the other in which a lump in the breast precedes symptoms referable to the nipple. The symptoms relate to the nipple, whether or not a mass is found in the underlying breast. Itching, burning, pain or soreness is usually noted first, while, in some instances, a discharge or crusting may be first observed. Fissure or ulceration usually accompanies the microscopically proved malignant tumor. A pathologic study shows, in addition to the keratotic or ulcerated lesion of the nipple, dilation of the larger ducts in the nipple zone. All cases contain large cells of deep staining or

vesicular nuclei with a large amount of pale-staining cytoplasm in the epidermis of the nipple. The ducts are lined by many layers of large, malignant epithelial cells with necrotic debris in the inclosed lumen. The chances of the patient's surviving a five-year period, in spite of heroic therapy, is less than ten per cent.

It is apparent from the above group of carcinomas found in the breast that the circumscribed forms includ-

ing papillary adenocarcinoma, gelatinous carcinoma and comedo carcinoma are characterized in general by a slower growth and a better prognosis. The treatment of choice for those breast carcinomas thought to be clinically curable is, at the present time, radical mastectomy without post-operative irradiation, if the glands are not involved; with post-operative irradiation if they are involved.

DO YOU KNOW?

By J. P. H.

That—according to the Mahoning County Health News one winter surviving female fly lays but one batch of eggs instead of three or four, the descendents if all survived would number, by September 10th, over five and a half trillion flies. Do your duty.

That—Cardiac and vascular disease caused 57% of the deaths in Mahoning County during the past month.

That—Youngstown's contribution to the Industrial Commission Dr. Sidney McCurdy resigned as chief of the Medical Section. This was a distinct loss to the commission as he made many notable changes in the proceedings, always gave the profession a fair deal. He was one of the very few doctors who made a success of practice before becoming identified with a non-political commission.

That—Statistics from Pennsylvania for August in 1940 show a slight shift in causes of death from the usual trend. The listing denotes 1st, Heart Disease; 2nd, Cancer; 3rd, Nephritis; 4th, Cerebral Hemorrhage; 5th, Tuberculosis; and 6th, Pneumonia.

That—there are 175,382 physicians in the United States. It is estimated that approximately 140,000 of this number are in private practice. Of these, the Directory of the American Medical Association lists 36,483 as

limiting their practice to the various specialties. This would make the proportion of general practitioners to specialists 4 to 1.

Why do general practitioners not exert more influence in County, State and National Medical Societies?

Why not an organization of general practitioners for their own welfare?

That—according to the District of Columbia Court the Medical Association is a combination in restraint of trade, but the carpenters' union is not.

That—Peptic ulcer is usually considered a disease of young adults but it is seen at any age.

Dr. Mulgow reports in the Journal of Digestive Diseases that in his observations about one-third of the deaths from peptic ulcer occur in patients beyond the age of 60 years, nearly one-third in the sixth decade the remainder are below the age of 50. A review of the literature of peptic ulcer in which the ages were given, reveals that massive hemorrhage is nearly twice as frequent as perforation in patients beyond the age of 60. About 10.5% of 4079 cases of peptic ulcer were above this age. The diagnosis of peptic ulcer in older patients is difficult and in not a few instances is made only by exploration or at necropsy. Deaths from peptic ulcer and cancer of the stomach occur most frequently in the sixth decade.

THIS MONTH

Tuesday, May 20th, 1941

• • •

JOHN A. TOOMEY, M. D.

Professor, Clinical Pediatrics and Contagious Diseases,
School of Medicine, Western Reserve University;

Physician-in-Charge, Division of Contagious Diseases,
Cleveland City Hospital;

Associate Pediatricist, University Hospitals, Cleveland, Ohio

• • •

At 6:30—Dinner

"The Diagnosis and Treatment of Scarlet Fever, with special
Reference to the Use of Sulfanilamide, Scarlet Fever
Antitoxin, and Convalescent Serum"

At 8:30—Evening

"The Portal of Entry of Poliomyelitis"

• • •

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• • •

Dinner 6:30

Evening 8:30

YOUNGSTOWN CLUB

JUNE SIXTH

Friday Evening, 8:30 P. M.

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DR. E. H. CARY, Former President of: the American Medical Association, the Texas Medical Association, the Southern Medical Association

Dean-Emeritus of the Medical School of Baylor University

Chairman of the National Physicians Committee for the Extension of Medical Service

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Our Neighboring County Medical Societies
The Corydon-Palmer Dental Society
The Druggists of the City and Valley
The Nurses' Associations
The Women's Auxiliary

Please Note — Dr. Cary will appear before next month's Bulletin will reach you. So, make a note of this important meeting now.

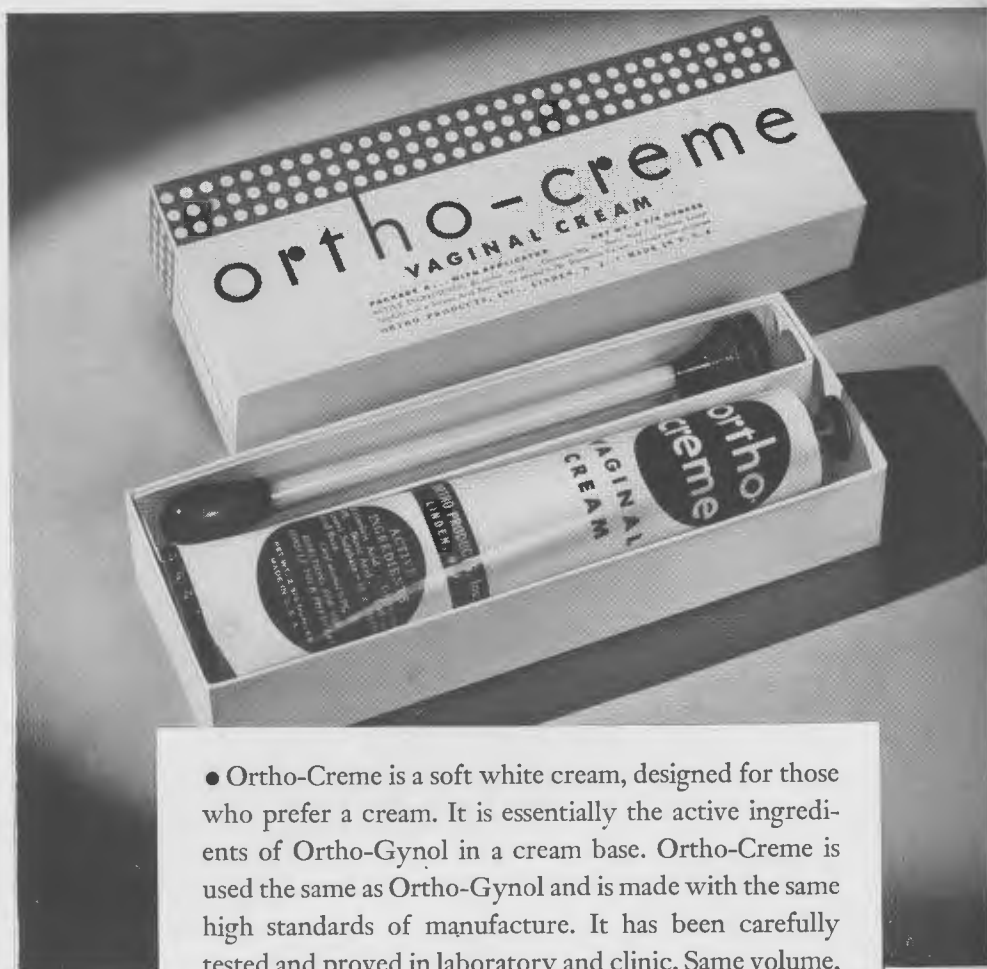
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Tuesday Evening, June 17th

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THE MEDICAL CRIER

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

● Jottings on Postgraduate Day: Up betimes and early to make a call or two before the first lecture. Too late for the breakfast but here's the registration desk, with Allgood pointing the way. Mary Herald's jovial, beaming face—and there's Tims, Marinelli and DeCicco passing out cards, programs and buttons. Up the stairs—no time for the technical exhibits now, see them later (ah! those nice samples).

Dr. Waters is on, talking about anesthetics—respiratory coefficients, gaseous interchange, a clear airway. The little things that count. Doing a hysterectomy on Morphine and ~~■~~opolomine—never thought it could be done. Good crowd here already and by their looks they are eating it up. There is McConkey from Canton, father not with him today. Campbell from Bessemer—he was President of the Lawrence County Medical Society last year. List is down from upstate, looking prosperous. Old Copeland—haven't seen him since he was a triple threat at Jefferson. He's talking to Dick Gross about the time he drank the eau de cologne up in the interne's quarters.

Ten minutes intermission—now for the exhibits (ah! those nice samples). Sure, I'll register. Yes, I use Bakers Food—better send me some samples, though. Sure, I'll register. Keep the pencil? Thanks. Yes, I use Mead's Products. Better send me some. Glad to have your ad in the Bulletin (Mead's was the first big time ad we ever got). Helen Mantle Foster with those pretty pink Spencer corsets, one of our old mainstays (pun). Frank Lyons—well, Frank, you have a mighty fine exhibit. Thanks for the match box. Special exhibit, where? Up in 322? What's up there, Frank? Sure, I'll go up and see for myself. Cross Drugs—mighty fine exhibit you have here.

What, you have a special exhibit upstairs? Sure, sure I'll go right up! But here's Hayford from the Zemmer Company. Why don't you ever stop in and see me? Buttermilk from Sanitary, Household Joy from Heberding's, chocolate milk from Isaly's. No more milk, please. Pepsi-Cola? Well, just one glass. Whew! Stomach feels full. No Aunt Dora's bread—thanks. No Beechnut Chopped Foods, either—well, just a taste. Say Ralph (hic) how's about a little touch of the Pulvis Sippy (hic) Comp.? Must be something I et. No, I don't need Cebex, my appetite's fine—just a little Sippy. Let me sit down here in Truedley's chair a minute. There's Milt Cohen from Cleveland. Look Milt, I think I must be allergic to milk. What say we go up and see those special exhibits? Come on.

Is this where the special exhibit is? Why all the crowd? What you got here? Oh! That's it? Well, just one. Hello there, old fellow, haven't seen you since you were an interne. (What the devil is his name?) Step up here and tell me how things are going. That so? Well, things are about the same here, lots of work but try and get paid. Did you see the Bureau exhibit? Yes, we have a dandy Bureau, and do they collect! Do you know why the Infant Di-Dee Service can't advertise on the radio? What, you didn't hear about the ban on the A S C A P? That (hic) deserves another. The first one didn't cure me. Get away from me boys, you bother me. Let's sing Sweet Adeline—you carry the tune and I'll sing the tenor. No, I didn't hear that one, let me think a minute. I'll give up—what is the difference between Tums and Ex-Lax? They give a Pot O'Gold with Tums—well, what do they—oh! I see now. Not so good, not so good. Let's try Sweet Adeline again and listen, we can't both sing



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tenor. Who keeps putting these samples in my hand, anyway? Gosh, it's hot up here. Let's go down and hear Sevringhaus talk about glands. You don't care about glands? Listen, wait until you ain't got none, then you'll care about glands. You'll look like me and John Noll and Sears here on top. What you ought to do is go over to the Auxiliary and hear about the problems of the forties. Who me? They don't bother me none, but the fifties are sure tough. Did I tell you about the two old doctors who were walking down the street and one says—let's sit down over here in the corner, this is a dandy. . .

Say—look what time it is! We got to get down to the dinner. You boys want to talk all night? I got to write a report on this meeting for the Bulletin and here it is nearly over. Anybody got any aspirin? What a headache! Must be that milk (ah! those nice samples)!
—J. L. F.

SECRETARY'S REPORT

The regular April Council meeting was held at the office of the Secretary on the fourteenth of the month.

Dr. Ivan C. Smith submitted his resignation as alternate delegate due to active military service. Council elected Dr. J. N. McCann to fill the office thus vacated for the remainder of the year.

The following applicants were passed by council:

Active membership: Eugene Laurisin.

Associate membership: William Henry Atkinson, Jr.

Interne membership: Bertrum Irwin Firestone.

Unless objection in writing is filed with the Secretary within 15 days, they become members.

JOHN NOLL, M.D., Secretary.

RADIO PROGRAM

April, 1941

WKBN

- April 4—Dr. R. H. Middleton—
Subject: Safety Through Vaccines and Serums.
- April 11—Dr. Wm. M. Skipp—
Subject: Medical Care Plans.
- April 18—Dr. Walter J. Tims—
Subject: How to Choose Your Doctor.
- April 25—Dr. W. H. Bunn—Sub-
ject: Medical Research.

REPORT OF SPEAKERS' BUREAU Month of April

- April 1—Dr. Walter K. Stewart
—Place, Y. W. C. A.—Subject:
Enabling Act.
- April 1—Dr. Wm. M. Skipp—Place,
Woman's Auxiliary — Mahoning
County Medical Society—Subject:
Enabling Act.
- April 2—Dr. Wm. M. Skipp—
Place, County School Boards, Can-
field, Ohio — Subject: Enabling
Act.
- April 3—Dr. Alice Elliott—Place,
P. T. A. Liberty School, Churchill
—Subject: Sex Education.
- April 3—Dr. Alice Elliott—Place,
North Side Hospital, Technicians
—Subject: Sex Education.
- April 14—Dr. Alice Elliott—Place,
Youngstown College — Subject:
Sexual Adjustments in Marriage.
- April 17—Dr. C. A. Gustafson—
Place, Harrison School—Subject:
Cancer.
- April 23—Dr. Samuel W. Weaver
—Place, Physical Education De-
partment, Girard High School,
Girard, Ohio—Subject: Anatomy
of the Brain and Spinal Cord.
- April 30—Dr. Alice Elliott—Place,
Y. M. C. A.—Subject: Sex Edu-
cation.

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POSTGRADUATE CHAIRMAN SPEAKS

I wish to thank the Postgraduate Committee for their coöperation in putting across another successful Annual Event.

The Committee and the Society are indebted to Mr. Price, manager of the Medical-Dental Bureau, and to his entire staff for their untiring efforts in telephoning and otherwise assisting with important details.

It is my pleasure, as well as my duty, to call attention to the splendid work of Mary Herald, our Assistant Secretary. Miss Herald's efficient work was invaluable.

I am not unmindful of our Program and Social Committees, and the officers. Above all, the credit for the success of the meeting really rests with the membership of the Society as a whole. It is to your loyalty that we confidently turn, year after year, and you never fail.

The Bulletin advertisers deserve much praise, I am sure we all appreciate them.

Baker Laboratories, Inc.—Baker's modified milk, you can't beat it.

Barry Allergy Laboratory—We appreciate having you with us, Mr. Fowler.

Blair Dry Cleaning—High quality service furnished by Blair's, just call them.

Cassaday, C. B.—Prescriptions, that's Mr. Cassaday's specialty, Phone 40107.

Central Square Garage—The best place in town to park your car, try it!

Cross Drug Stores—That man Frank Milne has what it takes, try "Cross" on prescriptions.

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Di-Dee Service—Sure has something for us to recommend to mothers.

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Endo Products, Inc.—Mr. Sugarman with his interesting products.

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Fair Oaks Villa—A heaven for nervous and mental patients.

Francis, J. P.—His middle name is "Insurance"; ask him about it.

Giering's—Golden Age Gingerale and Root Beer or Pepsi-Cola, you can't beat them.

Heberding's—Mrs. Heberding, we missed that rich Jersey milk and ice cream cones.

Isaly's—Sure do their bit toward swelling our waistline with their delicious cream products.

Humphrey Drug Co.—Always dependable, try them.

James & Weaver—Equip your office with modern fireproof office equipment.

Liebel-Flarsheim—Meet Mr. Manley and Mr. Hostnick—they are waiting to serve you.

Lyons Physicians Supply Co.—Those boys have everything from "soup to nuts."

McKelvey Co.—Baby Foods—You can't go wrong, they carry the better brands.

Similac—Get a key ring from Mr. E. W. Boyer? Alright, prescribe "SIMILAC."

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Medical-Dental Bureau—Ever hear of a man by the name of "Price"? He's the guy that serves you in many capacities beneficial to the profession. Call him.

Merberger & Lambert—Your floral requirements beautifully taken care of.

Ortho-Products, Inc.—A new comer to the ranks.

Renner's—The number is 44467. They are waiting to serve you.

Schmidt, Paul—Flowers! How we all love them, especially when they come from Paul's.

Schwebel Bakery—Cash in your Bread slip? Then you will eat "Schwebel's" from now on.

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Merrell, Wm. S. Co.—Meet that man Cullinan, he is anxious to serve you.

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Youngstown Printing Co.—Those are the fellows that put no wrinkles in our brows. They sure know their stuff.

Youngstown Sanitary Milk Co.—How we enjoy not only their milk and cream but that buttermilk hits the spot.

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SINCE LAST MONTH—

Dr. David A. Belinky, Himrod Ave., has gone to New York City, where he will attend a postgraduate clinic in diabetes mellitus, nephritis and hypertension conducted by Dr. Herman O. Mosenthal at Columbia University. En route, Dr. Belinky will visit classmates and relatives in Philadelphia.

Dr. Samuel Epstein, of Struthers, a first lieutenant in the medical reserve corps of the U. S. Army, has been called to serve for a year's active duty at Fort Jackson, Columbia, S. C.

Dr. Frederick S. Coombs and Miss Alice Mae Walker were married at First Presbyterian Church on April 19. They left for the south by motor for a honeymoon. They will be at home after May 1 at 2223 Elm St.

Dr. H. S. Banninga attended the sixth annual post-graduate institute of the Philadelphia County Medical Society.

Dr. and Mrs. D. M. Rothrock went on a two week motor tour of the South. Among cities they visited were New Orleans, Biloxi and Natchez, Miss.; Atlanta, Georgia, and Charleston, Va.

Dr. and Mrs. R. M. Morrison spent three weeks at Daytona Beach, Florida. Dr. and Mrs. Paul Kaufman spent a month at Miami, Fla.

Dr. and Mrs. Wendell Bennett expect to arrive in Youngstown early in May after spending the winter at Ft. Lauderdale, Florida.

Dr. John McDonough presented a paper to the staff of Woman's Hospital, Detroit, on Carcinoma of the vulva.

Dr. Walter Tims spent a two weeks vacation cruise leaving New York and stopping at Nassau, Havana, and Miami. It appears that while Dr. Tims was in Nassau, Wally was in Miami and when he

was in Miami she was in Nassau so he missed the Dutchess. He did see her boat enroute, however, and he waved at the boat.

Drs. Schwebel and Szucs took a three weeks course in internal medicine at Boston sponsored by the Harvard School of Medicine. The course was a preliminary to the College of Physicians meeting.

At the regular monthly meeting of the Staff of St. Elizabeth's Hospital held on April 8th, Drs. P. L. Boyle and A. J. Brandt presented papers on Pelvic Inflammatory Disease.

Dr. L. Shensa has taken over Dr. I. C. Smith's office and Dr. Alice Elliott, Dr. J. J. Wasilko's office. Dr. Smith and Dr. Wasilko are Reserve Officers in the United States Army and have departed for their respective camps.

Drs. W. H. Bunn, J. N. McCann and J. Rosenfeld attended the recent meeting of the American College of Physicians in Boston.

Drs. M. Deitchman and M. Rosenblum have returned from Columbus where they participated in Dr. Doan's course on Hematology.

EAR-YE!

The Cleveland Laryngological Club and the Pittsburgh Otological Society will again hold their Annual Joint outing and Golf Game at the Youngstown Country Club, on Wednesday, May 21st.

Lunch will be served at noon, golf will be the feature of the afternoon, and dinner in the evening, with suitable entertainment. One of the highlights of the evening will be no speech.

These gentlemen invite each and every member of our Society to be present.

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THE ADRENAL (SUPRARENAL) GLANDS

Medulla; Relation to Disease

J. M. ROGOFF, Ph. G., M. D., Sc. D.

Professor of Endocrinology, School of Medicine, University of Pittsburgh
(Pittsburgh Medical Bulletin)

The function of epinephrin (adrenalin), secreted by the adrenal medulla, is not known. It has been suggested that epinephrine secretion is concerned with (a) regulation of blood pressure; (b) regulation of carbohydrate metabolism; (c) detoxifying function; (d) calorogenic action; and (e) synergistic action with the sympathetic nervous system. The theory of an "emergency function" was mentioned in the preceding article.

Experimental evidence is inadequate to support any of these theories of function. None of the functions are detectably modified, nor is life or health effected, by complete suppression of the epinephrine secretion. The secretion is regulated by a nervous mechanism. This suggests existence of a function, but, whatever it may be, it is not indispensable.

Tumor. The only disease that may be definitely related to pathology of the adrenal medulla is paroxysmal hypertension, associated with pheochromocytoma of the chromaffin cells. If the neoplasm is unilateral, and there is certainty that the opposite gland is normal, especially the cortex, this condition justifies excision of the affected adrenal. Bilateral involvement is practically hopeless, since surgery involves the risk of causing fatal adrenal cortical insufficiency, even if it is attempted only to remove the central portion, or medulla, of the adrenals. Thrombosis of the adrenal blood vessels can be produced easily and this would lead to cortical degeneration.

Essential Hypertension has been thought to be due to excessive epinephrine secretion from the adrenal medulla. Sensitive methods have failed to reveal the presence of epinephrine in systemic blood of individuals with

essential hypertension. Experimental investigation has demonstrated that such amounts of epinephrine as would have to be present in the blood, to sustain a persistent elevation of blood pressure, could not exist in the circulation without causing other serious effects which would be rapidly fatal.

The amount of epinephrine that is required to sustain an elevation of 10 to 15 mm. of blood pressure, when injected intravenously at a constant rate, is equal to from 10 to 25 times the amount ordinarily secreted by the adrenals. Greater elevation of pressure requires from 50 to 200 times the ordinary adrenal output. Such amounts cause circulatory embarrassment or cardiac failure, hemorrhages into the alimentary canal, and other serious effects. Obviously, therefore, essential hypertension is not due to oversecretion of epinephrine. It is significant, also, that experimental hypertension of renal origin can be readily produced in the absence of the adrenal glands.

Diabetes, also, has been believed to be related to oversecretion of epinephrine, since administration of adrenalin can cause hyperglycemia and glycosuria. The probability of an adrenalin factor in diabetes is greater than in hypertension, although prevailing concepts are not supported by quantitative experimental research.

Constant intravenous administration of epinephrine, in quantities that are comparable with those ordinarily secreted by the adrenal medulla, results in moderate hyperglycemia. The minimum quantity of epinephrine required to sustain a definite elevation of blood pressure is about 10 times the amount necessary to effect a definite increase in the blood sugar. This fact, alone, indicates that the mechanisms of the hemodynamic and hyper-

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glycemic actions of epinephrine are different.

Investigations at present in progress in this laboratory have indicated that administration of epinephrine, in amounts that are comparable with those corresponding to the range of physiologic secretion, can produce hyperglycemia. It appears, therefore, that epinephrine secretion may play a physiologic role in carbohydrate metabolism. Although this is probable, experimental evidence is against the idea that oversecretion of epinephrine is responsible for diabetes. This is obvious from the following results of experimental investigation:

1. Adrenalectomy, or suppression of epinephrine secretion, does not modify the severity or course of experimental pancreatic diabetes.

2. Insulin requirement is the same in diabetic animals with suppressed epinephrine secretion as in those whose epinephrine secretion is not suppressed.

3. Experimental diabetes ultimately leads to reduction in the rate of epinephrine secretion from the adrenals. This appears to be due to the diabetic state, since the same effect can be produced in normal animals by prolonged feeding of excessive amounts of sugar.

4. Suppression of epinephrine secretion does not interfere with the capacity of the liver to store glycogen or to mobilize dextrose.

5. Various experimental hyperglycemias can be produced in animals with suppressed epinephrine secretion, as long as there is an adequate storage of glycogen in the liver.

Other experimental evidence is available, but the aforementioned suffices to demonstrate that although epinephrine may play a role in normal carbohydrate metabolism such a role is not indispensable, nor is it significant in the etiology and course of diabetes. Treatment of diabetes and of hypertension by interference with adrenal function will be discussed in a succeeding article.

Our Part in National Defense

(Bulletin Stark County Medical Society)

The Medical Profession is ready to serve in normal times or emergency with trained, skilled membership, better hospitals and laboratories and sincere devotion to our patients and the nation.

Not all preparedness is in arms, munitions—in planes and ships. A very important part is in the health of the individuals. Here is our part (and a very great part it is) in this emergency to bring and keep the health of the Americas at its highest point.

"A Wise Physician, skill'd our wounds
to heal,
Is more than armies to the public weal."

As a society we are ready. Our Defense Committee has done splendid work promptly and efficiently. Our members have responded 100 percent to the questionnaire. We should now make provision for taking care of patients of members called away to service and also protect these doctors' practices as far as possible so that they may be turned over to the doctor when he returns. An accurate record should be kept of the doctors' patients and the amount received for services rendered during his absence. A portion of this might be deposited with the treasurer to be turned over when the doctor returns or given to the doctor's dependents at stated intervals. These matters may be worked out.

We feel a Dignity in Devotion to our fellow members, in our service to our patients and service to our Country. As a small boy I discovered in a big book the following quotation concerning a physician:

"Honour a physician with the honour due
unto him

For the uses which you may have of him.
The skill of the physician shall lift up
his head;

And in the sight of great men he shall be
in admiration.

———and of his works there is no end
And from him is peace over all the earth."

J. E. Purdy, M. D.

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A MESSAGE FOR THE WOMAN'S AUXILIARY TO THE AMERICAN MEDICAL ASSOCIATION

By **FRANK H. LAHEY, M. D., President-elect**
American Medical Association

One of the outstanding qualities of an American doctor, it seems to me as I have observed him in traveling the country, is his thirst for knowledge. Where postgraduate instruction is given, there you will find doctors in numbers who have given up their valuable time to come and attempt to improve their knowledge of medicine so that they in turn may utilize this knowledge in taking better care of their patients. In addition to this, doctors are constantly on the move, visiting points where special knowledge along particular lines may be acquired, by means of which also they may improve their ability to practice whatever branch of medicine, special or general, in which they are employed.

One of the other outstanding qualities of American doctors, it seems to me as I have observed them, is that on these journeys they are usually accompanied by their wives. This is doubtless due in some measure to the fact that in the busy life of a doctor it is almost necessary for him to take his wife with him on trips in order that he may get an opportunity to see enough of her. But in addition to this, I have a feeling that doctors' wives have or develop qualities of sacrifice and interest that are not always present in the wives of men in other types of endeavor. I by no means mean to imply that doctors' wives are superior in quality or character to other women. I do think, however, that the sacrifices which are associated with being the wife of a doctor, either a specialist or a family physician, go to develop qualities of character that are extremely desirable.

Because I have always had so much admiration for doctors' wives and sympathy for my own, I have always felt that the Woman's Auxiliary to

the American Medical Association was an excellent thing, providing as it does contacts and opportunities for those wives who come with their husbands to the meetings of the American Medical Association. I often think that if people could know what an important part the wives of doctors play in any success they attain, they would be given more attention and more credit than they now receive. Whenever I see a good doctor I am prepared to find associated with him a good wife, and rarely is one disappointed. If Mrs. Lahey and I had a daughter, which unfortunately we have not, I could think of no greater career for her nor one which I could more desire for her to have as a character builder than to be the wife of a busily occupied doctor.

I undertook to write these approximate 500 words concerning the Woman's Auxiliary to the American Medical Association, but because I know so much about doctors' wives and am so interested in the part they play in doctors' lives, and because the Woman's Auxiliary to the American Medical Association is composed of doctors' wives, I have perhaps said too much about the latter and possibly too little about the former.

Remitting Dues During Service

Bulletins of Medical Societies the Country over indicate that the policy is to require no dues of members who are in the military service. Most of us will approve this attitude. Our Council has consistently followed that course, remitting all dues. The State Association does the same.

One wonders why the A. M. A. shouldn't follow suit. The expense of furnishing a copy of the A. M. A. Journal does not seem prohibitive.

EDITORIALS

(Continued from Page 141)

ing the limelight, concede no abuse until it becomes so offensively glaring as to compel grudging correcting.

Gangsters ply their dirty business with the unflagging financial support of "good people"—people who feel virtuous and law-abiding.

Parasites of all kinds flourish, using governmental agencies, and our courts, to obtain unearned gain at the expense of those who toil, year in and year out.

Here is a fatal social malady. What remedies does anybody have? About all we get back is cacophonous quackery.

Truly, THE Prince continues to bleed. —C. B. N.

UNITED STATES POPULATION NOT REPRODUCING ITSELF

The Nation's mothers are not bearing enough children to replace the present population, preliminary tabulations of the 1940 Census reveal.

The net reproduction rate for the United States—an index of fertility—was shown to have fallen from 111 in 1930 to 96 in 1940. A rate of 100 is necessary to maintain the population at its present level.

If the 1940 birth and death rates continue, the country's population will decrease by approximately 4 percent every generation over a long period, the figures show. Because of the large proportion of women in child-bearing ages now, this decline may not become apparent for several decades.

The net reproduction rate for the white population was 111 in 1930 and 95 in 1940; for the nonwhite population, 110 in 1930 and 107 in 1940. The rate represents the average number of daughters that would be born per 100 females starting life

together, if present birth and death rates at different age levels remained unchanged. —J. P. H.

Postgraduate Day With The Woman's Auxiliary

From the standpoint of perfect planning the Auxiliary's part of Postgraduate Day could be called a success. However, the number of Doctors' wives from out of town was a disappointment. Probably a better way to do next year would be for the Auxiliary to send out their own invitations and in this way be assured of more guests to entertain.

The afternoon session at which Dr. Sevringhaus spoke was well attended not only by Auxiliary members but also by the laity. It was an excellent and edifying talk and I am sure everyone felt it a privilege to hear him.

About eighty-five attended the dinner in the evening. Mrs. Sydney Moyer read "The White Cliffs of Dover." Mrs. Moyer is noted for her interpretation of this work, and it was greatly enjoyed by all present.

The next meeting of the Auxiliary will be held at St. Elizabeth's Hospital, on Monday, May 19th, promptly at 1:15. Please try to be there and in your seats at that time as Dr. Skipp is to speak to us and his time is necessarily limited. Immediately after the speech a dessert luncheon will be served.

—MRS. O. W. HAULMAN.

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To the Members of the Medical Profession

Because of the importance of your profession, and your personal interest in public welfare, you will be interested in this

IMPORTANT ANNOUNCEMENT

In line with the new U. S. Government program for "enrichment" of certain basic foods in the interest of National Health Defense, the Keystone Bakery, Inc., is glad to announce that its regular Sandwich White Bread has been "enriched" in Vitamins and minerals. Each loaf of this improved bread contains at least:

1.69 milligrams	Thiamin (Vitamin B ₁ —560 Int. Units)
5.0	" Nicotinic Acid (Anti-Pellagra Factor)
1.0	" Riboflavin (Vitamin G—400 S-B Units)
15.0	" Iron
375	" Calcium

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Are the Neuritic Symptoms of Pregnancy *due to a deficiency* *of vitamin B₁ (thiamine)?*

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B₁. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminosis.

Dried brewers' yeast, as it is far richer than any other food in vitamin B₁ (thiamine), is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B₁ (thiamine) to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

Need for Vitamin B₁ (thiamine) in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs a supplement of vitamin B₁ (thiamine) from 3 to 5 times the normal requirement. It is accepted that during pregnancy and lactation the requirement for vitamin G (riboflavin) is increased.



Consisting of nonviable yeast, Mead's Brewers Yeast Tablets offer not less than 50 International vitamin B₁ (thiamine) units and 50 Sherman vitamin G (riboflavin) units per gram (20 International units of vitamin B₁ and 20 Sherman units of vitamin G per tablet).

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Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

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