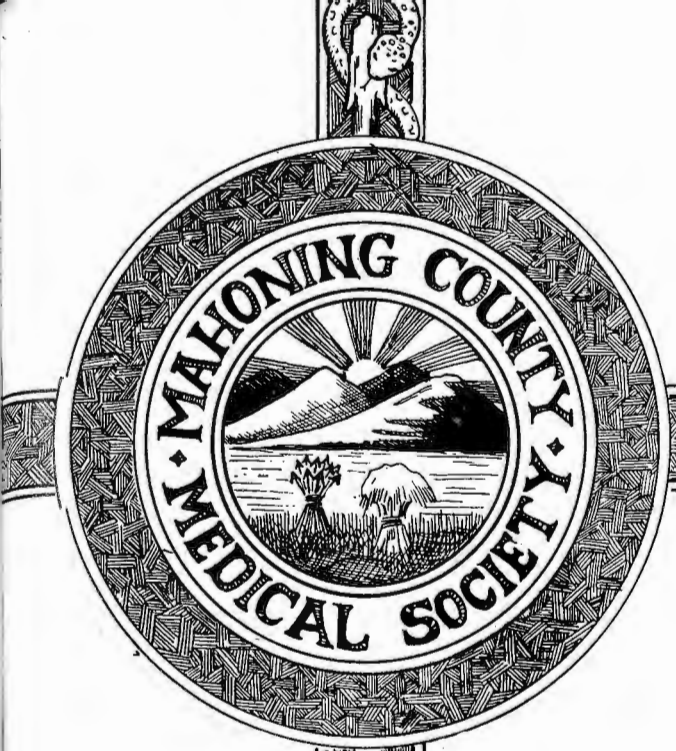

BULLETIN

of the
MAHONING
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MEDICAL
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'UGUST • 1954
'. XXIV • No. 8

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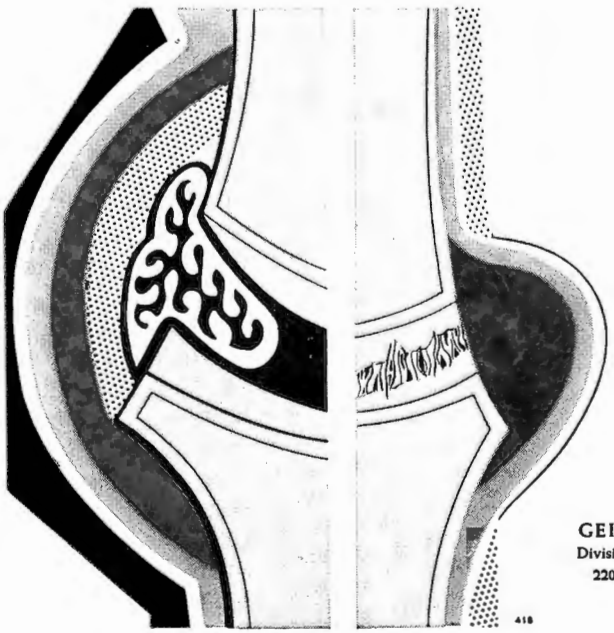

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Representative to the Associated Hospital Service
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ADVERTISERS' LIST

Our President Speaks

We will soon be approaching the fall of the year, the time that the full routine of medical activities is resumed. Our program chairman, Dr. Morris Rosenblum, and his committee have been working very diligently all summer to provide us a fine program for the fall and winter meetings. We feel very definitely that these meetings will merit your attendance.

Another matter that I would like to bring to your attention is the Community Chest Drive that is held in the early fall. It is not within our power nor our desire to dictate the amount any doctor gives — that is an individual problem and decision. However, we do feel it is very important that the physicians in this community should assume their role as leading citizens and support the campaign wholeheartedly.

James D. Brown, Pres.

BULLETIN of the Mahoning County Medical Society

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VOLUME 24 AUGUST, 1954 NUMBER 8

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

Editorial

CLOSED PANEL PRACTICE

There is much controversy these days concerning closed panel practice. Mr. Henry Kaiser is lobbying in Washington for such a nation wide type of medical practice. Mr. Kaiser's plan was exposed by Dr. Paul DeKruif whose article was reprinted in the May edition of the Mahoning County Medical Bulletin.

The New York Medical Society has created a furor over its justified action against the Health Insurance Plan of Greater New York (H I P). It behooves all doctors to become familiar with the issues involved. These issues may seem now far removed from the concern of Mahoning County physicians but what has happened in New York could happen elsewhere. Socialized medicine whether in the form of H I P or some other setup must be continuously exposed as to actually what type of practice it is.

Individual physicians must not personally benefit by the advertising of the closed panel organization. Doctors, singly or in groups, may not directly or indirectly advertise for patients.

Physicians must remember and remind their patients that the medical profession is not backward or reactionary. It has always encouraged voluntary health prepayment plans. The profession is opposed to the monopolistic rule of certain insurance plans.

Plans such as H I P can only succeed financially with government aid. So you see such a plan is an opening wedge to socialized medicine.

The closed panel, non-free choice of medicine, practiced by the H I P and other similar plans may seem fine to some people when nothing serious is wrong with them or their families. When a critical illness comes along they realize the value of the free choice of physicians which makes for better doctors because to have and to hold his patients the physician must please and give these patients results otherwise they will move on to some one else.

Andrew A. Detesco, M.D.—Editor.

COUNCILOR'S PAGE

On Wednesday, October 27, the Summit County Medical Society will be host to the 6th Councilor District Postgraduate Assembly of the Ohio State Medical Association at the Mayflower Hotel in Akron, Ohio. Mark this date on your calendar. Dr. Wm. H. Falor is chairman of the Program Committee.

A committee from each of the six counties of the Sixth District met twice at Congress Lake Country Club and planned an outstanding program. You will receive complete details about September 15.

The Auxiliary also is planning a day of varied activities. We hope the ladies will come to help make this day one to be remembered.

Posters announcing this meeting will be placed in all the hospitals. Since the presidents of the Societies have assumed responsibility of distributing the posters, kindly report to your president if your hospitals have not been supplied.

Special invitations and programs are being sent to all physicians in our neighboring counties: Belmont, Carroll, Tuscarawas, Ashland, Richland, Wayne, and others. We want them to know about this meeting because we feel that they would like to take advantage of the fine lectures and panel discussions.

Hospitals have been asked to close surgery for that day, except for emergencies, and to reduce their medical program to the minimum so as to enable their residents and internes to attend. There is no registration fee for house officers for attendance at scientific sessions; however, dinners will be $4.50. Perhaps the hospitals will wish to pay for the dinners for their own house officers.

Special guests for this occasion will include Dr. Edward J. McCormick, past president of American Medical Association, State Association officers, and members of the State Council.

Remember the date is October 27 and the place is Akron.

Let's all work together to make our presence at this Postgraduate Day well worth our while.

C. A. Gustafson, M.D.

MEDICINE AND THE LAW

Oliver Wendell Holmes stated "The law, so far as it depends on learning, is indeed, the government of the living by the dead. Historic continuity with the past is not a duty, it is only a necessity.

'An ideal system of law should draw its postulates and its legislative justification from science.' "

In addition to his ethical duty to his patient, the physician also has a legal or, sometimes, a moral duty to the public or to particular members thereof. For example, Ohio statute provides protection for him to inform the other party to the contemplated marriage, or the parent, brother, or guardian of such other party, of the fact that the party (his patient) to such contemplated marriage has a venereal disease. Where statutes do not impose a positive duty upon the physician to report to the police the criminal acts of his patient, he must decide for himself regarding passive non-revelation. But in no event must he actively conceal a crime or criminal.

Legal or forensic medicine calls for a type of knowledge and opinion that is often peripheral and new to the ordinary physician's way of thinking. Courts have recognized him as a universal expert on science and as a witness he has been made a participant in a fast-moving adversary proceeding, where a premium is put on quick thinking and categorical responses. There is still a want of awareness of the potential services of the physician to the law. Increasing use must be made of him in both civil and criminal cases.

The physician often does not understand the function of courts and the motivating principles of legal procedures, including the need for cross-examination. He is not accustomed, as is the lawyer, to have his opinions reviewed in public, and may feel that he is on trial. He may defend a questionable diagnosis in order to preserve his reputation and maintain the fiction of the infallibility of the medical profession.

A good pre-trial conference will do much to improve the relationship between the physician and lawyer. It builds mutual confidence by indoctrinating the physician in trial procedures and use of records, acquainting him with all the facts of the case and giving him the opportunity to explain his duties, capacity and the limitations of his knowledge, together with the corroborating authorities therefor.

Combined meetings of medical and bar associations or joint committees thereof can adjust problems regarding release of confidential information, records, reports, examinations, fees, the use of subpoenas, prevention of unnecessary loss of the time of the physician, collateral implied attacks on the ability, skill and reputation of the physician, etc. Continued effort will eliminate irritations and result in proper respect for the court, which can not depend upon the convenience of either the physician or the lawyer. The public relations of both professions will be improved and the community will receive more efficient service.

The relationships of legal medicine represent social synthesis and correlation of a major variety.

Sidney Franklin, M.D., LL.B.

The extraordinary expansion of plant and employment in the last decade has altered considerably the economic map of America. "[With] no technological developments on the horizon, [the Pittsburgh-Youngstown] area will be a 'sore' spot for decades to come."

Fortune, July 1954

FROM THE BULLETIN

TWENTY YEARS AGO — AUGUST 1934

The Annual Golf Day brought out 93 members and guests. The report states that "from the outward appearances of all present we feel the depression is over, or the New Deal has changed gloom to laughter." W. A. Welsh won the prize for low gross and Pat Kennedy had the low net score. Blind Bogey was won by P. R. Cafaro and prizes for Blind Hole were distributed to Peter Boyle, P. R. McConnell and E. C. Goldkamp.

The President deplored the existence of price cutting competition and super salesmanship among the members.

At a meeting of representatives of the Medical Society, the Dental Society, the Retail Druggists, the Nurses Association and the Hospitals, a temporary organization was formed known as the Allied Professions. A Legislative Committee was appointed to frame a questionnaire on medical matters to be presented to all candidates for public office.

Dr. John Heberding started practice in 1906, J. M. Ranz in 1908, E. Henry Jones and Walter Turner in 1909, F. J. Bierkamp, H. E. Patrick and R. G. Mossman in 1910, F. W. McNamara in 1911 and Earl Brant in 1912.

Sign of the end of the depression: Scotts advertised hand made ties, each one the only pattern of its kind for $2.50 each.

Everyone was going to the dog races at Canfield, now they go to see the stock cars.

TEN YEARS AGO — AUGUST 1944

An article prepared by Dr. Chester S. Keefer for the War Production Board outlined the indications and dosage of Penicillin which had been released for controlled use in civilian practice in limited amounts. Among the indications were: sulfonamide—resistant pneumococcic pneumonia, complications of gonorrhea and meningitis (type not specified). It was found to be effective in syphilis and bacterial endocarditis but its position was not definitely defined. The dose recommended was 40,000 to 50,000 units a day but in serious infections 100,000 to 120,000 units might be necessary. In osteomyelitis 10,000 units every 4 hours was recommended and in meningitis 10,000 units in 10 c. c. of saline should be injected into the subarachoid space once or twice a day. The only form available was the crystalline in vials, to be diluted with sterile water or saline, kept refrigerated and made up fresh every day.

The annual golf tournament was held at the Youngstown Country Club. First prize went to George McKelvey, second to Elmer Wenaas and third to Paul Harvey.

Fred Schellhase was heard from in New Guinea, serving as Hg. Squadron Surgeon in the 5th Air Force. He told about being in Australia where the winter was too cold after being in the tropics. Sam Klatman was on a hospital ship. He joined the Army because he didn't like the sea. Sidney Keyes was promoted to Captain.

A. J. Brandt was on the sick list. Arthur Shorten and Mary Virginia Williams were married on July 8th.

J. L. F.

HAVE YOU HEARD . . . . . .

That . . . . . Dr. Patrick B. Cestone became a Fellow of the American College of Surgeons on June 15th, 1954?

That . . . . . Dr. Robert A. Jenkins opened his offices for the practice of general medicine on May 20th, 1954 at 5 Boardman Road, Poland, Ohio? He was formerly associated with Dr. J. B. Stechschulte in general medicine.

That . . . . . Dr. William H. Bunn is at home recuperating comfortably from an operation performed at the North Side Hospital on July 19th, 1954? Dr. Bunn expects to return to his practice in September.

That . . . . . Drs. A. E. Brant, W. M. Skipp, M. H. Steinberg, W. H. Bennett attended the American Medical Association annual meeting in San Francisco, California from June the 21st to the 25th? In speaking to Dr. Brant, he expressed his pleasure in the increasing interest of the younger physicians in the specialty of geriatrics and the stress on basic science in the approach to medicine and the specialties.

That . . . . . Dr. Bernard M. Schneider opened his new medical building this year? It is located at 250 W. Liberty Street, Hubbard, Ohio and contains three professional suites which are currently occupied by Dr. Schneider and Gordon C. Hopes, D.D.S.

That . . . . . Dr. Ryall is recuperating at home following an auto accident on June 4, 1954 in which he received a compound fracture of the left elbow. Dr. Ryall is looking forward to resuming his practice in the near future.

That . . . . . Dr. Robert M. Foster opened his office at 402 Oakhill on July 6, 1954 for practice limited to orthopedic surgery.

That . . . . . Dr. Samuel Epstein attended a postgraduate course in Diabetes Mellitus and Its Relation to General Medicine at the New England Deaconess Hospital, Boston, Mass. from July 12 to July 14, 1954? This course was conducted by the Joslin group and was under the auspices of the Harvard University Medical School.

R. L. T.

Swiss Opinion — Not long ago I was visited by a young friend, a recent graduate of the Medical School of the University of Geneva, Switzerland. We spent an interesting half hour contrasting European medical education and hospitals with the American way of doing things. Somehow or other the conversation turned to the declining incidence of venereal disease in the United States. "That came up in one of our classes recently," said my visitor. "One of the students asked our Professor why he thought syphilis was on the decline in the United States. He replied that the reason was not far to find, since every person in the United States with a cold in the head is immediately given an injection of penicillin."

MISCELLANY

"What Is Malpractice?"

"Malpractice" is the commonly used term to describe the liability at law of physicians and surgeons for torts committed during the course of their practice. Properly stated, it is "professional tort liability." A "tort" is a violation of one's duty to use reasonable precaution for the safety of others, resulting in an injury to another.

By law, we all are obliged at all times to be reasonably careful of the safety of others. This applies to each of us in this room. If one of you should suddenly jump up, knocking over your chair in the process, and if the chair injures the person sitting behind you, you may find yourself the defendant in a tort action for having failed to use ordinary care. Most of you, no doubt, carry insurance against this liability called "public liability coverage."

As applied to physicians, the law requires that each physician possess the average skill found amongst fellow-practitioners doing the same work in his own community, and that he at all times exercise ordinary prudence and thoughtfulness in the application of his skill to his patients. The failure to live up to these obligations is called "malpractice."

The ordinary personal injury suit against the average person involves his pocketbook only. Hence, if he is adequately insured he gives the fact of a suit against him a very superficial concern.

But to a physician, or any other professional man, a professional liability suit involves something else that is much deeper, much more important. His professional reputation, his very livelihood, his pride and his self-respect are all at stake. In his mind, it is an accusation akin to a charge of dishonorable conduct. It is humiliating.

Therefore, we must not look solely to the financial aspects of malpractice.

Each physician, in order to avoid the humiliation of a liability suit, must become thoroughly familiar with the various rules of law, that together, constitute the law of malpractice. He must intimately know the rules of the game.

Medical schools are not law schools. Hence the practicing physician must acquire his knowledge of the law that governs him after he is in practice, and he must either acquire this knowledge haphazardly or systematically. He will pick up his concepts either on a hit-or-miss basis from dubious sources, or he will acquire it in an orderly fashion from teachers that know at least as much as the student.

A systematic, well-organized professional educational program in the field of malpractice has the possibility of achieving a tremendous reduction in the incidence of malpractice claims and suits. By educating physicians to their legal responsibilities and to the required conduct in carrying out those responsibilities, approval of the law, the public and patients may be obtained and maintained.

Howard Hassard, Esq.

FOR RENT

Office of the late Dr. Calvary in Warren, Ohio (equipped or unequipped). Physician or Dentist. Phone Warren 4305-9.

Interns Fairly New Twigs

If residency training is the last opportunity, then internship is next to the last step in the formal molding of a doctor. The value of education, the acquisition of dexterity, and the hope for blending of these in personal judgment are yours to see more clearly now than at any other time. Clinical acumen and judgment are included in "personal judgment" as they are born to be wasted if there is not enough integrity and personality to attract patients and colleagues.

Since they are yours as internes to see, for heavens sake, take long looks and fit yourself into the picture. After ten years will your personal taste and habits put you in the type of setting that you admire and perhaps envy now? Are you picking a line of work that will give you the income and environment best for you and a family? Are you able to see what made your "chief" a success and then cultivate all of your similar attributes? Now is the time, the time is short, it will not return.

Internship works as the bender or shaper of a new twig to fashion an individual to serve the community. As a twig how new are you? Did medical school leave you a little satiated and therefore cynically careless about things of the mind and spirit? Was there too much class cutting; were there too many pointless poker sessions; was there too much time wasted with people that contributed nothing and therefore hurt your personality and self-respect? This is close to the last chance for correcting such personal omissions and commissions. Systematic habits in a pattern of behavior are invaluable. Adherence to the proper routine will frequently cause you to outstrip other less meticulous doctors just as it will often prevent an automobile wreck by constantly and automatically having you do what is fitting and proper.

Looking about you will also show that for the most part you are in the company of gentlemen. Occasionally the crude, common type of a person with high, uncomprehending intelligence may succeed in some line of medicine but he will be lonesome in his own occupational house. Certainly he is neither happy nor a happy example. No one will ultimately be hurt by being a gentleman and by being married to a lady.

Enjoy your year and build firmly for the future. Look ahead to ten to twenty years not to ten to twenty dollars of doubtful origin. Turn to your professional brothers for help and instruction. "Ask and it shall be given, seek and you shall find," is truest in medicine. Welcome, gentlemen, enjoy and serve 1954-1955, and it will forever serve you.

George M. Hutto, M.D., Pres. Muscogee Medical Society

—o—

Accreditation Board

I'm hittin' the sawdust trail! A sinner reformed. I've seen the light. I'm changing my ways. I can at last recognize the paranoia that has cast a shadow upon my career, caused my friends to shun me and lifted the eyebrows of only casual acquaintances. No longer will I despise regimentation and endless regulation, no longer will you find me in the ranks of the nonconformists.

Henceforth I shall be my brother's keeper. I shall dedicate all of my days to devising ways and means of making the rest of humanity as wise, as omniscient and as honest as I. The mere fact that there may be some who cannot qualify scarcely seems to me adequate excuse for lowering the overall standard. Just as soon as I have achieved perfection in any field, I

plan either to move into another field or establish standards on a plane even higher than perfection.

As proof of my reformation it is my plan to begin by establishing higher standards in Accreditation Boards. It is high time that someone took steps to rectify this deplorable situation and I propose to establish an Accreditation Board for Accreditation Boards.

The names of the members of our Board of Trustees must, of course, remain secret to prevent pressure being brought upon them but we have met and set up certain standards that must be met by Accreditation Boards before they can become eligible to do any "accreditating." The following are felt to be minimum standards presented here in abbreviated form (no fine print).

1) Each applicant (Board) must post a bond of $1,000,000 as proof of financial stability. It is felt that fly-by-night Boards without adequate capital have a demoralizing effect on the agencies being investigated for accreditation.

2) Each Board of Accreditation wishing accreditation must demonstrate a staff adequate to make examinations on 24 hour notice of any agency requesting such examination.

3) All examiners for hospital accreditation boards must be

a) Under 50 years of age—(it is felt that older men might be out of touch with modern standards).

b) Must have not less than 30 years experience in the private practice of his specialty and be accredited by the Board of that specialty which must in turn be accredited by the Accreditation Board of Accreditation Boards which will be referred to hereafter as the ABOAB.

c) He must be willing to work without pay or remuneration for expenses as irrefutable proof that he has no pecuniary interest in his job.

d) He must be possessed of the degrees A.B., M.Sc., Ph.D., M.D., and O.N.L. from accredited schools. (It is felt that this minimal protection against inadequately prepared or poorly educated examiners is eminently justified).

We won't bore you with the full list. It is felt that this brief sample will convey the idea but rest assured there are others—we've got a million of them.

No objection to these standards is anticipated from any Boards that can qualify, others may either raise their standards or retire from the field. It is not felt that we should sacrifice even a small measure of the public welfare in deference to substandard standards.

—*C. W. P.*
Exec. Secy. ABOAB
Bulletin Columbus Academy of Medicine

—o—

Sprue*

Sprue is a chronic wasting disease classified among the deficiency states and responding to treatment with liver extract, folic acid, folinic acid and vitamin B_{12}, plus a high protein, high vitamin, low fat diet. As a result of treatment there is an improvement in the constitutional gastro-intestinal and hematologic signs and symptoms.

The term sprue includes the tropical and non-tropical forms although the latter is often called idiopathic steatorrhea. These syndromes are thought to be phases of one disease entity.

Recently Nickerson and Mathers have outlined the criteria for the diagnosis of the sprue syndrome:

1. Insidious onset, chronic course and rare spontaneous remission.
2. Inflammation of the mouth and tongue with or without papillary atrophy.
3. Gastro-intestinal disturbances such as indigestion, diarrhea or steatorrhea.
4. Recent loss of weight with increased weakness and prostration.
5. Free hydrochloric acid in the stomach in over ninety per cent of cases.
6. The presence of a macrocytic, hyperchromic anemia with a megaloblastic bone marrow.
7. A flat oral glucose tolerance curve.
8. Absence of neurologic manifestations.
9. Hyperpigmentation of the skin, especially face, arms and legs.
10. Inflammation and atrophy of the gastric and recto-sigmoid mucosa.

*Rodriguez-Molina, R.: *Diagnosis of Sprue. Ann. Int. Med., January 1954.*

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The National Foundation for Infantile Paralysis

Among the lines of research that will receive new and increased emphasis as a result of the National Foundation grants are: lysogenesis or the phenomena associated with dormant viruses or pro-viruses; tissue culture techniques and applications, especially the search for stable strains of normal mammalian cells that can be propagated indefinitely *in vitro;* the development of a practical complement fixation test for the early diagnosis of poliomyelitis; and study of the chemical structure of the nucleic acids and other components of virus particles.

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The Fourth Annual Scientific Assembly of the **Ohio Academy of General Practice** will be held Wednesday-Thursday, September 22-23, 1954, Deshler-Hilton Hotel, Columbus, Ohio.

The guest speakers were chosen with great care by the Scientific Program Committee because each one is thoroughly experienced in the knowledge of the subject matter to be presented.

The House of Delegates will convene on Tuesday, September 21st.

Technical Exhibits by the leading pharmaceutical and surgical companies will be a part of the overall program.

Registration booth will be open Wednesday, September 22nd at 8:00 A.M. (EST), Foyer Deshler-Hilton Hotel. Hotel reservations should be made directly with the Deshler-Hilton Hotel.

A cordial invitation is extended to all members and friends of the medical profession. Entertainment provided for the ladies.

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Dr. Dameshek summarizes by saying that leukemia, although at present a hopeless disease, may eventually become one which can be controlled. Moreover, since the control of leukemia represents the control of a neoplastic disease where the cells float free in the blood stream, it is possible that when leukemia is controlled progress will be made in the management of cancer itself.

SOURCES OF ERROR IN LABORATORY PROCEDURES

The following is reproduced here so that we may better understand the problems of the medical laboratory.—Editor.

When laboratory results do not correspond with the physician's estimation of a patient's illness, the clinician is apt to believe that the laboratory personnel have been negligent. In fact, he is very likely to say so in no uncertain terms, with such expletives as he may feel are appropriate.

Now it is true that laboratory technologists may, on occasion, make mistakes. But as a group they are just as conscientious and dependable as the members of other professions allied to medicine.

Simply stated, my point is this: The laboratory technologist is accused of far more errors than she makes. Others along the line may make the errors, but she gets the blame.

Here are a few illustrations from actual instances in my case-book. All are taken from the laboratory service of a busy general hospital where house officers collect all venous blood and send the specimens to the laboratory.

A. *Error in specimen collection, laboratory not at fault*

1. A patient receiving anticoagulant therapy for myocardial infarction had one of a series of prothrombin determinations seriously out of line with the rest. It was later learned that too little blood had been collected for the amount of anticoagulant in the specimen tube; this excess of anticoagulant interfered with the test. (The amount of anticoagulant in prothrombin tubes is proper for a certain measured amount of blood.)

2. A patient had an unexpectedly high non-protein nitrogen value, not confirmed by a subsequent test. Later it was found that the specimen was collected in a tube containing ammonium oxalate; the nitrogen from the NH_4 was naturally included in the total non-protein nitrogen, giving an abnormally high value. (Ammonium oxalate is a satisfactory anticoagulant for hematologic studies, but not for BUN or NPN.)

3. A patient had an unexpectedly low leukocyte count (2,000 per cu mm.) in a test done on venous blood. A repeat count showed 10,000 leukocytes per cu. mm. It was later learned that there had been some difficulty in collecting the first specimen of blood and that a clot had formed in the syringe before the sample was transferred to the vial containing anticoagulant. The clot was removed by the house officer before submitting the sample. (Clots entrap the cellular elements, reducing cell counts made on the unclotted portions. Our technologists are instructed not to do hematology studies on bloods containing even minute clots, but they cannot be expected to avoid the error if the clot is removed before the sample is submitted.)

4. In another instance the red blood cell count was unreasonably low in relation to other studies. The blood had been collected in a wet syringe, and many red blood cells had been destroyed by hemolysis. (Dry syringes should be used, or else they should be rinsed with saline after washing.)

5. A blood potassium level was unreasonably high for the clinical condition of the patient. Again the blood had been collected in a wet syringe and hemolysis had liberated the intracellular potassium into the serum. (Blood cells contain much more potassium per unit volume than does serum. Blood chloride determinations are affected in the same way by hemolysis.)

B. *Error in identification of specimen or report, laboratory not at fault*

1. A mild transfusion reaction occurred. Recheck of the patient's origi-

nal sample revealed type AB, Rh positive, and the patient's sample was perfectly compatible with the donor's on crossmatch. A new sample was collected on the patient and found to be type O, Rh positive. The first sample was clearly marked with the patient's name. The other patient in this double room on the same day was type AB, Rh positive, and the only reasonable assumption was that blood had been collected from the wrong patient. (In hospitals having well-run blood banks, clerical error of this sort is more frequently the cause of transfusion reaction than is technical error in test performance.)

2. A positive serologic test was negative when repeated. The blood sample submitted to the laboratory had been identified with the patient's last name and first initial and with the patient's room number, but it turned out that there were 2 patients with the same last name and first initial in this room. The other patient of the same name was shown by subsequent test to be syphilitic. (Confusion of common names is an important source of error in any large hospital; it can be avoided only by using a check system of specimen identification and reporting, such as hospital number plus full name.)

3. A patient had a very low hematocrit that was unexpected. After checking everywhere it was finally noted that the report attached to the patient's chart did not belong to that patient at all. The laboratory slip, properly identified, had simply been attached to the chart of the wrong patient.

C. *Error due to delay in transmission of specimen to laboratory*

1. A fasting blood sugar determination preceding a glucose tolerance test was too low. It was found that the sample had been kept at room temperature on a hot day until all specimens of the tolerance test had been collected (5 hours). (Glucose in blood may fall as much as 10 per cent in a 2-hour period of standing at room temperature, due to glycolysis.)

2. A sedimentation test was low normal, out of keeping with other tests on the same patient on previous days. This specimen had also stood for several hours at room temperature before being submitted to the laboratory. (For reasons that are poorly understood, red blood cell sedimentation is slowed by standing at room temperature; the effect is usually not significant until after about 3 hours.)

D. *Test interference by medications, laboratory not at fault*

1. There was an unexpected high output of phthalein dye in a patient undergoing a kidney function test, in fact, more than 100 per cent of that injected! Later it came to light that the patient had been given an injection of bromsulphthalein as a liver function test shortly after the PSP dye had been injected. The test for PSP in the urine could not differentiate this dye from the BSP, and the test reading was a total of both dyes being eliminated. (Incidentally, these dyes remain in the blood for a significant period of time and not only interfere with each other but with any test based upon a colorimetric procedure, such as cholesterol, bilirubin, etc. These dyes in the urine will also interfere with sugar and acetone tests in the urine.)

2. A blood prothrombin time was unduly prolonged. It was learned that the blood had been collected only a short time after the patient had been given an injection of heparin. (The chief anticoagulant effect of heparin is not a result of interference with prothrombin, as is the case with dicumarol; however, heparin will depress the prothrombin activity if the test sample is

taken within an hour or so after heparin has been injected. Other medications that will depress prothrombin activity are salicylates in large doses, caffeine and the saponins in digitalis leaf.)

3. A patient showed no urobilinogen in stool or urine although bile was present in the stool. The surgeon was certain this was physiologically impossible. A few weeks later a report appeared indicating that aureomycin, by interfering with bacterial action in the intestinal tract, prevents the normal conversion of bilirubin to urobilinogen. The patient in question was receiving aureomycin.

4. We have had many instances in which a remarkable blood level of glucose, potassium or chloride was obtained, later traced to intravenous therapy. Similar effects following intravenous therapy may be noted in the chemistry of the spinal fluid or other cavity fluids.

5. A patient thought to have obstructive jaundice, with complete absence of bile from the stool, showed urobilinogen in stool and urine. It was learned that the patient had received a gallbladder dye shortly before the test was run and that this dye would give false positive tests for urobilinogen.

E. *Error in interpretation, laboratory not at fault*

1. The "biologically false positive" serologic test for syphilis is now so commonly recognized that few well-informed physicians think of this as laboratory error any more.

2. A patient admitted with neurologic findings, and a presumptive diagnosis of brain tumor, showed a high glucose level in the spinal fluid. What was originally considered by the clinician as laboratory error turned out to be the clue to impending diabetic acidosis in his patient.

3. A patient suspected of having hyperparathyroidism had a normal serum calcium level. The clinical impression was so certain that the calcium determination was considered to be in error. It was later learned that the blood proteins were quite low. Therefore, the protein-bound calcium would also be low, thus reducing the total serum calcium as tested. In such cases hyperparathyroidism may be present at the same time that the total blood calcium is within normal limits.

4. A patient under dicumarol therapy had one prothrombin determination considerably out of line with the others in the series, and the laboratory was called to task. On the same day the patient had a marked rise in temperature. (Fever is known to accentuate the anticoagulant effect of dicumarol.)

Many other illustrations could be added, but these are enough.

Dependable laboratory results require that the technologist be competent, honest, and conscientious. But this is not enough. Every possible source of error along the line must be controlled. Even then, the findings may not coincide with the results anticipated. In some instances the discrepancy may provide an important clue to the diagnosis. In others, the discrepancy may be related to unknown factors, not understood in the present state of our knowledge.

Clinicians should be sufficiently informed about laboratory procedures to understand these pitfalls. If laboratory findings are not in accord with clinical judgment, other possible explanations should be considered before the laboratory personnel are accused of negligence.

T. M. Peery
Medical Annals of District of Columbia

KEEPING UP WITH A.M.A.

by Wm. M. Skipp, M.D.

Government Reinsurance of Prepayment Health Insurance

At hearings before the U. S. Senate Subcommittee the U. S. Chamber of Commerce said the plan was wrong, it would create in the minds of the public that it would offer an adequate solution to health problems, but this would be absolutely wrong.

The Physician Forum want compulsory health insurance.

The National Association of Insurance Commissioners does not feel the reinsurance would cover more of the people that need insurance. The Commissioners feel the best way to promote better health would be by the government giving mortgage loans to build more clinics.

The C.I.O. took the plan apart about as one would think, as they still have faith in national health insurance, but not socialized medicine; for they, like Mr. Truman, insist compulsory health insurance is not socialized medicine.

The Sidney Hillman Health Center of N.Y.C. called for National Health Insurance.

The Americans for Democratic Action said it would be very unwise to institute such a program until the doctors were ready for it. The A.D.A. has long advocated government health insurance.

American Medicine and Television

Building good television relations is as important to a medical society as establishing good press relations. TV contacts pave the way not only for securing public service time for regular shows — but also for arranging "spot" interviews with outstanding medical men who may visit the community from time to time.

Bill Would Bring All Employers Under Unemployment Program

Legislation introduced by Chairman Reed of the House Ways and Means Committee would require all employers, even of only one person, to participate in the federal-state unemployment compensation program. Under present law, employers are required to participate only if they have eight or more employees. The only physicians exempted under the bill would be those with no employees. The U. S. tax is 3% of the payroll, but a credit of 2.7% is allowed employers, providing they pay this amount as state unemployment taxes.

New Senate Legislation:

S.3363 (Saltonstall, R.-Mass) Armed Forces Dependents Medical Care Act of 1954. Drafted at request of Defense Dept. to provide a "uniform program of medical care for dependents."

Medical Care Authorized: Diagnosis, acute medical and surgical conditions, contagious diseases, immunization, and maternity and infant care. *Not Authorized:* Hospitalization for domiciliary care and chronic diseases, nervous and mental disorders (except for diagnosis) "elective medical and surgical treatment."

No dental treatment in military facilities, except emergency care or as necessary adjunct to medical treatment or at remote stations and abroad.

Civilian vs Military Care: Dependents to be cared for by civilian physicians and at civilian hospitals only if care is not adequate or available in military facilities. Amount of care would be "subject to availability of space, facilities, and capabilities of medical staff."

whole-root Raudixin:

safe, smooth, gradual reduction of blood pressure

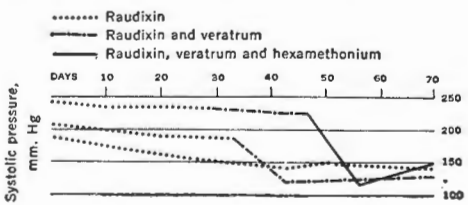
Raudixin is the most-prescribed of rauwolfia preparations. It is *powdered whole root* of Rauwolfia serpentina—not just one alkaloid, but all of them. Most of the clinical experience with rauwolfia has been with Raudixin.

"A sense of well-being, decrease in irritability, 'improvement in personality' and relief of headache, fatigue and dyspnea" are frequently described by patients.[1]

Raudixin is base-line therapy. In mild or moderate cases it is usually effective alone.

50 and 100 mg. tablets, bottles of 100 and 1000.

Raudixin alone and combined with other hypotensive agents



Raudixin

Squibb rauwolfia

SQUIBB

1. WILKINS, R. W., AND JUDSON, W. E.: NEW ENGLAND J. MED. 248:48, 1953.

'RAUDIXIN'® IS A TRADEMARK

What Dependents Pay: When care if from *civilian sources* dependents pay first $10 for each illness (except maternity) and in addition, not more than 10% of total cost; in *military installations,* Defense Secretary to set charges to dependents, "pursuant to a special finding that such charges are necessary."

Dependents Defined: Declared to be eligible for care are the wife, unmarried children, adopted or step children under 21, and those over 21 if physically or mentally incapacitated and dependent on service member for over half of their support; widows and dependent children of members who die while eligible under the act (but such dependents eligible only for care in military facilities).

"Members of Armed Forces" Defined: All persons on active duty in three services; reserves on extended active duty of more than 90 days; retired members of services, except those retired on reserve retirement point program.

Supreme Court Upholds Suspension of New York Physician

In a 6 to 3 decision, the U. S. Supreme Court has upheld the New York State Education Department's medical grievance committee in the six-month suspension from practice of Dr. Edwin K. Barsky. The suspension followed Dr. Barsky's 1947 conviction for contempt of Congress, after his refusal to give the House Un-American Activities Committee information on the Joint Anti-Facist Refugee Committee, of which he was national chairman.

Proposed Project to Aid Backwoods Communities to Help Selves

Winthrop Rockefeller, multi-millionaire oil heir, recently moved to Petit Jean mountain in Arkansas. Unannounced and virtually unknown, he walked next door for a visit with Dr. Hundley.

He announced he would finance the proposed project aimed at aiding backwoods communities to help themselves in obtaining more adequate medical care through more effective organization and use of present state medical facilities. This is in contrast to asking the government to do the job. The project already has the approval of the Arkansas Medical Society, and the Arkansas Academy of General Practice. Governor Francis Cherry has pledged state cooperation.

The project will consist of two units. One will be a pilot clinic in one of Arkansas's areas which now does not have adequate medical service. Residents of the area will obtain medical care at the clinic.

The other will be a research unit, which from observations of the clinic, will seek answers to questions which Dr. Hundley, Chairman of the Council of the Arkansas Medical Society, says have puzzled the medical profession for years. These include:

1. Can such a community or area support a medical unit?
2. If it cannot support one on a fee basis, could it support one on a pre-payment basis?
3. If the area needs and can support medical care, why isn't there a doctor there now?
4. What level of medical service can be provided by the "minimum type" clinic plan?
5. Where and how far will residents of the area have to go to obtain care which cannot be provided by the minimum clinic?

The clinic will not provide free medical care. Fees will be charged for the doctor's services and for use of clinic facilities. Mr. Rockerfeller made it clear, that, while he will finance the start of the clinic, he expects it to be self-supporting within 3 to 5 years.

Tax Group Supports A.M.A. Policy

A new study by the Committee on Federal Tax Policy, a private group of fiscal experts, strongly supports the policy of the A.M.A. regarding government medical care for veterans with non-service-connected disabilities. The committee made a strong plea for the nation to "stop living beyond our means."

President Agrees to $25 Million Hill-Burton Increase

President Eisenhower will recommend that Congress increase these three health program appropriations for fiscal 1955: Hill-Burton hospital construction from $50 million to $75 million; vocational education from $17.5 million to $18.6 million, and Public Health Service grants (tuberculosis, venereal disease, etc.). The Hill-Burton appropriation would be applied only to grants for hospitals.

'Dancing Around the Red Issue'

Bishop G. Bromley Oxnam is the author of a book entitled "I Protest." Walter Trohan's review is very interesting.

"Almost 25 years ago this reviewer was assigned by his managing editor, the late Edward Scott Beck, to ask Bishop Oxnam, then president of DePauw University, whether he was a Red. When the question was duly put to the then Dr. Oxnam, he replied with the jesting question: "What is a Red?" Dr. Oxnam was not the first, nor the most celebrated man, to jest with truth. Pontius Pilate paved the way many years before. Bishop Oxnam is still dancing around the Red issue."

U. S. News and World Report Magazine Covers Pension Plan in Lengthy Article:

- - - about the proposed establishment of a voluntary pension program for the self-employed and the pensionless employed.

"Latest Idea in Pensions: Tax Break for Millions," support of the principle of the Jenkins-Keogh bills (H.R. 10 and 11) by the leaders of both political parties was illustrated by pictures. Some of the information contained in the article came from the testimony of A.M.A. President Edward J. McCormick and Frank G. Dickinson, director of A.M.A. Bureau of Medical Economic Research, before the House Committee on Ways and Means in Washington last August 12. Dr. Dickinson urges physicians to clip the article and send it to their Congressmen.

Check Up on "Strike It Rich" Participants

Many members of the medical profession have questioned the heartbreak stories. The viewing audience has been left with the impression that financial assistance was needed in paying the high cost of medical care.

A.M.A. Public Relations Director Leo Brown and Robert Porter, executive secretary of the Medical Society of the County of New York called on Walter Framer, producer of the show. "We were most impressed with the sincerity of Mr. Framer in his desire to assist the medical profession in any way possible. He apparently has great admiration for the medical profession and in no way wished to discredit the profession on his show."

MEMBERSHIP MEETING

Tuesday, September 21, 1954

8:30 P. M.

Elks Club

Speaker:

Edward H. Ellison, M.D.
Associate Professor of Surgery,
Ohio State University College of Medicine

Subject:

"Cancer of the Colon"

IMPORTANT ANNOUNCEMENT

Annual Post-Graduate Day

of the

Sixth Councilor District
Ohio State Medical Association

Wednesday, October 27, 1954

Akron, Ohio

Scientific Program opens at 9:00 A. M.

Exhibits Special Entertainment for the Ladies

Banquet, Guest Speaker, Wednesday Evening

Mark Your Calendar Today
Make Your Reservations Early

TRENDS AND EVENTS

Magazine articles on the family doctor. "Is the Family Doctor Obsolete?" is the title of a well-written article in the July issue of Cosmopolitan magazine. Editors estimate that 1,200,000 persons will read this article, written by David Landman, which outlines the program of the American Academy of General Practice. Another equally favorable article on the family doctor by Dr. Francis T. Hodges appeared in the August 6 issue of Collier's. "It's a far cry," said the journal GP, "from the sensational piece on fee-splitting published in the same magazine last year."

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Dr. Hess writes on the subject of ethics. "These are the fundamental principles upon which the medical profession has developed and grown great and strong. There are no others. We have said nothing about money, fees, salaries, honorariums. We must care for the sick and infirm. Whether we receive a monetary reward or not is immaterial, but we can be assured that if we honestly are real practitioners of the Healing Art we will never starve. We have found out over many years of medical practice that the majority of our American people are honest and are desirous of paying a fair fee for a satisfactory service. The proof of this is the fact that the individual doctor is the most respected man in the community. He must live his ethics to warrant that respect. When a physician breaks that ethical code he is a traitor to his kind."

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Dr. Edward L. Turner, Chicago, secretary-treasurer of the American Medical Education Foundation, presented a check for $1,101,578.31 to the national fund. This includes a $500,000 grant by the A.M.A. Board of Trustees.

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Dr. Stanley Truman and his A.M.A. Committee on Medical Practices will conduct a pilot study covering the controversial issue of unethical practices, including fee splitting (joint billing, methods of payment of an assistant, collection and distribution of fees by a third party, commissions and rebates) and the allied problems of excessive fees, ghost surgery, and unjustified medical and surgical procedures.

The study, Dr. Truman said, will be concerned primarily with the underlying reasons for these practices, both psychological and from the socio-economic standpoint.

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A.M.A. establishes new law department. The Board of Trustees recently established a new department within the A.M.A. It will be known as the Law Department. Effective August 1, the Bureau of Legal Medicine and Legislation and all of its records and personnel will be transferred to this newly established department.

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Gov. *James F. Byrnes,* speaking at a meeting of the South Carolina Medical Association — "Doctors must answer the misrepresentations of their critics. And the doctors of the state cannot hold themselves aloof from the life of the community and the state. They must, like all other citizens, take an interest in city, county, and state governments. They have great power

and influence, and they should exercise it for their own good and the good of the people."

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Congressman Williams of Mississippi, in describing on the House floor what the reinsurance bill means: "I took my youngster out to the park about two months ago, and she saw them selling cotton candy, all pink and pretty and inviting. Naturally, she had to have some. That cotton candy was pretty. It tasted sweet and smelled sweet, but when she tried to bite into it she found nothing there. This bill is like that cotton candy, all air and no substance, but costly."

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Dr. Solomon Krell, chairman, Board of Censors, Bronx County (New York) Medical Society, in his 1953-54 report on 23 complaints against members — "It is the opinion of your chairman that a large percentage of the complaints made against the physicians could be eliminated if the doctor would say less to the patient about fellow physicians and more to the patient about the condition for which he is being treated."

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Dr. Howard Rusk, New York, in a lecture before the American Academy of General Practice — "Sick people ask their God, 'why must I suffer?' Possibly the answer is in the work of the potter. Fine ceramic pieces are not made by setting clay out in the sun. They come only from the white heat of the kiln. In the firing process some pieces are broken, but those that survive the heat are transformed from dull clay into objects of priceless beauty. And so it is with the sick, suffering, and crippled people. Those who, through medical skill, opportunity, work and courage, survive their illness or overcome their handicap, take their places back in the world with a depth of spirit which we can hardly measure."

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NEW BUDGET PASSES: $11 MILLION ABOVE REQUESTS

The Senate and House gave their final approval June 30 to a $1,663,413,761 budget for the Department of Health, Education, and Welfare to run its many programs for the fiscal year beginning the following day. The total as sent to the White House for the President's signature is $10,904,500 more than the administration had requested. Nearly all of the increases voted involve medical programs.

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Draft boards told to recheck residency deferments: The National Advisory Committee to Selective Service is concerned because some young physicians, deferred the past 12 months for residencies and internships, are delaying application for commissions. Involved are priority 1 and 2 men and those in priority 3 who are 31 years or under. These groups, the committee has informed selective service, are most urgently needed to meet calls for this fiscal year to avoid calls on priority 3 men over 31. Adds the committee: "It is essential, with few exceptions, that those who do not apply for commissions should at least have their 2-A classifications terminated." This would make them eligible for immediate induction.

The most vigorous testimony in opposition to the reinsurance legislation comes from Dr. James L. Doenges, President-elect of the Association of American Physicians and Surgeons. The group would terminate the whole social security program. Dr. Doenges said it is "unsound" and "impossible" and "one of the most important steps toward government control of the practice of medicine which has ever been proposed." Dr. Doenges said social security is "foreign spawned and . . . the parent of socialism."

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House Minority Leader Sam Rayburn (Tex.) — "I am as much in favor of having a health program for the people of this country as anybody, but I think this* is a blundering, stupid way to start in trying to get such a program."

(*Reinsurance Bill.)

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President pledges continued fight for reinsurance. In his press conference the day following the House defeat of reinsurance, President Eisenhower expressed disappointment and made clear he would continue to fight for this legislation.

"If you want to know whether you are destined to be a success or a failure in life, you can easily find out. The test is simple and it is infallible. Are you able to save money? If not, drop out, you will lose."

James J. Hill (the empire builder)

CAPSULETTES

The following are excerpts from an article, Radioisotopes in Clinical Medicine, edited by Charles V. Meckotroth, M.D., in O. S. U. Health Center Journal, July 1954.—Editor.

Radioactive Iodine, I-131

It became apparent that radioactive iodine worked best on adenocarcinoma, and its uptake in this lesion was generally proportionate to the amount of colloid present. The papillary type of carcinoma took up small and usually insignificant amounts of radioiodine. The undifferentiated type took up none. With this information, which had been suggested by the studies of other investigators in this field, radioiodine was given a definite place along with surgery in the treatment of cancer of the thyroid. Surgery is still the preferred method of treatment in those lesions, regardless of cell type, which can be completely removed. When the primary lesion or its metastases cannot be eradicated completely by surgery, radioiodine should be tried, and if uptake is demonstrated in the lesions, heavy doses of radioiodine can be safely given.

I-131 in Blood Volume Studies

Human serum albumin labeled with radioactive iodine (RIHSA) is injected intravenously and serial withdrawals are assayed and with the knowledge of the patient's hemoglobin, hematocrit, and plasma protein, the blood volume, red cell mass, and total circulating plasma protein can be accurately ascertained. The advantages of this method over that of the Evans-Blue dye method are the increased sensitivity, lack of skin discoloration with repeated doses, and the ease of calculation of multiple tests over a short period of time. With this test, the inadequacy of conventional preoperative blood studies has been elucidated. This is especially true in patients with debilitating diseases such as carcinoma, or with prolonged blood loss as in patients with chronically bleeding ulcers.

From the practical point of view, blood volume studies showed that the assumption that a blood volume deficiency of one pint of blood existed for each 10 pounds of weight loss occurring over several months time, was generally correct. This finding is valuable to those physicians who do not have the advantage of this new technique readily available in their hospital.

Cobalt 60 Interstitial Radiation

Since 1948 work has been in progress at O. S. U. Health Center to develop methods for interstitial use of radioactive cobalt in cancer tissue. The first application of cobalt 60 in a patient with carcinoma of the ceroix was made in October 1948 under the direction of Dr. A. C. Barnes, and since that time many physicians have been treated with good results. The advantages of cobalt 60 over radium are: soft beta radiation which is easily filtered out; homogeneous gamma radiation; no gaseous radioactive daughters, therefore leakage is impossible; and cobalt is inexpensive and can be activated in any desired shape or form.

Radioactive Phosphorus

The avidity of radiophosphorus to bone marrow is ideal in the treatment of the triune marrow hyperplasia in polycythemia vera (i.e., myeloid, erythroid, and megakaryocytic hyperplasia). The results in chronic leukemias have, in many instances, been promising, especially when the patients are intolerant or resistant to roentgen radiation, or when more widespread ir-

radiation is desired. Much work has yet to be done in the field of labeling specific compounds with this new form of beta radiation.

Colloidal Gold—198

One of the more distressing complications of malignant lesions is pleural metastasis with subsequent pleural effusion. The primary sites of these lesions are usually the breast, the genitourinary tract, or the gastrointestinal tract. Clinically, the patients have progressive dyspnea and repeated thoracenteses are required to relieve the symptoms. This results in marked protein depletion, since the protein content of the fluid removed is generally one-half that of the blood stream, resulting in a loss of approximately three to four grams of protein per 100 cc. Pedal edema and even ascites may occur if repeated removal of the pleural effusion is necessary. In an effort to decrease the need for repeated thoracenteses, therefore, colloidal radioactive gold was injected intrapleurally as a form of palliation.

With the initial success of pleural imtillation, this method was extended to the abdominal cavity for the same purpose, namely ascites of abdominal carcinomatosis. Recently, this form of radiation has been utilized for direct injection into malignancies but the results cannot be critically evaluated.

Radioactive Gold—198 Seeds

One of the disadvantages of cobalt insertion is the necessity for its removal. Accordingly, work in the physics of the isotope was carried out by Dr. William G. Myers and his graduate students. A method was evolved for inserting radioactive gold wire into an inert gold tube which was then cut to any desired length.

A convenient method for application has been worked out whereby the tumor is traversed by multiple large straight needles to which are attached nylon tubing. At a convenient time, either at operation or in the patient's room subsequently, gold seeds are threaded into the nylon tubing at the desired spaced intervals. Generally the seeds are three to six mm. in length and are placed one cm. apart in the tumors. The nylon tubing containing the gold seeds is then pulled through the skin until the seeds are at the desired locations. After an exposure of seven days the nylon tubing, containing the radioactive gold, is removed. In cases in which the nylon tubing would be cumbersome, the sterile gold seeds can be inserted by a free-hand technique similar to that used with radon seeds.

No untoward or unusual reactions have been noted in cases in which gold-198 has been used. Usually a dosage of as much as 5000r can be delivered to the tumor area within this length of time.

PERIODICAL PEARLS

Are There Unjustified Gynecological Operations?

Perhaps the first question we should ask ourselves is, "Are there unjustified gynecological operations?" The answer to that must of necessity be colored by personal opinion, but I can say that there is never a week which passes in my office in which I do not tell some woman who has been advised to have surgery that I think it is not justified. Sometimes these patients come to me and honestly lay their cards on the table and tell me that surgery has been advised and that they are seeking another opinion.

Others simply give their history, are examined and receive my opinion. If my advice is against surgery, it is easy to detect by their facial expressions that they have received other advice elsewhere. On confronting them with this, they usually admit it and tell me that they withheld telling me until getting my unbiased opinion. I might assure them that this precaution is unnecessary, but the lay public often has a distorted idea regarding medical ethics.

As you all well know, the patient, after receiving a recommendation for surgery, often goes to her general practitioner for final advice. This is as it should be, and he is therefore often in the strategic position of guiding the patient in a very important decision. It is essential for the practitioner to know his specialists and to be familiar with their radical or conservative leanings. It is also necessary for him to know something about each specialty, the indications and contraindications for certain operations and a broader knowledge of medicine than each specialist has.

Dr. R. W. TeLinde

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Interstitial Plasma Cell Pneumonia

William C. Deamer, M.D., University of California, San Francisco, and Hans U. Zollinger, M.D., University of Zurich, Switzerland, believe that American physicians should be alerted to the possible occurrence in the United States of an infantile disease which is frequently seen in Switzerland and other European countries. The disease, interstitial plasma cell pneumonia, was first described in Europe in 1938 but has apparently not yet been seen in this country. Between 1941-49, over 700 cases were reported in Switzerland alone, a country with a population of only 5,000,000.

The following is a description of a typical case:

A premature or immature infant 6 to 16 weeks old insidiously begins to look poorly, becomes restless or languid, and does not eat well. Without much associated cough the respiratory rate progressively accelerates and the breathing becomes primarily abdominal, with prominent flank motion.

After a week or so the fully developed disease may suddenly appear, with pronounced dyspnea, dilation of nostrils, sternal retraction, cyanosis, and extremely rapid respiration.

Physical examination may show areas of fine crepitant rales; slight impairment of resonance and a bronchial quality to the breath sounds may be heard in some areas, but pronounced dullness and bronchial breathing are rare. Interstitial emphysema is common.

Roentgenologic evidence of pulmonary infiltration may be found early, even before symptoms are noted. Faint diffuse opacities are scattered over both lung fields on a slightly ground-glass background. Microscopically, a diffuse interstitial pulmonary infiltration by mononuclear cells which resemble plasma cells is seen; an alevolar exudate is also demonstrable.

About 22% of the infants die, presumably from asphyxia. Severely sick babies may survive a stormy course of four to six weeks.

The disease is probably of viral origin and infectious. No effective therapeutic or preventive agents are known.

wise addition to the menu
when diet is restricted...

Menu

Lakeside **LIPOLIQUID · LIPOCAPS®**

when special diets are necessary, or food intake is limited for prolonged periods in:

diabetes • alcoholism • geriatrics
obesity • cirrhosis

LIPOTROPICS are needed to prevent liver damage by facilitating normal fat metabolism. LAKESIDE LIPOCAPS and LIPOLIQUID provide optimal amounts of the important lipotropic factors to protect liver function by aiding normal fat mobilization and transport.

LIPOLIQUID

Each tablespoonful (15 cc.) contains:

Choline* (equivalent to 9.15 Gm. of choline dihydrogen citrate)	3.75 Gm.
Vitamin B_{12} U.S.P.	4.20 mcg.
Inositol	75.00 mg.

*As tricholine citrate.

Pint bottles.

Dosage: 1 to 2 tablespoonfuls daily for adults.

LIPOLIQUID is sugar- and alcohol-free.

LIPOCAPS

Each orange capsule contains:

Choline bitartrate	450 mg.
dl-Methionine	150 mg.
Inositol	100 mg.

Bottles of 100.

Dosage: 1 capsule three times daily.

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