

BULLETIN

of the

Mahoning County
Medical Society



"I light my candle from the torch
of experience."---Burton.

January, 1935

Volume 5

Number 1



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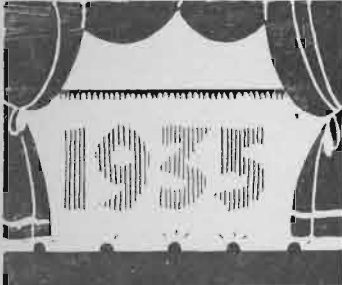
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PRESIDENT'S PAGE

It has been customary for the President of any body, upon assuming office to greet the members who have honored him, extend his thanks for the privilege of serving them, mention the achievements of the organization in the past and his hopes for it in the future.

Your president is indeed grateful. It is with a strange mixture of pride and humility that he starts upon his duties. When we review the record of this progressive Society during the last few years it seems that so much has been accomplished that there is little left to be done. Under the leadership of such men as Thomas, Harvey, Brant, and Nelson, this Society has increased its membership, lowered its dues and enlarged its scope of service. With men like Rosenfeld, Goldcamp, Norris and Beard arranging its programs the quality has been more like that of a National Convention than a County Society.

It is perhaps wrong to mention these names to the exclusion of so many others of merit. Our success has been due to the willingness of many, many members of committees to work and sacrifice their time. This has never been a one-man organization, rather it has been very much the opposite and its success has been due largely to the feeling of so many men that they have a personal interest in the Society's welfare, as it has in theirs.

But this is not the time to sit back and be satisfied with ourselves. There can be no resting on the oars while the momentum which has been created dies down. The high type of programs must be maintained. Dr. McClenahan's fine public health work must not be allowed to lag. The Bulletin already has plans to enlarge the scope of influence of this group. Dr. Stewart's committee has made Mahoning County a model for others to follow in the administration of Emergency Medical Relief, and will continue to do so. There will be big things expected of the Entertainment and Public Relations Committee.

On another page you will find the personnel of all committees, with their chairmen. Here are the workers upon whom the progress of the Society depends. It must be realized that many capable men have not been included, but no one has been intentionally omitted. Any one who is interested in any particular phase of medical activity will be appointed to the proper position if he will let us know. Unlike industry, there is work here for everyone who is willing.

With admiration for the splendid record of the Mahoning County Medical Society and with confidence in its future your President wishes every member a better and more prosperous New Year.

JAMES L. FISHER.

January



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

J A N U A R Y 1 9 3 5

BACK AGAIN

Heaving a deep sigh of relief, last month I sang what I thought was my "Swan Song" as Editor of the Bulletin. But President Fisher has "ordered" that I continue. When it comes to the work of the Mahoning County Medical Society, the President, whoever he may be, is my Commander-in-Chief! I feel that, if my professions of loyalty to the Society are sincere—and if other and paramount obligations do not command my refusal—then it is only my duty to obey. That there is much toil to the task, I realize very fully. But self-searching compels me to admit that there are no other reasons known to me for declining—certainly none that did not exist with equal cogency when I undertook the work last year.

Before agreeing to enter upon another year of stewardship over the Bulletin, I investigated myself quite thoroughly upon several points.

Was the product last year satisfactory to the Society? A large number of highly competent gentlemen—not given to bald flattery—have expressed their approbation.

After all, could this responsibility

not be more ably executed by others? Indeed, I must and do admit it. But several of those whose abilities I know to be superior to mine have felt that they could not do it this year.

Now, I must be frank. Have I the moral caliber to conduct the Bulletin totally impersonally, without bias or prejudice, and wholly with the single purpose of trying to make it serve the Society? In as much as I hold no brief for any pet scheme or personal theory; and since I entertain malice towards no man, I ask your charity to the extent of believing that I shall do my best to do what is right.

Perhaps I should stop here. But I beg your indulgence. Our Society exists and deserves your support for three purposes: Education, Fellowship, and Mutual Protection. Of these, Education and Fellowship should rate 75 per cent. They really fuse and become inseparable in practice, for in the one we find the other. As for Mutual Protection, those who regard that as unimportant I fear are to be sadly disillusioned. So far as I myself am concerned, my interest in the Society will cease at the moment

(Turn the Page)

when I am convinced that the Society no longer can be made to serve those ends.

There is much for all of us to do. But men who have conquered such public enemies as typhoid fever, small pox, diphtheria, and many other dangerous public malefactors, need not fear. They have but to join hands, minds, and hearts to win the battle. Courage, loyalty, and faith in the triumph of right will win.

This year, according to the mass of informed opinion, is to be a critical year for medicine. Much as we may prefer to stand aside, it is impossible

to do so. Propaganda for violent changes in medical practice is powerfully financed and is amazingly active. In co-operation with our State and National Associations we must do our part. You will do well to follow closely the columns of *The Ohio State Medical Journal* during the coming months.

Motivated exclusively by the willingness to make my feeble contribution towards the realization of our ideals; and begging you to be generous as to the many mistakes that I shall inevitably make, I pledge my utmost.

HOW COME ?

Who make the Bulletin's existence possible? Why, the *advertisers*, of course. Therefore, Doctor, if you believe in the Bulletin as a constructive instrument for the Society's progress; if you regard it as an important agency for creating and sustaining interest in our own Society and in organized medicine—it follows, as the night the day, that, whenever possible, you should in turn give your support to our advertisers.

While genuinely appreciating the efforts of their associates, men too frequently are inclined to overlook their own duty to "get under and push." You may be sure that all those connected with the Bulletin need your

little "lift." We pray you, do not withhold it.

Help our Business Manager, Dr. Ivan Smith—and, ergo, yourself—by making our advertisers glad to go along with us. Help him, also, by suggesting to those with whom you are in the habit of doing business that they should advertise in the Bulletin. Help him by calling and telling him of any new advertising that may be available. *And don't forget to inform our advertisers, when you do business with them, that you were influenced to do so at least in part because of their support of the Bulletin!*

AND YOU DOCTOR!

THE BULLETIN OF THE MAHONING COUNTY MEDICAL SOCIETY is yours. It exists solely for your professional welfare, and, as necessarily follows, for your personal, individual welfare. Its pages are open to you. You are always welcome to use them. In fact, here and now, as has been done before, you are invited and urged to send in any contribution which you sincerely believe will be helpful. If what you have to say is

in the spirit of co-operation, and is directly or indirectly of professional interest or importance to any considerable number of the membership, we shall appreciate receiving it. But our space is more or less limited, so please be concise, and as brief as the subject will permit. Also, please — PLEASE — typewrite and DOUBLE-SPACE your article, and please sign it! Now, Brethren and Sisters—LET'S GO! CBN.

SECRETARY'S REPORT

The annual meeting of the Mahoning County Medical Society was held at the Youngstown Club, December 18, 1934. There were 118 members present. The names of the following applicants for membership in the Society were read: Dr. Paul Williams, Hubbard, Ohio; Dr. Enrico Dilorio, 280 E. Federal St.; Dr. Leon J. Malock, 914 Glenwood Ave.; and Dr. T. K. Golden, Central Tower Bldg. These have been turned over to the Censors.

The President informed the Society that all reports of the Committee Chairmen and of the Secretary, were published in the December Bulletin, and in the absence of objections or corrections, he asked for a motion to adopt these reports. Motion to adopt was then made and carried.

The election of officers was then held, with the following results:

President-elect, Dr. L. G. Coe;
 Vice President, Dr. P. J. Fuzy;
 Secretary, Dr. Wm. M. Skipp;
 Treasurer, Dr. L. Deitchman;
 Delegate for 2 years, Dr. C. B. Norris;
 Alternate Delegate, Dr. W. K. Stewart;
 Alternate Delegate, Dr. W. X. Taylor.

We have two delegates, one being elected each year, the Senior delegate being Dr. Sidney McCurdy.

The following doctors are Censors of the Society:

Dr. A. E. Brant,
 Dr. P. J. Harvey,
 Dr. J. B. Nelson.

GREETINGS FROM PRESIDENT CALDWELL

The medical profession is confronted with many questions which are inducing a feeling of worry and an inquiet among its members. These questions fall into 3 general classes:

1. Those affecting the physician's practice and his relations with his patient—both professional and financial.

2. Changes in political administration involving new set ups of county government in which the physician is interested in those features which are concerned with public health and welfare.

3. Questions involving changes in licensure regulations which may bring about disservice to the public as well as unfairness to the educated qualified physician.

All of these questions require study and the influence of the concerted action of organized medicine to further

those measures which tend to simplify and improve service and to defeat those whose effect is to complicate relations between physician and patient.

A comprehensive and thorough analysis and discussion of all these matters has been made by the policy committee of the Ohio State Medical Association and this can be profitably read as a brief text by any one who desires quick and easily acquired information.

The Mahoning County Medical Society has been one which has always been alert to all vital questions and has made its influence felt. I hope for a continuation of this attitude with augmented vigor and in this as in all other matters wish it a prosperous and successful 1935.

JOHN A. CALDWELL, *President*,
 The Ohio State Medical Ass'n.

THE MAHONING COUNTY MEDICAL SOCIETY

—❖❖[1935]❖❖—

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MEDICAL FACTS

By J. G. B.

A. B. Rivers, of the Mayo Clinic, who is experimenting with a powdered extract of animal duodenal mucosa and submucosa in order "to re-establish adequate local tissue resistance" in cases of peptic ulcer, reports that "in one case in which there was clinical and roentgenographic evidence of a penetrating jejunal ulcer, which developed following a Polya type of resection, all semblance of the ulcer, as demonstrated by roentgenologic investigation, disappeared following use of the extract for a period of two weeks."

* * *

The absence of multiple petechiae in a case of bacterial endocarditis may be explained by the fact that the valves of the right heart only are affected. The emboli will be found in the lungs at autopsy, but, as a rule, they are not picked up by the x-ray.

* * *

Dr. Means, of Boston, is at a loss to explain why "in exophthalmic goiter we often hear a scratchy noise under the manubrium, which is a good imitation of pericardial friction sounds; yet when the patient is rid of the thyrotoxicosis the sound disappears." P. D. White thinks that it is probably due to the fulness of the pulmonary artery caused by the over-active thyrotoxic heart, as the x-ray frequently shows a prominent conus in those cases.

* * *

F. A. Willius, the Mayo cardiologist, reports a case of acute pericarditis (sharp pain behind and to the left of the sternum, even during suspended respiration, friction sounds, etc.), secondary to an acute pharyngitis (probably streptococcus). He warns that "acute pharyngitis, particularly when associated with constitutional reactions of fever and malaise, should be considered significant." Sodium cacodylate by vein, in

fresh sterile aqueous solution (6 grs. in 3 cc. the first day, 8 grs. the second day, and 10 grs. daily thereon until the temperature is normal) will frequently clear up this condition. The rheumatic or tuberculous forms do not respond so well to the bacterioidal action of the arsenic.

* * *

In the "normal" diabetic, the patient controlled by diet, the morning blood sugar may be normal, since it is the longest period without food. In the severe diabetic, the one taking insulin, it is highest towards morning, since it is the longest period without insulin.

* * *

The older the patient and the longer his diabetic history the higher the renal threshold for sugar. Hence, one may have a marked hyperglycemia without glycosuria.

* * *

The expression "plunging goiter," occasionally met with in medical literature, simply means a substernal goiter that has plunged into the mediastinum.

* * *

Tumors of the thymus usually appear cent. of carcinomas of the lung rare.

* * *

According to Mallory, over sixty per cent. of carcinomas of the lung show adrenal metastasis.

* * *

Aneurysm may give clubbing of the fingers. Occasionally it gives rise to that very interesting picture of unilateral clubbing of the fingers.

In a paper read before the Massachusetts Medical Society on treatment of angina pectoris and congestive failure by total ablation of the normal thyroid gland, H. L. Blumgart of Harvard remarks that "the incidence of good results was somewhat greater in the patients with rheumatic heart disease than in those with arterio-sclerotic heart disease."

OPINIONS OF OTHERS

Rebuttal

So much is being written in lay publications about the socialization of so many things that one may well wonder what kind of a social bug has bitten many of our people. Active minds present good arguments on even the wrong side of questions. In this regard it is interesting to note the fluency with which laymen write on the subject of medical care, treating it as if it were a definite, measurable thing. They point in terms of saddest commentary to twenty-five per cent. of the middle-class people whom we doctors unmercifully neglect. They deplore the thought that in medical practice as it is now constituted doctors use both their professional and business talents for the purpose of making as much money as possible. They even blush at the thought of an unfortunately - sick individual's having to pay his doctor for driving over to see him. They would insert a middle man into the picture — a politician who would hold the pot and pay the bills, thereby reducing the cost and, in addition, lending dignity to and inspiring confidence in the whole scheme. This arrangement has not worked satisfactorily in any land, and is certainly un-American. It will neither satisfy nor benefit the public.

A survey of a fair percentage of doctors in Milwaukee County shows that they are treating the sick regardless of their ability to pay. In a general sense there is no inadequate medical care in this County, unfair reports to the contrary notwithstanding. Assuming that about fifty per cent. of hospital beds in this country are at present under some form of "state medicine" control, and, assuming further, that twenty-five per cent. of our people receive inadequate medical care, it seems then fair to assume that "state medicine" is responsible for half that inadequacy.

If our Federal Government wishes to assist in giving better medical care at reduced cost to its people, it should begin by weeding out expensive and harmful influences. Elimination of patent medicines and harmful cosmetics would knock off about a billion dollars the first year.—CHAS. FIDLER in *Milwaukee Medical Times*.

Milk

Serious as the milk situation has become, it is not without its humorous elements to physicians. For many years the medical profession has protested against the indiscriminate acceptance of applicants for dispensary care without inquiry into their ability to pay. The answer has been an extension of the free services which compete with private practice, coupled with frequent allusions by the agents of philanthropic dry goods kings, milk barons, etc., to the doctor's mercenary and reactionary attitude.

Now this same sort of benevolence has invaded one of the city's major industries. To prevent reduced consumption of milk as a result of the latest price rise ordered by the State Control Board, the city has been selling this vital commodity at baby health stations for eight cents a quart. After one day of such welfare work on the city's part, the president of one of the large milk companies issued an agitated statement to the press, urging the strict limitation of cut-rate sales to the needy and stating that unless this were done the milk industry would "blow up."

It will be interesting to observe whether the milk companies' protests will go unheeded as long as the doctors'.—*New York Medical Weekly*.

—◆—
 "The greatest and wisest of mankind will be found to be those who have kept the "mean" between excess either of virtue or vice."—*Butler*.

HEALTH NEWS

By J. B. B.

Poliomyelitis—With the approach of winter and the close of the usual season of high poliomyelitis prevalence, the epidemic situation in the West appears to be returning to normal in nearly all of the States.

* * *

Scarlet Fever—An increase of this disease is expected at this season of the year. In most sections the incidence is below preceding years. It is, however, considerably increased over last year, in Ohio. In Mahoning County there is a definite pick-up.

* * *

Diphtheria—Compared with recent years, the current incidence of diphtheria remains at a low level for the country as a whole. Ohio, however, reported an excess for the first half of November, over the corresponding period last year.

* * *

The Bureau of Census figures for 1933, show a mortality rate of 10.7 per 1,000 estimated population. This is the lowest death rate since the annual collection of mortality statistics

was begun in 1900. The Bureau divides the causes of death into 18 groups. Of these only one group showed a significant increase—"diseases of the circulatory system." The cause within this group which showed the greatest increase in the number of deaths was "diseases of the coronary arteries."

* * *

Excerpts from an article in the "*Ohio Health News*":

"One of the most frequent inquiries received by the State Department of Health is that concerning infant's diet. It is, of course, impossible for the Department to advise or give suggestions regarding a suitable diet for any infant . . . So far as is known, breast milk is the only universally suitable food for infants. If a baby is deprived of this he should be taken to the family physician and placed on a proper feeding. It is only after a thorough history has been taken and a thorough physical examination has been made that the proper food can be advised for any infant."



LIBRARY PARTY

The Library Party, held at the Renner Brewery, Saturday evening, December 15th, was a huge success. The Committee reports more than \$400.00 net for the Medical Library of the Youngstown Hospital Association.

This unusual result should gratify all concerned. Much credit is due to Drs. Patrick, Sedwitz, Taylor, Bunn, Sam Goldcamp, Rosenfeld, Brown, Allsop, and many others, for their splendid work. Not to be forgotten, also, is the cordial hospitality of Mr. Spitz Renner, his son George, and their entire staff. The fellows had a great time. Thank you, our hosts—everybody'll come again if you'll only invite us!

RALPH WHITE

Our enterprising, public-spirited friend and supporter, Ralph P. White, has again been chosen to lead the Chamber of Commerce. Mr. J. C. Argetsinger, and others of the legal fraternity, true to their instinct for making fine distinctions, are indulging in their favorite sport by arguing the question: "Was Mr. White elected President of the New Chamber of Commerce, or has a precedent been broken in his *re-election* as President of the Chamber of Commerce?" (Deucedly confusing, isn't it?)

No matter! We congratulate the Chamber of Commerce, the City of Youngstown—and Mr. White!

"Striving for what's better, man oft mars what's well."—*Shakespeare*.

DR. GEORGE H. HENDON

By P. J. F.



Dr. Hendon's reputation as an after dinner speaker and humorist has spread far and wide amongst the Medical Profession. His keen wit and humor, together with his philosophizing, make his talks not only amusing and entertaining, but also instructive. So often men who rate high in their professional attainments are deficient in the qualities which go to make up pleasing, forceful and entertaining speakers. In Dr. Hendon all these qualities are combined.

Dr. Hendon was graduated in Medicine at the University of Louisville, in 1898. From that day to this, he has been connected with the Surgical Department of the University of Louisville continually, having been elected Professor of Surgery in 1908, ten years after graduation. He has spent all of his time in Louisville, where he has practiced his profession and taught the science and art of surgery at his *Alma Mater*. He is a member of the various local and State Societies, the Southern Surgical Association, and he is a F. A. C. S.

Dr. Hendon possesses a keen insight for medical devices. He is the inventor or originator of many mechanical improvements or inventions

that apply to the practice of surgery. Among these are: the bone key for the treatment of fractured hips, especially in the aged, which eliminates the use of external immobilizing and restraining apparatus; an original operation for enterostomy, adding simplicity, efficiency, and safety to the procedure; a mechanical drain that applies for abscesses as well as

for any of the hollow viscera, including both the urinary and gall bladders. He has devised original apparatus for continuous intravenous infusions, and he has devised various bone instruments such as the clevis, harrowed, and pedestal forceps. He also originated veno-clysis as a treatment for peptic-ulcers.

It is indeed an honor to this Society that a man who has arrived at the height of his profession should accept our invitation

to be our guest-speaker at the Annual Banquet. Let us show Dr. Hendon the spirit of The Mahoning County Medical Society, something which has always pleased our visiting guests.

Make your reservations early. Our out-of-town friends are especially urged to attend. You will be amply repaid. Phone or write your reservations to: Dr. M. H. Bachman, 314 Phelps Street, Youngstown, Ohio.



Dr. G. A. Hendon

THIS MONTH

The Mahoning County Medical Society

Presents

DR. GEO. H. HENDON

Professor of Surgery, University of Louisville

at the

ANNUAL BANQUET



If you don't believe in laughter; if you feel that a sense of humor is out of place in this grim world; if you regard fun as superfluous and inconsistent with depth of thought—then hear Dr. Hendon. He'll change your mind.



Thursday, January 17th, 6:30 P. M.

YOUNGSTOWN CLUB



Make Your Reservations NOW!

Coming Meetings

FEBRUARY

DR. GEO. DRAPER

Professor Clinical Medicine, Columbia University

MARCH

DR. R. H. JAFFIE

Director of Laboratories, Cook County Hospital

APRIL

THE MAYO GROUP

Postgraduate Day

MAY

DR. WILLIAM H. GORDON

Harper Hospital, Detroit

JUNE

DR. ARTHUR G. HYDE, Superintendent**DR. ARTHUR O. GILLAM, Ass't Supt.**

Massillon State Hospital

BALLOT BY MAIL

By A. E. BRANT, M. D.

(Reprinted from May, 1934)

For a Society as large as ours the present method of conducting the annual election of officers is archaic, cumbersome, and boresome.

Picture again an annual election. Some one turns to you with the question, "Whom will we vote for?" or, "Well, he is a pretty good fellow, let's vote for him." You look around, see a few members with heads together here and there trying to decide on a candidate. By the time the election is over everyone is tired and anxious to hurry it up.

So again I urge that the constitution and by-laws be amended to permit balloting by mail for the following reasons, mainly:

It is representative in that every single member of the Society has an equal opportunity to vote. Some one might answer that any one who does

not turn out to the meeting should lose his vote. This is not entirely true and certainly makes for minority rule.

It is a secret vote because the voter marks his ballot in the privacy of his home or office.

It is a deliberate ballot, for the same reason, and gives him all the time he wants for thought. Surely in this way he is more liable to vote for the good of the organization than possibly to please some individual.

It does not take so much time;—all the ballots could be counted in one-half hour by Council, and this would allow us one more program meeting a year, or a bang-up, snappy social meeting.

So then I again offer this suggestion of Ballot-by-Mail for your consideration.

PROPOSED AMENDMENT TO THE BY-LAWS OF THE MAHONING COUNTY MEDICAL SOCIETY

Art. I: This section repeals Sections 1 and 2 of Chapter IV of The By-Laws of this Society.

Art. II: Election of Council and Officers.—

Sec. 1. (a) Candidates for membership in the Council of the Society shall be nominated by means of a direct primary as follows:

Not less than 5 weeks nor more than 6 weeks prior to the Annual Meeting, which shall be the regular December meeting, the secretary shall mail to each member of the Society, except as provided in Sec. 2, paragraph (e), a list of all the members except the outgoing president, the president-elect, the hold-over delegate, and the hold-over censors, whose names shall be omitted; and shall include with such list a statement that

each member shall vote by secret ballot for twelve (12) candidates; and that ballots cast for candidates must be received by the secretary, by mail or otherwise, within 10 days from the date of such notice. The twelve (12) members receiving the highest number of votes shall be the candidates for Council. Within 7 days thereafter the names of such candidates shall be placed upon a ballot and mailed by the secretary to each member of the Society as aforesaid, with a statement that each member shall vote by secret ballot for six (6) of said candidates; and that ballots so cast must be received by the secretary, by mail or otherwise, within 10 days of such mailing of ballots. The six (6) candidates so receiving the highest

number of votes shall be elected.

(b) Provided, that any nominating ballot showing fewer than ten (10) members or more than twelve (12) members voted for as nominees; and any election ballot showing fewer than five (5) members voted for for election, shall be invalid.

(c) Provided further, that the secretary shall accept no returned ballots except in sealed envelopes which sealed envelopes shall be opened within (3) days after the designated time limit for receiving them, and only in the presence of at least five (5) of existing Council, who shall conduct at such time the counting of the said ballots.

Sec. 2. (a) The six (6) members so elected, and the incoming president, the hold-over delegate (or delegates), the 2 hold-over censors, and the outgoing president as the new censor, shall meet within 5 days after the counting of the election ballots and shall by secret ballot select from the six (6) just elected by the Society a president-elect, a vice president, a secretary, and a treasurer. They shall, at the same meeting select a delegate, either from the six (6) just elected by the Society or by re-election of the delegate whose term has expired.

(b) Provided, that the delegate shall be selected for a term of 2 years, and that only one delegate shall be elected each year, unless or until the quota allowed shall increase in number by one; in which case the term of office of delegate shall be for a term of 3 years, and the terms shall be so adjusted at that time as to permit of but one vacancy in this office to be filled in the above manner each year thereafter.

(c) And provided further, that the outgoing president shall automatically become censor and shall hold said office for a term of 3 years.

(d) And provided further, that no member shall hold simultaneously

more than one office, nor shall any officer be elected or appointed to another office until after the expiration of the term of the office which such member may hold.

(e) And provided further, that no person shall be eligible to vote or hold any office in the Society except active members whose dues or other obligations to the Society are paid in full on the date of mailing of the nominating ballots.

(f) And provided further, that the above, together with the editor of the Official County Medical Society Publication shall constitute the Council; but said editor shall have no vote as to the election of officers.

(g) And provided further, that in event of a vacancy in Council, such vacancy shall be immediately filled by a majority vote of the members of Council, and the person thus selected shall hold office for the unexpired term of the one in whose place he shall have been so elected.

(h) And provided further that the incoming president and the secretary shall be ex-officio alternate delegates.

Sec. 3. Official County Medical Society Publication Committee.

(a) The Official County Medical Society Publication Committee shall consist of eight (8) members, two (2) of whom shall be appointed by the president each year, for a term of 4 years;

Provided, that for the Presidential year, beginning in December, 1934, the President shall appoint two (2) members for a period of 4 years, two (2) members for a period of 3 years, two (2) members for a period of 2 years, and two (2) members for a period of one year.

(b) The Official County Medical Society Publication Committee shall select annually the editor and the business manager of the Official County Medical Society Publication, who shall serve for one year.

(c) Provided, that in event of a vacancy in said Committee, the President of the Society shall fill such vacancy by appointment for the unexpired term.

ANALYSIS OF PROPOSED AMENDMENT

A. It is truly representative:

You vote secretly, in the privacy of your home or office, for the nominees, representing your first and second choices for Council.

In the same way, of the twelve (12) thus nominated, you designate the six (6) whom you prefer for election to serve on Council; and the six (6) receiving the highest number of votes will be the new members of Council.

Provision is made in paragraph (b) of Sec. 1 to prevent unfair concentration upon one individual, and in this way the members of Council must be actually the choices of the Society.

B. Personnel of the Council:

Every member of Council, as above constituted, except the editor, will have become so as the result of the vote of the Society. In the election of officers the editor will have no vote.

The Council, besides the editor, will consist of eleven (11) members, five (5) of whom will be experienced hold-overs, including the new president (who will have served as president-elect the previous year).

C. Democratic:

Democracy is maintained on an efficient basis. While the selection of the officers is done by Council, they in turn are Councilmen because of your vote. As a matter of fact, four (4) or even five (5) out of the six (6) selected by your ballots will become new officers, and this method of their designation will be more efficient and equally democratic.

D. Rotation:

By omission from the nominating

ballot of the names of the outgoing president, the president-elect, the hold-over delegate, and the 2 hold-over censors, which is assured by paragraph (d) of Sec. 2, "new blood" must constantly be brought into control of the Society, a point itself of great value in that increased participation in Society-control and responsibilities, will increase membership interest.

E. Efficient:

This is a time-saver, and avoids, in a democratic way, the long-drawn-out, useless balloting at the Annual Meeting.

MEDICO-LEGAL

By D. H. S.

Sterilization

In a few more hours a new door will be suddenly thrown open and there will be ushered in a new year. What new problems, trials and tribulations are going to present themselves during the coming months no one knows, but the old burdens are still with us and some of them are getting heavier each year.

The one that concerns us most of all is the ever increasing mental problem. Our institutions are overcrowded, new ones are being built, but before they open their doors the number waiting is more than sufficient to fill them.

If we, the medical profession, are what we think we are, The Guardians of Public Health, it is high time we take command of this army of defectives and introduce some type of prevention before an awakening public reduces us to the rear ranks and takes command of the situation.

Sterilization is no hundred per cent. remedy, but it has a very definite place and should be used under the guardianship of a board of control.

Here's hoping the medical profession steps forward and demands proper legislation in order to relieve this medico-economic problem.

ECTOPIC PREGNANCY

J. ALLAN ALTDOERFFER, M. D.

Maternal mortality in cases of ectopic pregnancy has been reduced from 80 per cent. to 6 per cent. in America during the past 50 years. This fact prompts this brief summary of accumulated knowledge on the subject, together with a review of 196 cases admitted to the 3 Youngstown hospitals during the 10 years from 1924 to 1933 inclusive. By way of definition, extra-uterine or ectopic pregnancy is a pregnancy occurring outside the uterine cavity.

Etiology

Clinico-pathologic research into the etiologic factors of ectopic implantation of an ovum has developed a mass of literature without demonstrating a specific pathology applicable to the condition as a whole. It is universally held that the cause must lie in some interference with the passage of the ovum from the fimbriated end of the tube to the uterine cavity.

Such interference may result from:

1. Obstruction of the tubal lumen from without, such as adhesions or tumors.

In this group of 196 cases, 20 had been subject to previous laparotomies for some lower abdominal pathology. In addition, at the time of operation for ectopic pregnancy, appendectomy was done 67 times and most of the pathologic statements reported an acute or chronic appendicitis. Four myomectomies were reported, one parovarian cyst was removed and an abscess resulting from a diverticulitis was drained.

2. Obstruction of the tubal lumen from within, such as salpingitis or anomalies of the lumen.

Bilateral salpingectomy was performed 53 times in this series and in 45 cases pre-existing hydrosalpinx, pyosalpinx or ciliary destruction due to pre-existing infection was found in the tube opposite the pregnant tube.

3. Growth of the ovum outside the tube to such an extent that its large size precludes its passage through the tubal lumen.

The proof of this theory is difficult but some significance must be ascribed to 4 women in this short series, who were married to 2 sets of brothers. It is conjecture, of course, but one cannot help wondering if these 2 sets of brothers did not produce familial hyper-virile or hyper-active spermatozoa.

The average age of the group was 30 years; the youngest 18 and the oldest 42 years. There were 122 patients, or 66 per cent., between the ages of 24 and 33 years inclusive. Wynne reports 61 per cent. of 303 cases; Farrar reports 63 per cent. of 262 cases and Schumann reports 70 per cent. of 186 cases falling in the decade between 24 and 33 years. Only 28 charts in this series gave the age of the youngest child or the length of the marital state and 20 of these had a relative sterility of 5 years or more, the longest period being 15 years.

The ovum may be arrested at any point in its passage from the ovary to the uterine cavity and the types of ectopic pregnancies are classified according to the original point of implantation. Primary ectopic pregnancies may then be (a) Cornual, (b) Isthmial, (c) Ampullar, (d) Tubo-ovarian (Fimbrial), (e) Ovarian or (f) Abdominal.

The isthmial and ampullar types are by far the most common; the ovarian and abdominal types very rare. In this series, 189 of 196 cases were either isthmial, ampullar or tubo-ovarian. There were too few charts showing the primary location to be of value in determining the relative frequency of these varieties of tubal pregnancies. There were 4

cornual pregnancies, 2 of the ovarian type and one intraligamentous pregnancy, secondary to a ruptured ampullar pregnancy, which was interrupted by laparotomy at the seventh month. The right tube was involved 105 times and the right ovary and cornua once. The intraligamentous pregnancy lay between the leaves of the right broad ligament. The left tube was involved 84 times, the left ovary once, and the left cornua thrice.

Diagnosis

On direct diagnosis of ectopic pregnancy three groups are presented:

- (1) Unruptured tubal pregnancy.
- (2) Tubal abortion or rupture.
- (3) Ectopic pregnancy other than tubal, as cornual, ovarian or abdominal.

(1). The diagnosis of tubal pregnancy before rupture or tubal abortion is a matter of so much difficulty and doubt that its successful performance may be considered a fortunate incident. Only two cases in this study came under this group. In one the pre-operative diagnosis was chronic salpingitis, in the other, acute appendicitis.

(2). Of 196 cases, 187 fell into this group. In 15 cases tubal abortion was in progress, and 9 cases of tubal mole were noted. In most of the remaining 166 charts a note had not been made as to whether tubal rupture or abortion had taken place. However, 42 of the histories gave symptoms and findings which would fit into the picture of an explosive external rupture, leaving 119 cases in which a careful clinico-pathologic diagnosis was not made. The author believes that careful gross examination of the affected structure at the operating table or immediately following operation would reveal that many so-called tubal ruptures are in fact, tubal abortions. The necessary haste in opening and closing the abdomen of these cases is the main cause of this lack of information in the case

histories. Frequently, the pathologist is unable to help for many of the specimens are mangled by the surgeon in an attempt to find the embryo.

(3). Seven cases fell into this group, 4 cornual, 2 ovarian and one intraligamentous, the latter being secondary to a ruptured ampullar pregnancy.

The history is often of prime importance in establishing a diagnosis and for this reason a careful inquiry into the sometimes remote past is essential. The menstrual history from the age of onset to the time when the patient is seen should be carefully investigated, especially any abnormalities of amount of bleeding, metrorrhagia or menorrhagia or variation in rhythm, amenorrhea.

Variations in the menstrual function in association with pain were the most common findings throughout this series, in common with other reported series. Pain alone was the chief complaint in 69 of 196 cases, or 35 per cent., but hemorrhage associated with pain occurred in 124 cases or 63 per cent. Of these 124 cases hemorrhage and pain appeared simultaneously in 92 cases, while bleeding preceded pain in 22 cases and followed pain in 10 cases. A history of amenorrhea was noted only 27 times in 196 charts, an important clue too frequently missed. Uterine bleeding without pain is a rare finding and occurred only 3 times in this series. A tubal mole was found in each instance. Menstrual irregularity, varying from the delay of an expected period for a few days to a profuse metrorrhagia, is characteristic of at least two-thirds of the histories in tubal pregnancy. Its occurrence is a sign that the vitality of the ovum is endangered or destroyed and hemorrhage will persist as long as chorionic villi are alive.

The bleeding of ectopic pregnancy is irregular in occurrence and amount, and usually is brownish-red blood

mixed with mucus. The amount is rarely large, an important point in differentiating from intra-uterine threatened abortion. Pain is usually colicky and unilateral early due to tubal contractions, then cramp-like in the midline due to uterine contractions. When blood escapes from the fimbriated end of the tube in tubal abortion or when rupture occurs, the pain is general throughout the pelvis because of chemical peritonitis.

If the hemorrhage is great, general abdominal pain and rigidity may develop and if blood reaches the subdiaphragmatic space, pain in the right shoulder is noted. When a large pelvic hematocele develops, constipation and pain on defecation becomes a symptom. Shoulder pain and pain on defecation were noted several times in this series. Pain alone or in association with hemorrhage appeared in 98 per cent. of this series of 196 cases. In Farrar's series, pain, with or without bleeding, was present in 96.6 per cent.; in William's series, pain was the chief complaint in 80 per cent., while 95 per cent. of Frank's cases gave pain as an important symptom. The classic text book picture of ectopic pregnancy of amenorrhea, pain, hemorrhage, and shock appeared only 25 times in this series, a fact that speaks for the difficulties encountered in diagnosing this not uncommon condition.

The marital history should be emphasized in regard to its length and fecundity. The ages of any children should be ascertained, especially the youngest, and the condition of the patient during any previous postpartum periods should be noted. Should a primary sterility or a relative sterility, especially of the one-child type, become apparent, inquiry as to the use of contraceptives should be made. In this series, the ages of the youngest child was given 29 times. The average age was 6.4 years, the oldest 15 years, and the youngest

10 months. The parity was given 113 times; 24 were para 0, 36 were para 1, and 53 were para 11 or more, but the length of the marital state was noted on only 2 charts, making it impossible to determine the existence of a primary or relative sterility.

A history of pre-existing pelvic infection is of great importance, when obtainable. Previous abdominal operations undoubtedly render the patient more susceptible to aberrant imbedding of the fertilized ovum. Seldom do patients admit previous pelvic infection, but at operation hydrosalpinx, pyosalpinx or tubal ciliary destruction was noted in 45 cases, 23 per cent. Twenty patients, 10 per cent., had previous abdominal operations, 10 of which were for ectopic pregnancies. These figures approximate those reported by Farrar, Oastler and Fokett.

The findings where tubal pregnancy is present, before rupture or tubal abortion takes place, are in general negative. With beginning rupture or tubal abortion, the findings are usually quite definite, consisting of a tender mass in the site of one tube, doughy fulness or palpatory evidence of a blood clot in the cul-de-sac of Douglas. Tenderness out of all proportion to the size and density of the palpated mass is usual and manipulation of the cervix or uterus greatly aggravates the pain and tenderness. The uterus is enlarged but not in relation to the length of the pregnancy as determined by the history and as most tubal abortions or ruptures occur early, the uterine enlargement is so slight as not to be demonstrable. Cyanosis of the vaginal mucosa with pallor of the cervix are two rather common signs which are frequently missed. Cullen's sign, bluish-black discoloration around the umbilicus, is only occasionally seen. The passage of decidual shreds or a complete decidual cast is of positive

value and microscopic examination will settle the diagnosis, for if chorionic villi are found in the decidual tissue the pregnancy is established as intra-uterine while decidual tissue without villi predicates the existence of extra-uterine pregnancy.

The abdomen is usually rigid, tender and moderately distended, rigidity being more marked over the affected tube. The pulse and temperature usually rise in proportion to the amount of extravasated blood.

The leukocyte count reveals a leukocytoses rarely over 12,000, which disappears in 24 to 48 hours, to reappear with renewed hemorrhage. In

sudden severe hemorrhage the drop in the red count and haemoglobin does not become evident until the blood volume has returned to normal, usually 48 to 72 hours, but a high leukocyte count is a fairly direct indication of the blood lost. Blood pressure is unchanged in the majority of cases, but in those in which the intra-abdominal hemorrhage is large and the depression great, the blood pressure is low, 90 to 110 systolic, with the pulse pressure remaining fairly constant and the systolic and diastolic pressure rising or falling together.

(Dr. Altdorffer's article will be continued next month, beginning with "Treatment.")

NURSING ACTIVITIES

One thousand and sixty-four nurses took the State Board Examinations in December. Twenty-five nurses were from St. Elizabeth's Hospital and 28 from the Youngstown Hospital. This is the largest number of nurses that have ever taken the examination at any one time.

The annual meeting of District No. 3 will be held in the Y. M. C. A. on the evening of January 9, 1935. This is to be a dinner meeting. The main business of the evening will be the election of officers for 1935, after which the Social Committee will present a program. The District had 619 members during 1934.

The Nurses' Official Registry of District No. 3 of Ohio State Nurses Association was organized in 1919, at the request of the local hospitals and physicians following the confusion of calling nurses during the influenza epidemic. It is maintained by the nurses as a place for the individual nurse to receive her calls, a place for hospitals, physicians and the public to call when needing special nursing care, assuring them the ser-

vices of a nurse who has met the qualifications for state registration. The following items are taken from the registry report of 1934:

- 1453 calls were filled for 8 hr. duty, or 484 more nurses employed than in 1933;
- 1346 calls for 12 hour duty;
- 11 calls for 18 hour duty in homes;
- 8 calls for 24 hour duty in homes;
- 9 calls for public relief cases;
- 22 courtesy calls;
- 15 calls for general duty in hospitals;
- 32 calls for hourly nurses;
- Maximum number on call daily, 126;
- Minimum number on call daily, 54.

A special committee of the American Nurses Association is making a study of registries all over the United States with a view to learning what is expected of registries and what sort of service is being rendered to the nurses who compose these bodies. The Youngstown Official Registry is taking part in this study.

Extent of the progress of the plan for the 8-hour day for private duty nurses, as reported to the American
(Turn to page 27)

TOMB DUST

By J. M. C.

Religio Medici

"For my Religion, though there be several Circumstances that might persuade the World I have none at all, as the general scandal of my Profession, the natural course of my studies, the indifferency of my Behavior, neither violently Defending one nor with that common ardour and contention Opposing the other; yet in despite hereof I dare without usurpation, assume the honorable Stile of a Christian."

About 1642 Thomas Browne of Norwich, England, wrote the above quotation. It is the opening paragraph of a classic in philosophy, the "Religio Medici". Written in quaint Old English, it reflects an earnest endeavour to reconcile scientific skepticism with faith. Literary and scientific alike were impressed, it was translated into many languages, and has come down to us after three hundred years as one of the gems of English literature. Probably no one of our generation was so inspired by the "Religio" as was Sir William Osler.

Osler's first contact with Browne was very early in life. It was almost the first book purchased by this great collector, but before he died he had complete editions gathered from all corners of Europe, fifty-five volumes in all. He made Browne his life mentor; he encouraged his students to hold his counsel ever near to their hearts, he referred to the "Religio" in almost every important address, he carried it even to his grave.

Osler so loved Browne that as the years passed he became more and more like him, even as St. Francis of Assisi assumed the stigmata of his Teacher. Osler shows also the deep spiritual stigmata of the man whom Lowell called, "our most imaginative mind since Shakespeare." He was at the

same time naturalist, philosopher, scholar, physician and moralist. Osler's faculty for kindly advice, graceful humour, sense of fair play, charity for the other fellow's foibles and failures, all characterize him as the nineteenth century version of the Norwich Knight. Through Osler his students acquired that sane outlook on life, mastery of self, conscientious devotion to duty, deep human interest in human beings, that he had gleaned from the life and writings of Sir Thomas Browne. To use his own words uttered to the assembled faculty and students of McGill, September, 1899, in his address, "After Twenty-five Years," Osler says:

"To the writings of one old physician I can urge your closest attention. There have been, and happily, there are still in our ranks, notable illustrations of the intimate relations between Medicine and Literature, but in the group of literary physicians Sir Thomas Browne stands pre-eminent. The *Religio Medici*, one of the great English classics, should be in the hands — in the hearts, too — of every medical student. As I am on the confessional today, I may tell you that no book has had so enduring an influence on my life. It was one of the strong influences which turned my thoughts towards medicine as a profession, and my most treasured copy—the second book I ever bought—has been a constant companion for thirty-one years (*comes viae vitae*)." *viae vitae*).

Fifteen years ago, on January 1st, in St. Frideswide's watching chamber, lay the body of one of the most greatly beloved physicians of all time; lying in the scarlet gown of Oxford, his bier covered with plain velvet upon which rested his favorite copy of the "Religio".

NURSING ACTIVITIES (From p. 25)
Nurses' Association to Aug. 1, 1934:

The 8-hour schedule is functioning to some extent in 26 states and approximately 25,000 nurses are working under the system at the present time. Hospitals in which the 8-hour day functions exclusively vary in size from 50 to several hundreds of patients.

The 8-hour plan has been approved by:

(a) *The Patient*, who prefers: (1) the finer quality of nursing care; (2) the alert nurse whose efficiency is not impaired by overfatigue; (3) the change of nurses at the expiration of each 8-hour period while he needs continuous nursing care—which the plan provides.

(b) *The Nurse*, who enjoys: (1) the ability to give the patient better nursing care because of lack of fatigue; (2) the advantages obtained through living a normal life while at work; (3) the opportunity offered for professional and cultural advancement; (4) the privileges extended which make it possible for her to participate in community affairs; (5) the stabilization of employment and the consequent satisfactory financial increase which results.

(c) *The Physician*, who finds it satisfactory, after the plan has been inaugurated—which is evident by the trend toward the requirement of three nurses for critically ill patients in institutions where 12-hour duty obtains.

(d) *The Hospital*, which benefits because of: (1) improved nursing care for the patient; (2) happier patients and private duty nurses.

“Every man's work, whether it be literature or music or pictures or architecture or anything else, is always a portrait of himself, and the more he tries to conceal himself the more clearly will his character appear in spite of him.”—*Butler*.

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By W. M. S.

Dr. G. G. Nelson is out and around again and is looking fine.

Dr. Herman Zeve is confined to the North Side Hospital following the removal of his appendix. He is doing fine.

Dr. Vern Neel's address: Box 242, North Miami, Fla.

Dr. Julia March Baird has been confined to her bed with "Strep." throat, but is much improved now.

To Dr. J. S. Lewis, whose sister recently passed away, the members of our Society offer sincerest sympathy.

Dr. C. B. Norris presented a paper, together with 10 illustrative cases, to the staff of Youngstown Hospital on "Tuberculosis of the Skin," December 4, 1934; and Dr. John Cavanaugh presented a paper on "Arabian Medicine."

By S. T.

Dr. M. J. Kocialek had his appendix removed last month. He spent two weeks at St. Elizabeth's Hospital and is now up and around.

Mrs. D. H. Hauser, ill with pneumonia, is now greatly improved.

At the regular monthly meeting of the staff of St. Elizabeth's Hospital held December 11th, the following officers were elected for the ensuing year: President, Dr. C. D. Hauser; Vice President, Dr. E. W. Coe; Sec'y & Treas., Dr. Saul J. Tamarin; Executive Committee: Drs. L. G. Coe and F. W. McNamara; Chief of Medical Dept., Dr. A. M. Rosenblum; Chief of Surgical Dept., Dr. F. W. McNamara.

The dance held for the benefit of the hospitals at Stambaugh Auditorium, November 27th, was well attended and everyone present had a good time. The Nurses Alumnae Association of both hospitals, who sponsored this affair, netted about \$500.00. They wish to thank all the members of the Mahoning County Medical Association for their co-operation.

FROM OUR COUNCILOR

The year 1935 finds organized medicine in a state of chaos as regards the future of medical practice. Federal and State legislative bodies are meeting at this time, and many proposals are to be introduced in each, aiming at the question of relief to the needy citizens of our country.

It seems in the consideration of the general relief question, that a fixed opinion by most all lay groups (and possibly, most of the official groups, as well) is prevalent that everyone furnishing necessities such as food, clothing and shelter should have, at least, a small profit from the funds allotted for this necessary function of our government, except the medical man.

It has been estimated that the cost of making a call to the home of a family at an average distance from one's office costs the Doctor \$2.29. This figure has been arrived at by computing the cost of overhead in office together with upkeep of auto, medical supplies, etc. If this figure is correct on actual loss is sustained on every call we make, instead of a slight profit, which the merchant is granted without question.

I believe that we can convince the authorities that we are entitled to a minimum of \$3.00 per home call—\$1.50 for office calls—if we can arrive at a place whereby our representatives can sit down at a table with the relief authorities at Washington and intelligently present our case.

It seems that now is the time to start such a movement, when new legislative bodies are meeting to consider the many phases of the relief question.

As a member of your council I am advocating such a procedure *now*.

HARRY S. DAVIDSON, M. D.,
Councilor 6th District.

—◆—
"He who does not consider himself fortunate is unfortunate."—Butler.

January

DR. BOYD W. SCHAFFNER

Dr. B. W. Schaffner, who for many years has been one of our leading pediatricists, leaves us soon to take up practice at Uniontown, Ohio.

The Profession and this community can ill-afford to lose men of Dr. Schaffner's fine training and high character. His colleagues of Mahoning County wish for him the splendid success which he so richly deserves.

While regretting his leaving, we congratulate the good people of Uniontown. In Dr. Schaffner they will find a new citizen of whom they will justly be proud.

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SPEAKERS' BUREAU

Dr. James L. Fisher addressed the North Side Child Study Club on December 3, 1934.

Dr. O. J. Walker addressed the Y's Men's Club on "Public Health," on December 11, 1934.

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