

# BULLETIN

of the

Mahoning County  
Medical Society



"Perhaps a little sober reflection may even indicate that a dollar of savings can create more employment than a dollar of consumer spending."

—LEWIS W. DOUGLAS in *The Atlantic Monthly* for September, 1935.

January, 1936

Volume 6

Number 1

# GREETINGS

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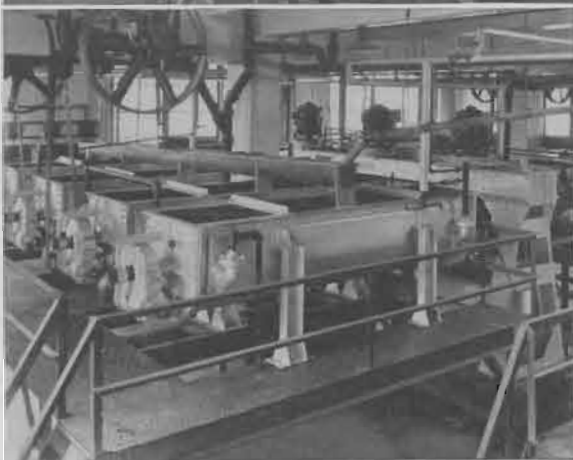
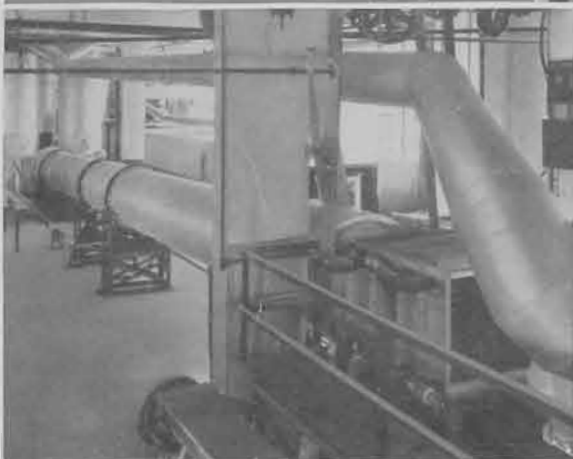
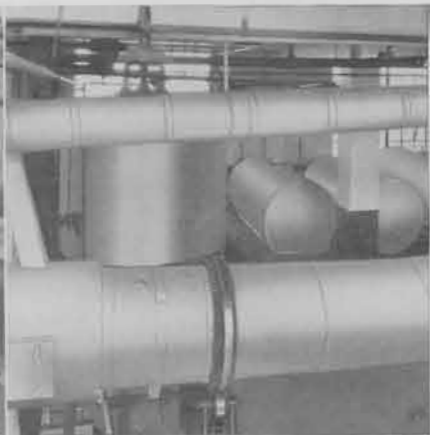
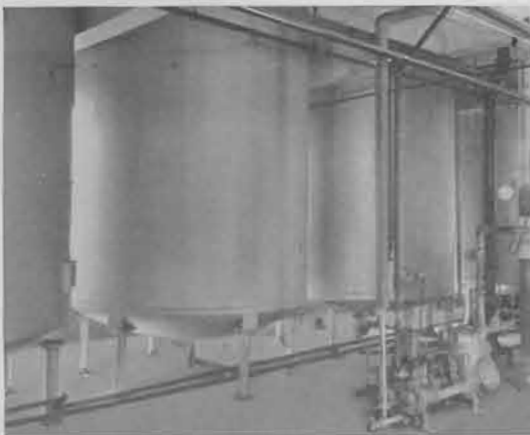


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## PRESIDENT'S PAGE

It is with renewed hope and vigor that we face the new year: A year which we sincerely hope will bring to you all a very marked increase in both happiness and prosperity. Our recent years of depression have so affected all of us, have given rise to such changes and alterations in our economic, social, and political, view points and philosophies, that the expressed wish for a Happy New Year carries with it, consciously or subconsciously, a more poignant meaning than heretofore.

While there are many unsettled problems confronting the medical profession, and while some admit grave doubts as to the future course of organized medicine, we do not "view with alarm." Let us rather make sure, each of us, of our individual participation in organized medicine, thereby helping shape its course. Let us individually, and as a group, view with caution the many suggested radical changes in procedure advocated for us. Changes and alterations in the methods for the care of the sick had best be carefully thought out and advocated by us; not for us. This end can be attained by a continuation of the active, impartial and unselfish coöperation, so wholesomely evident in the past, in the Mahoning County Medical Society.

I thank you one and all for the evidence of confidence and the honor you have bestowed upon me, and I seek your support, your advice, and your coöperation, in order that we may continue to function as a group as efficiently as we have in the past.

With best wishes for a very Happy New Year productive of much of Life's most lasting and worth while rewards for each of you.

L. GEORGE COE.



BULLETIN

of the

MAHONING COUNTY  
MEDICAL SOCIETY

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J A N U A R Y 1 9 3 6

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**ACUTE MESENTERIC ADENITIS IN CHILDREN**

By DR. E. R. THOMAS

It was with some hesitation that I consented to discuss this subject, but being encouraged to do so by the man responsible for your program and who was much better informed than myself, I felt that you would at least gain some valuable information from his discussion.

There are very few disturbances existing in infants and children which cause more concern and anxiety among physicians than the acute abdomen. I am sure you have all been greatly impressed and confused by the wide variances of symptoms and clinical findings in acute appendicitis, which so frequently are out of all proportion to the underlying pathology. In the winter and spring months of the past few years, especially during epidemics of upper respiratory infections, we have been troubled by a syndrome closely resembling the clinical picture of acute appendicitis, but which upon laparotomy, has disclosed enlarged, acutely inflamed mesenteric glands with an appendix apparently normal on gross examination. In the last year, there have been ten such cases operated in Youngstown Hospital with the above findings and so, with-

out doubt, the condition must be very common.

Strangely the literature is quite limited on this subject, which should not be confused with the mesenteric adenitis of long standing described by various authors, many of which were tuberculous in origin. Speese, in 1929, reviewed the literature and reported a series of cases in which he believed tuberculous infections were very infrequent. He stated that chronic appendicitis is frequently associated with enlargement of the mesenteric glands and concludes that the syndrome of mesenteric lymphadenitis should be suspected and diagnosed.

The clinical picture is quite variable. Some patients give a history of previous abdominal symptoms occurring as isolated attacks lasting only a few days. Other cases are more chronic in nature with intermittent or constant abdominal distress. Very frequently the onset is quite sudden with severe, cramping abdominal pain referable to the right lower quadrant and nausea with vomiting commonly a complaint. Fever may or may not be present. Occasionally, the association of abdominal pain with an acute

cold or sore throat or following soon after an upper respiratory infection has subsided, may be obtained from the history. The most common age of occurrence is in early childhood, three to ten years.

### Symptoms

The acute symptoms as previously mentioned are most commonly gradual in onset, usually lasting from one to two days before medical advice is sought. Sometimes there is an interval of freedom of symptoms for from one to three days between the onset and reoccurrence. Pain, being the initial complaint, usually begins and remains localized to the right lower quadrant. However, in a small percentage of the patients, generalized cramps have been present. This is probably less the rule in a group of patients with acute suppurative appendicitis. The pain is usually constant, but there may be exacerbations or occasional twinges of sticking pain. In two of our cases, the pain was paroxysmal in nature and sometimes so very excruciating that a shrill cry would be given, or the patient awakened from a sound sleep. When the interval between paroxysms is prolonged, a suspicion of ruptured appendix may exist.

Nausea is present in practically all patients, with vomiting frequently occurring at the height of the nausea.

One of the most constant manifestations is the presence of upper respiratory infection. This may be a discharging nose consisting of purulent mucus, passage of the same down the posterior pharyngeal wall or an injection of the pharynx, fauces and soft palate with fairly marked edema, suggestive of streptococcus infection. The anterior and posterior cervical lymph glands are usually enlarged and occasionally tender. Goldberg and Nathanson found the same in eleven of sixteen cases operated.

Constipation and diarrhoea are not particularly important although the

latter may denote more serious involvement, viz, peritonitis.

The temperature has been elevated in all cases, those with the most sudden onset and with marked throat involvement being higher. The range has been from 101 to 105 rectally. Pulse and respiration are generally in proportion to temperature.

Determination of the number of leucocytes has added very little to the diagnosis. From 6,000 to 23,000 has been experienced; again, as with the fever, dependent entirely upon the severity and acuteness of the infection. When complicated by general peritoneal infection, the higher limit was the rule.

The patient, in our experience, has usually looked acutely ill. Flushed face, injection of the conjunctiva, expression of discomfort and every evidence of toxicity exists.

The abdominal picture is as varied as it is interesting. Distention with costal breathing and some hinging of the lower half of the abdomen has been seen. Rigidity is present in varying degrees but most commonly over McBurney's or medial, immediately above the umbilicus. In one case, general and marked rigidity as pronounced as would be expected in general peritonitis was seen. Tenderness was almost always present, frequently complained of over the whole abdomen but usually elicited more severely over the lower right quadrant. Rebound sensitivity was absent.

The pathology of the appendix was grossly normal. The microscopic report revealed some mild edema with slight round cell infiltration and mild to moderate lymphoid hyperplasia, with the lumen patent. Fluid was present in two cases; in one being small in amount and clear, in the other, milky and abundant. Both were negative to smear and culture for organisms.

The peritoneal surfaces were injected and reddened to a varying de-

gree and occasionally dull but never to the extent of a definite fibrin deposit. Enteritis of some degree was invariably present which was surprising inasmuch as diarrhoea was not commonly complained of.

The mesenteric lymph nodes were roughly from one c.m. to four c.m. in their largest diameter and were injected, engorged and apparently acutely inflamed. The ileo-cecal region was always involved, more markedly than the rest of the mesentery and the glands were much larger.

Goldberg and Nathanson found that invariably throat cultures in these cases demonstrated streptococcus hemolyticus and one gland removed for section and culture revealed the same organism.

The etiology of this condition is still open to question. The seasonal incidence of this infection, so closely allied with the acute upper respiratory epidemics, certainly speaks for the involvement being of streptococcal origin. One case operated developed pan-carditis and acute rheumatic arthritis which also is noteworthy. The very mild or no pathological changes in the appendix surely exclude this organ as being the source of the adenitis.

Assuming the source of the infection to be upper respiratory, the pathogenesis again is under much discussion. The two modes of transmission would necessarily be hematogenous or by direct extension through the wall of the intestine. Some investigators are much in favor of the latter route against which there seems to be quite a bit of evidence. Most of the cases which have been used by them in proving this theory have had diarrhoea, making it most likely that an enteritis was the probable cause of the lymphatic involvement. In our cases, diarrhoea was not present. Also the appendix certainly would exhibit more acute inflammatory change microscopically from a continuation of

this enteritis. The peritoneal surfaces would be expected to show more involvement with edema, dullness and some degree of fibrin deposit. This was not our experience. General lymphatic enlargement was quite commonly found in the cervical, axillary and inguinal glands. Regardless of the frequent failure to demonstrate organisms by blood culture in these cases, the hematogenous route is the most popular theory. As in sub-acute endocarditis, we are all familiar with the difficulty of isolating streptococci in the blood stream so, with this condition, it is probably true that when clinical symptoms appear, the organisms have already been filtered out of the blood stream. In two cases reported in which complications followed operation (*viz*: pan-carditis and rheumatic arthritis), positive blood cultures for hemolytic streptococci were obtained and the same organism isolated from a gland removed at the time of operation. As the evidence definitely proves that the streptococci is responsible for this condition, it certainly must be conceded that because of its method of transmission, it could be classed with the acute infectious diseases which also exhibit general glandular enlargement and are of known streptococcal origin.

There is very little to add in differential diagnosis. Acute appendicitis is the only confusing condition and unfortunately so very serious that it gives poor opportunity for studying these cases without surgical intervention. Generally, the patient appears more acutely ill, and there is evidence of greater toxicity (*viz*: flushed face, dry mouth, anxious expression, dehydration and sometimes acidosis). Temperature has been uniformly higher and evidences of upper respiratory infection plus rather indefinite reaction to abdominal examination are points of importance. As mentioned previously, the muscular reaction and respiratory movement of the abdomen

may be as deceptive as that of acute appendicitis, excepting that rebound tenderness has not been experienced. From our observations and those reported in the literature there seems to be no absolute method of differentiating, pre-operatively, between acute mesenteric adenitis and acute appendicitis.

The prognosis is very good, practically all cases making an uneventful recovery following operation. One of our cases died with general peritonitis which was present at the time of operation.

Since the diagnosis cannot be made with certainty, the treatment necessarily becomes surgical. The question has been raised whether or not harm may be done by removing the appendix and consequently manipulating the enlarged glands with a possibility of freeing some of the organisms into the abdominal cavity. So far this has not been the case.

The drop in temperature and the rapid subsidence of all acute symptoms following exploration is interesting. Perhaps some change in the atmosphere or pressure in the abdomen following laparotomy accounts for this, much as it does in the cases of tuberculous adenitis and peritonitis. There is no plausible explanation known; certainly the removal of a normal appendix in itself would not account for this. There is only one criterion. When any doubt exists, operate immediately, since the removal of the appendix in these cases has not been followed by any complications.

The conclusions drawn from the foregoing are only of interest in presenting a subject concerning which little has appeared in our literature and a condition which apparently is extremely common. It explains many of the abdominal complaints commonly found in association with or following acute upper respiratory infections which are frequently diagnosed

as intestinal flu, etc. It is hoped we refrain from becoming too enthusiastic in our ability to make a differential diagnosis and consequently, perchance, overlook with grief that most common enemy of the child's abdomen, acute suppurative appendicitis.

## GREETINGS

To the members of the Mahoning County Medical Society and to the wide circle of professional acquaintances who receive and read this Bulletin, the incoming Editorial Staff extends its best wishes for a happy, prosperous and progressive New Year.

Happy and prosperous it will be in proportion to the individual effort which each one makes. Progression, as a Society of medical men, depends upon the concerted effort of all our members. None of our established activities should be a jot abated. And, to tax our judgment and intelligence, are the problems arising out of the new social order that touch upon and pertain to medicine. Let us not attempt the solution of those problems in the fortuitous manner of the "New Deal," from which they arise. Rather let there be orderly, logical study by our Society, to the end that plans of action may be available for our guidance.

In years past we have expended money on extra-curricular courses of study, such as neurology, hematology, etc. Wouldn't it be worth while, this winter, to engage a sociologist to assist us in orienting ourselves in this changing social order? Let us *progress* intelligently.

The editorial committee bespeaks the coöperation of the members of the Society. We welcome your criticism.

H. E. PATRICK.

"Ninety per cent. of the accidents with children result from carelessness of grown people."

**THE CURE THAT WORKS LIKE A CHARM**

By REBECCA FORDYCE GAYTON

I always knew that, according to the Law of Averages, one member of my family would contract this disease sooner or later. But it came upon me so insidiously that it was in full bloom before I recognized it. As I sat on the dock that August day clad only in a brief bathing suit, I noticed that the toes of my right foot were itching. There was a nice cold body of water at hand, so I dived into it, and its icy coolness soon stilled the fire of my toes. However, when I awoke at three A. M. the following morning with an itching of the toes beyond description, I couldn't seek relief in the lake. After tossing about until dawn, I arose and prepared to drive the mere three hundred and twenty-five miles to my home. The vibrations of the accelerator on the bottom of my foot, coupled with the drawing action of my rubber-soled shoes did not serve as a sedative for itching toes, and when we finally stopped for lunch, I discovered that my right shoe was extremely full of foot. I was conscious of an uprising of flesh similar to the rising of well-leavened dough. And then a horrible thought came over me. Infection! And five more hours of agony before I would reach my family doctor. I couldn't decide whether I should call in a surgeon at once and submit to an amputation of my foot, or whether I should run the risk of saving the foot at the possible expense of the loss of my whole leg.

My first action upon my arrival at home was, of course, the removal of my shoe. The roominess of my hastily donned bedroom slipper eased the feeling of swelling, but no one knows the agony of that continuous itching. What to do next? And then my fourteen-year-old daughter diagnosed the situation thusly:

"Why, Mom, you've got Athlete's Foot."

A slow smile of realization spread over my countenance. I had always had a secret ambition to be a skilled athlete. However, my moment of elation was fleeting. I rushed to the telephone and called my doctor.

"What is Athlete's Foot like?" I gasped in brief, if not perfect English.

"Well, it manifests itself in many ways," he replied in a most enlightening manner.

"Well, I'll tell you about my feet," I said, and proceeded to give him a glowing account of all my itches and swellings.

"That," he responded, "is what I should call an excellent description of Athlete's Foot. Only that isn't really the name of it."

And then he advised me to get some sort of alliterative potassium tablets, dissolve them in water and soak my feet for half an hour, and keep off of them. I thought the soaking would be simple, but keeping off your feet when you have just arrived home from a summer vacation at dinner time is expecting a little too much. It was, however, ten o'clock before I could find one idle minute, in which to lower my burning feet into the royal purple fluid resulting from the dissolution of the prescribed tablet. I wondered idly if my feet would come out dyed a nice Easter egg purple, or whether the color would roll off, but I really didn't care. I was wholly unprepared for the dark brown Ethiopian hue which met my eyes when I raised my feet from the purple bath. Even my toe-nails were lacquered, but unfortunately the color was wrong to be in the ultra-modern style.

The next day I visited the doctor in his office, and was given an x-ray treatment, many instructions, and a few more prescriptions. I followed his advice to the letter and thought the whole matter would be a closed

incident in a few days. One of my friends called and asked me to play golf, but I declined after some deliberation as to whether playing golf would be considered being on my feet.

"Oh," she said when I explained my dilemma. "Have you tried using iodine? That will clear it up in no time."

I explained that I was doctoring with an M. D., and she assured me that that was wholly unnecessary, as the iodine would do the work in no time, and cost considerably less.

"Why, I can't imagine how you ever happened to go to a doctor for Athlete's Foot," she added.

I began to wonder myself—if it was all so simple as this. I went right into the medicine cabinet to get the iodine. If I had just talked to Dot in the first place, just think of all the time and trouble I could have saved myself! Unfortunately, I couldn't seem to find any of the precious drug, so I started to walk to the corner drug-store. As I passed the house next door, the chauffeur who was cutting the lawn, inquired in a friendly fashion.

"Are the corns bothering you today, or have you got Athlete's Foot?"

I always did think he was a little fresh, but today I skipped it.

"Why, yes," I admitted. "I have Athlete's Foot. I'm just going over to get some iodine to use on it."

"Say," he said, leaning confidentially over the handle of the lawn mower, "whoever told you to use iodine? Don't you ever read the magazines?"

And then I suddenly knew what he was going to say, and wondered why I hadn't remembered the picture of the dreaded Gila Monster sooner.

"Get yourself a little bottle of Absorbine Jr. and you won't know you've got Athlete's Foot," he advised. "Why, the ads say it kills the germs in thirty seconds. And it does. I tried it and I know."

By the time I arrived at the drug store I had forgotten all about the iodine. I ran home limpety-limp, bared my tender feet and applied the magic fluid known as Absorbine Jr. The chauffeur was right. In thirty seconds I didn't know I had Athlete's Foot. In fact I really didn't know whether I had any feet. I seemed to have a couple of funeral pyres hitched to both of my legs. It wasn't only the germs that were being killed, it was all of my toes.

"Heroic but effective treatment," I thought as I sat and gazed at the picture of the horrible Gila Monster, and read the reassuring words of the accompanying advertisement.

"At the very first symptom douse on Absorbine Jr. Laboratory tests show that it kills 'tinea trichophyton' in thirty seconds after it has penetrated to the pest."

But after thirty minutes of excruciating agony the pest seemed to be with me more than ever, so I decided to stick to my doctor and abandon the advice of the chauffeur, and the manufacturers of Absorbine Jr.

"What fools we mortals are," I thought.

Yes, what fools we are. After soothing my feet with medically advised baths for a few days, I made the fatal mistake of confessing to another of my very best friends that I was a victim of Athlete's Foot. A cure for Athlete's Foot seems to be one of the things your best friends don't hesitate to tell you. Now, Mary is the kind of girl who always consults a doctor at the least sign of distress, but she, too, had had the dreaded disease and had been completely cured in several days by a simple remedy prescribed by her postman.

"Just rub mercurochrome between your toes and follow it up with Dr. Scholl's foot ointment and your feet will be cured in a few days," she advised.



Another trip to the drug store provided me with the proper equipment for my next episode. I followed Mary's instructions carefully for five days before I realized that the charm wasn't working. There didn't seem to be anything to do now but fall back on the advice of my doctor, so I made another trip to his office, guarding my experimental secrets carefully. He proceeded to paint my toes with a horrible dark brown mixture which surprisingly turned a deep purple on application. I couldn't decide whether my toes looked like the Gila Monster or an Egyptian headdress, but I went forth again with another armful of prescriptions. The druggist, I decided, was the man who was really profiting by my misfortune.

When Sally advised me the next day to try Bismuth Formic Iodide Compound, I assured her firmly that my doctor was taking excellent care of me. But after she told me how many people she had cured with this sterling remedy, I just couldn't resist, and off I went to the druggist. Two weeks was the time she set for recovery, but the powder she described didn't seem to know the time limit. By this time I was frantic, and all set to go back to the doctor when the telephone rang. Clara Smith, whom I had just met once in a golf foursome, had heard that the reason I wasn't playing golf was on account of Athlete's Foot. And she had called to tell me that there was a wonderful new discovery for curing this disease.

"Just soak your feet in 'Sodium Hyposulphite,'" she said. "That is the stuff they use in the fixing bath in printing photographs and it works like a charm."

"I suppose you mean it fixes your feet," I laughed, "just like it fixes pictures."

I thought I was being funny, but she didn't.

"Yes, that's exactly the point," she

assured me. "You try it. I know loads of people that have used it effectively after trying every other known cure, but it's so new I thought you wouldn't have heard of it."

I certainly hadn't, but I thanked her profusely, and resolved secretly that I had tried my last cure that "worked like a charm." Fifteen minutes later my feet were being "fixed" in a "hypo" bath. I wondered if it would bring out the colored markings on my feet with the same clarity with which it brings out the lights of a photographic print.

I had just begun the "hypo" fixing when my maid announced that the milk man wished to speak to me. Could it be possible that I had forgotten to pay my last month's milk bill? Being unable to walk with my feet in a foot bath, I had him come to me.

"Your sister just told me," he began. "when I was delivering her milk this morning that you had Athlete's Foot, so I thought I'd better stop and tell you how to cure it. Just get yourself some good old-fashioned Mange Cure, and throw that fancy stuff you're using away. Mange Cure'll do the work in a jiffy."

I thanked him politely, dried my feet and ran upstairs to get the requisite money. Then I began to wonder just where to purchase Mange Cure. Would my old reliable druggist stock it, or (horrible thought) should I get it from a "Vet"? My maid appeared again at this moment to announce the presence of a young man in my living room.

"Did he ask for the lady of the house?" I inquired.

"Oh no," she said. "He asked if Mrs. Jones was in this morning. Just like he was one of your friends."

In spite of this apparent familiarity, I knew of course that he must be a book agent or a Fuller Brush man, and I was in a hurry to surround my

(Continued on page 18)

## ANNUAL BANQUET

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Speaker

**DR. JOHN L. DAVIS**

Pastor, Washington Square Methodist Church  
New York City

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SUBJECT:

“The Echos of Life”

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**Tuesday, January 21st, 1936**

6:30 P. M.

**YOUNGSTOWN CLUB**

## *Coming Events*

**February 25th**

**DR. ELLIOTT P. JOSLIN**

Professor of Medicine, Harvard University

On

Diabetes

**March 17th**

**DR. SOMA WEISS**

Ass't. Professor of Medicine, Harvard University

On

Cardiac Asthma; Its Clinical Significance and Management

**April 30th**

**POSTGRADUATE DAY**

(Group from Columbia University,  
led by Dr. Walter W. Palmer)

**May 19th**

**DR. WILLIS F. MANGES**

Professor of Roentgenology, Jefferson Medical College

On

X-Ray

**June 16th**

**DR. CHAS. C. WOLFERTH**

Associate Professor of Medicine, University of Pennsylvania

On

Cardio-vascular Disease

**CURE (From Page 15)**

feet with Mange Cure. But what woman exists with soul so dead that she can resist the romantic possibilities of a young man awaiting her in the living room.

I had guessed his identity wrong. He was a salesman of moth killing devices. After some fifteen minutes' discussion of extermination of moths, silver fishes, termites, rats, mice, and other vermin he suddenly asked, assuming just the proper degree of embarrassment, demanded of a good salesman who is forced to mention a delicate subject to his lady prospect, "Does any one in your family suffer from Athlete's Foot?"

From this point on the result of his visit was inevitable. When he departed from my presence I was in possession of another "sure cure" for Athlete's Foot.

Oscillating weakly between the merits of these two latest animalistic cures, I took my daughter down town to buy her a pair of shoes. The salesman who waits upon us knows that an excursion of this sort always results in a dual sale, due to my own weakness for good shoes. Today I had a means of outwitting his super-salesmanship. I repulsed him with the explanation that I would pollute his shoes with Athlete's Foot. But this only gave him a golden opportunity. He knew a man who worked in the mill and suffered for years from Athlete's Foot. He had tried simply everything and then one day when his feet were hurting him like Sam Hill he had soaked them in water to which he had added a few handfuls of ordinary washing powder that his wife used to whiten her sheets. I rushed to the grocery and purchased a generous quantity of the prescribed powder. But as I prepared for the perfect and complete cure promised by the designing shoe clerk, I suddenly beheld in retrospect the picture of barrells of this same powder standing in a hospital laundry

which I had inspected at one time. The director of the laundry was showing me hospital sheets badly stained before washing and the white results after the use of the powder. Maybe a mill worker could stand this treatment, but can I take it? I thought not. However, the washing powder wouldn't be a total loss. I took it down to the laundry and turned it over to the angel who presides there.

"How are your feet, Mrs. Jones?" she asked.

"Oh, much better, Sophie," I lied.

She looked at me hesitantly for several minutes, and then said, "Don't you think if you soaked them in epsom salts, it would fix them? I had sore feet once, and that's what I did."

And now after one month of rich experience in curing Athlete's Foot I feel thoroughly qualified to give the best advice on the subject there is. Don't tell a soul you've got it and sneak off to a doctor.

---

### **Air Conditioning**

One of the new industries of double import to us as members of the Medical Profession is air conditioning. First, it may well be that this potentially very large industry will help materially to pull the nation out of the prevailing economic doldrums. And then, its wide use may be, both directly and indirectly, of great advantage to human health.

For the first time some of us have recently enjoyed long train rides, something hitherto dreaded, especially in the summer. Some of us have slept in an air-conditioned hotel, say last night, but in a hotel not air-conditioned the night before. What a contrast!

But of more practical importance is the use of this device for comfort, and pure fresh air, in homes and hospitals.

## THE MAHONING COUNTY MEDICAL SOCIETY

1936

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## GREETINGS FROM THE STATE PRESIDENT

It is a pleasure to take advantage of this opportunity furnished by the Editor of the *Bulletin* of the Mahoning County Medical Society to extend to each member of the Society my sincere best wishes for a happy and prosperous New Year.

Then, too, I am pleased to bring to you greetings from the Officers and the Council of the Ohio State Medical Association—your Association, the activities, benefits, and services of which are made possible by the coöperation, enthusiasm and active interest of the thousands of individual physicians throughout Ohio who, like yourselves, recognize the value of medical organization and possess enduring faith in its ability to effectively represent the best interests of the medical profession of our commonwealth.

Medical organization in Ohio faces the New Year with serious problems confronting it. Our strength, initiative and ingenuity will be taxed to the limit. There must be cohesion within our ranks and enterprise in support of our policies, or success will be something sought but not attained.

Frankly, I am more confident of the future than some are. I cannot help feeling if the medical profession fights, and fights hard; puts forth every effort to provide the public with the type of service that will maintain the confidence of our clientele; and lives up to the traditional principles and ethics upon which modern medicine rests, that our prestige will not suffer or our professional status decline.

Solution of many of our problems will depend on how effectively the component groups of our State Association function and on how well the officers of the State Association succeed in coördinating the activities of the individual county units.

You, the members of the Mahoning County Medical Society, are indeed fortunate in having as your official representative and mouth-piece, a well-organized and alert society—one which has set an outstanding example for service to the public and its own membership.

It is my sincere hope that you will continue to give your State Association your support. It will be needed during ensuing months. I am confident you will.

Permit me to congratulate all of you on the innumerable successes attained through your teamwork and hard work, and again wish you continued success, individually and collectively.

R. R. HENDERSHOT, M. D., President  
Ohio State Medical Association.

### WHO IS THIS DR. JOHN L. DAVIS ?

John L. Davis was born in Odell, Nebraska, February 20, 1884. His father was a railroad contractor. "John L." received his early education in Oklahoma and Texas. He is the type of the breezy Westerner who takes things along by storm as he proceeds through life. He received his theological training at Drew Theological Seminary, Madison, N. J., receiving the degree of B. D. and won the McDaniel fellowship, entitling him to study at the United Free Church College in Glasgow, Scotland, where he remained for a year. He is a graduate of Oklahoma City University, and has been awarded the degrees of A.B. and D.D. by that institution.

During the World War, Dr. Davis received a commission as Captain in the Construction Division of the United States Army, and spoke to thousands of civilian workmen in Army camps from New York City to San Antonio, Texas. This assignment was occasioned by his popular fame as an effective and satisfying speaker to men. His addresses finely blend truth and humor and his messages are as breezy as his jovial disposition and reflect the long vision of the prairies from whence he came.

While Pastor of Trinity Methodist Episcopal Church in New Britain, Conn., he organized "The Everyman's Bible Class," which grew from 73 men to 2,200 in four years.

He was State Chaplain of the American Legion, also Chaplain of the 76th Division, O.R.C., former director of the New Britain Chamber of Commerce and Governor of Lions Clubs of Connecticut and Rhode Island.

At present Dr. Davis is the Pastor of one of the prominent Churches in the City of New York, where his powerful sermons have gained for him a far-reaching reputation.

His sparkling wit and good-natured humor make him a National favorite at Banquets and Conventions.

•

## ANNUAL MEETING

December 17, 1935

The annual meeting of the Society was held at the Youngstown Club, December 17th, 1935. The meeting was very poorly attended, there being only 64 of our members present. This is a very small minority to elect officers of our Society, but then the fellows that complain that certain men were elected, should remember they did not think it worth while to be present at the election and should remember that they did not help to elect these officers who were elected, and then regardless should give them whole-hearted support.

The following are your elected officers for 1936: President-Elect, Dr. Paul J. Fuzy; Vice President, Dr. Claude B. Norris. Secretary, Dr. R. B. Poling; Treasurer, Dr. Louis Deitchman.

As your retiring Secretary, let me remind you that you have selected a very capable man to function as your Secretary, but he cannot, nor can any of your chosen officers, give you 100% service if each and every one of you do not get behind them in whatever position they ask you to serve. This is not an organization of a few but of the whole Society. We cannot go places or do things if each member of our organization is not willing to do his part. When you are called on to serve, do not give of your time grudgingly, but say yes at once, for it is your Society, not the officers'.

After serving you as Secretary for four years, I am very regretful of giving up the position, for I have enjoyed every minute of the time. I have had wonderful coöperation from all the membership and have greatly appreciated your confidence and the honor that you have bestowed upon me, but remember I have worked always for the profession as a whole and at no time have I served a clique or group.

I leave office not because the membership has requested, but because of other activities that demand that I give up part of my work for the profession, the demand on my time being too great.

Your retiring Secretary asks that you give the new Secretary as much support as you have given me.

WM. M. SKIPP.

## SPEAKERS' BUREAU

During the month of December the following doctors broadcasted over Station WKBN:

December 10th, Dr. Wm. M. Skipp on "What Is Prenatal Care?"

December 17th, Dr. O. W. Haulman on "Mothers."

December 24th and 31st, Dr. J. A. Altdoerffer on "The Whole Truth About Childbed Fever."

Dr. J. P. Harvey addressed the Kiwanis Club of Hubbard on December 18th, on "Symptoms That Should Be Watched After 40."

Dr. Sidney McCurdy addressed the Hubbard Kiwanis Club on December 11th, on "The Romance of Steel."

Dr. Claude B. Norris addressed the Columbiana County Medical Society on December 10th, on "Skin Diseases." Also on the 18th of December he addressed the Boys Hi-Y Club in Canfield.

Dr. S. H. Sedwitz addressed the Mercer County Medical Society at the Buhl Hospital Nurses Home on December 11th, on "Recent Advances in Peripheral Circulatory Diseases."

"Children must play. Don't make the place a set of traps to cripple and kill them."

"New occasions teach new duties,  
Time makes ancient good uncouth;  
They must upward still and onward,  
Who would keep abreast of truth."

—James Russell Lowell.



### From Our State Secretary

*State Wide Plan for Periodic Payment of Hospitalization*—The Ohio Hospital Association has inaugurated a program to promote periodic payment plans for hospitalization among the hospitals of many counties.

Needless to say the medical profession is deeply interested in this undertaking. When and if the hospital or hospitals in your county hold discussions of this proposal, the medical profession (your county medical society) *should have a representative present* and he should be charged with the responsibility of keeping in close touch with the situation so that the viewpoints of the profession may be properly and forcefully presented. *The nature of the contract for the periodic payment of hospitalization is of vital concern to the medical profession.*

\* \* \*

*Campaign Against New Taxes*—Your attention is called to the article headed "No New Taxes in 1936 Are Needed, etc.", on page 900 of the November issue of *The Journal*. Doubtless a local committee has been organized in your county to promote this campaign. A representative from each county society (the president in most instances) has been selected to cooperate with representatives of other professions and business interests in carrying on the movement locally. Any support you and your colleagues can give in promoting this noteworthy activity against new taxes and for economy in government will be appreciated by the various participating groups, which include the State Medical Association.

CHARLES S. NELSON,  
Executive Secretary.

### HOSPITAL ACTIVITIES

Pathology Conferences are held at the South Side Hospital every Friday at 11:30 A. M. More doctors could attend these conferences with profit, we believe. Interesting cases are being presented every week in an able manner. Last month the follow-

ing cases were presented. Fuller and more complete reports will appear in later issues of this journal.

Benign nephro-sclerosis.

Aneurysm of the aorta.

Septic metritis.

Carcinoma of the head of the pancreas.

Carcinoma of the kidney with metastasis.

Carcinoma of the kidney.

Tuberculous meningitis.

Miliary pulmonary tuberculosis.

Malignant thymoma.

Aneurysm of the aorta.

Carcinoma and stricture of esophagus.

Nephrosclerosis (bilateral).

Abdominal aortic aneurysm.

\* \* \*

The regular monthly staff meeting of the Youngstown Hospital Association was held on November 12th. The program was in charge of Dr. Fenton and Staff. The subject presented was "Some Fundamental Principles of Allergy." There was a motion picture demonstration of anaphylaxis in experimental animals. A complete report of the papers read will appear in a later issue of this bulletin.

\* \* \*

The program for the December staff meeting was in charge of Drs. Brandt and Altdorffer of the Obstetrical Staff. They presented an analysis of Caesarean Sections done in Youngstown Hospital since 1927. A report of their findings will appear at a later date.

C. A. GUSTAFSON, M. D.

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## CLEANINGS

By C. A. G.

Dr. Paul Fuzy has returned after an absence of six months. He is back at his former location on Lincoln Avenue. His practice will be limited to treatment of diseases of the colon, rectum and anus. During his absence he studied at the Mayo Clinic at Rochester; with Dr. Hanes at Louisville; the Cancer Hospital at Buffalo; the Lahey Clinic at Boston; and was first assistant to Dr. Jerome Lynch, professor of proctology at the Poly-clinic Postgraduate School and Hospital in New York. He also studied gastro-enterology at the Polyclinic. We wish him success in his new field.

Dr. Joe Hall, who occupied Dr. Fuzy's office during the latter's absence, will continue to have an office at the same location, sharing rooms with Dr. Smeltzer.

Dr. Reckley is still in the South Side Unit of the Youngstown Hospital.

Dr. Sam Sedwitz has been in the East two weeks studying peripheral-vascular diseases. He studied at Jefferson Medical College, Temple University, Mt. Sinai Hospital, and Israel-Zion Hospital in Brooklyn. Most of his work was done with Dr. Irving Weigert in the Postgraduate Hospital. On December 11th, Dr. Sedwitz addressed the Mercer County, Penna., Medical Society on the subject of peripheral-vascular disease.

Drs. Walker, Piercy and Ed. Goldcamp recently attended the Otolaryngological Meeting in Detroit.

Dr. Earnie, interne at the South Unit, is back at work after an appendectomy.

Drs. Bunn, Monroe, Mathay, Ipp, Hamilton and Baldwin visited the City Hospital, Cleveland, last week, and made medical rounds with Dr. Scott. While there they met Dr.

*January*

Foreman of India, a classmate of Dr. Bunn. Dr. Foreman had many interesting things to tell about India.

Drs. Evans and Walker were at the Cleveland Clinic on December 9th, 10th, and 11th, attending the Annual Postgraduate Review of the Cleveland Ophthalmological Club. Dr. Evans left December 20, to spend the Christmas holidays with his parents in Texas.

Dr. Colin Reed spent ten days hunting in Pennsylvania.

The Kiwanis Club of Hubbard was addressed on December 4th by Dr. McCurdy on the subject, "The Romance of Steel," and on December 18th by Dr. Harvey on "Danger Signs in a Man Past Forty."

By S. J. T.

Drs. W. H. Evans, E. C. Mylott, R. E. Odom, A. C. Tidd, and E. J. Wenas presented papers at the November meeting of the Staff of St. Elizabeth's Hospital. The papers were confined to Lesions of the Eye and Ear.

Dr. M. W. Neidus spent a week at Temple University where he took a special postgraduate course in Cardiology.

Drs. W. H. Evans and O. J. Walker have returned from Northwestern University. They stayed for a week, taking a postgraduate course on "Eye Muscles."

The following officers for the coming year were elected at the meeting of the Staff of St. Elizabeth's Hospital held December 10th: Chief of Staff, Dr. C. D. Hauser; Vice Chief of Staff, Dr. E. W. Coe; Secretary-Treasurer, Dr. Saul J. Tamarkin; Chief of Surgical Service, Dr. F. W. McNamara; Chief of Medical Service, Dr. A. M. Rosenblum; additional members to the Executive Committee: Drs. J. M. Ranz and L. G. Coe.

Dr. P. L. Boyle has returned from  
(Turn the Page)

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**CLEANINGS (From Page 25)**

Philadelphia where he attended a reunion of former house residents of the Philadelphia General Hospital. Several days of clinics on obstretrical and gynecological cases were held.

Drs. C. D. Hauser and W. E. Ranz attended the recent meeting of the American College of Surgeons in California.


Dr. Sam Tamarkin was confined to St. Elizabeth's Hospital for several days with a gastro-intestinal up-set.

**Special Meeting, Nov. 29, 1935**

The Mahoning County Medical Society held a special meeting on November 29th, 1935, at the Y. M. C. A., for the purpose of nominating three of our members for the position of City Physician. The following names were put in nomination: Drs. Porembski, Fusco, Reed, Patrick, Tymochko, Kling, Kaufman, and Colla, with the selection of the following: Drs. Patrick, Reed, and Fusco. These names were requested, like the names for Health Commissioner, by our Mayor-Elect Evans, as explained by the Representative of the Committee of the Allied Professions, Dr. O. J. Walker. This is not just a City Physician position, but is the Director of Medical Relief in the city of Youngstown. Therefore, calls for a man of executive ability.

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*January*

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A coil of twenty gauge steel spring wire, a pair of wire cutting pliers, two pairs of straight pliers to shape the wire into a stirrup form, and a file or preferably a small emery wheel to sharpen the end of the straight or pin portion, are all that are needed for any mechanically-inclined person to make an abundant supply of this instrument.

These "stirrup pins" may be made of any length to suit the individual case, and the length of the stirrup loop also is easily varied. Traction may be applied also to the ankle or wrist in selected cases by applying them to all the digits and suspension or tension employed. Any strong pliers may be used to hold the pin while drilling through the bone, but a hand vise, costing \$1.50, is more reliable, the loop of the stirrup being bent out of the way while drilling.

B. B. McELHANY, M. D.

### The School-Child's Breakfast

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pablum, Mead's Cereal cooked and dried. Six times richer than fluid milk in calcium, ten times higher than spinach in iron, and abundant in vitamins B and G, Pablum furnishes protective factors especially needed by the school-child. The ease with which Pablum can be prepared enlists the mother's co-operation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature. Its nutritional value is attested in studies by Crimm *et al* who found that tuberculous children receiving supplements of Pablum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina.

Mead Johnson & Company, Evansville, Indiana, will supply reprints on request of physicians.

### Secretary's Report

The Mahoning County Medical Society held a special meeting, November 27th, 1935, at the Y. M. C. A., for the purpose of nominating three of our members for the Mayor-Elect, Lionel Evans, to select one for the position of Health Director of our city.

The following men were put in nomination: Drs. Autenreith, Beight, Blott, Reed, Rosapepe, Ryall, and E. R. Thomas; with the election, by the members present, of Drs. Beight, Thomas, and Ryall. These names were presented to the new Mayor.

At this meeting the Society approved the dues for 1936 at \$12.00. The Constitution calls for annual dues of \$15.00. Also the Society endorsed the Inter-Organization Conference Committee resolution.

**WANTED**—A used 16 or 18 inch electric sterilizer. Dr. Fuzy.

## MEDICAL FACTS

By J. G. B.

A tumor in the pelvis with fluid in the abdomen is not necessarily a hopeless proposition. There are cases of fibroma of the ovary that are accompanied by a great deal of fluid that recover completely after removal of the tumor. According to some observers 30 per cent. of these cases have ascites.

Fluhmann of San Francisco advances the theory that uterine bleeding following accidents, without demonstrable pelvic injury, is due to trauma to ripe follicles or corpora lutea. He points out the fact that a new menstrual cycle is formed, beginning with the premature menstruation following the accident.

In presenting a case of a ten-month old baby girl who was admitted to the hospital because she had passed a large, dark red stool two weeks previously, Lanman of Boston remarks: "I think my guess would be that she probably bled from a Meckel's diverticulum. This occurs much more frequently than we formerly thought. We have seen a large number of cases in the past two years, the youngest two months of age, where bleeding by rectum was a presenting sign." Operation revealed an ulcer of Meckel's diverticulum.

Continuing the discussion of the same case, Higgins says: "I referred to Abt's System of Pediatrics, published about 1927, and found there no mention of bleeding from a Meckel's diverticulum. The recognition of this condition is recent, certainly within the last 15 years."

A temperature of 101.5 and a pulse rate of 160 in a man dying of acute diverticulitis elicited the following remark: "The temperature is not high, but the pulse is abnormally high and here we might bring out the point that the pulse in acute abdominal conditions or in intestinal obstruction is often a much better

indicator of the patient's reaction or toxic condition than the temperature."

A committee appointed in May, 1934, by the American Neurological Association, assisted by a grant from the Carnegie Foundation, finds that "Only two psychoses have a hereditary significance — manic-depressive and dementia praecox. Of the two, the former is more definitely hereditary. Factors of heredity exist in feeble-mindedness, but it is not a simple recessive Mendelian character."

A new method for differentiation of aortic and pulmonary murmurs: Systolic murmurs of the pulmonary artery are frankly reinforced by forced inspiration and postinspiratory apnea while systolic murmurs of the aorta are muffled by the same. Diastolic murmurs of the pulmonary artery are reinforced with forced expiration and postexpiratory apnea in a greater degree than the diastolic murmurs of the aorta which are moderately reinforced. The reason for the reinforcement of the pulmonary systolic murmurs seems to be increase of blood flow through the pulmonary artery during forced inspiration.

After listening to a report of a case in whom a murmur was heard at the apex, allegedly transmitted to the base, P. D. White had the following to say: "May I add a word about transmission of murmurs? The record says that 'loud systolic and diastolic murmurs were audible at the mitral area and transmitted to the base.' The truth is the other way round. Aortic valve murmurs are often transmitted to the apex but mitral murmurs are almost never transmitted to the aortic area."

"If you live according to nature you will never be poor; if according to the world's opinion you will never be rich."—*Epicurus*.

**OPINIONS OF OTHERS**

**Loyalty**

"If you work in a profession, in Heaven's name work for it. If you live by a profession live for it. Help advance your co-worker. Respect the great power that protects you, that surrounds you with the advantages of organization, and that makes it possible for you to achieve results. Speak well for it. Stand for it. Stand for its professional supremacy. If you must obstruct or decry those who strive to help, why—quit the profession. But as long as you are a part of a profession, do not belittle it. If you do you are loosening the

tendrils that hold you to it, and with the first high wind that comes along you will be uprooted and blown away and probably you will never know why."—*Charles E. Dawes.*

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