

BULLETIN

of the

Mahoning County
Medical Society



"I was thus led to infer that the ground
of our opinions is far more custom and
example than any certain knowledge."

—Descartes: *Discourse on Methods*.

February, 1936

Volume 6

Number 2



ΑΕΚΑΗΠΙΟΣ



ΑΕΚΑΗΠΙΟΣ

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2. How is Bang's disease reaction determined?

3. What constitutes an accredited herd?

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PRESIDENT'S PAGE

Your officers and committees are functioning. Council met, together with all committee chairmen, once last month. Duties and responsibilities were outlined and delegated. Incidentally, it was the opinion of those present that it was the duty of all members of the Society to attend scientific meetings. A duty each one owes to himself, to his profession, and to his patients. No one in our group, attempting to carry on in the active practice of medicine, can come and listen to the spoken words of such men as Joslin, Weiss, Palmer et al and not be materially benefitted thereby. To fail to do so regularly is to fail in fulfilling one's obligations!

Our annual banquet was not very well attended last month. Only about one hundred and twenty-five present; a large number of these were not from Mahoning County. However, we are always pleased to have them with us. The time having come, however, that we see at our regular meeting a scant third, or less, of our own members present, and these outnumbered by those present from other counties, the situation calls for analysis.

Please, in all fairness to yourselves and to your patients, mark down on your calendars the dates February 25, March 17 and, with an extra big circle, April 30—all day that day. Have your office girl post necessary notices, in your office, to the effect that you will not be in at these times. You will not lose anything by letting your patients know that you attend medical meetings. When they read Geo. Madtes' description of the meeting, and résumé of the address, in the paper the next day they may well decide to consult you in regard to a problem on that subject—if they know, or think, that you were at the meeting. The fact of the matter is, if I did not attend these meetings, I would attempt to keep it a deep dark secret from my patients.

So let's go! Our poor start is a challenge. Dr. Segall and his committee are going to do some research work. Their progress will be confided to you from time to time, and their conclusions and results reported to you at the end of the year.

L. GEO. COE.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

F E B R U A R Y 1 9 3 6

CANCER MANAGEMENT*

By GORDON G. NELSON

*Presented at a stated meeting of the Youngstown Hospital Association Staff.

During the last decade or two the public has become very much aroused over the apparent increase in the incidence in cancer. This increase is apparent because of several factors. The disease is diagnosed more often due to the development of better diagnostic methods, and the people as a whole are gradually learning to seek medical aid at the onset of symptoms. Through the press and the radio, the people of all walks of life have been reached, and this has led to an intelligent interest in the disease. Individuals generally associate cancer with three stigmata which are: First, the existence of great pain; second, the occurrence of open and offensive sores; and third, the progressive nature of the disease. The first two of these are much less warranted than formerly, and the third, though still justified, is probably becoming less so as the years pass.

Cancer is one of the oldest known diseases. The ancients described it and called it the "stinking death." The horror with which the laymen of the present day views this disease is quite as great as in the days when

it was known by that name. Down through the ages many men have devoted much time to the study of cancer and have put forth various views, but it was not until the latter part of the nineteenth century that a beginning was made in the scientific study of the disease. It was Thiersch who in 1865 demonstrated that all carcinoma developed from epithelium. The cause of cancer is still undetermined, although there has been a tremendous amount of work done along that line. It is generally agreed that mechanical, chemical and thermal irritation play a part in most cancers as predisposing causes, and that chronic or subacute infection is the immediate cause in all cancers. Some believe that heredity plays a strong part as an etiological factor and it has been shown by Maude Slye in her work on mice that she has been able to breed mice with or without cancer at will, and also that cancer acts according to the laws of Mendelian inheritance and that it is a "recessive character." Cancers have been reported to have occurred in identical twins in the same organs and at the

same time. It is certain that heredity plays some part in the causation of cancer.

Cancer occurs any place in the body, but we are going to discuss it as it occurs in some of the most common locations. The lip is very often the seat of cancer, and it should be diagnosed the earliest of all since any lesion of the lip is readily seen by anyone. Dr. New of the Mayo Clinic, states that patients who have malignant and precancerous lesions about the mouth are presenting themselves for treatment much earlier than they did fifteen years ago. He says that any small lesion on the lips that does not heal in a month is probably an early malignancy and should be excised. If examination discloses a malignancy, then excision of the glands of the neck should be done. His series include 547 patients with epithelioma of the lip; 357 were living five years or more; 50 of the total number of patients had clinically involved glands which were dissected out. Of these 18, or 30% were found to be living 5 years or more. Quigley on the other hand, condemns the procedure of gland dissection, saying that if the glands are involved, they cannot be taken out without contaminating the incision. Over a period of 14 years, he records about 90% cures living from 3 to 11 years. He uses radium and x-ray. It seems that the best treatment of lip cancers is surgery combined with the rational and expert use of radium and x-ray. The use of tobacco seems to influence the incidence and effectiveness of treatment. Broders found that out of 537 cases, the non-tobacco users had better results in 86%, while 78% of the tobacco users had good results. Cases of recurrence have been reported in cured cases following the indulgence in tobacco. Carcinoma of the tongue is not so successfully treated judging from the statistics. New reports 162 patients operated on. Of these 58, or 37.2% have sur-

vived five years or more. He advises wide removal of the growth using diathermy or the cutting cautery, together with bilateral dissection of the submental, submaxillary and upper cervical lymph nodes, if they are not involved. If they are involved, however, he advises a block dissection on the side involved. Highly malignant lesions occurring at the base of the tongue can be treated with radium inserted directly into the tumour and radiation externally. Quigley had 37 cases treated with radium needles and of these, 17 are well after three years. None of those living after three years had gland involvement. Here again the treatment is a rational combination of surgery, x-ray and radium.

Carcinoma of the larynx has become a much more manageable disease in the last ten or fifteen years. It is not the once hopeless condition it used to be. According to Jackson, intrinsic cancer of the larynx is curable in about 82% of the cases. Biopsy is safe and in fact always advised before any operation of the larynx, as there is not the danger of diffusion of the disease after biopsy in cancer of the larynx as is true in other parts of the body. The operations of laryngofissure and laryngectomy together with the rational use of x-ray as applied by Coutard, and radium applied according to the technique of Phaler, have changed the outlook of many patients suffering from cancer of the larynx. Dr. New studied the curability in 107 traced cases operated at the Mayo Clinic, and found that 64.5% had obtained 5-year cures. The average time of cure was nine years. The longest time was 24 years; 8% of the cases were women. The average age was 55 years. Three of his patients were under 23 years of age. He feels that hoarseness is an important diagnostic point especially if it persists for more than one month.

The stomach enjoys the unenviable reputation of being affected with carcinoma more frequently than any

other organ in the body. This is especially true in this country, where statistics from the Metropolitan Life Insurance Co. showed that cancer of the stomach has a very much higher incidence than any other type of cancer. Furthermore, the death rate per 100,000 has been going up in the last 25 years. This is especially true of men. Caucasians suffer more than blacks and economic station has some bearing for the most prosperous group seem to suffer less frequently, i. e. in the industrial group there were 177.1 deaths per 100,000 population from cancer of the stomach, while in the ordinary group there were 140.5 deaths per 100,000. In England, Stevenson showed that carcinoma of the upper gastro-intestinal tract increased as we descend the social scale. Apparently it is more prevalent in the class of individuals who pay no attention to dental hygiene and who are not particular about how or what they eat. Craver followed this out in a small way and investigated 36 cases of gastric carcinoma with a view to finding some cause in extrinsic conditions. He found that dental disease and improper chewing of food were highest, and next came hot food, irregular meals and seasonings. Bad teeth, tonsils and sinuses had no influence.

The age incidence of carcinoma of the stomach, according to a diagram from the Metropolitan Life, reveals that the ages between 65 and 74 have the highest death rate per 100,000 from cancer of the stomach. However, the ages at which an individual may be considered a victim of gastric carcinoma has changed and today we know that practically all decades of life are subject to the disease. Klopp had one case of gastric cancer, 27 years of age. One of the foreign journals reports a case of carcinoma of the stomach in an 11-year-old boy. Oller and McCrae collected six reported cases in persons under 10, back in 1900.

In gastric cancer, the pylorus seems to be the side of predilection. This was borne out in an analysis, by Warwick of 176 gastric cancers found in a series of 7600 autopsies done in 20 years at the University of Minnesota. The distribution was as follows: Pylorus 42%, wall 37%, Cardia 11% and diffuse 10%. This is in line with the fact that "segments of the G. I. tract in which carcinoma is found most frequently are those segments which are subjected to the greatest trauma." This is well illustrated by looking over a list of 833 carcinoma from Mayo Clinic of the gastro-intestinal tract which were distributed as follows: 50.3% in the stomach, 25.9% in the rectum, 10.9% in the large bowel, 11.6% in the esophagus and only 1.2% in the small intestine.

According to Ashhurst & Klopp, patients with gastric carcinoma fall into three groups depending on type of clinical symptoms from which they suffer:

- (1) Those with a short history, i. e. up to 6 months.
- (2) Those with long history, over 6 months.
- (3) Those with no history of the dyspepsia syndrome.

In their series, Group 1 comprise about 50-60% of all cases, and this agrees with other men having significantly large series. About 35% fall into Group 2. The remainder fall into Group 3, although some authors have found as high as 18% without previous symptoms. It is this lack of uniformity in symptoms it seems that make gastric carcinoma such a formidable problem to deal with. To rely on symptoms in the diagnosis of gastric cancer is dangerous. It is quite necessary to take every means to investigate the possibility that the patients may have a malignancy.

There are many interesting opinions on the relation of ulcer to cancer of the stomach, but it is beyond the scope of this paper to dwell on it.

McCarty of Rochester has made the statement that an ulcer larger than a quarter is malignant. However, it may well be said that since a few gastric ulcers have been found harboring carcinomatous changes in their borders, the only way to handle them is by surgery. From the literature, this seems to be the consensus of opinion. As to the curability of carcinoma of the stomach, Deaver said that it is discouraging to know that in only 50% of the cases is exploratory operation justified, and in the patients operated on, radical resection is feasible in probably not more than one-third. The result is that at present 98 to 99% of all patients afflicted with gastric cancer eventually die of the disease. Landon says that due to the fact that there are no classical early clinical symptoms or findings in this disease, (1) that every patient over 40 years of age with intractable gastric symptoms should have not one but frequently repeated careful x-ray examinations and these failing to clarify the situation within a reasonable length of time should be subjected to exploratory operation. (2) Every gastric ulcer is potentially malignant and failure of early and continuous control indicates immediate surgical exposure. (3) Positive proof of the true character of the early ulcerating lesion is obtainable only through reliable microscopy.

Carcinoma of the large bowel seems to be next in frequency in malignancies of the G.I. tract. The early symptoms are by no means real or tangible, but they do provide warnings for further investigation. In Lahey's clinic 56% of the patients had symptoms for six months or less; 85% of the patients had abnormal symptoms for less than a year. The earliest symptoms of carcinoma of the proximal half of the colon are those of vague and indefinite digestive disturbances. Lesions in this part of the colon are characterised by their ability to produce a severe secondary

anemia. The proximal colon possesses several features which influence the symptomatology and also the results of surgery at this level. The lymphatic supply is richer than that of the distal colon. The contents are liquid and contain organisms of high virulence and noxious toxins. In addition, its function is to absorb fluids. Lesions in the cecum and ascending colon are palpable earlier. The function of the distal colon is, however, largely one of storage and its contents are mostly solid and therefore unfavorable for the growth of organisms and the production of toxins. Hence little absorption occurs here, and secondary anemia is less severe and mechanical obstruction more common as an indicator of the presence of carcinoma in this location. The symptoms therefore of carcinoma of the distal colon are those of obstruction, grading from mild and indefinite discomfort down to the acute and complete type. Secondary anemia is not so common. The lesions are often palpable. Malignancies of the rectum tend to be silent early in their existence. The appearance of blood and the presence of hemorrhoids should obligate the physician to make a digital exploration of the rectum, and then a sigmoidoscopic examination even in the face of no symptoms. Jordan of the Lahey Clinic investigated 100 cases of carcinoma of the colon and rectum as to symptomatology and found that diarrhea and constipation occurred more frequently than any other symptom, since disturbance of colonic function must of necessity be more common than any other symptom. Constipation was present in 56% of cases of carcinoma of the rectum and cecum. It was present in 65% of cases of carcinoma of the sigmoid. In only 9% was there no evidence of disturbed bowel function; 27% of the cases had diarrhea and half of these had carcinoma of the rectum. The textbook picture of alternating constipation and diarrhea supposed to be typical of

carcinoma of the colon was present in only 8% of the cases. Weight loss was present in 65% and this indicates late diagnosis. In 153 cases of carcinoma of the colon in Lahey's Clinic the distribution was as follows: Cecum 14, ascending colon 5, hepatic flexure 5, transverse colon 6, splenic flexure 4, descending colon 8, sigmoid 21, rectum and recto-sigmoid 91. Here again is brought out the fact that the segments of the intestinal tract which are subjected to the most trauma are most frequently the seat of malignant lesions. The treatment

of this condition is of course surgical. The curability of carcinoma of the colon seems to depend mainly on the early diagnosis, complete removal and the grade of malignancy. Olsen of the Mayo Clinic in compiling results of 753 treated cases of carcinoma of right and left half of the colon and rectum, showed a higher percentage of 5-year cures in carcinoma of the right half of colon even in the grade four type. The treatment of bowel malignancies is of course surgical.

(To be continued in our next issue)

REFLECTIONS OF A DOCTOR'S WIFE

By MRS. J. G. BRODY

A year or two ago, when heads again were being counted, I found myself on the very busiest morning of the week, submitting to a sort of x-ray examination at the hands of an elderly, female census taker. If a cat may look at a king with no fatal consequences, I surely may criticize that elaborate structure of questions which once in ten years spreads over the land. One very thin spot was apparent to my eyes—there was no inquisitiveness shown as to how I beguile the moments when I am not engaged in doing something universally agreed upon as useful. With no thought of changing the form of government, I timidly suggest that such information would be far more valuable than are such trivial details as to whether I am man or woman, whether I am married or work for my living, whether I first saw the light of day in Lima, Ohio, or in Lima, Peru. Someone who knows has said that it is more necessary for a landlady to ferret out what the philosophy of a boarder is, than it is for her to know the exact dimensions of his weekly pay envelope. On the same principle I firmly believe it is more important for Uncle Sam to know what his nieces and nephews think and do with real zest when the work day is over, than it is for him

to keep on file data of their birth, death, and marriages. Inevitable, inescapable, and pre-ordained are such occurrences. They throw no light on the real man. Only what he voluntarily does in his spare moments will show his real nature. In other words, by his hobby shall ye know him.

Noah Webster, a life-long friend, to whom I always turn when I want my information exact, tells me that a hobby is a "favorite and ever recurring subject of discourse, thought, and effort." Yea, speaking from experience, so favorite is it, that when I see a hobby maniac approaching I at once take steps, literally, to cheat him out of an audience. But though I may flee from his oratory, I am not prevented from having a reasonable amount of interest in hobbies in general and a few in particular.

From the vantage point of my veranda I review the golfers on their march to the nearby links. In my opinion golfing is the noblest obsession of them all. Here, if ever, the clothes do proclaim the man. Your golfer is too golf-conscious a creature to set foot on the velvety green unless shoes, socks, knickers, cap, have all been assembled to form the exterior of the "compleat" golfer. It just occurs to me that during the past few seasons,

in the procession that passed by, a few old familiar faces were missing. My famous womanly intuition in a flash shows me that the Depression has touched them with its icy hand, and induced them to find surcease from earthly cares in less spectacular fashion.

As surely as the day succeeds the night, so an image of the rabid Nature lover follows an image of an exquisitely accoutred golfer. Sharp contrast calls this brother of the hobo out of the deeps of my mind. For the genuine Nature lover glories in a sort of external disintegration. Dear to his heart is a sweater unraveling to final dissolution. Dressed for the forest primeval he could pose for a picture of a Ragman's Dream. Like Haj the beggar defending his ancestral seat he will defend vocally and fistically his collection of rags against any attempt to rid the house of their noisome presence. Particularly at spring cleaning time is eternal vigilance the price of retaining his tatters, for at that season the junk man and the housewife are seen often in conference. Not for our dilapidated Nature lover the man-made lawns of the golfer. He takes his out-of-doors rough and tumble from the hand of Nature. Across miles of bumpy country will he stumble and through malaria spreading swamps will he splash in order to convince Nature that her alone he adores. An arsenal of paraphernalia he drags along: telescope, field glasses, books, plates. Arriving home after a mystic communion with birds and trees he turns his booted steps basement-ward. In subterranean isolation he divests himself of his mud-caked "Sunday clothes" as he euphemistically terms his raiment.

Which suggests to me that Sunday has evolved into our great national Hobby Day. Possibly it was always just that, only we didn't realize it. Perhaps, avoiding church is after all not a proof of modern wickedness. As a little girl, when studying his-

tory, I shivered deliciously out of sympathy for our Puritan forbears as they solemnly plodded on their way to church on Sunday through the frozen forests. As I sat with them in that unheated log meeting house on one of the hard splintery benches my toes became frost bitten, my fingers numb, and my nose turned a beautiful blue. I was having the time of my life. With all my childish heart I grieved for them as they sat through the bitter cold and endless sermon. But now, with the wisdom which by the mere passing of the years became mine, I clearly perceive that my sympathy was wasted, or rather, misplaced. Where it belonged was in the six working days of their week. For that weekly exodus from the cabins to the church represented the high spot of their pioneer existence. It was the first of the new week for which the whole of the old had been endured. While busy outshooting a red man, or outwitting callous Mother Nature, the cheering prospect of Sunday kept bobbing up, but those God-fearing empire builders would have given a taste of the stocks to the demon in human form who dared insinuate that Sunday was really a day of cheer.

I believe that Eve, of undying apple fame, was the first hobbyist. There may have been others before her but as we have no authentic records of them, such as we have of Eve, we might as well disregard them. Now undoubtedly after a residence of no one knows exactly how long in that fragrant, well-stocked garden, Adam's wife got to the point where another day without trouble would have caused her to end her tranquil existence. After all, she was only a human being, and Paradise was playing havoc with her nerves. The forbidden tree became her salvation, her hobby. Of nothing else did she think; of nothing else did she discourse with her husband. In the end, to eat or

not to eat became the first decision that any mortal was ever called on to make. An affirmative was inevitable. Incidentally as Eve and Company munched away at that stolen sweet their brains cleared for action and the first learnable thing was learned. Thus was the first academy founded in the shade of an apple tree. If not for Eve's persistent concentration on the forbidden fruit we would still be blissfully sunning ourselves in the Garden of Eden, sans school systems and sans culottics.

Whole college courses are devoted to the hobbies of unreasonable human beings long extinct. There was Socrates, for example, who divided his time between eluding Xantippe and foraging around in Athenian minds. There was Spinoza, lens grinder during the day, inhaling glass laden air so that others might see. In the evening, instead of repairing the damage to his breathing apparatus by walks across the fields he turned philosopher and worked out another system of philosophy, of which there was an adequate supply already.

I have often thought that while Louis XVI deserved the personal touch of the guillotine for his slipshod kingship, yet for his unsurpassed skill as a locksmith he deserved fulness of days and an assortment of conspicuous medals. The crown seemed made of lead as it rested on his unwilling head, and the throne struck him as being made of some extra-hard substance. He asked for a work bench and they gave him a throne. Now, if he had had to stand trial on the score of his hobby, that of making locks, instead of that of his kingship, from which he couldn't get himself excused, he would have been sent forth to sin some more and to make bigger and better locks. Thus the world would have been made safer for democracy and many other things that ought to be kept under lock and key.

Perhaps the palm ought to be

awarded that monarch of Israel, for convenience's sake called Solomon the Wise. Wife collecting was his most absorbing pastime. At the time of his death, which seems to have occurred about 18 years this side of three score and ten, the grand total of his better halves ran up into four figures—one thousand, according to the keeper of the royal records. How much this squabbling army contributed to lopping nearly two decades off that valiant husband's allotted days it is impossible to determine with exactitude. But their responsibility for his early demise probably was not inconsiderable. And yet he has been amply repaid for the loss of a few paltry years of life, for his fame as the greatest benefactor of womankind will never grow less. A girl out of a job had no reason to despair—she could always count on being taken on at King Solomon's.

The inconsistency of human nature passeth understanding. To earn our daily bread in the sweat of our faces is a punishment which the Depression has done much to mitigate. It is the sweat which, in High School parlance, burns us up, and yet an outbreak of perspiration on the tennis courts or the golf links or the broiling beach is accepted with jocularly and glee. Once only and never again was the question of hobby versus work solved in a satisfactory manner. That was when a certain small boy, of international fame, had his small boy friends clamoring and pleading for a chance at whitewashing a fence. But all this took place between the covers of a book. Could it ever take place in front of a real fence and a real pail of whitewash?

Personally I am not interested, for I possess no fence in crying need of whitewashing. But the weeds on my lawn and in the garden beds are obeying the injunction to multiply and fill the earth. There is no scramble among the members of my family to be first on the weeding grounds;

February Program

SPEAKER

DR. ELLIOTT P. JOSLIN

Professor of Medicine, Harvard University

Boston, Massachusetts

SUBJECT

The Treatment of Diabetes.

TUESDAY, FEBRUARY 25, 1936

8:30 P. M.

YOUNGSTOWN CLUB

Please observe change from the usual third Tuesday in the month.

February

Coming Events

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

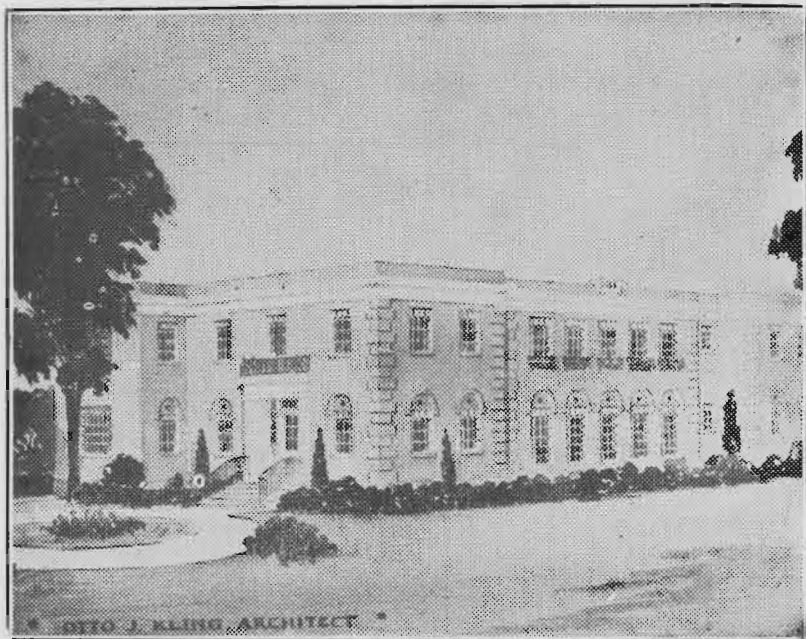
Cardio-vascular Disease

there is no competition to see who runs up the highest score on weeds dug out. I now see clearly what my real mission in life is. It is to get the world to regard weed pulling as

a really fascinating game, in short, to adopt it for a hobby. But one place where I will not attempt to preach this revolutionary doctrine is under my own roof tree!

FLORENCE CRITTENTON HOME

By MRS. W. BENTLEY THOMAS



MEDICAL STAFF

Obstetricians: Dr. N. F. Fussellman, Dr. H. E. Kling, Dr. J. A. Altdoerffer,
Dr. Samuel Schwebel, Dr. A. J. Brandt.

Pediatrician: Dr. E. R. Thomas.

Superintendent: Miss Sarah Simms, R. N.

The month of January witnessed the opening of a fine addition to the medical resources of Youngstown—the new Florence Crittenton Home. This institution, which has been in existence in Youngstown for 32 years, has been housed in an old frame building on East Madison Avenue. About a year and a half ago, the third floor, which was used as a dormitory, and was reached by a very narrow frame stairway, was condemned by the State hospital examiners, on the grounds of a fire hazard. Six months later they condemned the

entire building as unsafe for hospital use. The home was then faced with one of two courses, either close up, or provide a proper fireproof building.

After much research it was determined that there was no adequate building available, leaving only one hope—an appeal to the general public for a completely new, well equipped and properly constructed hospital.

This was the first public campaign that the Florence Crittenton Home had ever carried on during its existence in this community, and their faith in the people of Youngstown

February

was well founded. Gifts by interested people, the larger corporations and stores, the Youngstown Foundation, and the National Board of the Florence Crittenton Home added to the building fund which the local organization had been accumulating for a number of years, provided a sufficient sum to construct a fine new building.

This has been erected on the same lot, directly in front of the old building. The latter will be razed as soon as the patients have been moved.

The new hospital is of complete fireproof construction, with an attractive red brick and white stone exterior. The floors of the entire building are asphalt tile. The building is heated with steam by an automatic stoker.

The first floor is given over to living space. The entrance hall, matron's office and reception room are completely cut off by doors from the rest of the building. The kitchen and pantry comprise a modern, well-equipped unit for the preparation of food and formulas for the babies. There are two dining rooms, one large one for the patients, and a small private dining room for the matron. A large, comfortably furnished living room provides a place for rest and recreation and a smaller sitting room is given over to classes, church services, and general use. The first floor is completed with an isolation room, and nurses' quarters with private baths.

The second floor contains two 10-bed dormitories, and two nurseries, one for tiny babies, and one for older children. These nurseries each have a glass enclosed isolation booth. Opening into each nursery is a work room equipped with baby bath, long table for dressing babies, ice chest for formulas, and an electric unit for heating bottles. A cupboard is provided for each baby's clothing. There are Sanitas blinds in an attractive nursery pattern in place of window curtains or other dust and germ catching

draperies, and the many windows provide adequate light and sunshine.

Individual lockers for the girls allow them to keep their own clothes and possessions apart from others, and these locker rooms open into large baths with toilets and wash basins. Separate bath rooms are provided with tubs and showers.

Of chief interest to the Medical Association is the actual hospital section with lying-in room opening into a fine tiled delivery room. This is lighted by many windows and a special explosion-proof overhead light. Additional heat is provided by a safety electric heater in one wall. Large chromium and glass cupboards are built into another wall for instruments. Opening off the delivery room on the opposite side is the sterilizing and wash-up room, equipped with a splendid new sterilizer, wash-up and utility sinks of vitreous china, and additional glass and chromium cupboard space.

The entire building, but in particular this section, is laid out to meet the requirements of the State Hospital Code, and the plans were approved in Columbus before the building was started.

At the center of the long corridor on the second floor is the nurses' station in back of which is a storage room lined with shelves and cupboards. The nurses' station is equipped with a buzzer system connecting with the two 2-bed hospital rooms for convalescents, the delivery room, and the matron's office and bed room. A master switch permits the nurse on duty to flood the grounds with light in case of any disturbance outside. The outside phone is also arranged to serve as a house telephone, controlled by a switch.

The equipment for the second floor is a gift of the Junior League of Youngstown, and every article is new and of the finest construction. The beds in dormitories and hospital rooms are metal, and hospital height, those

intended for hospital use are adjustable, permitting the patient to sit up. The sterilizer and delivery table are made by the American Sterilizing Company, and are the most modern and finest types.

The Florence Crittenton Home is the only institution in Youngstown able, and at the same time willing, to carry on this particular field of work. Here the unfortunate girl is given a home and a place of refuge, where no one from her outside life need know of her difficulties.

The Board of the Youngstown Florence Crittenton Home issues a most cordial invitation to the members of the Medical Association to inspect the new building, of which we are, we think, justifiably proud.

A large portion of credit for the good accomplished by the institution belongs to Miss Sara Sims, who has directed the work for the past 20 years. Miss Sims, a graduate nurse, was formerly superintendent of nurses in the Youngstown City Hospital. Her splendid personality and motherly affection for the girls is the secret of the success of the home during her years here.

In the home a girl is given a new outlook on life, and new hope for the future is built up. The home tries—space permitting—to take the girls in three months before, and keep them for six months after their babies are born. During this period many useful things are taught them about care of babies and housework, and especially moral and spiritual welfare.

Before a girl leaves the home arrangements are made for the care of the baby, according to her special circumstances. Sometimes the responsible man is located, and, if it seems desirable, a marriage is arranged. Sometimes the baby is taken by the girl's mother or a married sister, or other relative. Again, if it seems best, the babies are placed in an approved boarding home under the supervision of Miss Martha Davies of the Chil-

dren's Service Bureau, while the mother obtains work somewhere. Once in a while the babies are placed for adoption, but this is unusual, for the youngest of mothers, having cared for her tiny baby for six months, is usually unwilling to part with it for life.

Says Jimmie—

The Staff meeting paper had been on Caesarean Section, and the presiding officer had been trying to elicit some discussion. In desperation, he turned to Dr. Noll with the remark that probably, since his return from a postgraduate course in medicine, he was no longer interested in obstetrics. Dr. Noll agreed, stating that to his great joy he was through with obstetric practice forever. To which, a voice in the rear rang out: "The Hell you are, John, you're just beginning." We wondered if the rejoinder had any basis in Dr. Noll's recent marriage.

Postgraduate Day Approaches

Dr. Neidus, chairman for our Postgraduate Day, reminds us that April 30th is not far off; and that it behooves us to mark up our calendar with the busy sign for that date. Also, that those firms and individuals who favor our Bulletin with their advertising, be thinking ahead as to space for and character of their displays for that occasion. Will the firms desiring space, make application to Dr. M. W. Neidus, Suite 504-509, Home Savings & Loan Building, Youngstown, Ohio, as early as possible?

In years gone by, all of us have availed ourselves of the opportunity to entertain friends from out of town at our Postgraduate Day. Let us begin now to again assure ourselves of that pleasure by writing them of the time and nature of the meeting.

DR. H. E. PATRICK.

February

YOUNGSTOWN HOSPITAL LIBRARIES

By A. J. BRANDT

It would, of course, be superfluous to bring to the attention of a group of medical men the importance and necessity of reading in order to keep abreast of the times. And that is not the purpose of this article. Rather, let us say, it calls to your attention the splendid amount of medical literature which is available in the hospital libraries at St. Elizabeth's Hospital and at the South Side Unit of the Youngstown Hospital Association.

The list of current periodicals is an imposing one and well worth our attention. The *Lancet*, *American Journal of Physiology*, *American Journal of Cancer*, *Archives of Neurology and Psychiatry*, *Annals of Surgery*, *Journal of Urology*, *American Journal of Obstetrics and Gynecology*, *Archives of Internal Medicine*, *American Journal of Clinical Pathology*, and *Archives of Dermatology and Syphilis* are the names of some of the 24 journals that come each month to the library shelves. The journals of past years are bound and available for reference. By affiliation with the Hospital Library Association many of the missing journals have been obtained to complete the volumes dating back a decade or more. The *Quarterly Cumulative Index* is available to locate articles, indexed according to subjects and authors.

Another commendable type of reading is the review of basic subjects that many of us have neglected since medical school days. A few hours spent in reading the recent editions of our old professors would not be amiss. Spalteholz, Builliere's "Synthetic Anatomy," and the *Stereoscopic Studies*, Edinburgh Series, would do much to refresh our knowledge of anatomical relations. Sollmann's "Pharmacology," Osler's "Medicine," Macleod's "Physiology," Sutton's "Dermatology," Scudder's

"Fractures," Gradwohl's "Clinical Laboratory Methods," Strecker's "Psychiatry," Crossen's "Gynecology," Joslin's "Diabetes," Keen's "Surgery," Mitchell's "Pediatrics," Keye's "G. U. Tract," Blumer's "Bedside Diagnosis" were constant companions in those days when examinations were ever present and awe inspiring. How much more could we absorb from these books, now, when years have dimmed a friendship that should never have lapsed?

Ewing's "Neoplastic Diseases," Stewart's "Physiotherapy," McKee's "X-Ray and Radium," Fishburg's "Pulmonary Tuberculosis," Labat's "Regional Anesthesia," Dutton's "Intravenous Therapy," Cushing's "Pituitary Body and Its Disorders," Alexander's "Diseases of the Ear," and Beck's "Crippled Hand and Arm" are a few of the books on special subjects which would help us in our clinical problems. All of the popular systems of Medicine and Surgery are to be found in the libraries, besides the "Clinics of North America," "Collected Papers of the Mayo Clinic," *International Clinics*, and the *Surgical Clinics of Chicago*.

In conclusion, let me urge you to make more use of your hospital libraries. Make a habit of dropping in now and then to read a bit in the *Lancet*, or to pick up a volume such as Zinsser's "Rats, Lice and History," which will hold your interest in such a way that you will come back for more. I am sure the affairs of the nation which are being settled daily in the staff rooms, would even benefit by your visit once or twice weekly, to the hospital library.

"Do you expect to find perfection in everyone you meet? Then ~~you~~ expect too much of human nature with its frailties and weaknesses."

MEDICAL FACTS

By J. C. B.

In discussing a case that died of subacute glomerulonephritis, J. H. Means remarks: "I was interested in the last note, the statement that the tongue was dry when he was water-logged. I think that is an interesting relationship and one we see not infrequently. He was dehydrated and water-logged at the same time. I remember a patient a year ago with a somewhat similar picture of dropsy and cerebral symptoms that could have been uremic or something else but the tongue was very dry indeed. He was given intravenous fluid in spite of his edema with marked improvement and marked diuresis."

The term "migraine" is the French corruption of the Latin "hemicrania" (heMICRANia).

According to S. A. Levine, systolic gallop rhythm (extra sound between first and second normal sounds) has no unfavorable influence on the prognosis, and occurs mostly in "nervous" people in whom heart disease is more often absent than present, although serious heart disease may be present. Diastolic gallop (extra sound between second and first) is always serious. By moving the stethoscope with each beat from apex to base, the extra sound usually disappears, and only the two normal sounds are left, thus enabling one to determine the kind of gallop present.

F. J. Bentley, in the study of the tuberculosis mortality among women between the ages of fifteen and twenty-five, discovered that from 1911 to 1921, females whose work is classified as "shops," "dealers," "merchants" and "finance" have increased by one hundred thousand. Domestic in this age group have decreased by eighty thousand from 1901 to 1921. He believes that one potent reason for this very high mor-

tality among young women is that they have left the security and comfort of domestic service for the hazard of the shops, the office, and the factory.

Paretzky made a comparative study of positive and negative reactions to tuberculosis in children belonging to the same families. He found that the prognosis was considerably more unfavorable for those who reacted negatively to tuberculin. He urges that special attention should be given to negative reactors if for some reason they are obliged to remain exposed to infection.

Almost ninety per cent of hyperthyroid patients have a bruit.

Percussion of the heart is not infrequently erroneous in toxic goiter. It is common for the examiner to overpercuss perhaps by two centimeters when the heart is overactive.

Malignancy does not go together with true Graves' disease.

Hashimoto's struma is a form of chronic thyroiditis in which the entire thyroid gland is filled with lymphocytes which are arranged in the form of hyperplastic follicles. The origin of this type of thyroiditis and even its outcome are, according to Mallory, still complete mysteries.

"Infectious mononucleosis" is a misnomer. The cells concerned are not monocytes but lymphocytes.

Parenterally given (intramuscularly) liver extract has been demonstrated to be thirty to one hundred times as effective as orally administered extract.

In a study of the mortality among young women between the ages of fifteen and twenty-five it was found

that fully fifty per cent of all deaths in that age group was caused by tuberculosis.

SECRETARY'S REPORT

Dr. L. G. Coe called the first meeting of Council January 9, 1936. Chairmen for the various committees were in attendance. Dr. Coe arranged for dinner at 7:00 P. M. at the Youngstown Club.

Following dinner the president set forth his reasons for calling council meeting at this time. The purpose of the meeting was to stimulate unison of action, solving problems of the county medical society, making acquaintances with new motives and instructions to various committee chairmen what is expected of each of them.

Communications from the executive secretary for the State Medical Association, Charles Nelson, were read by Dr. Coe. One had reference to the "State Journal" and one to the "Poor Relief Commission." The latter was referred to the Economics Committee for action.

Dr. Claude B. Norris offered his resignation from the office of State Delegate on the ground that one member should not hold two offices in council. This was accepted.

The annual banquet was held at the Youngstown Club, January 21, 1936.

The attendance was not as great as usual due to several factors. Those who attended the banquet enjoyed the proceedings of the evening.

Dr. John L. Davis of New York City gave a very interesting address. The topic for the address was "Forces That Make a Man." The address was intercepted by humorous expressions and jokes. This gave levity to the speaker's efforts at entertaining his audience.

The following men have been passed by the Censors and Council:

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1936

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The efficiency of the Mantoux (viz., the intracutaneous injection of a dilution of Koch's old Tuberculin) test is dependent on the experience of the one performing the test and reading the reaction, plus the known potency of the product used. The strength of the solution of old Tuberculin used most generally being 1:1000 or 1:10,000; 0.1 cc. g., which is injected intradermally on the flexor surface of the forearm. An erythema of 5 mm. diameter with induration observed at 48 hours is mostly accepted as the standard minimum of positive reaction. In suspicious individuals when the foregoing strengths react negative a dose of 0.1 cc. g. 1:100 dilution may be used.

This test has been used for a number of years routinely on all patients admitted to many of our leading pediatric services and has been accepted with favor as meaning that the patient has an active tuberculosis or has recovered from a tuberculosis. The reaction is entirely allergic in nature, showing that the individual has been sensitized to the tubercle bacillus.

A positive reaction is significant and further study by means of x-ray or clinical observation should be instituted, to determine whether an active or inactive infection exists.

A negative reaction should not be accepted as absolute proof that a tuberculosis infection does not exist, since some patients do not become sensitized to the tubercle bacilli as readily as others, especially those in a debilitated state who cannot respond with a positive reaction.

February

News Items

The Summit County Medical Society announces two interesting speakers, who are to appear before them in the near future.

Tuesday, Feb. 4, 1936, "Water Balance in Surgical Patients," by Frederick A. Coller, M. D., Professor of Surgery, University of Michigan.

Tuesday, March 3, 1936, "Pitfalls to Be Avoided in Abdominal Diagnosis," by John M. F. Finney, Jr., M. D., Baltimore, Md.

* * *

Members of the Medical Profession are invited to hear Dr. Robert H. McCrachin, physician to the Central Hospital of Ebulowa, Camaroon, West Africa, lecture at the First Presbyterian Church, Tuesday evening, February 18, at 8:00 p. m. Subject, "A Hospital in the Jungle of Africa."

Unfortunately, this conflicts with Dr. Joslin's appearance before the Medical Society that same evening.

The Annual Banquet

The wit and humor of Dr. Davis, which we so much enjoyed several years ago, was in no way abated in his talk at the Annual Banquet, Tuesday evening, Jan. 21, 1936, at the Youngstown Club. All that was abated was the attendance. The showing in that regard was lamentable. There is an apathy manifest in some of our members that does not forbode well for our society. Let us not take our dissatisfaction out in a negative manner if things don't suit us. Get out anyway and give the impression of unity. Then dig in and make the society conformed to your ideas, if you have any.

Don't be a back-seat driver.

H. E. P.

"Let's use business sense and repair and replace equipment long before it is to be used."

1936

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SPEAKERS' BUREAU

The Speakers Bureau is now a separate department thus relieving the secretary of some of the excessive work. The committee composing this bureau requests that anyone who will prepare a speech do so and register with the Bureau. It is also desirable that an outline of the talk be sent in so that there may be a reserve supply of material to be used at times of short notice. It is also desired that any one agreeing to talk for any audience, please call the chairman of the committee and notify him of the agreement and the topic so that there will be a check on the number of talks given and the topics covered.

Since each speaker represents the Society at large it seems wise to have more uniform lectures and also to give the one making such an effort due credit. For this reason an outline of all talks to be given is earnestly requested previous to the presenting of the speech.

* * *

The following doctors spoke over WKBN during the month of January, 1936:

January 7—Dr. William Skipp on "Obesity."

January 14—Dr. John McCann on "Overweight."

January 21—Dr. R. G. Mossman on "Periodic Health Examinations."

January 28—Dr. C. S. Lewendorff on "Infantile Paralysis."

Dr. Sidney McCurdy represented the Society on the Radio Broadcast for the United Hospital Campaign, Sunday afternoon, January 21. He also spoke at the commencement exercises of Monroe School on Thursday evening, January 21. Dr. S. W. Weaver substituted for Dr. Smeltzer on Tuesday afternoon at the Child Conservation League meeting held at the Indianola M. E. Church, January 14. The subject was "Nervous Diseases."

February

PROGRAM COMMITTEE

The programs through the months to June have been ably and well arranged by our predecessors. Announcements of these have been made and will be forthcoming month by month. In addition, during the season of 1936-37 an attempt will be made to present a partially co-ordinated program covering five of the six main causes of death.

Three special meetings with local talent will be presented. The first will be organized by the men doing special work. This will be under the direction of Dr. McElroy and the time is tentatively set for April. The second will be for and by the surgeons with Dr. Sisek as organizer. This will occur in September. The third is for the men in medicine. Dr. Boyle will have charge of this program. This meeting will be held in January, 1937. A postgraduate course similar to those held before will be given in the early fall. For further details consult Dr. McCann. Any one with an idea for a banquet speaker for January, 1937 is asked to give this thought to Dr. Fusselman. He will be in charge of procuring you satisfaction for this article on the bill-of-fare.

As you can see we expect to present local talent this year. Any of you who feel that we have worthwhile talent at home are expected to turn out, and make these meetings a success. Save your disparaging remarks for the out-of-town speakers this year.

This is an ambitious program and can only be carried out with your help. We are arranging this program with the knowledge that the society wants the best and will back us up in our efforts.

THE PROGRAM COMMITTEE.

"This old world is of no account to us except as a place to live—let's make it safe and stay as long as we can."

1936

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POSTGRADUATE DAY — APRIL 30TH



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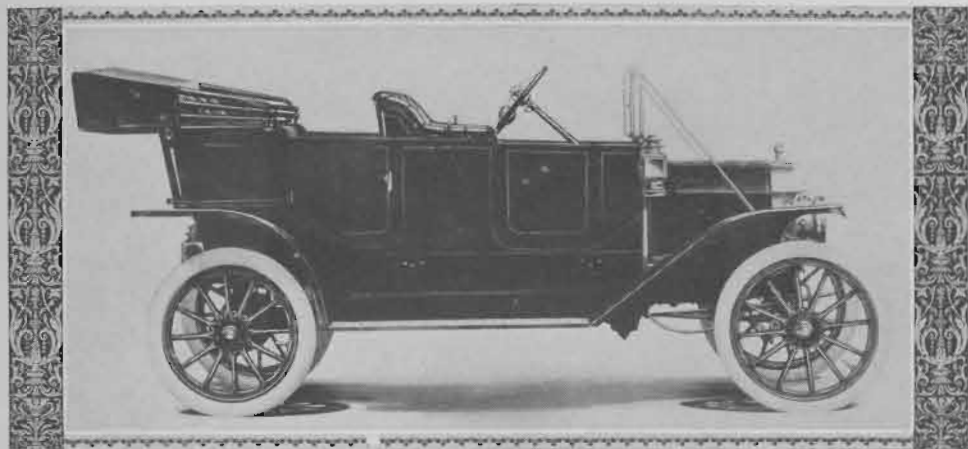
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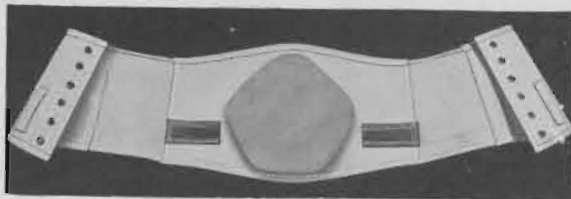
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OLEUM PERCOMORPHUM, or Percomorph Liver Oil, is the achievement of an intensive, 10-year investigation conducted in the research laboratories of Mead Johnson & Company to find a natural oil more potent in vitamins A and D than cod liver oil and less expensive to the patient.

The U. S. Pharmacopoeia (IX, 1916, and X, 1925) recognized cod liver oil as the oil from the livers of fishes of the family *Gadidae*. There being some 50 species in this family, in addition to the type species, *Gadus Morrhua*, our first studies were directed at the examination of the more important species classed as cod. It occurred to us that somewhere in nature there might exist a species, or a family, or an order of fish, the liver oil of which would make possible a mixture comparable with Oleum Morrhuae but higher in vitamin potency.

The study was then directed to other species. By 1927 we had quantitatively compared the antirickettic value of oils from 15 species of fish and 11 other oils and fats. This was the most extensive survey of vitamin D sources reported up to that time. Outstanding in this list was puffer fish liver oil with a vitamin potency 15 times that of cod liver oil. Puffer fish were not available in commercial amounts, but the fact that one species of fish yielded so high a vitamin store provided great stimulus to investigators.

We discovered that the potency of fish liver oils increases with the leanness of the livers. With this revelation, we began a survey of all available commercial fish, as well as of rarer species. Collectors were sent to distant continents and to the islands of the Pacific and Atlantic oceans. From ports which never before knew cold storage we arranged to obtain refrigerated livers for our experiments. This ichthyological survey was interrupted (1928) at the time we introduced activated ergosterol.

In 1929 the Norwegian investigator, Schmidt-Nielsen, reported halibut liver oil to be superior to cod in vitamin A. Upon investigating, we felt then, as we do now, that while halibut liver oil marked a distinct advance it left much to be

desired since it was perforce an expensive source of vitamin D. Hence it came to be used chiefly to supply vitamin A as a vehicle for viosterol.

Continuing the search for fish liver oils, by 1934 our laboratory staff had made thousands of bioassays of oils from more than 100 species to determine their vitamin characteristics. The results, reported in scientific journals in January and April 1935, were the culmination of a search literally of the seven seas.

With cumulative data on more than 100 species, it became evident that the fish belonging to the order known as *Percomorphi* differ from others in possessing, almost without exception, phenomenal concentrations of vitamins A and D. Thus we find liver oils which contain 50, 100, 500, and even 1,000 times as much vitamin A or vitamin D as average cod liver oil!

Percomorph liver oils are seldom equally rich in both vitamins. By skilful blending of the A-rich oils with the D-rich oils, a mixture is obtained which is about 200 times richer than cod liver oil in both vitamins A and D. As this concentration is so great that an ordinary dose of the oil could not be conveniently measured, we dilute the percomorph oil with approximately one volume of refined cod liver oil.

The resultant product is Mead's Oleum Percomorphum, 50%, which is 100 times cod liver oil* in both vitamins A and D. By a further dilution we obtain Mead's Cod Liver Oil Fortified With Percomorph Liver Oil, 10 times as potent as cod liver oil* in both vitamins A and D. Their respective potencies are 60,000 vitamin A units, 8,500 vitamin D units; and 6,000 vitamin A units, 850 vitamin D units (U.S.P.) per gram.

Just as Oleum Morrhuae is a mixture of the liver oils of various cod species (cf. U.S.P. XI, 1935, p. 261) so Mead's Oleum Percomorphum is a mixture of the liver oils of various percomorph species.** The significant difference is that the improved product is 100 times as potent* in both vitamins A and D.

Mead's Oleum Percomorphum, 50%, is available in 10-drop capsules, 25 in a box; and in 10 cc. and 50 cc. bottles. Mead's Cod Liver Oil Fortified With Percomorph Liver Oil is available in 3 oz. and 16 oz. bottles.

*U.S.P. XI Minimum Standard.

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PRESIDENT'S PAGE

Complaisant versus Complacent

April 30, 1936, is not now far distant. Decide now to do everything reasonably possible to insure the success of that Postgraduate Day Meeting. The great success of past meetings does not necessarily imply continued success. More similar annual meetings are being sponsored by medical groups, in recent years, in surrounding localities; they perhaps being stimulated by our example. These may tend to detract from the interest and attendance of our meetings in the future. We should be complaisant, yes, but we cannot afford to be complacent.

I earnestly solicit the active interest and support of each and every individual member of the society and now request that you do three things: (1) Attend all sessions; (2) Really try to bring at least one out-of-town guest; (3) Bring to the attention of the proper committee any suggestions or constructive criticisms tending to promote interest in, and attendance at our Postgraduate Day Meeting.

DR. L. G. COE.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

M A R C H 1 9 3 6

SOME FUNDAMENTAL PRINCIPLES OF ALLERGY

By J. ROSENFELD

An abridgment of a paper read by the author at a recent Staff Meeting of the Youngstown Hospital Association Staff.

Since the knowledge in this field is comparatively limited and the process must of necessity be empiric, a general method for the study and management of any particular case presenting an allergic problem will have its shortcomings, but for the majority of these cases, which we see in our everyday practice, such a method is invaluable.

At the onset it is necessary to define the term allergy as it will be used here. This term was first used by Pirquet and Shick to designate an altered reaction of the body to a foreign substance, whether purely protein or bacterial in nature. Its meaning in later years became so broad as to include a large variety of altered reactions. In the present studies, however, its meaning is limited to specific hypersensitiveness, clinically manifested as bronchial asthma, hay-fever, infantile eczema, urticaria, angio neurotic edema, some forms of migraine and dermatitis.

The simplest lesion of human hypersensitiveness is edema, which may occur with no obvious congestion or may be accompanied with all degrees

of hyperemia. This edema is encountered in many parts of the body and when it occurs in special organs, these are referred to as "shock organs." Thus the skin in eczema, contact dermatitis, angio neurotic edema and urticaria, the conjunctive in hay-fever, the nasal mucous membrane in hay-fever and hyperesthetic or vaso-motor rhinitis and the bronchi in asthma, are recognized as shock organs.

Why and how do we become sensitized? Heredity, I believe, is the greatest single factor in the production of the allergic state in any individual. The inheritance of allergy appears to follow the well-known Mendelian law of heredity as a dominant characteristic. Where there was a bilateral antecedent history of hay-fever or asthma, the incidence of these conditions in the offspring was much greater than when only one antecedent line was affected, or when the family history in this respect was negative. Also the onset of atopic symptoms in children takes place much earlier when there is a bilateral family history, than in those subject to a unilateral or negative inheritance.