BULLETIN

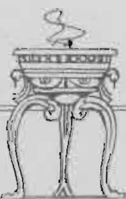
of the

Mahoning County Medical Society

"In the history of the immense Universe, that of our little planet is an isolated and probably unimportant episode.—For there is no just reason to believe that we—transitional creatures in the upward progress of evolution—have reached the highest possibilities."

—HANS ZINSSER—*Rats, Lice and History.*

March, 1936



Volume 6 Number 3

How much do you know about milk? ? ?

The correct answers for questions appearing in the February issue are as follows:

1. Asepsis.

2. By the Agglutination test.

3. Negative to applied tests for two years.

4. Removes considerable calcium and phosphorus.

5 Three to four days.

6. Destroys vitamin C lactic acid and alters mineral content.

7. Yes. Most doctors do not.

8. 102.8°.

9. Carotin.

10. Holstein 3.49%, Guernsey 4.96%, Jersey 5.35%.

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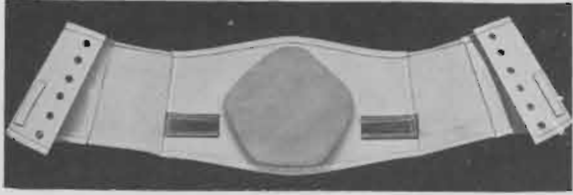

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The U. S. Pharmacopoeia (IX, 1916, and X, 1925) recognized cod liver oil as the oil from the livers of fishes of the family *Gadidae*. There being some 50 species in this family, in addition to the type species, *Gadus Morrhua*, our first studies were 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 antiricketic 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!

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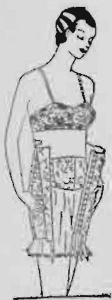

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PRESIDENT'S PAGE

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.

It is important to understand, however, that only the tendency to become hypersensitive is inherited and not the specific hypersensitivity.

Given that tendency, the degree and manner of subsequent contact will determine exactly to what we will become sensitive.

When a patient is presented for study a carefully elicited history is of primary importance. The physician's mind should be unbiased and he should exercise care not to force information where it is lacking. A negative family history does not rule out heredity nor does a positive history establish the symptoms as being of an allergic nature. The knowledge one has of the early life of either parents or grandparents is usually vague and remote, especially since the importance of these symptoms, one and two generations removed, was not established.

In the personal history all the factors attendant on the onset of the disease should be investigated with painstaking care. Inquiry should be directed as to the places visited, the first ingestions of certain foods or the ingestion of some new or unusual article of food; the introduction of new bedding, rugs, drapes, or furniture; contact with household pets or domestic animals in or near the house. The occurrence of attacks at night may indicate a relation to the bedroom, occurrence in the daytime shortly after a meal may indicate relationship to foods. It is also helpful to obtain an exact description of the most recent attack and of all the surrounding circumstances. One must remember that urticaria and angioneurotic edema may occur as a result of contact with offending substances and are not always the result of ingestion of foods.

Environmental conditions may also be causative factors in establishing a hypersensitive condition. Factory smoke, odors from stables, livestock, chicken farms, etc., in the near vicinity, should be investigated as possible sources of trouble in any individual case. The occupations of the patient and all members of the family should be recorded, as it is not unlikely that the offending material is being brought into the home on the clothes or person of another member of the family. Insecticides and rodent pastes and powders, all contain pyrethrum, which as an inhalant is a fairly common cause of asthma. Its use in or about the home should be investigated.

The next step in the management of these cases is to examine the patient most carefully. With asthmatics one must rule out the presence of foreign body in the lungs in children especially; also mediastinal tumors, tuberculosis, bronchiectasis and enlarged tracheobronchial lymph nodes. Where there is any doubt after the physical examination, x-rays of the chest should be made. In fact, x-rays of the sinuses and chest should be taken on every asthmatic as a routine measure. In addition, a complete chemical examination of the blood, cytologic study of the blood, urinalysis and blood Wasserman, if performed will help to rule out any secondary factors that may enter into a proper evaluation of the case.

Specific diagnostic measures consist of scratch, intradermal and patch tests. The opthalmic and intranasal reactions are used to supplement these methods when necessary. In infants or other persons who are suffering from widespread eczemas or dermatitis, passive transfer is employed.

Before leaving the subject of testing for hypersensitiveness, it may be worth while to weigh its values and limitations. Skin testing, as a means of diagnosis, has many faults. However, its values in a large percentage of cases is unquestioned. An exact, reliable estimate of the number of cases, completely or partially relieved, as a result of skin testing is impossible, in view of the unusual nature and peculiarities of the illness; but there is no doubt in the minds of any of the men who have used them, that

skin tests have uncovered valuable information in at least one-half of all asthmatic and in 100% of the hay-fever cases, and that this information has been an inestimable aid in treatment, while in the remaining cases it has been of value in ruling out hypersensitiveness. The severest criticism of the procedure has come from those who have had little or no experience with it and who expect too much from it. Disappointments unnumbered await the novice who is misguided enough to believe that the mere application of an extract into a skin scratch comprises the entire diagnostic procedure. The effectiveness of any method depends on its user. Those who have made a study of the subject are satisfied that skin testing is at present the most valuable single diagnostic procedure available in hay-fever and asthma. Although far from perfect as a technique, it furnishes the diagnosis in a sufficient number of cases to render it invaluable. Until a better substitute is found, it may be considered indispensable.

There is, as you know, no standardized theraupetic procedure in the treatment of asthma. The modes of therapy in this condition are as variable as the etiological factors. There can be no rational attempt at treatment until every effort has been made to ascertain the etiology of the condition. In the great majority of cases the routine administration of adrenalin will control the acute paroxysms until the attack subsides and unfortunately many physicians feel their responsibilities end with this achievement.

If the cause remains undetermined the patient will continue to suffer from repeated attacks and finally fall into that category of unfortunate individuals labeled, chronic asthmatic.

Management of the Acute Paroxysms

There is no agent which will alleviate an attack of asthma with greater rapidity and effectiveness, and with less disadvantage to the patient, than epinepherine or adrenalin. It should be given as often as every hour if the attack is severe or recurrent. An initial dose of five minims is sufficient, but if the effect is not satisfactory, it should be repeated. One-half to one cc. can be given, but the smaller doses give as good results with many patients, and are followed with less unpleasant side actions, usually associated with the larger doses, namely, tremor, palpitation, headache, etc. Every indication points to the improbability of habit formation to the use of adrenalin.

Ephedrine, prepared from the stems of Ma Huang, by virtue of its oral administration has found many enthusiastic users, but its action, in my hands at least, fails far short of the desired effect. The reactions or side effects are more numerous and pronounced and many patients refuse to use ephedrin, preferring the hypodermic injection of adrenalin. Where adrenalin is not tolerated well, it might be wise to try ephedrin. Combined with phenobarbital or amytal some of the untoward effects of ephedrin can be controlled.

In closing, I wish to state that to many physicians, as myself, many of the phenomena accompanying protein hypersensitiveness seemed strange, complex obscure and even sensational, and I might add that few subjects known to medicine seemed stranger. This, however, should not lead one to question the truthfulness of the facts, most of which have been established beyond the shadow of any doubt. After all, the subject of allergy could hardly appear more strange than studies in bacteriology or immunity must have seemed, in the early days of their development. So far as complexity and obscurity are concerned, every new subject must necessarily seem complex and obscure.

From day to day newer developments in this field appear with such startling and beneficial clinical results, that even the most skeptical

(Continued on page 89)

CANCER MANAGEMENT

By GORDON G. NELSON

Presented at a stated meeting of the Youngstown Hospital Association Staff.
(*Continued from our February issue*)

The female genitalia, especially the uterus and the cervix is the next most common location for malignancy to occur. Statistics show that cancer of the uterine body is by no means confined to old age. It exists in 8% of the cases of metrorrhagias of unknown origin between the age of 40 and the menopause and in 3% of the cases between the ages of 20 and 40. Even in childhood there have been found cases of carcinoma of the uterine body. About 13 cases have been reported so far and they have all been characterized by their early fatal termination. Lockwood reported a case in a girl 2½ years old. During the last quarter of a centry, carcinoma of the uterus has received considerable attention. The cause of course is still unknown, and until it is known the most effective control of the disease is three-fold, i. e. prophylaxis, early diagnosis, and early application of the treatment. Periodic thorough examination in women will do a great deal to increase the number of five- and ten-year cures following treatment for carcinoma. Many women have been found to be inoperable because of extensive carcinomatous involvement. They are usually the ones who never see a doctor, claiming they have been perfectly healthy all their lives. A painstaking history will reveal that somewhere along the line they had some insignificant disturbance of the menstrual cycle which they probably attributed to the "change of life." It is certain that in each one of these patients the disease was at sometime a small focus which would have lent itself well to early removal. It may well be stated as a gynecological commandment "that uterine bleeding should be considered a smyptom of cancer until it is shown to be due to some other cause."

The treatment of corporeal cancer includes a combination of surgery and irradiation. Occasionally preoperative irradiation is used. Dr. George C. Ward always radiates the cancer of the fundus and a few weeks later performs a pan-hysterectomy where it is possible if the patient is a fairly good risk.

The cure rate in operable cancers of the uterine body is shown by Heyman of Stockholm, Sweden. From the literature of the world he has collected 323 cases of corporeal cancer; 190 of these have been free of recurrence for five years or more, 58.8%. He has compared this with 52 cases from the Radiumhemmet in Stockholm; 28 of these are alive and well for more than five years, 53%. The above were treated primarily with irradiation by radium. He cites 22 cases of uterine cancer which were treated by total hysterectomy followed by irradiation; of these 17 are alive for more than five years, 77%.

Carcinoma of the cervix occurs as high as 10 times as often as carcinoma of the body of the uterus. The ages at which most cervical carcinoma are found seems to be between 40 and 44. This precedes by a year or two the menopause which is viewed by most women with a great deal of dread, for it is with this normal physiologic epoch that cancer has been associated since the days of Galen. Hendriksen of John Hopkins in a recent article has made clinical study of 940 cases of carcinoma of the cervix. The average age of the patient in this series was 46.1 years. 17% of the cervical lesions appeared in patients before the age of 35. There is gradually increasing literature on cervical cancer in extreme youth. Bumm reported a case of adenocarcinoma in a 7-month-old child. This was confirmed by Ashheim. Another

was reported on a child 22 months of age. As to symptoms, vaginal bleeding and discharge occured in 620 cases, 65%. Bleeding was present without discharge in 25% ; 14.6% showed a definite upset in the menstrual cycle. Increased frequency of the menstrual period was the most common change. However, a few women had intervals of ammenorrhea one 33 years old lasting eight months. The average length of time that bleeding persisted was six months and the longest time was 13 years and this woman had an operable growth. Lower quadrant pain was present in only 11.9%, and half of these had concomitant adnexal inflammation, therefore pain should not limit the examination nor should it serve as a guide for treatment. The average hgb. was 72% with the lowest of 12% and the highest of 105%. This average is higher than the hgb. of an equal number of nurses working in an institution. The role of pregnancy is discussed. Over 90% of all cervical carcinoma occur in women who have been pregnant. 103 patients of this group or 10% had never been pregnant. In the 837 women of the group with histories of pregnancies, there was an average of 5.16% pregnancies per patient. The treatment of course includes early diagnosis, and the early vigorous application of the treatment and prophylaxis is important. The latter has to do with the removal of all sources of irritation of that part. This method consists of cervical repairs, amputation and cauterization. Pemberton in study of 5,962 treated cervices found only five cases of carcinoma of the cervical stump after hysterectomy sometimes happens and this is one argument for total hysterectomy rather than subtotal. However, the mortality following total hysterectomy is higher than the incidence of stump carcinoma. Another objection is that the vagina is shortened in most cases. Cancers of the cervical stump, according to Beeler, must be divided into two groups. One is the development of an exocervical squamous epithelioma, a long time after partial hysterectomy. The other is the development of a cylindric epithelioma in the retained stump rather soon after partial hysterectomy for a carcinoma of the uterine body, which, for some reason or other could not be removed entirely. In the latter case, the condition is a recurrence.

In the Memorial Hospital of New York, between 1920 and 1933, 2,600 patients were admitted with diagnosis of cancer of whom only 67, that is 2.6 per cent., were strictly cases in which symptoms appeared more than three years after partial hysterectomy. These were classified as cancers of the stump. From the therapeutic standpoint it was shown that a five-year cure was affected in 14% of the cases as compared with the 20 to 24% found in ordinary carcinoma of the cervix.

As the years have passed it has been found that cervical carcinoma is unfavorable for surgical operation. In the hands of Wirtheim and Schauta surgical extirpation has had fairly good results, but the technique is difficult and when compared with the relative ease with which radium is applied, and the elimination of the primary operative mortality which is about 15% at best, surgeons throughout the world have concluded that radium is the best treatment for cervical cancer. We will refer to Heyman of Stockholm again for some statistics. He has collected 5,806 cases of cervical cancer from the literature of the world. These cases showed an operability of 54.6%. Under treatment with both surgery and radium, 1,111 or 19.1% were cured. In the "radium hemmet" 188 cases were treated with radium alone with a cure rate of 40.4%. As the availability of thorough radiological treatment increases, the extended operation for carcinoma of the cervix will tend to become less and less frequent. The advantages of radium treatment are three-fold: (1) lower

primary mortality; (2) reduced morbidity; (3) considerably less discomfort for the patient.

The same principles in the management of cervical cancer, holds true for breast carcinoma, i. e., early diagnosis, which according to Greenough may be defined as "a recognition of the disease in its early stages of development, while it is still confined to a single area in the vicinity of its point of origin and before it has extended either through the lymphatics, the blood vessels or by infiltration to the regions beyond the borders of the mammary gland. The percentages of early cases appear to be increasing slowly and surely with the steady advance in the education of the public and of the medical profession. It is very well known that we do not see the advanced ulcerative type of lesion as often as it was seen even ten or fifteen years ago.

In 1914 in the Massachusetts General Hospital only 26% of the operable cases were in the early group in which the axillary glands were found not to be involved, while 74% showed positive axillary involvement. In a series ending in 1926, the percentage of axillary involvement had dropped to 60%, and 40% of the cases were in the local stage of the disease. This indicates that public education has done something. The symptoms of cancer of the breast are very familiar and need no discussion. The earliest recognizable symptom is almost invariably a lump in the breast. Lee reports that in his cases only 6% noted pain as the first symptom, and this led to the discovery of the lump. The question of biopsy in breast tumour is not settled. The dangers of dissemination of cancer cells in the biopsy wound is well known. Some authors are using the aspiration or punch method, and this seems to be safe provided the operator is expert in its use. Bloodgood feels that a biopsy often leads to a mistaken diagnosis which may lead to the unnecessary removal of a breast or to the complete operation. He says that the ideal way is to have a trained pathologist in the operating room at the time of operation. He advises that for border line lesions, after excision of the lump, the wound be closed and the patient receive immediate deep roentgen therapy over the axilla and then from 5 to 10 days later the irradiation be continued over the breast and over the wound. During this ten-day period the breast tissue is examined carefully preferably by several trained pathologists and if malignancy is agreed on the operator has the choice of doing the complete operation or depending on irradiation. Most operators apparently prefer the complete operation. In the years 1918 to 1925 at the Massachusetts General Hospital, exploratory operations by direct incision or excision of the tumour were performed in 42 cases with 50% five-year cures. During this same period 310 operations were performed without exploration with 104 or 33% five-year cures. This may suggest that the exploratory type diminishes little, if at all, the patient's normal expectation of a successful result.

The treatment of breast cancer is and will remain a surgical problem, and the x-ray and radium will be adjuncts to be used with care. X-ray has been used for sometime as something to follow up the surgical excision of a breast tumour, but it has been expressed that surgeons are becoming careless and depending too much on the effects of x-ray to destroy the cancer cells that may remain. This has led to preoperative irradiation of breast tumours. Many radiologists are quite enthusiastic about this method, while many surgeons are skeptical as to the results. Adair and Stewart in a recent article have taken 81 cases having operable mammary carcinoma and subjected them to preoperative irradiation. Thirty-nine of the cases were treated by the radium element pack and 42 were treated by high voltage x-ray. About a two to three-month period was allowed to

elapse and then a radcial amputation was performed. Careful tissue studies were made of the residual tumour. They showed that the radium element pack destroyed the tumour in 28% of the 39 cases, while the 200 K.V. x-ray machine destroyed the breast cancer in 16.5% of the 42 cases. The authors felt that the five-year cures will be definitely increased by the employment of preoperative irradiation, that it should be used in all cases of breast carcinoma complicated by pregnancy; in cases with bulky axillary disease, and in those of carcinoma in young women. Lee in an excellent discussion on the value of preoperative and postoperative irradiation in breast cancer cites 217 cases with a five-year survival of 41% followed and checked at intervals of six months and found free of disease. He uses smaller doses of x-ray (650 R) giving two treatments on each of two successive days, and then operation is carried out in two to four days after the last treatment. This, he feels, gives better control of the patient psychologically. The figure 41% is higher than the five-year cures from 13 other clinics using only surgery or surgery and postoperative irradiation.

The last decade has seen marked advance in the treatment of malignancies of the genito-urinary tract in the male. This is especially true of carcinoma of the prostate and bladder. The intravesical implantation of radion seeds by means of the operating cystoscope has increased to a great degree the number of five-year cures. Barringer has one case of bladder cancer that has gone 20 years free of recurrence. The technique of prostatectomy both by the perineal route and also suprapubically is pretty much standardized and in the hands of the G. U. man has shown good results. The important thing is early diagnosis. A small nodule in the prostate palpable by rectum, unless shown by x-ray to be a calculus, should be looked upon with grave suspicion. The combined surgical and irradiation treatment of malignancies of the urinary tract have changed the outlook of many otherwise doomed individuals.

I want to mention only a word about primary malignant bone tumours, of which a great deal has appeared in the literature recently. These tumours have always impressed me as being hopeless, but a perusal of the literature shows that they are not as hopeless as they seem. In the January number of the A. J. S. there is an excellent symposium on primary malignant bone tumours. Crowell reports 67 cases of osteogenic sarcoma and nine cases of Ewing's sarcoma which are living after five years. These were treated with a combination of surgery, irradiation and the administration of the much maligned Coley's toxins.

In conclusion, I think we can state that cancer is curable, but that it is in the incipient stage that proper treatment produces the greatest number of cures. Incurable cancers are almost invariably the result of failure of early recognition of the disease. Our aims in the fight against cancer must be, according to Leighton:

(1) To remove in the individual patient, the unhealthy conditions which we have learned precede cancer, and thus prevent it.

(2) To make an early diagnosis while the disease is still manifestly local, and to educate the public to realize that early diagnosis is necessary.

(3) To treat the disease immediately, radically and thoroughly.

Beware!

A man giving the name of John Steward, 25 years of age, weight 145 pounds, height 5 feet 7 inches, light hair, blue eyes, a truck driver, so he says and looks to be, is presenting himself in doctors' offices, with a self-made diagnosis of gall bladder disease, for which he wants a hypodermic of morphine.

POST-GRADUATE DAY

April 30, 1936

9:00 A. M. & 1:30 P. M.
STAMBAUGH AUDITORIUM

6:30 P. M.
YOUNGSTOWN CLUB

PROGRAM

By a group from the College of Physicians and Surgeons, Columbia University, New York City

---

PARTICIPANTS

DR. ALLEN O. WHIPPLE, Professor of Surgery & Chief of the Surgical Service, Presbyterian Hospital.

DR. DANA W. ATCHLEY, Assoc. Professor of Medicine & Assoc. Attending Physician, Presbyterian Hospital.

DR. ALVIN BARACH, Associate Professor of Medicine and Associate Attending Physician, Presbyterian Hospital.

DR. WALTER W. PALMER, Professor of Medicine and Chief of the Medical Service, Presbyterian Hospital.

Titles of papers will be announced in the April Bulletin.

A LAYMAN LOOKS AT THE DOCTORS

By GEO. R. MADTES

We laymen are irritated at the doctors. In the good old days—or were they good?—we could go merrily along buying automobiles and refrigerators on the installment plan, knowing that if we got sick the doctor would take care of us, and that if he sent a bill we could pay it or not—it didn't make much difference. Nobody ever paid much attention to a doctor's bill.

If we didn't like even the idea of getting a bill, we could go to a dispensary and get both medicine and treatment free. Some of us parked our cars around the corner from the baby clinic, and had our babies fixed up for nothing.

Now it's different. There are no dispensaries, and the visiting nurses won't doctor our babies. The doctors have a bureau, and when they work for us they want money for it. And we don't like it.

Of course, that's illogical. But human beings never were logical, and they can't be handled on a logical basis. As David Harum said, "They's as much human nature in some folks as they is in others, if not more." We have no right to kick about paying for medical treatment; but the profession educated us to expect treatment free, and so we're sore.

That applies to pretty much the general mass of the population, in greater or less degree. But it isn't the whole story; there is another point of disaffection among more intelligent laymen, among those who always have paid their doctor bills, and still do. That point is the extremes to which doctors have been driven in their attitude toward public health questions.

The word "driven" is used advisedly. The desperate straits into which doctors were thrown by the depression is an old story to you who have heard the blues cried at the staff room's wailing wall, month after month. When a man sees his family in actual need; looks back helplessly at thousands of dollars' worth of work for which he never has been paid and never will be paid; looks helplessly about while the government wastes millions but demands that the doctor work for half or nothing; sees legitimate work taken from him in the name of charity—when a man sees all that, he cannot be reproached if perhaps "the good of the patient" seems a little less important.

The intelligent laymen realize this; they don't blame the doctor if his ethics have worn thinner under the slings and arrows of outrageous fortune. But they hope it won't last.

Where are the thin spots in the ethics? Let's consider a few of them. The visiting nurses used to inoculate pre-school children against diphtheria. They did a thorough job; the number of inoculations approached pretty closely the number of babies born. The medical society took over the job. The first year there was an intensive month's campaign, and about 600 were immunized—not all pre-school. Since then there has been the year-round campaign, and immunizations have fallen to fewer than 400. That means that at least a thousand pre-school children a year aren't being immunized now who would have been immunized before. Gentlemen, that is not right!

If there are diphtheria deaths among pre-school children, whose responsibility is it? Perhaps somebody answers that the doctors have informed and warned the public; if the people don't have their babies immunized it's their own responsibility.

That answer is an old one: am I my brother's keeper? You doctors know what human nature is; you know what happens to babies who aren't immunized; now whose responsibility is it?

Out at Boardman the township

committee of the Mahoning County Health Council (Christmas anti-T. B. seals) got the schools' coöperation in a tuberculin testing project. We won't go into the details of the profession's attitude. It is enough to say that it was hostile.

The tests had not been completed at this writing, but scores of positives already had appeared. Of course, not all positives are active. But some are, and early treatment will be possible for many incipient cases which undoubtedly would have gone into illness and death.

It is interesting to note that many positives are in families which are fully able and willing to pay for treatment, but had no suspicion of the condition. There will be many doctor's fees from these cases.

That is aside from the main point, which is that the profession stood in the way of disease prevention; stood in the way of a project which is saving children's lives. Gentlemen, that is not right!

One doesn't have to explain to doctors about the extent of venereal disease, the importance of early and continuous treatment and of follow-ups. The venereal dispensary was closed with the others. It was a dramatic incident that 18 children with congenital syphilis were barred from school because they couldn't get treatment, but it is more serious that many times that number of adult cases are going about without treatment. The schools, the city, and the relief people are trying to reëstablish a clinic; the medical society—or at least a vocal part of it—is opposing it, though doctors know the most efficient way to handle venereal disease is through public dispensaries. Gentlemen, that is not right!

And now where are we? Laymen in the mass are irritated at having to pay for medical treatment; intelligent laymen are sad at the spectacle of medical men hampering the fight on disease. What shall we conclude?

As to the first class of discontent, it should be disregarded. It is passing already. It represents one of the few goods which the ill wind of the depression has blown. Medicine should have a sounder economic basis. People should learn to pay their doctor. Laymen won't object to the medical-dental bureau as time passes; why shouldn't the doctor's accounts be handled on a business basis—at least those he wants handled that way?

The other class of discontent deserves the profession's consideration. Some types of medical work can be done efficiently only by mass effort, and they are public health problems which *must* be done efficiently. They include diphtheria immunization, vaccination, tuberculin testing, venereal disease handling. Public health matters cannot be handled properly in individual practice.

After all, the problem needs only to be stated and recognized to bring its own solution. We laymen drove the desperate doctors into these extremes; as the pressure lifts the doctors will see that in the war on disease they can't line up with the enemy.

Their inclination and training are all the other way. Their own selfish interests are all the other way, in the long run, for they know that defying a soundly-based discontent will drive the public to take matters into its own hands, probably unwisely. The doctor's common sense will assert itself.

And now perhaps we can sum up the depression's effect on the profession. It is putting medicine on a sounder economic basis, and is giving laymen a much-needed education in the necessity of paying for medical treatment. In doing this it has swung the profession into a temporarily extreme position which it will not want to hold.

Just at present we laymen who are friends of medicine think it important that doctors realize their extremist position, so that they may consciously seek to speed the return to a saner basis.

SOCIETY EXCHANGES

The Lawrence County (Penna.) Medical Society meets in the Castleton Hotel, at 8:30 P. M., the first Thursday of each month. They are presenting some very interesting programs, under the guidance of Dr. W. A. Womer. There was a time when the medical professions of New Castle and Youngstown were very intimate, socially. The annual banquets were excuses for an exchange of social amenities. We were very glad to see those hearty ambassadors of good will, Drs. Popp, Foster and Womer at our recent annual meeting. Let us reciprocate.

The Summit County Medical Society meets in the Mayflower Hotel, Akron, at 8:30 P. M., the first Tuesday of each month. On the evening of March 3rd, they will have as their speaker, Dr. J. M. T. Finney, Jr., of Baltimore. The subject of his address will be "Pitfalls in Abdominal Diagnosis." Dr. R. H. Jaffe, Director of the Pathological Laboratories of Cook County Hospital, will address them on the evening of April 7th. Then on May 5th, Dr. Oscar V. Batson, Professor of Anatomy, University of Penna., and on June 2nd, A. C. Morgan, Emeritus Professor of Clinical Medicine at Temple University, will round out the first half year's program. Some of these speakers and programs should be of interest to some of us. Akron is but an hour's run, you know.

"Smoking or running the motor while filling the auto tank may cause an explosion, destroying the innocent as well as the guilty persons."

"Have gasoline and kerosene cans marked — don't have them exactly alike — don't get them or contents mixed."

March Program

SPEAKER

DR. SOMA WEISS

Associate Professor of Medicine, Harvard University, Boston, Mass.

Cardian Asthma—Its Clinical Significance and Treatment.

Tuesday, March 17, 1936

8:30 P. M.

YOUNGSTOWN CLUB

An Agreement between the Commissioners of Mahoning County and the Mahoning County Medical Society

1. Because of a temporary shortage of money for medical relief, the physicians of Mahoning County are willing in their effort to arrange some practical and permanent plan of medical care for those on relief, to carry on the relief work according to the fees formerly paid by the federal relief, but that there must be no such arrangement as pro-rating of fees because of lack of funds.

2. This agreement relative to fees between the Mahoning County Commissioners and the Economics Committee of the Mahoning County Medical Society shall be in force until July 15th, 1936, when negotiations for a new fee schedule shall be held.

3. That no attempt be made to set up clinics for the treatment of any type of disease, by the County Commissioners.

4. The members of the medical profession of Mahoning County will render adequate and honest service to the indigent poor of Mahoning County for the fees herein agreed.

That the Medical Economics Committee of Mahoning County Medical Society will be responsible for the conduct of all legal practitioners of medicine in the county.

5. That a board composed of the Economics Committee of the Mahoning County Medical Society, one dentist, one nurse, one pharmacist, and one representative of the hospitals, be empowered by the Mahoning County Commissioners to suspend either temporarily or permanently any physician after a fair and impartial hearing, whose conduct is unbecoming that of a physician and a gentleman, and that this action will be final. That any practitioner of medicine found guilty of unprofessional conduct in his treatment of the indigent sick of Mahoning County shall have his name removed from the eligible list and shall not receive remuneration from Mahoning County for the care of the indigent sick of this county.

6. That the medical relief office be under the direct supervision of physicians who shall spend the necessary amount of time in that office to insure its proper and efficient operation. These physicians to be under the direction and supervision of the Economics Committee of the Mahoning County Medical Society.

7. That the manner of rendering bills be set up with no more red tape than is necessary. That an itemized statement and diagnosis be required. That red tape and clerical work be abolished. That bills so rendered be paid within 30 days after receipt of statement.

8. That the duties of the medical relief office be clearly and distinctly divorced from the office of the County health officer and the city health commissioners, and that the County Commissioners deal only with the duly appointed committees of the Mahoning County Medical Society in regard to medical relief matters.

9. That under no circumstances are verbal conversations to be taken as authentic, but that all orders, intents, etc., be clearly expressed in writing and signed by the proper authority.

10. This agreement may be rescinded on 10 days' notice by either party hereto.

The above 10 point agreement, concluded in proper legal phraseology, was entered into late Monday afternoon, February 24, 1936, and duly attested and signed by the County Commissioners and the Economics Committee of the Society.

"Fame is at best an unperforming cheat;
But 'tis *substantial* happiness to eat."
—*Pope.*

SECRETARY'S REPORT

A meeting of Council was held in Dr. Fuzy's office February 10, 1936.

Dr. Reilly, chairman of The Economics Committee, made a report of the work of his committee at the request of the president. This committee is doing a great deal of work, using a considerable amount of their time; holding repeated sessions of their committee and with the county commissioners. They have an urgent and important duty to perform in the behalf of the members of the Mahoning County Medical Society. The Economics Committee is worthy of commendation for their efforts and accomplishments. The economic situation of medical organizations is an acute one at the present time.

It was the duty of council at this meeting to fill the vacancy created by the resignation of Dr. Claude B. Norris from the position of Delegate to the State Medical Society. Dr. Walter King Stewart was selected to fill this vacancy. This in turn created a vacancy for the position of Alternate Delegate. Dr. Wm. H. Evans was elected to the position of Alternate delegate to the State Medical Society.

It is to be noted that the traffic commissioner has made due allowance for doctors' cars carrying the proper insignia. They may park in "No Parking" zones for a brief period to permit doctors to transact affairs requiring only a short duration of time. This was accomplished by the Public Relations Committee.

It is of utmost importance that delinquent members pay their annual dues to the county secretary immediately. The State Medical Journal will cease to reach these members after March 1, 1936.

Members of the county society regret the passing of Dr. S. R. Proudfit. He was one of the older physicians in the county and was an exceptionally successful family physician.

The High Schools of the county have selected the subject of "Socialized Medicine" for debate this year. This phase of medicine has reached into the lay groups and has attracted great interest. It is paramount that the medical profession show as much interest as lay groups.

Our members are looking forward to the lecture to be given at the Society meeting February 25, 1936, by Dr. Joslin. He is an attractive speaker and master of the subject of Diabetics.

Drs. Kupec and Buchanan are hereby qualified members of the Mahoning County Medical Society.

Secretary,

ROBERT B. POLING.

Personal Items

Mr. B. W. Stewart, Supt. of the Youngstown Association, has been a patient in the North Unit for the past few months.

Dr. J. E. Hardman writes from Winter Haven, Fla., that the Sunny South, at times, hasn't been all that it's cracked up to be. Of late, however, weather conditions have undergone an improvement.

Our president, Dr. L. G. Coe, is the recipient of a compliment at the hands of the Lucas County Academy of Medicine. Their Bulletin for February, 1936, places a quotation from his January message plump on the front page.

Dr. D. B. Phillips writes us from Maimi, Fla., where he is spending the winter. "Divie" has a trailor camp and extends an invitation to the "boys" to share his accommodations. He remarks that he would even do that much for the editor also. Address him at Riverside Station, R. F. D. No. 1, Box 232, Bell Haven Camp, N. W. 79th St., & N. W. 32nd Avenue.

MEDICAL FACTS

By J. G. B.

Progress in the Study of Cardiovascular Disease in 1934*

A review of three hundred and sixty-four cases of subacute bacterial endocarditis by Weiss, confirms the general opinion that this disease most frequently follows infection of the upper respiratory tract.

White and Sharber have compared the frequency with which alcohol and tobacco were used by seven hundred and fifty patients with angina pectoris and by a control group of seven hundred and fifty individuals of the same sex and age incidence but without angina pectoris. An analysis of their observations shows that neither the use of nor the abstinence from alcohol or tobacco has any definite significance in the etiology of angina pectoris.

Lahey and Hurxthal have reported an operative series of three hundred thyrocardiac patients defined as patients with toxic goiter in which the outstanding feature has been cardiac disability. The mortality after operation was 4.25 per cent. Seventy-one per cent. of the patients with auricular fibrillation were restored to and maintained in normal rhythm, and compensation was restored in 95 per cent. of the patients after hyperthyroidism was alleviated by a subtotal thyroidectomy. Preoperative therapy consisted in the administration of digitalis, Lugol's solution, and diuretics as necessary. Quinidine is added to restore normal rhythm but not until the fifth postoperative day.

Churchill has offered three explanations for the cause of death after pulmonary embolism. First, immediate death may follow complete obstruction of the pulmonary artery due to cerebral anemia and failure of the respiratory center; secondly, delayed death may be due to a condition resembling shock after partial obstruction of the pulmonary artery; and thirdly, delayed death may be due to right heart failure as a result of partial obstruction of the pulmonary artery.

A review of four hundred and ninety-six cases of myocarditis which developed in four thousand six hundred and seventy-one diphtheria patients has been made by Hoyne and Welford. The death rate of diphtheria myocarditis they found to be sixty-two per cent, death occurring usually in the first 14 days of the disease. The mortality was highest in cases of nasal diphtheria, and of poor prognostic evidence were vomiting, abdominal pain, and a falling pulse rate and blood pressure. It was thought that dextrose solution given parenterally definitely helped some of the cases.

An etiological classification of neurocirculatory asthenia has been made by Craig and White, and an analysis has been made of one hundred cases of this disorder, fifty with organic heart disease, and fifty without evidence of organic heart disease. Palpitation, respiratory discomfort, precordial aches, and exhaustion are considered to be the four cardinal symptoms of neurocirculatory asthenia, and when associated with sighing respiration and precordial tenderness the diagnosis is almost certain. Radiation of the precordial discomfort into the left shoulder or arm is possible. The diagnosis of neurocirculatory asthenia must frequently be added to that of an organic cardiac condition where symptoms of the former are present.

In the opinion of Warfield no form of athletics other than college rowing injures a normal heart. He cites the studies of Deutsch and Kauf who found that occasionally a heart would become dilated after some form of

*For references see N. E. J. M., Vol. 213, No. 26.

sport. After rest the heart resumed normal size. It was believed that these hearts had previously suffered some muscle damage, probably from childhood infection. For this reason, it seems wise to be conservative in deciding when a child may resume activity after an infection. Slight systolic murmurs at the apex without cardiac enlargement he considers to be functional. Patients with valvular trouble are allowed freedom in activity within the limits of producing symptoms, providing there is no active infection present.

Purks has compared the causes of death after operation of sixty cases having organic heart disease with sixty postoperative fatalities having no heart disease. The first group of sixty deaths occurred in a series of four hundred and ninty-four operations on four hundred and fourteen cardiac patients and represents a mortality of 12.1 per cent, and the second group occurred in sixteen hundred operation or 3.7 per cent. Congestive failure was found not to be an important cause of death, but the cardiac group was more susceptible to pulmonary infections and to fatal coronary occlusion.

McGinn and White have reviewed one hundred and twenty-three cases of aortic stenosis proved at autopsy and one hundred and thirteen clinical cases, and have reported their observations. This valvular lesion was found almost as commonly as mitral stenosis, and the diagnosis could be made more frequently if it was considered. The majority of the cases had calcareous deposits in the aortic valves, both superimposed on old rheumatic infections and occurring singly. It appears justifiable to make the clinical diagnosis of aortic stenosis when a harsh systolic murmur is heard in the region of the second right interspace and in the absence of dilatation of the aorta. An aortic systolic thrill, diminished aortic second sound, or a plateau pulse, are

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helpful confirmatory findings but need not be present to make the diagnosis of aortic stenosis.

Following a clinical pathological study, C. E. White has concluded that arcus senilis does not occur in a sufficiently high percentage of older individuals to be considered a sign of senility, and because of the low percentage of occurrence in various forms of arteriosclerosis, it can hardly be indicative of that pathological condition.

In discussing functional tests of the heart, Harrison believes that the best index of the capacity of the heart to do work is the patient's story as to the amount of activity required to bring on dyspnea. The most reliable index as to the condition of the coronary circulation is the amount of work that can be performed without producing angina pectoris. Other signs are helpful in judging whether the capacity of the heart for work is impaired, but of less importance than the subjective symptoms of the patient are the presence of gallop rhythm, an enlarged heart, electrocardiographic changes, and a diminishing vital capacity.

King, Hitzig, and Fishberg observed three cases of left recurrent laryngeal paralysis following failure of the left ventricle. Postmortem examination with careful dissection of the recurrent nerve was made in two cases. They concluded that the left recurrent laryngeal nerve runs through a triangle bounded by the arch of the aorta, the left pulmonary artery, and the ductus arteriosus, and that the nerve can be compressed by a dilated and distended pulmonary artery resulting from failure of the left ventricle.

König has attempted to prevent postoperative thrombosis and embolism by the administration of synephrin tartrate, a compound similar to and one-fiftieth as strong as epinephrin. The dosage is 20 drops by

mouth or 1 cc. hypodermically three times a day for seven days. The patient also is given short inhalations of carbon dioxide every hour for from four to six days. Comparative observations on four thousand five hundred cases showed satisfactory results. The incidence of postoperative thrombosis and embolism was reduced from 3.8 per cent. to 1.04 per cent., and the pulmonary complications were reduced from 9.4 per cent. to 3.4 per cent.

News Items

There is appearing in the *Ladies' Home Journal* a series of articles by Paul DeKruif presenting a study of the relative results of home and hospital delivery. The first of these articles appears in the March, 1936 number.

Every man bringing obstetric cases to our hospital should be familiar with the arguments presented, so that he may be able to refute the fallacies therein when his patients make inquiry concerning them.

Henceforth the *Bulletin* will be issued so as to reach you by the first of each month. Those submitting material to be published, please have this fact in mind, and have your copy in the editor's hands on or before the 25th of the preceding month.

Some Fundamental Principles of Allergy

(Continued from page 75)

and conservative physician will readily admit it to its proper place in the theory and practice of medicine. One nevertheless hesitates to extol the virtues of so complex and comparatively immature a subject as allergy, but an analysis of cases studied, over a period of almost three years, I believe sanctions this presentation as a sound diagnostic and therapeutic measure.

"Don't laugh at simple accident preventives. Better hop to it and put them to use."

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Hospital News

St. Elizabeth's Hospital has completed the installation of a modern, high speed elevator in "A" Unit. This will greatly facilitate the work of that portion of the institution. The operating pavilion on the 5th floor has been remodeled, and the X-Ray Department has been given commodious quarters on the first floor of "A" Unit.

The wing of the North Unit of the Youngstown Hospital, known as first maternity, has been refitted to accommodate two patients in each room. The rooms have been "demoted" to the equivalent of ward equipment, and the beds are priced at a charge approximating the wards at the South Unit; it being the intention of the management to relieve the load at the latter unit if possible.

A new Pavex unit has been installed at the North Unit, which has the great advantage of being a little less noisy. Dr. Sedwitz says that, with the door closed, you can hardly hear it!

Home Talent to the Fore

The program committee, as announced in the February *Bulletin*, is planning a series of three meetings to bring out local talent. The first of these meetings is scheduled for April 14, 1936, at the Youngstown Club. This is the date also of the St. Elizabeth monthly staff meeting, but Dr. Tamarkin has agreed to postpone that event one week.

The program arranged by the committee is as follows:

Dr. John R. Buchanan—Static Flat-feet.

Dr. R. E. Odom—Acute Laryngeal Obstruction — Diagnosis and Treatment.

Dr. S. W. Weaver—Head Injuries.

Dr. P. J. Fuzy—Proctology and the General Practitioner.

Each paper will be limited to 12 minutes.

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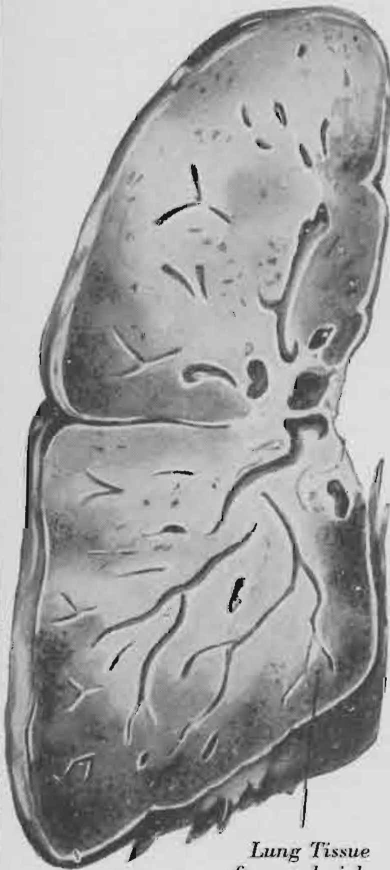

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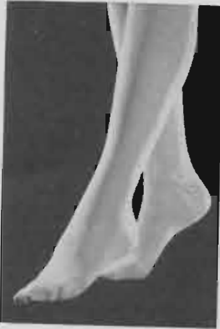

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