

BULLETIN

of the
Mahoning County
Medical Society



Organized 1872

June 1937

Volume 7

Number 6



ΑΣΚΛΗΠΙΟΣ



ΑΣΚΛΗΠΙΟΣ



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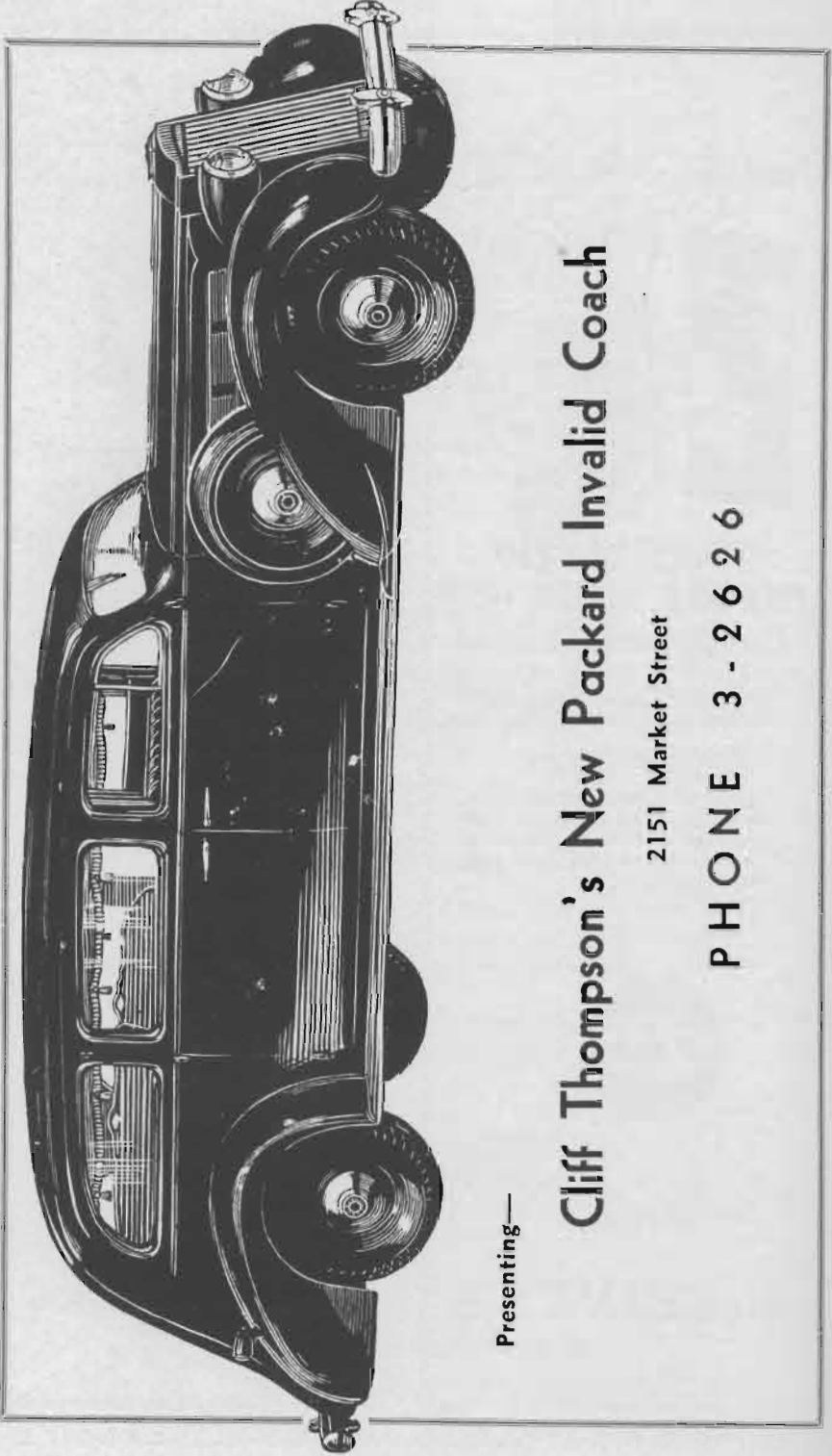
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PRESIDENT'S PAGE

The regular meeting this month, marks the final program as arranged by Dr. E. C. Baker and his committee.

They deserve recognition for the splendid high type programs we have been having.

Dr. John Noll has already arranged meetings from September, 1937, to June, 1938. These men deserve our plaudits.

The Entertainment Committee promises us some interesting "summer" programs. For July and August—golf—old-fashioned picnics—and I believe a husband and wife entertainment!

The doctors' wives have repeatedly complained that they are left out of Society social activities, but to date nothing has been done to change the old order of things. What is your opinion? Will you write or phone Dr. Wm. H. Evans your opinion. This brings to mind that our Editor in the last issue asked members for opinions, on a subject explained in an article appearing in our *Bulletin*. His fan mail was *very* light. Are we too busy to give these matters a little thought? Or are we just naturally indifferent? You have opinions, won't you help your colleagues to do and decide matters pertaining to YOUR SOCIETY?

Let's all write "Bill Evans"—I will, too!

PAUL J. FUZY, M. D.



BULLETIN

of the

MAHONING COUNTY
MEDICAL SOCIETY

J U N E 1 9 3 7

WHOOPING COUGH IMMUNIZATION

By O. A. AXELSON, M. D.

It has been conservatively estimated that there are approximately 300,000 cases of whooping cough in the United States each year. There are 6,000 deaths in the Registration Area annually and about 90% of these are in children who are less than three years of age. In infants the mortality rate is 15%. The average age at which the disease attacks is about four years but it is clearly shown that the great need for preventive measures is in infancy and before the third year.

The earliest work on whooping cough immunization began in 1912 when Doctors Nicolle and Connor vaccinated patients during a whooping cough epidemic in Tunis. The results obtained were not supported by suitable controls. The Danish investigator, Dr. Madsen, carried out vaccinations on a large scale on the Faroe Islands during 1923 and 1924. These islands, located near Iceland, are isolated, and whooping cough appears in waves separated by quite long periods of absence of the disease. Those vaccinated during the 1923-24 epidemic, 2,458 persons in all, contracted the disease in the same proportion as those who were not

vaccinated, but the mortality in the vaccinated group having whooping cough was only one-twelfth that of the un-vaccinated group and the disease of the former was much lighter and of shorter duration.

In the 1929 epidemic on these islands Dr. Madsen prepared the vaccine from freshly isolated cultivated strains of the Bordet-Gengou bacilli which were obtained from the patients with whooping cough who collected the germs by coughing directly on plates of Bordet blood medium. A 1% solution of formalin was used to kill the organisms and the vaccine was standardized to contain 10 billion killed pertussis bacilli per c.c. Three subcutaneous or intramuscular injections of 0.5 c.c., 0.7 c.c. and 1 c.c. respectively were made at intervals of 3 or 4 days. Of 1,832 vaccinated cases, 458 obtained protection, while among the unvaccinated control group of 446 persons, only 8 escaped infection. In both epidemics the two groups compared favorably in respect to age, time of the epidemic and surrounding conditions. In the 1929 epidemic the nonvaccinated had a mortality rate 16 times greater than the vaccinated

and the disease was more severe and of longer duration. Dr. Madsen's experience in these two epidemics led him to the conclusion that vaccination against whooping cough is useful when carried out in time to build up immunity.

Dr. L. Sauer of the Northwestern University Medical School has been making whooping cough vaccines since 1925 according to the Madsen method at the Danish State Serum Institute but he has introduced several modifications to improve its antigenic properties. His associate, Miss Hambrecht, had noted that hemolysis was usually more pronounced in freshly isolated strains obtained from cough plates, than in the cultures long under cultivation. Bordet and Sleswyck at the Pasteur Institute in 1910 had found that recently isolated strains differed from old stock cultures grown without blood. Sauer selected five to seven recently isolated, strongly hemolytic strains each time the vaccine was made for he considered hemolysis a criterion of virulence. The bacilli are grown on a medium made from fresh, defibrinated human blood. To lessen the amount of culture medium content, the forty-eight hour growth is scraped off and mixed with 0.5 per cent phenolized physiologic solution of sodium chloride. To insure purity, a strained smear of each surface growth is examined before it is harvested. The solution is kept in the refrigerator for a week and the flasks are shaken daily. Then the concentrated suspension is cultured for sterility on three successive days. It is diluted with 0.5 per cent phenolized physiologic solution of sodium chloride so that one cubic centimeter contains about 10 million killed pertussis bacilli. It is sealed in tubes and kept refrigerated until ready for use.

Between 1925 and 1928, 100 whooping cough patients and exposed susceptible children in families

with pertussis were given 3 injections of the vaccine at intervals of 4 days (0.5, 0.7 and 1 c.c.), a total of 22 billion bacilli as directed by Madsen. The only death was in an infant who contracted broncho-pneumonia as a complication during the second week after the injections. Compared with 100 unvaccinated patients seen during that time and used as controls, no lessening of the symptoms could be attributed to the vaccine for the number of mild and severe cases in both groups was about equal.

Commencing in May, 1928, the vaccine has been used as an immunizing agent and from 7 to 8 c.c. instead of 2.2 c.c. is given in the three injections. Since 1931 the total of from 70 to 80 billion bacilli has been divided as follows—1 c.c. is injected into the deltoid region of each arm; a week later 1.5 c.c. is injected into the biceps region of each arm and the final injections of 1.5 c.c. are placed in the triceps region of each arm.

Following the injections some patients have a rise in temperature for a day with local redness and tenderness. The most severe case had a rectal temperature of 103° which subsided in 36 hours. The movable subcutaneous nodules may persist for as long as a month and are probably caused by the slow absorption of the particulate matter of the vaccine. A second injection should never be made at the same point on the arm. If a marked reaction occurs following a dose, the next injection should not be increased in amount and the fourth bilateral injection may be necessary to give the total of 8 c.c. The local and systemic reactions are due to the bacilli and their endotoxins. There are no foreign serum proteins present so there is no danger of sensitization to serums or of allergic reaction. Sauer has made thousands of injections and there have been no untoward effects. There have never

been any skin infections, abscesses or scars.

In April, 1935, Sauer sent questionnaires to the parents of 394 immunized children. He found that 27 of the injected children in 21 families had been intimately exposed to the disease of their 25 non-protected brothers and sisters. One hundred fifty-seven of the immunized children were casually exposed to whooping cough at play, in school and elsewhere, a total of 336 times. None contracted the disease. All of the non-immune controls with whooping cough in their families contracted the disease.

Fourteen hundred infants were immunized with the Sauer vaccine. Their average age was 11 months and of this group, six contracted whooping cough more than 3 months after completion of the injections. Two of these failures were in brothers who had been injected shortly after recovery from measles. About 90% of these children who were immunized did not contract whooping cough when exposed.

A free clinic for immunization at Evanston, Ill., under Dr. Sauer's direction vaccinated 966 children from the fall of 1934 to January, 1937. One hundred twenty-five of these were definitely exposed to whooping cough and 7 contracted the disease, 6 of these being after 4 months. This ratio of protection is 92.8%.

Dr. Daughtry, Denmark, has used a double strength vaccine on 150 children, 28 of whom were exposed and there were no failures. This work was carried on in Georgia. W. Quillian of Florida vaccinated 97 children, had 4 exposures and reported no attacks.

Dr. Daughtry, Denmark, reports that the vaccine produces a leucocytosis with increase in the per cent of lymphocytes that is very similar to that produced in clinical cases of whooping cough. Complement fixa-

tion is positive in 90% of whooping cough cases even before severe coughing develops and is positive in 100% of cases after the whoop appears. His work showed that by using 8 to 14 c.c. of Sauer's vaccine, complete complement fixation was secured. In his complement fixation tests he used the Wasserman technique and the Pertussis bacilli as antigen. When a double strength vaccine was used, the complement fixation was produced more rapidly.

Recent work has been done in England on skin testing to determine susceptibility to whooping cough. Sauer's vaccine was used as the antigen and 0.1 c.c. was injected intradermally into the forearm to produce a raised weal. In a positive reaction a hyperemia developed in 12 to 24 hours. In mild cases the hyperemia was 10 mm. in diameter and in severe cases 20 to 30 mm. in extent with raised edges and some induration. A positive reaction signifies immunity to whooping cough.

O'Brien reports in the Jan., 1937, *Lancet* a series of 371 cases of the skin test.

	Reaction	
	Positive (Immune)	Negative
No Whooping Cough	40—29%	208—90%
Had Whooping Cough	99—71%	24—10%

The 40 cases of immune positive reaction with no history of clinical whooping cough are partially due to a development of immunity from repeated exposure to mild cases of whooping cough and a resulting sub-clinical variety of the disease. The communicability index of whooping cough is about 75%, the remaining 25% may be due to absence of exposure or to an inherent resistance which is present. Some patients showed a change of reaction from negative to positive after an attack of whooping cough. These skin tests, within certain limits, offer a reliable index of susceptibility to whooping cough.

Reports of 29 physicians in 18

states who gave approximately 3,800 immunization treatments with Sauers vaccine revealed that 342 were known to be exposed to whooping cough, 19 contracted the disease and the remainder (of approximately 90%) were protected. Factors which may be responsible for failure in some cases are:

1. Failure to provide refrigeration for the vaccine. Storage at room temperature causes a loss of antigenic power.

2. Failures occurring in children of 5 to 6 years or older suggest that such children may require larger doses of the vaccine—from 10 to 14 c.c.—as a total dosage.

3. Failure due to giving the vaccine too soon after such diseases as measles.

4. Failure to allow time for developing active immunity. The vaccine probably offers little protection before the lapse of 3 or 4 months.

The following sequence of immunizations has been found most practical—to immunize against pertussis the second half year of life, preferably at about 8 months, diphtheria immunization at 12 months and smallpox vaccination at about 18 months.

Whooping cough is much more prevalent than diphtheria and scarlet fever and it caused more deaths in America than these two diseases combined in 1934. The success attained in preventing diphtheria during the past 15 years by the immunization with toxoid will probably be paralleled by intensively immunizing against whooping cough with vaccines.

O. H. AXELSON

References:

- Madsen, Thorvald: Vaccination against Whooping Cough *J. A. M. A.* 101:187, 1933.
 Sauer, L. and Hambrecht: Whooping Cough; Early Diagnosis by Cough-Plate Method *J. A. M. A.* 95:263, 1930.
 Sauer, L.; Its Early Diagnosis, Prevention and Treatment, *Southern Medical Journal* 27:1002, 1934.

Sauer, L. Immunization with B. Pertussis Vaccine, *Journal of Pediatrics* 9:120, 1936.

Daughtry-Denmark, L., Whooping Cough Immunization, *Amer. Jour. Diseases of Child.* 52:587, 1936.

Brian O'Brien, Skin Tests in Whooping Cough, *Lancet* Jan. 16, 1937.

Paton, J. P., Complement Fixation in Whooping Cough, *Lancet* Jan. 1937.

CONSTITUTION AND BY-LAWS APPROVED

Dear Dr. Norris:

At a meeting of the Council of the Ohio State Medical Association, on April 27, 1937, at Dayton, Ohio, the Council on motion of Dr. Sherburne, seconded by Dr. Jenkins and carried, approved the proposed Revised Constitution and By-Laws of the Mahoning County Medical Society submitted to the Council for ratification under date of March 17, 1937.

The By-Laws as approved by the Council contained additions to Chapter 1, Section 7, and Chapter 2, Section 10 as submitted by you under date of March 29, 1937, following our correspondence on the matters covered by the foregoing sections.

As soon as a copy of the Constitution and By-Laws, as revised, is available please send it to this office for our files. This is essential and I hope you will give it your prompt consideration.

Sincerely yours,

CHARLES S. NELSON,
Executive Secretary.

NARCOTIC LICENSE

Your Narcotic License is renewable on or before July 1st, 1937. Don't procrastinate in this matter. The Internal Revenue office has been rather lenient in the past, but are tightening up this past year or two, as many failed to register in a reasonable time. Remember then, on or before July 1st. For penalties liable to be incurred, see *The Ohio State Medical Journal* for May, page 564.

June

FALL LECTURE COURSE IN PATHOLOGY

The Program Committee announces a course of eight lectures in Pathology, to be given during late September, October, and early November. The lecturer will be Dr. Herbert S. Reichle, pathologist to the Cleveland City Hospital and Ass't. Professor of Pathology in Western Reserve Medical School.

Dr. Reichle is a native of Newark, N. J., and received his Bachelor of Science and Doctor of Medicine degrees from Columbia. A period of study was spent at the University of Freiburg, Germany.

Upon his return to the United States he practised in New Jersey for

three years. During 1924 and 1925, he was instructor in Pediatrics at the New York Post-Graduate Medical School and from 1926 to 1933 was instructor in Pediatrics at Western Reserve, also doing part time work in pathology. Since 1933, his full time has been spent as pathologist at City Hospital.

The committee are to be congratulated on securing one of Dr. Reichle's attainments, and we are happy to have this opportunity of being brought up-to-date in the basic field of Pathology.

More definite schedules will appear in subsequent issues of the *Bulletin*.



Dr. Herbert S. Reichle

THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical World

● Down in Dayton with a population of 225,000 they have a Medical Society of approximately 220 members—only a few more than our 176 (203 if the seven would pay their dues). They have a full time Secretary, a headquarters consisting of assembly room, Secretary's office and library all housed in a Medical building where 76 doctors and dentists have their offices.

But getting out the members to meetings is a problem with them as it is with most Societies. Recently they have been holding meetings in the hospitals and serving lunch to stimulate attendance.

● We have been very successful in getting a good attendance at our meetings and in this connection we are inclined to forget to give proper credit to our Program Committee. The reasons for their success in this respect may be summed up briefly; 1. Well known speakers; 2. Subjects of general interest; 3. Luxurious surroundings; 4. Outside support.

Many of those who come to our meetings are from nearby towns. They are attracted by the outstanding programs provided by the hard working Program Committee and publicised to them by our classy *Bul-*

letin (orchid to the Editorial Committee).

- Speaking of dues, we recently talked with a workman about labor unions. We were told that a common laborer pays twenty-five dollars to join and his dues are two-fifty per month. A skilled craftsman pays fifty dollars or more as initiation fee. Granted that the analogy is not perfect, we are still getting a big bargain.

- An innovation in Convention novelties was the Hobby Exhibit at the Dayton meeting. Mahoning County was represented by Dr. M. P. Mahrer with his water colors and plaster models, all specimens of great excellence.

- In Kansas City, Mo., during the month of May the Parent Teacher Associations held a round-up with an intensive canvass of each school district urging each mother to take her per-school children to the family physician's office for examination. The Medical Society approved of the plan and agreed to charge a nominal sum of two dollars for the examination.

NEWS NOTES

Dr. James D. Brown is spending three months in postgraduate study at the New York Polyclinic Hospital. In July he will go to Montreal for further study in surgery at McGill University Hospitals. After his return, Dr. Brown will resume his practice in Medicine and Surgery.

Dr. Peter L. Boyle has returned from two months study in European clinics and hospitals.

Dr. M. P. Mahrer addressed the Kiwanis Club of Hubbard, Ohio, in April on "The Early Development of Surgery," giving a historical review of such surgical operations which preceded our present surgical knowledge.

As a sequence to this he spoke on

"The Contributions of Semmelweis and Lister to Our Present Day Surgery," in May, to the Y's Men's Club of Youngstown.

He also contributed to the Hobby & Art Show of the State Medical Meeting in Dayton, Ohio, eight water colors and three pieces of sculpture.

A CHIP OFF THE OLD BLOCK

Old Man Lewis

Old man Lewis had a farm,

C. I., C. I. O.

And on that farm he had some chicks,

C. I., C. I. O.

And all those chicks went on a strike,

C. I., C. I. O.

And on that farm he had some pigs,

C. I., C. I. O.

And all those pigs went on a strike,

C. I., C. I. O.

Here a strike—There a strike;

Now a strike—then a strike.

C. I., C. I. O.

Old man Lewis packed his kit,

C. I., C. I. O.

Guess it's time for me to quit!

C. I., C. I. Go.

By MARY E. HAUSER (Age 11)
Daughter of C. D. Hauser.

Entertainment Committee

The Entertainment Committee has swung into action and announce an afternoon of golf and an evening of festivity for June 24. Further plans provide for an old time corn and chicken feed at "Jim's" place, two miles south of Cortland, along in early September. How about an inter-city golf match with Canton? There is a fine group of men, just spoiling for a challenge. Write Dr. King for further details. That Meadowbrooke course at Canton will stretch the legs of even Herman Kaufman.

IMPORTANT—PLEASE READ!
Part of New By-Laws Illegally
Passed

Your attention is particularly called to the amendment, offered by Dr. W. M. Skipp, to Section 6, Chapter II, of the New By-Laws, reading as follows: "or mechanical devices or goods of any description to be used for the treatment of abnormal conditions in patients, whether communicated orally or in writing." It is the opinion of the Committee on Constitution and By-Laws, of the Council, and, also, of Dr. Skipp, who introduced the amendment, that this was in violation both of Section 8, Chapter VII of the Old By-Laws, under which the action was taken, and of Robert's Rules of Order, 1915, Revised, page 272.

The point that affects the question is: All *subjects* covered by an amendment must be stated in writing and submitted previous to the final vote thereon. An amendment may be revised to make its intent clear or more specific; but entirely new material, new powers, or new prohibitions, bearing upon new subjects, not covered in the draft previously submitted to the members, may not be added to the amendment.

To quote Section 8, Chapter VII of the Old By-Laws:

"Proposals for amending these By-Laws must be in writing signed by at least twelve members. They shall be read at any regular meeting of this Society and may be acted upon at the next business meeting held not less than thirty days thereafter, if a copy of the same has been sent to each member by the secretary ten days in advance of the meeting at which final action is to be taken, and no amendment shall be voted upon unless due notice thereof, including the printing of the amendment in full, shall have been given in the notices, convening the meeting."

To quote from Robert's Rules of Order, Edition of 1915, page 272:

"The assembly is not limited to adopting or rejecting the amendment just as it is proposed, but no amendment is in order that increases the modification of the rule to be amended, as otherwise advantage could be taken of this by submitting a very slight change that would not attract attention and then moving the serious modification as an amendment to the amendment."

Obviously, therefore, the amendment was illegally adopted. For it to become a part of the By-Laws it must be again submitted to the Society in accordance with Section 6, Chapter VII of the newly-adopted By-Laws, which have been approved by the Council of the State Association and are now in force.

For the Council,

P. J. Fuzy, *President*.

For the Committee on Constitution and By-Laws,

Claude B. Norris, *Chairman*.

For the Introducer of Amendment,
 William M. Skipp.

HOSPITAL INSURANCE FOR
DOCTORS

Doctors are human and, like all humans, sicken and die. During sickness the Doctor's income ceases, and where hospitalization is necessary, outgo sets in. Why could not the members of the Mahoning County Medical Society devise a hospitalization insurance? There are two hundred members of the Society and it is fair to suppose that an actuary could arrive at a premium per member, payable yearly, that would provide adequate compensation at a time when earning power has been rendered nil.

Think this matter over, jot down your thoughts and send to the Editor. They will be printed in the *Bulletin*, and if enough favorable sentiment is expressed, we may be able to formulate some provision against an adversity which sooner or later, will probably confront all of us.

BANNER PROGRAM

1936 - 1937

The Mahoning County Medical Society

Presents

INTERNES } **Two from St. Elizabeth's Hospital**
 } **Two from Youngstown Hospital**

In St. Elizabeth's Corner are:

DR. B. C. WALSKI

DR. S. M. ONDASH

In Youngstown's Corner are:

DR. J. J. REDMOND

DR. C. H. CRONICK

Prizes to be awarded on the basis of Presentation,
rather than Clinical Material.

First Prize—Fifteen Dollars

Second Prize—Ten Dollars

This is a Meeting YOU Cannot Afford to Miss!

JUNE 15, 1937—8:30 P. M.

YOUNGSTOWN CLUB

Summer Frolic

THURSDAY JUNE 24th, 1937

SQUAW CREEK COUNTRY CLUB

GOLF - DINNER

For Members and Guests of the
Mahoning County Medical Society

Dinner cum Beer	\$1.50
Greens Fee	1.00
Caddy Fee	1.00

Tee off 1:00 P. M.

Prizes - Glory - Fame

PERTUSSIS*

By CHARLES SCOFIELD, M. D.

*Read before the Staff of the Youngstown Hospital Association.

Definition—Pertussis is a highly communicable specific infectious disease, characterized by a paroxysmal or spasmodic cough which usually ends in a long drawn-out, high pitched, crowing inspiration commonly known as the whoop, and which is frequently accompanied by vomiting.

Etiology—For centuries the causation of pertussis was disputed, some thinking it a neurosis, other a tracheo-bronchial catarrh. Many organisms were reported upon in the earlier search for a causative agent, but the bacillus described in 1906 by the French observers Bordet and Gengou is now accepted as the causative factor.

The Bordet-Gengou bacillus may be found in great numbers (and in almost pure culture when a special medium is used) in the sputum expelled by coughing from the depths of the respiratory tract in the catarrhal and early paroxysmal stages of the disease.

The Complement Fixation Test—The complement fixation test is added proof that the Bordet-Gengou bacillus is the specific cause of pertussis. Bordet himself failed to obtain a positive reaction in the early stages of the disease, although he found it regularly in convalescent and recovered children. Later investigators have found it in all stages and for a considerable period after recovery.

Epidemiology—Susceptibility to whooping cough is almost universal in infancy and childhood, and is then greater than to any known infection with the exception of measles. There is no such immunity in the first six months of life as occurs in the latter disease. Of 401 unprotected children exposed to pertussis during an epidemic 366 contracted the disease (Biedert). One attack almost always protects against a subsequent infec-

tion; second attacks are usually mild and of short duration.

Age Incidence—In an unprotected population pertussis occurs at all ages, from the new-born child to beyond the eightieth year. Cases have been reported in which the disease was present on the first day of life.

Sex—Practically all studies show a slight but definite sex predisposition, both incidence and mortality being greater in females than in males at all ages, and particularly between the ages of one and five. This is believed to be due mainly to the anatomical difference of the larynx, and also to the greater susceptibility of the nervous system in the female; there may be an endocrine influence as well. Pregnant women are said to be more susceptible than other adults. Women are more liable to infection than men because of their greater exposure to sick children.

Mode of Transmission—The organism is disseminated in the spray and droplets of sputum emitted during coughing and sneezing.

Symptoms

Period of Incubation—The duration of the incubation period is somewhat difficult of exact determination owing to the uncertainties of exposure and the insidious onset of the early symptoms. It is commonly seven days and almost uniformly within ten days. If there is no evidence of illness within fourteen days after exposure infection may be considered not to have taken place.

The clinical course of whooping cough is usually divided into three stages and a prodromal period during which there are often headache, lassitude, and disturbed sleep for a few days before the cough appears. In individual cases, the duration of each stage may show wide variation.

First or Catarrhal Stage.

Second or Paroxysmal Stage.

Third or Stage of Decline.

Other Symptoms and Signs—Examination of the larynx and trachea reveals edema and congestion of the mucous membrane; small amounts of thick mucus may be seen which by some observers have been thought to be the cause of the paroxysms. At times, the mucosa shows hemorrhages. About half the cases show signs of a slight bronchitis at some time in the course.

The changes in the blood picture are characteristic and an aid to the diagnosis. Early in the catarrhal stage there is an increased percentage of small lymphocytes; four or five days later a leukocytosis appears, the percentage of lymphocytes being increased. The leukocytosis increases as the disease progresses and reaches its maximum at the height of the paroxysmal stage. It then returns rather rapidly to normal and a mild eosinophilia may be present during convalescence.

At the height, the leukocytes number 15,000 to 30,000 or 40,000, as a rule, with the 60 to 80 per cent. of lymphocytes. Total counts of 70,000 to 80,000 are not very uncommon, and as many as 200,000 cells per c.mm., with a very high lymphocyte percentage, have been reported. No other nonfebrile respiratory disease shows such an increase. A lymphocytosis of over 50 per cent. in a child more than three years of age, who has a suspicious cough, almost certainly indicates the presence of pertussis.

Duration—The usual duration is eight to twelve weeks. The actual termination may be difficult to determine exactly. A mild bronchitis may revive the typical cough weeks or months after it had disappeared, or a cough of spasmodic character may recur with every cold for a year. The duration is largely dependent on the amount of damage suffered by the lungs. Mild cases, who receive good care and run a favorable course, may be practically free from symptoms in six weeks from onset, while severe

attacks or those which develop complications often continue for a period of four months or longer.

Diagnosis—In infancy and in atypical cases, the diagnosis may be difficult; the spasmodic cough occasionally present in influenza, or in infants with bronchitis, may be hard to differentiate. A foreign body in the larynx or trachea has caused confusion. A laryngitis or laryngospasm may suggest a whoop. The physical signs in whooping cough are likely to be few, and not in proportion to the severity and persistence of the cough. There is little or no fever. A convulsive cough of steadily increasing intensity, worse at night, which is accompanied by congestion of the face and vomiting, is extremely suspicious. The presence of an epidemic, a known exposure, the clinical course, ulcer of the frenum of the tongue (which is peculiar to whooping cough), are important diagnostic aids. A paroxysm may often be induced by the irritation of a tongue depressor at the base of the tongue or in the pharynx, by pressure of the finger on the trachea or thyroid cartilage, or by tickling the nasal mucous membrane or the external auditory canal.

A nervous or hysterical cough in imitation of the disease, has periods of longer duration and is not accompanied by vomiting or the expulsion of the typical, glairy, tenacious mucus; and is not worse at night. Enlarged tracheal and bronchial glands may, by their pressure, cause a cough of prolonged duration. A roentgen ray picture will help to determine the diagnosis.

The blood, as first shown by Meunier, is of great importance in the early diagnosis. The percentage of lymphocytes is much higher than normal, reaching 60 to 80 per cent. of the total white cells. A leukocytosis of 15,000 to 30,000 is likely to be present at the beginning of or early in the paroxysmal stage. Most cases show positive complement fixation

test in the catarrhal stage and it persists throughout the disease. A negative test is inconclusive.

The effort to develop an intradermal test, similar to the Schick test for diphtheria, has not been successful.

Recent work with *B. pertussis* has demonstrated that a bacteriological examination of the sputum is the surest diagnostic procedure. The "pearls" of sputum contain the bacilli in large numbers. The method of choice is the cough plate method of Chievitz, using the Bordet-Gengou medium, freshly prepared, and taking the cultures in the evening when the paroxysms are most pronounced. If negative at first, the plate-making should be repeated on successive days. Only the identification of the bacilli or their absence proved by repeated examination is of positive value.

By this method, Chievitz, Meyer and their co-workers demonstrated the organism in 87.7 per cent. of 1,106 cases.

They found it present in the—

Catarrhal stage	in 78% of cases
First week of whoop.....	in 57% of cases
Second week of whoop.....	in 61% of cases
Fourth week of whoop.....	in 40% of cases
After the fourth week.....	in 9% of cases

The Boston Commission for the Study of Whooping Cough has confirmed these observations and advises the examinations of cultures both for diagnosis and for quarantine. The method requires a laboratory, but its certainty warrants its wider use, as is done with diagnostic cultures in cases of suspected diphtheria.

Prognosis—Many factors are concerned in the prognosis, but the most important is age. In the first two years of life, it is more fatal than any other communicable disease. Over half the deaths occur in the first year of life; it is seldom fatal after the fifth year.

Luttinger's figures for age at death in 10,000 cases in New York City are as follows:

Under 1 year —50.8%	} 78.1%	} 96.9%
1-2 years—27.3%		
3-5 years—18.8%		
6-15 years— 2.7%		
16-65 years— 0.3%		

Treatment—Apart from the use of vaccines, there is no specific treatment for pertussis. It is a selflimited disease, for which intelligent general management suffices to meet the needs of many cases; but since the patient's comfort and welfare are largely dependent on the frequency and severity of the paroxysms, and on his nutrition, it is toward these factors that treatment is directed.

General Management—A large, well-ventilated, sunny room is desirable, and when possible, an occasional change of rooms, after thorough cleaning, is advantageous. An abundance of fresh air, both day and night, is essential. The room temperature should generally be 65° to 70° F. During the summer, and in the absence of complication, children should be kept out of doors as much as possible.

Medication—Inhalations of steam vapor, usually medicated with compound tincture of benzoin, creosote, carbolic acid, oil of eucalyptus, etc., may have some value; they tend to relieve spasm, to modify catarrhal inflammation, and to facilitate the expulsion of mucus. Chloroform may be needed for convulsions or for paroxysms of great severity.

For internal medication, the number and kind of drugs that have been recommended and used are legion, testifying to their inadequacy as curative remedies. Indiscriminate drug-giving is to be avoided. A simple sedative at night, to assist sleep, may be advantageous.

Of the drugs recommended, two possess undoubtedly beneficial action. Belladonna, when used, should be begun with small doses and cautiously increased. Children tolerate it well, and it may be given till physiological

signs, such as dilatation of the pupils, or flushing of the skin, are produced. One-tenth minim of the fluid extract may be given every four hours to an infant six months old, or 1/6 minim at twelve months; the interval is then shortened to two hours. The other drug is antipyrin, 1 gr. every three hours for a six-month infant, up to 2 gr. every four hours for a two-year old child, the latter dose being increased, if necessary, to 2 gr. every two hours. Sodium bromide combine with the antipyrin increases its antispasmodic effect. As a sedative, luminal may be given in powder or elixir, 1-4 grain every three hours to a one-year-old infant. If sleep is much disturbed at night, small doses of codeine, paregoric, chloral or allonal may be required.

Vaccines have been referred to above. There is no doubt that they constitute the most important and hopeful advance in the prophylaxis and treatment of pertussis since the discovery of the Bordet-Gengou bacillus. Further study of the subject is necessary. There are different strains of the bacillus and their action is specific. Autogenous vaccines may be more effective than stock vaccines. In an infant asylum or hospital, in the presence of an epidemic, it would seem advisable to prepare such a vaccine and to use it in prophylaxis and treatment of the other patients. Larger doses than those at first employed should be used, the injections being given every second or third day for three to six doses. Beginning with a dose of 2 billion bacilli, the dose is steadily increased to 4, 6 or even 12 or 16 billion, depending on the size of the child. Reactions are slight; the arm may be sore for a few hours; fever is very rare. The sooner after exposure the treatment is begun, the greater is the benefit likely to be. After the disease is established, the same treatment should be carried out, up to 5 or 6 injections at short intervals.

AN OPEN LETTER

This is an "open letter" to the members of the Society. In it will be set forth some statements pertaining to the inception and purpose of the Bulletin, and then a suggestion and a bid for your cooperation.

The Bulletin was the outgrowth of a need for a medium of expression on the part of the officers and committees of your society. In the course of the year, many notices of meetings and programs for the same must be sent to each member. Then, too, the various committee reports are much more effectively distributed if printed in the Bulletin.

However, our advertising has become so extensive that the above mentioned sources of material are insufficient to carry it, and recourse has been had to contributions by a few members of the society, and to publishing particularly worthwhile papers that go to make up the program of our local monthly hospitals' staff meetings. Now approaches the summer and its attendant recesses, and there will be no such source of material available.

Consequently, the Editorial Committee is appealing for aid. There must be many among you who have some pent up emotions to express, or some pique as to how things are or should be conducted. Or you have some ideas or wrinkles in diagnosis or treatment. Or perhaps you did read the report printed in last month's Bulletin relative to the American Foundation's Survey into the problem of medical care and as a result you may have some opinions.

Now, then, won't all of you set about making a contribution to the Bulletin? Remember, it is your publication, and upon you depends its success or failure. We of the Committee appeal to all to come to our aid.

H. E. PATRICK.

SECRETARY'S REPORT

The last regular Council meeting was held in Dr. Paul Fuzy's office April 30, 1937.

Applications for membership were considered at this meeting.

Dr. M. H. Bachman explained that the total income for the Post-graduate Day was \$1,753.00, and the expense was \$1,720.90.

Other routine features of Council were cared for. Special Council meeting was held in Dr. Poling's office May 7, 1937. The purpose of this meeting was to consider the legality of an amendment to one of the sections in the new Constitution. The amendment under discussion as having been illegally added to the constitution was the expression "mechanical devices or goods of any description to be used for the treatment of abnormal conditions of patients." This was amended that the words "communicated by word of mouth" be added to the motion. A motion was made and passed that the amendment be declared illegal and expunged from the copies.

The regular scientific meeting of the Society was held May 18, 1937, at the Youngstown Club.

The speaker of the evening was Dr. J. Douglas Taylor of Montreal, Canada, who spoke on "The Treatment of Chronic Arthritis." His lecture was complete in the light of present day knowledge of this subject.

His differentiation of the various types of arthritis was clean cut and his discussion logical in all respects. He stated that the cause of arthritis is not definitely known. The many forms of adjunct treatments indicate the lack of specificity. However, much can be done in cases of arthritis if treatment is begun early in the progress of the disease.

Following the scientific meeting a brief business meeting was called to order by the president. The application of Brack Maurice Bowman was read to the Society. Some of the committee chairmen were called for a report of their activities. This having been done the question of diphtheria immunization was discussed.

A motion was made and passed that the Society support one or more publicity campaigns against diphtheria each year.

All physicians who are interested in socialized medicine may do well to read an article in the Ohio State Medical Journal for May, 1937, by Dr. J. A. Rudolph, Cleveland, Ohio. The title of the article is "Public Relations and the Maintenance of Private Medical Practice."

A free discussion of the inroads of State Medicine on private practice is made and some suggestions of how to divert the trend away from this are offered.

ROBERT B. POLING, *Secretary.*

ANTITYPHOID VACCINATION

Local Doctor Quoted by Dr. Henry A. Christian

Peter Bent Brigham Hospital,
February 20, 1937.
Editor, "New England Journal
of Medicine,"

Readers of the Journal are asked to glance at the parallel columns below:

"The preventive reputation of typhoid vaccine comes largely from its position on the band wagon, for

there is little or no direct evidence of its value, and it is well known that vaccinated individuals are promptly infected, if they ingest a sufficiently large or potent dose of baccilli."

O'Hara, *New Eng. J. Med.*
216:237 (Feb. 11) 1937.

"It was found that among 210 ex-service men (ages 20 to 30)*

there were only three cases (of typhoid)* or an incidence of one in seventy; while among the entire female population between the ages of 20 and 30 the incidence was one in eight. Records as to the time since vaccination . . . show that all the ex-service men had been vaccinated for more than two years and some of them as long as three years."

Bunn, J. A. M. A. 76:1162 (Apr. 23) 1921.

*Words in parentheses added by H. A. C. to clarify sentence.

Bunn's report is of a typhoid epidemic in Salem, Ohio, in which 882 in a population of 10,305 developed typhoid as a result of drinking from a contaminated water supply, at which time the writer of this served as visiting consultant.

O'Hara's vigorous statement makes the writer wonder about the wisdom of this teacher of preventive medicine.

HENRY A. CHRISTIAN,

721 Huntington Avenue,
Boston, Mass.

Dr. Christian's letter was submitted to Dr. O'Hara, who replies:
Tuft's College Medical School,
March 20, 1937.
Editor, New England Medical
Journal,

The underlying purpose of my paper was to attach relative values to some of the preventive procedures that have been increasingly urged upon us. It seemed to me worth while to attempt to indicate the most effective of these procedures, and to suggest that concentration upon them would make for a more effective practice of preventive medicine. The context of the paper contained chapter and verse for what I consider the best evidence that typhoid vaccine confers an increased resistance to infection. Christian has ignored all this.

Although the second parallel column is presumably intended to dis-

credit the first, the most *direct* evidence that it contains indicates that three inoculated men were infected with typhoid fever. This is precisely what the first column states. Had the supply of drinking water in Salem, Ohio, been properly protected, not only would these three cases have been unequivocally prevented but there would not have been any typhoid consultant.

Modesty precludes my reply to this consultant's last sentence.

Very truly yours,

DWIGHT O'HARA.

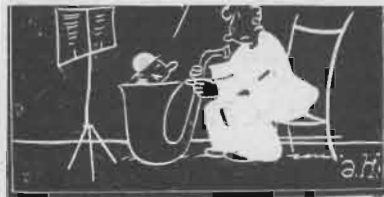
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VITAL STATISTICS

The following statistical data is vital only as it pertains to the year of graduation and licensure of the members of the Mahoning County Medical Society. For this purpose, the membership list was broken up into the year of graduation from Medical School and after each name is affixed the year in which license was issued, all derived from the 1934 A. M. A. directory.

The more recent years are presented first. Each year of the 20th century is represented by at least one member. Solly Hartzell stands alone in the 1901 trench. We continue unfalteringly down to 1894, then too, 1892, '91, have no representatives. There is a group of three from 1888, one 1887, one 1885, and one 1880. Who they are is revealed in the tabulation.

This month we are publishing the following classes.

	Meyer, N. H.....	L12
	Rosenblum, A. M.....	L13
	Walker, O. J.....	L15
	1911	
	Buchanan, J. U.....	L14
	Morrall, R. R.....	L13
	McNamara, F. W.....	L11
	Nelson, J. B.....	L12
	Porembski, Jos.....	L11
	Rosappe, A. R.....	L17
	Scofield, Chas.....	L19
	Warnock, G. C.....	L13
	Zervos, M. S.....	L22
	1910	
	Autenreith, W. C.....	L19
	Phillips, D. B.....	L13
	Schmid, Henri.....	L19
	1909	
	Bierkamp, F. J.....	L10
	Campbell, C. H.....	L09
	Cliffe, E. W.....	L12
	Hardman, J. E.....	L11
	Jones, E. H.....	L09
	Mossman R. C.....	L10
	Patrick, H. E.....	L10
	Tidd, A. C.....	L09
	Turner, W. B.....	L09
	1908	
	Heeley, J. A.....	L08
	Jones, W. L.....	L09
	Keyes, J. E. L.....	L27
	Monroe, F. F.....	L08
	Phipps, L. E.....	L18
	Ranz, J. M.....	L08
	1907	
	Goldcamp, S. W.....	L08
	Kramer, G. B.....	L25
	Piercy, F. F.....	L18
	Stewart, C. C.....	L08
	1906	
	Bachman, M. H.....	L06
	Smith, P. B. H.....	L08
	1905	
	Badal, S. S.....	L05
	Heberding, John.....	L05
	1904	
	McCurdy, S. M.....	L04
	Patton, S. G.....	L05
	1903	
	Alden, A. H.....	L03
	Elsaesser, A.....	L11
	Fry, A. E.....	L04
	Taylor, W. X.....	L03
1916		
	Goldblatt.....	L17
	Mariner, J. S.....	L16
	Nagel, E. H.....	L16
	Thomas, E. R.....	L16
1915		
	Allsop, W. K.....	L16
	Bunn, W. H.....	L15
	Mahrer, M. P.....	L20
	McClenahan, H. L.....	L19
	Rosenfeld, Jos.....	L20
	Segal, L.....	L21
	Yauman, C. F.....	L15
1914		
	DiIorio, E.....	L21
	Fenton.....	L14
	Goldecamp, E. C.....	L17
	Lewis, J. S.....	L17
	Montgomery, D. E.....	L15
	Nesbit, D. A.....	L16
	Sedwitz, S. H.....	L15
	Smeltzer, D. H.....	L14
1913		
	Mylott, E. C.....	L13
	Rinehart, E. C.....	L13
1912		
	Brant, A. E.....	L12
	Leimbach, D. H.....	L12

1902	
Hall, L. L.....	L13
Hake, E. H.....	L02
Lindsay, J. F.....	L02
Sherbondy, J. A.....	L03
1901	
Hartzell, S. M.....	L02
1900	
Cervone, Louise.....	L00
Miller, H. C.....	L01
McElhaney, B. B.....	L00
Weinberg, A. W.....	L00
1899	
Davis, Geo Y.....	L99
Ranz, W. E.....	L99
1898	
Hinman, A. V.....	L98
Shaffer, J. W.....	L98
1897	
Arundel, T. J.....	L97
Brungard, O. D.....	L97
Coy, W. D.....	L97
Ryall, W. W.....	L98
Wallace, C. R.....	L97
1896	
Baird, Julia M.....	L97
Beight, C. H.....	L96
Coe, E. W.....	L96
Hauser, C. D.....	L96
1895	
Clark, C. R.....	L99
Hayes, M. E.....	L97
Morrison, R. M.....	L96
Osborn, H. M.....	L97
1893	
Merwin, F. S.....	L96
1890	
Whelan, R. E.....	L96
1888	
Blott, H. E.....	L96
Slosson, C. H.....	L96
Zimmerman, J. S.....	L96
1887	
Bennett, J. H.....	L96
1885	
Welch, H. E.....	L96
1880	
Gibson, R. D.....	L96

EXECUTIVE SECRETARY SPEAKS

Mr. Charles S. Nelson, executive secretary of the Ohio State Medical Association, writes to remind us that the Medical Defense Plan, so long a part of the service of the State Association, has been discontinued. Our legal brethren, ever watchful of any encroachment upon their rights, felt that it constituted a violation of the Act defining the practice of law.

The June issue of the State Journal contains informative articles relative to the proceedings of the House of Delegates, a special session of the legislature and what it may portend, and a discussion of the poor and relief laws.

◆

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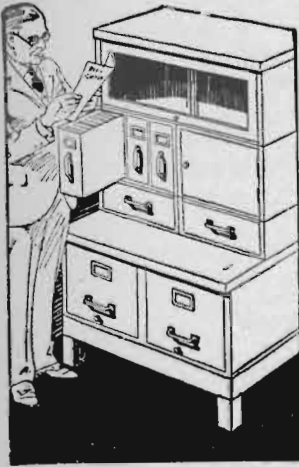
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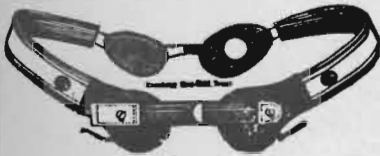
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DIARRHEA

“the commonest ailment of infants in the summer months”

(HOLT AND McINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1933)

One of the outstanding features of DEXTRI-MALTOSE is that it is almost unanimously preferred as the carbohydrate in the management of infantile diarrhea.

In cases of malnutrition, and indigestion in infancy, the stools improve rapidly, and the stools soon become normal in appearance. The sugars are intelligently prescribed. By this I refer to proper proportions of dextrin and maltose. When there is a tendency for softness, I have used the preparation known as dextrin-maltose for carbohydrates; . . . —M. Ladd: *Further experience with dextrin-maltose*, *Arch. Pediat.* 33:501-512, July, 1916.

“Dextrin-maltose is a very excellent carbohydrate. It is made up of maltose, a disaccharide which in turn is broken up into two molecules of glucose—a sugar that is not as readily fermentable as sucrose, a partially hydrolyzed starch. Because of the dextrin, there is less fermentation and we can therefore give larger amounts of this carbohydrate without fear of any tendency of fermentative diarrhea.” —A. Cupper: *Fats and Fats*, *Arch. Pediat.* 12:17-18, 1915.

In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.” —W. H. McCasland: *Summer diarrhea in infants and young children*, *Arch. Pediat.* 1:278-282, July, 1914.

“If there is an improvement in the carbohydrate may be added the teaching of the originator the carbohydrate added should be the most easily assimilated. Dextrin-maltose is the one that is the carbohydrate of choice.” —S. W. Williams: *Interventions*, *Arch. Pediat.* 1:171-172, 1914.

“The condition in which dextrin-maltose is particularly indicated in acute attacks of vomiting, diarrhea and fever. It seems to be more rapid and recurrence less likely to take place if dextrin-maltose is substituted for milk-sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid.”

“In brief, I think it safe to say that pediatricians are relying less implicitly on milk sugar, but are inclined to split the sugar element giving cane sugar a place of value, and dextrin-maltose a decided prominent place, particularly in acute and difficult cases.” —W. J. Hopkins: *Present tendencies in infant feeding*, *Indianapolis M. J.* July, 1914.

“The gradual transition to a whole milk or one and one-half to two ounces of whole milk to every pound of body weight, is reached. This also amounting to five to seven per cent.” —K. A. Strong: *Summer diarrhea in infancy and early childhood*, *Arch. Pediat.* 12:222-223, 1915.

SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea “is still a problem of the foremost importance, producing a number of deaths each year. . . .” Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13:803, 1923), “There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms.”

“In the treatment of diarrhea, the conditions admit, some sugar other than milk sugar or cane sugar being used, preferably dextrin and maltose.” —H. E. Small: *Diarrhoea in bottle-fed infants*, *J. Maine M. A.* 12:154-168, Jan. 1922.

“It should be noted that a group of organisms thrive on and grow in sugar (the food which lactose may cause diarrhea. If a certain percentage of sugar be required it is better to replace it by dextrin-maltose, such as Mead's Nos. 1 and 2, where the maltose is only slightly in excess of the dextrins, thus diminishing the possibility of excessive fermentation.” —W. J. Pearson: *Common practices in infant feeding*, *Post-Graduate Med. J.* 6:38, 1930; *abst. Brit. J. Child. Dis.* 25:162-163, April-June, 1931.

“The value of calcium caseinate milk in the management of diarrhea is well shown in our series of cases, where it was necessary to use the casein calcium for from 5-8 days; when then stopped it and added dextrin-maltose to the formula.” —A. G. DeSautis and L. P. Peider: *The value of calcium caseinate milk in fermentative diarrhea*, *Arch. Pediat.* 33:233-239, April, 1921.

In diarrhea, “Carbohydrates, in the form of dextrin-maltose, well cooked cereals, or rice, usually can be handled without trouble.” —B. B. Jones: *A discussion of some of the common infantile diarrhea, and the diets used in their management*, *Arch. Pediat.* 12:17-18, 1915.

“Maltose is more easily absorbed than cane or milk sugar, and by changing the carbohydrate one may prevent a deficient supply of sugar.”

“When sugar causes diarrhea one can change the form of it. Mead's Dextrin-maltose in small doses is more quickly absorbed and so superior to castor oil and sugar. Lactose is expensive and seems not to be better than castor sugar.” —H. B. Gladstone: *Infant Feeding and Nutrition*, William Heinemann, Ltd., London, 1923, pp. 11, 79.

“The more complex carbohydrates, of which dextrin is the type, ferment more gradually and do not have this laxative effect.”

Regarding the treatment of diarrhea, “In our experience, the most satisfactory carbohydrate for routine use is Mead's dextrin-maltose, No. 1.” —F. R. Taylor: *“Summer Complaints,” Southern Med. & Surg.* 26: 557-560, Aug., 1912.

“The sugar is added gradually as used, preferably dextrin and maltose.” —H. E. Small: *Diarrhoea in bottle-fed infants*, *J. Maine M. A.* 12:154-168, Jan. 1922.

“The sugar is added gradually as used, preferably dextrin and maltose.” —H. E. Small: *Diarrhoea in bottle-fed infants*, *J. Maine M. A.* 12:154-168, Jan. 1922.

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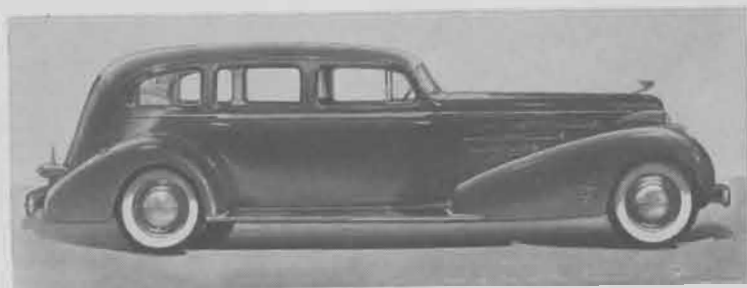
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