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Mahoning County Medical Society

Organized 1872

November 1937

Volume 7 Number 11

ΑΣΚΛΗΠΙΟΣ ΑΣΚΛΗΠΙΟΣ

Soricin in Tuberculous Enteritis

Soricin is a detoxifying agent. Clinical results have been gratifying in the treatment of many conditions originating from the bowel. It is indicated in mucous colitis, spastic and non-ulcerative colitis, intestinal toxemia, "irritable colon," allergic diarrhea, and toxic absorption from the bowel.

Kline suggests the use of sodium ricinoleate (Soricin) in tuberculous enteritis because:

1. It has advantages over castor oil, being free from disagreeable and nauseating effect.
2. It may be administered steadily and over periods as long as may be desired.
3. It appears to maintain the normal intestinal gradient and to reduce toxicity.
4. It shows evidence of relieving the symptoms attendant upon intestinal tuberculosis without the necessity of producing purgation.

For oral administration Soricin is available in two forms:

Soricin Capsules (Enteric Coated):

10 grain size:
boxes of 20 and 100 capsules each

5 grain size:
boxes of 40 and 100 capsules each

Soricin Tablets (Enteric Coated):

5 grain size: bottles of 100 tablets

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JERRY TRAUB, Representing

The Wm. S. Merrell Company

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ACUTE INFECTIONS
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HEAD *and* NECK..

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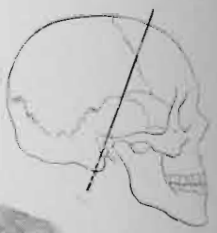
SUBLINGUAL CELLULITIS

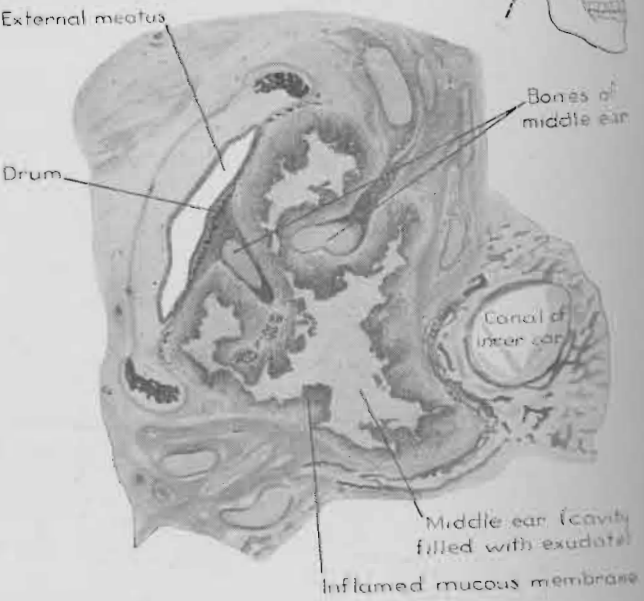
•

CERVICAL ADENITIS

•

INFECTED HAIR FOLLICLES





. . . are frequently materially assisted by the *repair-stimulating qualities* of

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THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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PRESIDENT'S PAGE

Some insurance policies are sold to individuals with the inducement that there is no "physical examination" to pass. These individuals fill out a questionnaire, including the name and address of applicant's physician, and sign a "permission slip" that authorizes his or her physician to divulge information in his possession, relative to the applicant.

The insurance company then requests the physician by mail to give diagnosis, duration of illness, complications, etc., of various illnesses the applicant has had.

Most reputable insurance companies have authorized physicians who examine applicants for physical fitness and pay these physicians a fee for these examinations. The "questionnaire" form in my opinion, is an attempt to save the examiner's fee, and at the same time receive reports of former illnesses of these patients from the physician's files—*gratis*.

It has been said that physicians, as a whole, are gullible. They are told that their patient will be refused a policy, unless that information is furnished.

This is one of the impositions the insurance companies have placed upon the profession.

When you receive one of these "questionnaires"—write on it that the information requested will be furnished on receipt of check for five (5) dollars. This will go a long way in stopping this practice!

Why should you furnish an insurance company information gratis? They charge you interest to borrow your own money from them, and records are an item of expense to you.

Please shake off the lethargic fog that has been occasioned by the wool we have been trying to look through.

PAUL J. FUZY, M. D.

BULLETIN of the . . . . . .
Mahoning County Medical Society

NOVEMBER 1937

THE SURGICAL COMPLICATIONS OF PREGNANCY

By CLARENCE W. SEARS, M. D.

In this paper I have reviewed the cases of pregnancy in our hospital that have been complicated by some surgical procedure. In going over them, the cases have been divided into Pregnancy complicated by:

1. Appendicitis.
2. Adnexal Disease.
3. Disease of Gall-bladder.
4. Tumors of Uterus.

I have been unable to follow these cases to the final result of delivery, hence I cannot tell whether they later had a premature delivery, delivered full-term live babies, or the final outcome of the pregnancy. However, I have taken their results before leaving the hospital, so as to make a comparison between the radical and conservative treatment. Of later years the accepted treatment of practically all complications of pregnancy has been to treat the disease and let the pregnancy take care of itself. This is shown in the treatment of eclampsia; from the radical procedure of emptying the uterus by the quickest and easiest means possible, to the conservative methods now used in most Clinics. Also, in the cases of any surgical complication, the importance of "Getting in and getting out," as quickly as possible with the smallest amount of manipulation, and, providing there is no dystocia of any kind, delivery through the normal birth passages by the natural forces, causes less disturbance to the mother.

Only cases where the pregnancy was not interrupted have been considered, leaving out cases that have had hysterotomies, hysterectomies for fibroids, Carcinoma of the Cervix, Cesarean Section, etc.

The first group of cases considered is that of appendicitis, of which there are 14 cases. In these 14 cases there is only one case where drainage had to be used. They all made an uneventful recovery and carried their pregnancies until they left the hospital; after which time I was unable to follow them further.

Another striking finding is that none of our cases were over 6 months. This may be due to earlier diagnosis of appendiceal inflammation, with earlier operation, or that we just haven't had any cases of pregnancy in the last trimester complicated by appendicitis.

The following is a brief summary of the cases—

Identity & Date of Admission	Diagnosis and Operation	Outcome on leaving Hospital Mother	—	Pregnancy
(1) Mrs. M. W. 3-4-34—W—	Acute Appendicitis Pregnancy—4½ Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(2) Mrs. J. K. 5-8-34—W—	Acute Appendicitis Pregnancy—5 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(3) Mrs. N. O. 1-20-35—W—	Chronic Appendicitis Pregnancy—5 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(4) Mrs. B. L. 3-19-35—W—	Acute Appendicitis Pregnancy—6 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(5) Mrs. G. I. 5-23-35—W—	Chronic Appendicitis Pregnancy—6 Weeks Oper:— Appendectomy—No drainage.	L.	—	L.
(6) Mrs. E. H. 11-13-35—W—	Sub-acute Appendicitis Pregnancy—3 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(7) Mrs. H. M. 6-22-35—W—	Acute Suppurative Appendicitis Pregnancy—5 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(8) Mrs. C. S. 7-17-37—W—	Acute Gangrenous Appendicitis with Peritonitis Pregnancy—2 Mos. Oper: Appendectomy— With Drainage.	L.	—	L.
(9) Mrs. L. L. 8-10-36—W—	Acute Suppurative Appendicitis Pregnancy—3 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(10) Mrs. M. W. 8-4-36—W—	Recurrent Appendicitis Pregnancy—10 Weeks Oper:— Appendectomy—No drainage	L.	—	L.
(11) Mrs. S. S. 10-12-36—W—	Acute Appendicitis Pregnancy—5 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(12) Mrs. M. W. 3-4-37—W—	Acute Appendicitis Pregnancy—6 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(13) Mrs. M. M. 6-7-37	Acute Appendicitis Pregnancy—4 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.
(14) Mrs. B. L. 7-30-37	Sub-acute Appendicitis Pregnancy—2 Mos. Oper:— Appendectomy—No drainage.	L.	—	L.

In going over the literature and texts of the authorities of today, they almost unanimously agree on non-interference of the pregnancy. This is shown in a paper by Dr. S. A. Cosgrove of the Margaret Hague Maternity Hospital, who has reviewed their surgical complications of pregnancy, and in his paper published in the September issue of "The American Journal of Obstetrics and Gynecology," has reviewed the opinion of many authors.

Quoting from Dr. Cosgrove's paper:—

De Lee says:

"There may be a high mortality after labor occurs (about 40%) as contractions of the uterus may cause a rupturing of the abscess wall particularly in the third stage, and puerperium." In regard to operative management he says: "The uterus is manipulated as little as possible and Cesarean Section is contra-indicated."

Schulmann says:

"In the operative treatment of appendicitis hysterotomy or Cesarean Section increases the gravity of the situation."

McDonald gives these contra-indications to hysterotomy, and Cesarean Section:

1. There is great danger of directly infecting the Uterus.

2. The Uterus may not heal well, and may rupture in subsequent pregnancies.

3. It is obstetrically objectionable in young women with no permanent dystocia, and he concludes: "I can find no justification for abdominal hysterotomy unless labor is imminent, and there is actual dystocia which prevents vaginal delivery."

There are also other writers who believe in the radical treatment of these cases; for example:

1. Vaginal delivery before opening the abdomen for appendectomy (eg) by forceful dilatation of cervix, even to a vaginal hysterotomy.

2. Abdominal hysterotomy at the same time the appendix is dealt with.

3. Removal of the uterus at the same time the appendectomy is done.

Thus it has been shown in the series of 14 cases in our own hospitals, that in pregnancy complicated by appendicitis we are quite in accord with the experience of other men in the country; "Get in, and Get out," with the least surgical trauma possible.

However, it is the last trimester of pregnancy that we must consider more closely, all of our cases being six months or less. I will quote Dr. Cosgrove's conclusions on their eight cases that were operated during the last two months of pregnancy.

Dr. Cosgrove says:

1. In our several cases of ruptured appendix, with peritonitis, drainage appeared to be just as effective, and post-operative course just as smooth, as reasonably could be expected in the non-pregnant.

2. Our mortality, even in the severe cases was not as high as the 40% quoted by De Lee.

3. The theoretical risk of infection of the undisturbed placental site, is not in our opinion so real as the actual risk of infecting the site should the uterus be opened transperitonially, nor of infecting the broad ligament, and cellular tissue areas exposed in extripating the uterus.

4. The fear that labor will follow operation within a few days with disastrous results is not substantiated in our experience as several of our cases have delivered from a few hours to a few days without such disaster.

The next group of cases are those that have been operated for some adnexal pathology.

Date & Identification	Diagnosis and Operation	Outcome on leaving Hospital Mother	—	Pregnancy
(15) Mrs. V. K. 7-18-33—W—	Rt. Ovarian Cyst (Dermoid). Pregnancy—2 Mos. Oper:— Rt. Salpingoophorectomy Appendectomy.	L	—	L
(16) Mrs. M. S. 2-14-33—W—	Left Ovarian Cyst (Dermoid) Pregnancy—3½ Mos. Oper:— Left Salpingoophorectomy	L	—	L
(17) Mrs. B. E. 3-19-36—W—	Left Ovarian Cyst Pregnancy—2 Mos. Oper:— Left Oophorectomy	L	—	L
(18) Mrs. M. B. 8-20-36—W—	Twisted Acute Gangrenous Salpingoophoritis Congested Appendix. Pregnancy—7 Mos. Oper:— 1—Rt. Salpingoophorectomy. 2—Appendectomy	L Delivered a premature live baby spontaneously 20 hrs. after operation, that lived about 8 hours. Mother's course uneventful.		
(19) Mrs. M. J. 1-2-37—W—	Left Ovarian Cyst Sub-Acute Appendicitis Pregnancy—4 Mos. Oper:— Left Oophorectomy Appendectomy	L	—	L
(20) Mrs. W. M. 3-13-37—C—	Left Tubo-Ovarian Abscess Pregnancy—20-24 Weeks Oper:— Left Salpingoophorectomy with excision of abscess. Some puss spilled. Closed without drainage.	L Miscarried 18 hours after operation. Left hospital in good condition.		

Of these six cases there are two that miscarried. One about 18 hours after the operation, and the other about 20 hours after the operation. Both cases were between six and seven months pregnant. Both mothers recovered, and left the hospital in good condition with no ill effects from the delivery after the abdominal operation. The other four cases left the hospital with their pregnancies. There were two more miscarriages in this group than in the appendicitis group, which shows the increased possibility of labor following an operation on the adnexa. This may be caused by a destruction of the Corpus Luteum, but in these operations there is also an increased manipulation of the uterus; also both cases were farther advanced with their pregnancies which would make them more liable to miscarry.

There were two cases operated for Gall-bladder disease.

Date & Identification	Diagnosis and Operation	Outcome on leaving Hospital Mother — Pregnancy
(1) Mrs. B. H. 2-9-34—W*	Acute Cholecystitis with Pancreatitis. Left Ovarian Cyst Pregnancy—5 Mos. Oper:— Left Oophorectomy Cholecystostomy	L — L
(2) Mrs. C. K. 7-30-34	Chronic Cholecystitis Cholelithiasis Chronic Appendicitis Pregnancy—N. R. Oper:— Cholecystectomy Appendectomy	In Nurse's notes are entries of Vaginal bleeding but no record of a miscarriage.

In these cases the pregnancy was not interrupted; however, there was some vaginal bleeding in one of them. Both cases left the hospital in good condition, with no history of miscarriage, and with no more than the usual convalescence for such cases without the pregnancy.

The fourth group of cases is two in number, showing the removal of fibroid tumors from a pregnant uterus.

Date & Identification	Diagnosis and Operation	Outcome on leaving Hospital Mother — Pregnancy
(25) Mrs. H. F. 11-20-35	Pedunculated Fibroid of Uterus Pregnancy—5 Mos. Oper: Removal of Fibroid	L — L
(26) Mrs. H. U. 8-17-37	Red degeneration of a sub-serous fibroid, on anterior uterine wall. Pregnancy—6 Mos. Oper: Myomectomy	L — L

Neither of these cases miscarried and both were past the half-way mark of their pregnancies. Of course, the pedunculated and sub-serous types of myomas cause the least trauma to the uterus and are the least likely to cause a miscarriage.

In the latter of these cases the Corpus Luteum hormone, Progestin, (in the form of "Proluton," International Units 1) 2 times a day for 12 doses, was given intramuscularly, and this may have been a factor in preserving the pregnancy, because its actions are:

1. Inhibitory to Estrin.
2. Inhibitory to the anterior Lobe or Prolan substance.
3. Decreases and inhibits uterine contractions.
4. Prevents ovulation.
5. Produces premenstrual endometrium.

In conclusion, based on the results shown in our own hospital, and those shown in Dr. Cosgrove's paper we can say:

1. The conservative handling of any surgical complications of pregnancy, as if the pregnancy did not exist, is not usually followed by disastrous results.
2. Treat the disease as though the pregnancy did not exist, and the pregnancy should *not* be interfered with, because of simultaneous occurrence of such disease.
3. Opening the uterus in the presence of dangerously infected tissue is poor surgery and obstetrics.
4. Operations on the adnexa have a greater tendency to be followed by a miscarriage.
5. Progetin may be an important addition to the post-operative treatment of these cases.

SULPHANILAMIDE

By J. ROSENFELD, M. D.

In sulphanilamide we have what is generally believed a valuable therapeutic agent. However, we must not permit ourselves to alter the indications for its use, nor should we ever ignore the fact that it possesses definite toxic properties. The indiscriminate employment of this drug and its widespread use by the public is resulting in many serious toxic manifestations, and even fatalities. In view of the numerous recent reports, and more especially, the nation-wide newspaper publicity given the forty or more deaths following the use of "Elixir Sulphanilamide" which was distributed by a Bristol, Tennessee, firm, it behooves everyone of us that employes sulphanilamide in any form to thoroughly familiarize ourselves with the preparations, indications, toxic manifestations, and dosage of this therapeutic agent.

Last April in St. Louis, at the meeting of the American College of Physicians, Dr. Perrin H. Long, who worked in collaboration with Elizabeth A. Bliss, in Baltimore, delivered a very fine paper on "The Clinical Use of Sulphanilamide and its Derivatives in the Treatment of Infectious Diseases." This was printed in the current (October) issue of the Annals of Internal Medicine. He stated then that: "Sulphanilamide is a toxic chemotherapeutic agent, and its widespread employment will result in many fatalities unless the tendency towards its careless and reckless use is checked." In view of the fact that his was one of the outstanding contributions to medical literature on sulphanilamide, it is interesting to note that as long as six months ago he issued this warning. But like so many other of the newer therapeutic agents which were found to be of benefit in certain clinical entities, its indiscriminate use was soon followed by very serious consequences. I might mention here, mercurochrome, administered intravenously; cincophen; and dinitrophenol; as examples of drugs which were purported to be so valuable, but which were soon found to be dangerous when employed without the greatest care and thought.

Signs and Symptoms of Toxicity

Dizziness, nausea, anorexia, fever, cyanosis, and a morbiliform skin rash (this rash is not to be confused with the pink skin that is observed after the use of Prontosil Solution).

There is also a definite drop in the CO_2 combining power, and acidosis, which is characterized by air hunger, and an alkaline urine. The administration of ten grains of sodium bicarbonate with each dose of sulphanilamide is valuable in preventing the fall of CO_2 concentration.

Hemolytic anemia, characterized by a sudden fall in hemoglobin and red blood cell count.

Granulocytopenia, as evidenced by a sudden variable drop of neutrophiles.

Mode of Administration

The method of choice is to give the drug by mouth in the form of sulphanilamide tablets, 5 or 7½ grains each. If the patient is unable to swallow or it is deemed inadvisable to use the oral method, then the use of either Prontosil Solution, which is given subcutaneously or intramuscularly, or a 1% solution of suplhanilamide in physiological saline solution is the method of choice. This latter preparation should be used subcutaneously.

The drug is absorbed in four hours and the maximum concentration in the blood stream is reached in between four to six hours after administration. It is excreted rapidly by the normal kidney.

Dosage

This will depend upon the severity of the infection for which it is to be used. In the very severe hemolytic

streptococcal infections, whether it be meningeal, peritoneal, or in the blood stream, large enough doses to attain a blood level of 10 mgm. per cent in four hours should be administered. In adults weighing one hundred pounds or more, fifty to eighty grains as an initial dose is advisable. Then, fifteen grains every four hours. Individuals weighing from fifty to ninety pounds should receive thirty to fifty grains as their first dose, then ten to fifteen grains every four hours. For children weighing from twenty-five to fifty pounds, the initial dose should be from twenty to thirty grains, followed by five to ten grains every four hours.

If the blood sulphanilamide level four hours after the initial dose does not reach 10 mgm. per cent then the use of 1% sulphanilamide in physiological saline solution should be employed. Sulphanilamide solution is made by dissolving twelve to fifteen grains of sulphanilamide to each 100 cc. of physiological saline, and this solution should be made up fresh daily.

For adults weighing one hundred pounds or more, the initial dose of the 1% solution should be 500 cc., followed by 300 cc. every eight hours for 24 hours. Patients weighing from fifty to ninety pounds should receive between 200 and 400 cc. as the first dose. This should be followed by 200 cc. every eight hours for 24 hours. Children weighing between twenty-five and fifty pounds receive an initial dose of from 100 to 300 cc. followed by from 100 to 200 cc. every eight hours for 24 hours.

After definite improvement occurs, decrease the daily dose by one-third, and if improvement continues, the dose should be reduced to one-third of the original dosage employed, and should be continued until convalescence is established. These are the *maximum* doses advocated for the *severe* infections.

Moderate streptococcus infections in adults may be controlled with fifteen grains of sulphanilamide every four hours, infants 15 grains every 24 hours, per ten pounds of body weight. Mild streptococcic infections will do well on five to ten grains every four hours. However, if there is no clinical improvement observed after 36 hours, these doses should be increased. As a prophylactic agent, especially in the face of epidemics, the dosage for adults is ten grains three times a day; and for children, five grains, three times a day.

Precautions

1. Saline purges should not be used while sulphanilamide is being administered, as it has been reported that this will tend to sulphemoglobinemia.

2. This drug should not be given intravenously at any time.

3. Prontosil Solution should not be injected intraspinally, as it causes considerable irritation. (The use of 1% sulphanilamide solution, 5 to 10 cc. intraspinally, following puncture, and administered by the gravity method, is the method of choice in meningeal infections.)

4. Sulphanilamide is used in conjunction with serum in the treatment of pneumonia and meningitis.

In view of the recent fatalities reported as due to some sulphanilamide preparation it would be wise to use only sulphanilamide tablets for oral use, 1% sulphanilamide solution in physiological saline or Prontosil solution for subcutaneous administration.

THE MEDICAL CALENDAR

November 16—

Dr. Charles A. Doan, O. S. U. — Further Analysis of the Varied Mechanisms Underlying the Clinical Anaemeas.

December 21—

Annual Meeting—Election of Officers.

January 18—

Annual Banquet — Speaker: Cornelius J. McCole, Wilkesbarre, Pa.

February—

Fractures—A Local Program.

March—

Dr. M. Ed. Davis, University of Chicago—Lying In Hospital.

April—

Postgraduate Day — The Lahey Clinic, Boston, Mass.

May—

Dr. Paul White, Cardiologist, Massachusetts General Hospital.

June—

Interne Competition with Case Presentations.

DR. FISHBEIN RETURNS TO YOUNGSTOWN

Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, will speak at Rodef Sholem Temple Tuesday evening, November 16, at 8 o'clock. His subject will be "Food-Fads and Follies."

Dr. Fishbein, who is well known to the members of the medical profession in Youngstown, has recently come into prominence by reason of his connection with the war against venereal diseases. Always a witty speaker, Dr. Fishbein has been characterized as the "Great Debunker." Though Dr. Fishbein is a prolific writer and has expressed himself on most subjects, an expression of his views on the timely subject "State Medicine" would be of great interest both to the members of the profession and to laymen.

ESCULAPIUS MAHONINGI

The Life of Emile Zola as portrayed by Paul Muni certainly is a masterpiece. The essence of the story is wound about his effort to bring about justice for the unfortunates. Being a physician, it brought back some of the petty evils of my profession, which seem so small and yet could easily be remedied.

As we look back at our practice of years gone by, memories of the early struggling years of our practice are visualized before us, and if we look farther back we visualize the wonderful dreams of our youth and early years in medical school; how we would some day be a boon to the medical profession and to the people of our community.

But let us look to the first unjust barrier that presented itself to the Esculapian, the dreamer of greatness, who some day hopes to do his share to relieve humane sufferings. He discovered that he must have an influential person who is well acquainted with a very big influential staff member who in turn is a very good friend of one of the members of the Interne Committee in order to procure a place to spend the year after his graduation. And, so, the young Esculapian begins his interneship with his head still in a whirl from all the influences. He wonders why he had to go through all this; but his purpose accomplished, he is satisfied. Those unfortunates who had to leave their home communities for another year are downcast. Maybe some of these are better off; but most are not.

The young Esculapian during his "internal incubation" learns the ways and means of most of the Staff members. His impressions are formed. He is well acquainted with their abilities and disabilities. Some are looked up to for their ideals, their standard of perfection, and some for what they would not want to be.

How much finer and more appropriate would it be, if those young, embryonic doctors, who live in this community and who wish to interne in local hospitals could do so? Most of them have been away from home for eight years. Most of them have parents who are anxious to have them nearby. They are the fruitful results of their parents' labors and sacrifices. Time and time again their parents sacrificed, so that their children might continue their education. Why should rightful happiness be denied these deserving parents in the sunset of life? How much more pleasant would it be for everyone if a local young physician who wants to interne here would be given this choice.

Let us go on to the next stage of our young Esculapian. He has finished his interneship. With all his theories in mind he sets out to go forth into the world.

He sits in his office and sees very few patients. He doesn't go many places because of his financial instability. But he is still interested in Medicine and attempts to secure a regular staff appointment. He finds that again he must go through the same whirlwind that he did in procuring his interneship. He is now more world conscious and wonders why this condition should exist. Why shouldn't some plan be worked out to give these young, willing Esculapians a chance to see and do something? They have the time, and the will to do the work. Why let good energy go to waste? Use some of the younger energy and preserve some of the older. What happiness and contentment there would be if some plan could be worked out so that the younger physician could see more clinical cases? I wish the situation could be duly appreciated by the profession at large.

*

Editor's Note: In the good old days, the young men were provided

with an opportunity to see clinical cases in the dispensaries of our hospital. The depression came along and these young doctors robbed Peter to pay Paul. Perhaps, now, somewhat enlightened, they might wish to return to some of the old ways of doing things. May we hear from you?

NEWS ITEMS

Pathology conferences are being held at the South Side Unit of the Youngstown Hospital every Friday from 11:30 to 12:30 A. M. Plan to attend every Friday. The meetings are open to all physicians of the community.

Dr. and Mrs. John Noll are the proud parents of a new baby girl, Mary Elizabeth.

Dr. L. W. Weller recently attended the International Congress of Railway Surgeons in Chicago. He was the only representative from this district.

Dr. Fred Coombs has returned to the Massachusetts General Hospital for another year of postgraduate work in internal medicine. He is especially interested in chemistry.

Dr. Alfred R. Cukerbaum who has just completed two years postgraduate work at New York Hospitals is locating in the Home Savings and Loan Bldg., for the practice of Dermatology and Allergy.

Dr. Herman Brandmiller who finished his interneship at the Youngstown Hospital last June is associated with his uncle, Dr. H. C. Miller, at 2020 Market Street.

Doctors W. B. Turner, W. K. Allsop, R. R. Morrall, and Paul J. Fuzy are attending the American College of Surgeons at Chicago.

Dr. Herman Kling has been studying Surgery and Gynecology in Budapest. Mrs. Kling and son Paul accompanied Dr. Kling. They have been gone since the latter part of July and expect to arrive in New York about October 29th.

Dr. James D. Brown has returned after a six month's absence. He has been studying Surgery and Gynecology at the New York Polyclinic, the Mt. Royal Hospital at Montreal, and with the Mayo Brothers.

Dr. Sam Sedwitz addressed the Mt. Sinai Hospital at Cleveland, October 14th, on Peripheral Vascular Disease. Dr. Sedwitz will attend the American College of Surgeons at Chicago, and the Southern Medical Society of New Orleans where he will present the above mentioned paper. He also has a paper ready for the American Heart Journal, "One Shot Injection of Vericose Veins."

Mr. and Mrs. Noah Newman announce the marriage of their daughter Mary Louise Davis to Dr. Murrill M. Szucs on October 2nd, 1937.

Dr. R. V. Clifford attended a two-week conference and clinical meeting of Army & Navy Surgeons at the Mayo Clinic.

Drs. A. M. Rosenblum, Samuel Tamarkin, and J. N. McCann attended the recent meeting of the Interstate Postgraduate Medical Assembly in St. Louis.

Dr. John Renner is in Philadelphia where he is taking a nine months postgraduate course in Surgery at the University of Pennsylvania Post-Graduate School of Medicine.

Dr. Milton Yarmy was married on August 5th, 1937, to Miss Lillian Fine. Dr. Yarmy has opened his office in the Home Savings & Loan Building. He is engaged in general practice.

Dr. W. D. Collier, pathologist to St. Elizabeth's Hospital, presented an interesting lantern slide demonstration and discussion on the "Interrelationship of Pituitary and Gonads to some Pelvic and Heart Pathology" at the September meeting of the Staff of St. Elizabeth's Hospital.

Dr. P. R. McConnell has been appointed to the senior Urological service at St. Elizabeth's Hospital. Drs. Alice Elliott, W. E. Maine, J. K. Hearld, J. A. Renner, M. J. Sunday, and M. M. Szucs have been appointed to the associate Staff.

At the October meeting of the Staff of St. Elizabeth's Hospital a symposium on Tuberculosis of the Kidney was presented by Drs. A. C. Montani, J. J. Wasilko, and W. O. Mermis. Dr. Saul Tamarkin showed a number of x-ray films. Dr. P. R. McConnell opened the discussion.

The Staff of the Youngstown Hospital Association has been invited to a clinical program on Cardio-Vascular Diseases to be given by members of the Staff of St. Elizabeth's Hospital. The meeting is to be held at St. Elizabeth's Hospital on Tuesday, December 7th, 1937, at 8:30 P. M.

NOVEMBER MEETING

Dr. Chas. A. Doan, Professor of Medicine, Ohio State University.

Subject: "Further Analyses of the Varied Mechanisms Underlying the Clinical Anaemias."

Thursday evening, November 16, 1937—Youngstown Club —8:30 p. m.

Dr. Doan is so favorably remembered for his and Dr. Wiseman's course in Hematology, two years ago, that no thumbnail sketch of his qualifications is necessary.

At the annual meeting of the American Academy of Ophthalmology and Otolaryngology held in Chicago, Dr. John E. L. Keyes conducted a conference on "The Eye in Experimental Hypertension, Clinical and Pathological Observation."

—

The Annual Meeting for the election of officers will be held in December. The offices to be filled are: President-Elect, Secretary, Treasurer, one Delegate and two alternate Delegates.

It is not too soon to be giving this matter your consideration. Young men should be chosen in preference to the older ones. They don't always see so far ahead, but then, too, they don't drag along with them so much of the out-moded past. Furthermore, the holding of office makes one much more a member than ever before.

So then, let's put the young men in office and go places!

BRAIN STORMS

A Talk Given on the Ford Sunday Evening Hour, October 17, 1937

By W. J. CAMERON

A few months ago a movie film was shown that had a remarkable effect on those who saw it. No movie star appeared in it, no author wrote the script, not a single scene of it was made in a studio or on choice locations. It was as innocent of professional direction as a hurricane. And a hurricane it was, showing in actual motion and sound the turbulence of wide sections of American thought—if *thought* is the word—during the previous three or four years.

Someone had taken the best newsreels of the period and cut from them in chronological sequence a record of the movements that had roused the expectancy or cupidity or fanaticism of millions of Americans since 1934—movements that had inflamed the zeal of millions of followers (only one movement was included that commanded *less* than a million) and had caused other millions to tremble for the nation's security.

We saw public officials, private citizens recently obscure, clergymen, shouting from platforms, haranguing the radio, rushing by airplane from coast to coast, being interviewed through the curtains of sleeping-car berths, addressing outdoor crowds so vast that their farther fringes were lost in distance. We saw great convention halls packed to the roof and heard the thunderous shouts of multitudes hailing their respective new messiahs. We saw the streets of numerous cities thronged with processions miles long—seething, sweltering masses that blazed and blared in a furor uproarious beyond description. We heard scraps of speeches, some raving and rabid, some rapturous and ecstatic with the hope of an immediate financial millenium.

The film conducted us to the side of stately desks where high officials unctuously announced old heresies as new gospel. We heard the plaintive hymns that voiced the faith and hope of patient assemblages of sincere men and women. We were given views of the interiors of various national headquarters where actually ten million names of solemnly pledged and paying members were on file. We saw thousands of petitioners come by car and train personally to demonstrate their strength to the lawmakers of the land. It was a mighty emotional conflagration built of impossible promises, and fanned by a headlong hatred of mythical enemies that had neither form nor habitation save in the throbbing imaginations of the leaders. It was like a dozen revolutions raging at once.

Yet, even as we sat there, amidst the whirlwind and the tumult of that amazing period—even as we sat there, all of it had vanished from the sunlit world outside; hardly one movement remained to command a first-page headline. The leaders had returned to their obscurity; only two still held their place in the public eye, and since that day even they have shrunk more than a little.

Those movements doubtless did some good by mentally tiding their adherents over a bad three years and by rendering many of them immune to similar future contagions. The fire of honest though mistaken zeal doubtless yields a temporary warmth, but it also burns away much dross.

That film served to remind us that we are constantly confusing public opinion with public conviction. Three months ago we talked of things that no one mentions now. Today we talk of something else. Tomorrow we may be talking of war. Already the powder train is being laid to start *that* explosion in our brain.

When war talk begins—if it does—our first line of defense will be the

steadiness of our heads. Let's keep our heads! War is not a position we can back out of as easily as we back away from a movement that temporarily has hypnotized us. When war talk arises, our first duty is to put in the front rank of our thinking this great protective fact: there is no war-making power in this country save that of the people exercised through their Congress. No diplomat, no official has authority to utter a word or perform an act that even remotely moves toward war. For war is quite different from the peaceable movements we saw in that film; it is an infernal fire that burns humanity to a cinder. That whole solemn business is in the hands of the more than 500 American citizens who represent the 48 States in Congress—Congress whose members live amongst the people of the United States, and who know what we think, not under the spell of political eloquence or at the tail-end of special trains, but what we think at home around the evening lamp. Congress should not for one instant forget that it is the medium of the *people's* mind, and of no other.

From the fatal suction of mad emotional whirlpools Congress and the people may both be saved by keeping these facts steadily to the fore.

THE MEDICAL CRIER

A Page of News and Views from Here and There in the Medical Field

● When the officers of the Ohio State Medical Society put on their Mid-Year Organization Conference they sure do get down to brass tacks. There is no time for flowery oratory but just plain talk of the fundamentals of good Medical Society operation: how to proceed with the operation of the medical phase of the relief problem under the present setup, how to discipline errant members, how to encourage the prompt payment of dues, how the new Postgraduate Refresher Courses are planned, how the new Speakers' Bureau operates, how to establish a credit rating bureau, and other practical subjects.

● The eight men from Mahoning County sat back with smiles of smug complacency as the various activities of the ideal Medical Society were paraded. They seemed to feel that the boys back home have been right up in front in every department that was mentioned. Our Postgraduate Day programs were spoken of as a model for others to copy.

● It was good to see Sidney McCurdy and Arthur Thomas again. Mac is right in his element as Medical Director of the Industrial Commission and A. W. is the new head of the Bureau of Child Hygiene. Both of them have our best wishes for continued success and can count on the active support of their old team mates.

● Altdoerffer thinks that the perfect example of chemical and therapeutic incompatibility is tickets to the game in Columbus and a patient in active labor. He maintains with a perfectly straight face that he left here at noon, arriving at the Stadium in three hours and fifteen minutes in time to see the last quarter. This beats the fishing yarn he told in September which we don't believe, too.

● But the best one is about the local doctor who found a perfect stranger sitting next to him at the game when he knew that the ticket for that particular seat had been bought by a friend from Youngstown. Seizing the first opportunity he notified the police about this interloper and saw him dragged out forthwith to the box office. Sometime later the man returned somewhat ruffled but ignorant of who had caused his trouble. Nothing more was said until the local doctor saw his friend that evening and asked why he didn't occupy his seat. "Oh, I had a better seat," he replied, "I traded tickets with a friend of mine from Columbus!"

SECRETARY'S REPORT

November, 1937

Council held a regular meeting October 29, 1937, taking care of the routine business for the Society.

Special problems were duly discussed and ultimate decisions made. Council went on record as not favoring the purpose of the Youngstown Maternal Health Organization. The president of the society was authorized to employ a public accountant to audit the treasurer's books. The Chairman of the Housing and Library Committee is authorized to purchase a speaker's stand for use at our regular meetings. The Board of Censors reported to Council on some disciplinary measures that it had executed.

The last regular meeting of the Society was well attended. The speaker of the evening was Dr. Jerome M. Lynch of New York City. It is plainly evident that Dr. Lynch is a master in his specialty. During the course of his address, he set forth the principles of proctology and urged more frequent digital examinations on patients. This will bring about the diagnosis of diseases earlier in their progress, he stated, and at a time when they are amenable to treatment.

The Mid-Year Organization Conference of the Ohio State Medical Society held in Columbus, Ohio, October 24, 1937, was again a success. Many of the members of the local society attended.

Dr. James Fisher was on the program to discuss one of the manuscripts. Dr. Claude B. Norris took part in the discussions.

Dr. R. G. Leland spoke on The Policy of Organized Medicine on Group Hospital Insurance and Why. He stated that: Group Hospitalization started in 1918; that lay groups decided to use human misery to capitalize on sickness; that there are fifteen defects and four merits in the set-up; that 10,000 persons are used as a basis for a group; that one in ten will apply; that 10% will be hospitalized for ten days; that $6.00 is the average cost for hospitalization; that $10.00 per year is the fee charged. The expected cost is $60,000 while the income is $100,000, leaving a surplus of $40,000.

The following applicant was accepted by Council to full membership in Mahoning County Medical Society:

Dr. Craig C. Wales, cor. Belmont & Guadalupe Avenues.

The following applicants were accepted by Council to Associate Membership in Mahoning County Medical Society, Class "D":

Dr. Murrill M. Szucs, 401 Central Tower.

Dr. Milton M. Yarmy, 277 West Federal Street.

Dr. Gabriel E. DeCicco, 1008 Market Street.

Dr. Barclay M. Brandmiller, 2020 Market Street.

Any objections to the above applicants should be made in writing to the Secretary within fifteen days.

ROBERT B. POLING, M. D.,
Secretary.

MID-YEAR ORGANIZATION CONFERENCE

By WM. M. SKIPP, M. D.

Some of the important subjects discussed at this meeting are of interest to each member of organized medicine. The members of the County Society should be interested to know what and why the State Association held this meeting and why the officials of the State Association did not take an active part.

The meeting was held for the purpose of bringing the County Society and the State Association closer together so that problems affecting the profession through its county organizations can be presented, discussed, and views obtained from all sections of the State. The State Officials generally were not included on the program because they were the listeners. They are the ones that are trying to obtain information in regard to problems and conditions existing in all the counties.

The Speakers' Bureau was discussed. It is functioning very well and many of the County Societies were using this means of obtaining their monthly speakers. This Bureau is not to take the place of local talent, but is set up to bring outside talent to the Society meetings so that the newer and more recent advances in medicine are presented, and tends to take up an education program for lay audiences, including newspaper articles and radio broadcasts.

The State, through its Education Committee, is giving an eight-week's Postgraduate Course by members of the profession who are well qualified to present the various subjects and take these "refresher courses" into sections of the State where the County Societies do not put on a Postgraduate Course. The lectures that have been given so far have been in the northwestern part of the State and have been well attended.

The State Meeting is being arranged so that it will accommodate all members. If you are interested in one type of work, you do not have to attend the entire session, but can pick out what you want. The programs are being picked for their practical side rather than experimental. These meetings are for the members, and the Committee wants any suggestions that will make these meetings bigger and better.

Relief is still with us and every County Society should remember that it is their problem, and should see that medical relief is administered correctly. Each county should have a plan and then present it to the commissioners of their county. The State Association realizes that the Poor Laws of the State are antiquated and should be changed. To this end, the State Association is working to have a plan vesting all medical relief dispension in one County Office.

A problem that is facing all County Medical Societies is the Farm Security Administration. The County Society should get in touch with the administration as there is a committee to be appointed, with a number of members to be appointed from the County Society. The farmers are to be taken care of medically and a plan should be worked out by the County Society and the Administration Committee of the county.

The ethics of the profession is not as high as it should be. We still have the same ideals, but for some reason we have two standards of ethics: those that we teach and those that we practice ourselves. We close our eyes or overlook those that we practice. For some reason unethical practices are difficult for us to see, and if we do recognize them we hold back for fear of offending some one. If the unethical member is brought to task by the Society, the investigation is handled in such a bungling way that upon appeal the State or National organization reinstates him and censors the bungling County Society.

The medical profession has taken a definite stand upon group hospitalization in that it is not opposed to this type of group insurance as long as it does not include in it the services of any member of the profession. This covers all types of diagnosis and treatment, laboratory procedure wherein any member of the profession is required to give any of his or her services. The companies writing this type of coverage find they cannot insure the type of individual that needs it, so they have started writing in the upper brackets where it is not needed. Therefore, it is not fitting into the needs of the community as was originally claimed. This was a method whereby the low wage earner could buy hospitalization for himself and family but now it is found he will not do it. Therefore, the individual of higher income is urged to join. This type of insurance was originated to get many hospitals out of the red, which it is not doing and is causing keen competition among hospitals.

The public is continually asking why the medical profession does not enforce the medical laws. This is a duty of the State Medical Board and each County Prosecutor is an inforcement officer of this board. Due to lack of funds the work of the board is curtailed to two state investigators and when the law is broken and conviction has to be obtained in the county wherein the act was committed, a conviction is hard to obtain because of lack of interest of the County Prosecutor.

ANNOUNCEMENT

An announcement from The Wm. S. Merrell Company advises that they are now established in their new home and the "welcome" mat is again before the door to friends in the drug business.

The Merrell Company is now located in new buildings on a large tract of land, adequate for unlimited future expansion, near the village of Reading, Ohio, just outside Cincinnati.

The laboratory, factory and office buildings, erected this past winter and spring, represent the latest thought in industrial design and construction. They are built of pressed brick, steel and concrete in such a way as to fill every practical need in the making of pharmaceuticals. The interior walls are finished with special tile to insure cleanliness and a super-sanitary environment. The floors are of hardened dust-free concrete. Working conditions are enhanced by plenty of daylight, assured by numerous large windows and the light-colored finish of the interior, particularly that of the offices.

The plant consists of several units. A large one-story section constitutes the warehouse in which are also located the receiving and shipping departments, the printing shop and also the finishing department where packages are filled, labeled and made ready for shipment. Two platforms connected to this unit accommodate the shipment and receipt of goods either by motor-truck or carloads by rail.

The power plant houses, the steam generating unit and three engines with direct-connected generators, supplying the power, heat and light to the entire manufacturing plant, offices and laboratories. Coal used is handled automatically from gondola cars, dumped into a specially designed hopper and then transferred by conveyor to a sixty-foot silo for storage. Automatic stokers carry the coal from the silo into the fireboxes beneath the boilers.

A large three-story structure houses the manufacturing department where Merrell pharmaceuticals and medical specialties are prepared.

The refrigeration unit has a capacity equivalent to 75 tons of ice per day. It supplies several cold rooms with temperatures just above freezing for the storage of biological products and other preparations.

In another room, supplied by the same unit, temperatures as low as zero and under may be obtained. This unit is also used in connection with the air conditioning of the offices and laboratories. In addition, there are two dehumidifying units for dehumidification of rooms where effervescent salts and tablets, and narcotic hypodermics, etc., are manufactured and packaged.

The research, biological and control laboratories, as well as the library, occupy a third unit just in front of the manufacturing building. Here is the nerve center of the plant where new products are developed, improved production methods devised and where all preparations are rigidly controlled and standardized. Here also, ample preparations are made under ideal conditions and biological products for which, in addition to refrigerating units, there are "hot rooms" in which bacterial cultures are grown at uniform temperatures.

The office and administration building stands just in front of the warehouse.

The Wm. S. Merrell Company was established in 1828 and is now 110 years old. Officers of the Company are Charles G. Merrell, chairman of the board; Thurston Merrell, president and general manager; Lee Wiltsee, vice president and treasurer; E. A. Joering, secretary; and Wm. J. Ransom, assistant treasurer. Walter G. Hodge is sales manager; Donald Merrell, director of clinical research and advertising; E. A. Gerwe, director of scientific laboratories; W. A. Smith, works manager; and Nelson M. Gampfer, advertising manager.

Our Local Teaching Center

Are all of our members solving this problem? Might we be so bold as to suggest more regular attendance at our hospital clinics, Postgraduate course and society lectures, as an aid. One may receive here what would cost real money to go away to secure. Of course, these local programs lack some of the side attractions and one cannot send back post-cards — but could that be arranged?

William Bingham II has given $300,000 to the Boston (Mass.) Dispensary. The money is to finance a postgraduate teaching center for rural physicians. The idea being that the country doctor comes to the city for study while another physician, from a list maintained by the dispensary, takes care of his practice back home.

While the plan has merit, it can be improved on. No physician relishes leaving his practice in the hands of a stranger while he goes off to enjoy the luxury of postgraduate education. Nor, in view of limited funds, can every local doctor be carted to town for the purpose of streamlining his mind.

If postgraduate education for rural practitioners is to be at all widespread, some other method must be found. One possibility is visiting lectures. Provided the right talent is obtained, experience proves that this is a first-rate solution.

Other donors of money for prospective teaching centers will do well to investigate first the "circuit method" with its itinerant instructors. This method has been utilized successfully in a number of states, beginning originally with North Carolina.

It is a sound means of bringing postgraduate instruction to the doctors' doorstep.

As for transportation, that is simple. What's the matter with the automobile? Or, if you must be modern, the airplane?

—From *Medical Economics*. submitted by Dr. L. G. Coe.

Mechanistic Versus Vitalistic Points of View

"This is as appropriate a place as any to advert to one of the most important of biological controversies, that of mechanism versus vitalism. Faced with the apparent inadequacy of physical and chemical analyses of living matter completely to account for some of the more intricate and elaborate behaviors of living things, some biologists are inclined to resort to some unknown and unknowable vital factor, not physical or chemical in character but peculiar to living matter, to explain the activities of living things. Such a defeatist view is from the standpoint of research almost fatal, for an admission of the unknowability of anything kills all incentive to try to learn about it. The modern mechanistic point of view is more optimistic, respecting the possibility of understanding vital phenomena. Advocates of this view maintain that, although in the end it may be necessary to admit a hyperphysical factor in living things, this is no time to give up the attempt to explain vital phenomena on purely naturalistic grounds. The mechanistic view as a working hypothesis has already yielded so much knowledge that it would be unwise to abandon it unless at some future time it should cease to be fruitful. Our own position is that, although it may never be possible to explain thought, consciousness, altruism, on the basis of chemical or physical processes at the molecular or atomic level, or even at the colloidal level, they may sometime be adequately explained as expressions of natural changes of matter and energy at the levels of unity at which they occur."

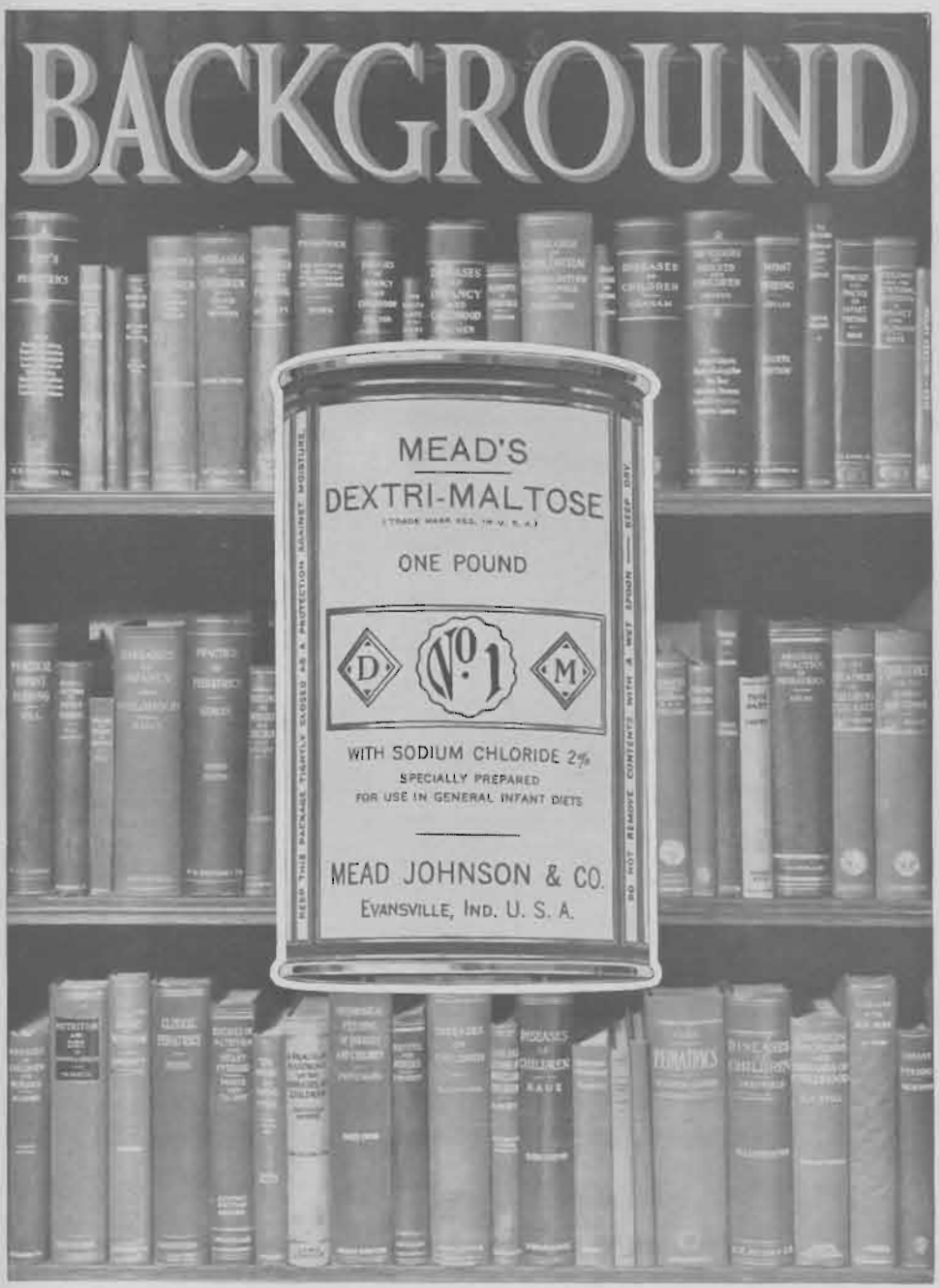
Horatio Hackett Newman.

The Language of the Laboratory

Pome by R. C. G., medical technologist in Minnesota

Interne to His Love

Sweet, as I gaze at your lovely face,
My heart speeds up to a rapid pace.
Your eyes are as blue as lymphocytes
Properly stained by drops of Wright's.
Your golden hair which I love to kiss
Curls like an epididymis.
Your lovely lips are the scarlet hue
Of a chunk of muscle cut in two.
As if you'd been breathing pure CO
You blush when I whisper—"I love you so."
You've ruined my gastric situation
By too much adrenal stimulation.
And I often turn quite cyanotic.
You look so ravishingly exotic.
So I say it again, I'm in love with you,
You well-nourished white female, aged 22.



THE use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for three decades, has received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

Mead Johnson & Company, Evansville, Indiana, U. S. A.

Announcing the New

S.M.A. "MINUTE MIX METHOD"

1 Empty powder into funnel. Poke powder through funnel into bottle.

2 Add the required amount of hot boiled water.

3 Stopper the bottle and shake until powder is dissolved.

Just Add Hot Water and Shake!

That's all the mother has to do to prepare feedings of S. M. A. from S. M. A. powder. The new S. M. A. "Minute Mix Method," which consists of measuring S. M. A. powder into a nursing bottle, adding hot boiled water and shaking the bottle —is simplicity itself.

In addition to making the preparation of S. M. A. feedings still easier and simpler, the new S. M. A. "Minute Mix Method" has these advantages: (1) Co-operation of the mother is easier to obtain. (2) Mistakes in following your directions are less likely to occur. (3) Your time is conserved because explanations are fewer and simpler.

Besides developing this new, quick, easy method of mixing S.M.A. powder, we have devised a simple set of utensils for the mother to use, the S.M.A. Mixing Set, which makes the right way of preparing S. M. A. feedings the easiest way.

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Gentlemen:

Please send me an S.M.A. Mixing Set and information on the new S. M. A. "Minute Mix Method."

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