

"The greatest of faults is to be conscious of none."

—Carlyle

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
MAY • 1948
VOL. XVIII No. 5



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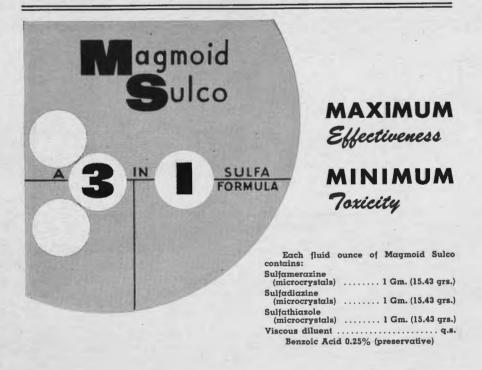
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MEDICAL CALENDAR

lst Tuesday	Monthly Staff meeting, Youngstown Hospital Auditorium— Nurses' Home
8:30 p.m.	Monthly Staff meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
Sunday following lst Tuesday 11:00 a.m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Monday 9:00 p.m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a.m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home
8:30 p.m.	Monthly Staff Meeting—Youngstown Receiving Hospital Auditorium
3rd Tuesday 8:30 p.m.	Monthly Meeting—Mahoning County Medical Society—Hotel Pick-Ohio.
4th Tuesday 8:30 p.m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a.m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a.m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Thursday 12:30 p.m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
	Weekly Surgical Conference, Youngstown Hospital— Nurses' Home
Every Friday 11:00 a.m.	Urological Section, Library—S. Side Unit, Youngstown Hospital
	Clinico-Pathological Conference, St. Elizabeth's Hospital
Every Friday 11:30 a.m.	Clinic—Pathology Conference, Auditorium Nurses' Hom South Side Unit Youngstown Hospital
Alt. Saturdays	Obstetrical Section—North Side Unit of Youngstown Hospital

COMING MEETINGS

American Medical Association Annual Meeting, Chicago, June 21-25, 1948.

Sixth Councilor District Post Graduate Assembly, Akron, October 13, 1948.

PRESIDENT'S PACE

* * *

As an organization grows its management becomes more and more complex. Fortunately the Mahoning County Medical Society has established through its Constitution and By-Laws an integrated unit which functions "almost automatically"—at least on the surface.

One of the spokes in the wheel is the Council of the Society. For obvious reasons all of the various business matters of the Society cannot be handled by each and every member of the Society and so Council becomes a form of business manager. It is required by our By-Laws that: "The Council shall hold monthly meetings except during the summer recess." These meetings are held on the second Monday of each month, excepting July and August, in the Council Room, Medical-Dental Bureau, Schween-Wagner Building, second floor, at 9 P. M. The minutes of these meetings are being published in the Bulletin more detailed than heretofore so that each and every member of the Society should be cognizant of what is going on. There has arisen one misconception by some members which prompts devoting this particular page to the subject. That misconception is that the Council Meetings are closed meetings. Such is not the case and any member of the society is always more than welcome to attend any or all of these sessions and more than that to take an active part in discussing the various local, state and national problems presented to us. Unless one understands all of the phases of a particular problem—and this may require several hours of discussion—the method of solving said problem is poorly understood. So if the urge to attend arises, please feel free to satisfy that urge.

JOHN NOLL, M. D.

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The Dog Problem

In this issue of the Bulletin, Dr. Oscar Turner presents three cases of paralysis that have followed vaccination for rabies.

Our county has the greatest incidence of reported cases in the United States, and many persons each year are taking prophylactic treatment following exposure to possible rabies, dog-bites predominating.

Dr. Turner's article is, we think, a contribution to the literature on this subject. It should awaken not only the public to the importance of rabies control, but should remind us of our duty as medical advisors. We must not only insist that our patients comply with the state requirements for prophylaxis, but must also inform them of the dangers that attend both the rabies and the treatment. They should know that prophylactic treatment is not to be recommended without the probabilities of infection having been carefully considered. In unquestioned cases, there is no alternative.

Let us assure the authorities that we are ready to cooperate with them completely in eradicating this menace.

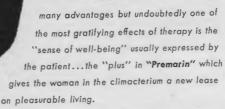


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MEDICAL LIBRARY FACILITIES IN MAHONING COUNTY

A consideration of medical Library facilities in Youngstown and Mahoning County would lead to the conclusion that the time had arrived for the Medical fraternity to make one of two choices for future development.

Thirty-five years ago a beginning toward a medical library was undertaken by the Mahoning County Medical Society. At that time the meeting place of the Society was in the basement room of the Reuben McMillan Library. Book cases were installed about the walls of the room and became the depository for libraries of the deceased members. However, some eight to ten then current medical journals were subscribed for and bound by the society. Among the books derived from private libraries were many early bound volumes of the Journal of American Medical Association and many "systems" of medicine and surgery popular in the early days of American medical book publishing houses. Then, too, there were many single volumes on any and all phases of medicine.

This early attempt at the establishment of a County Society sponsored medical library came to an end in the early 1920's when the Society became too large for the Library room quarters as a meeting place and moved its meetings to the Youngstown Club Rooms. Since then the books and bound volumes of periodicals have remained at the Library room taking up space and accumulating dust.

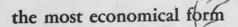
In 1934 the Youngstown Hospital staff began in a small way to accumulate a reference library for the use of the internes and staff members. This movement was supported by staff dues, space being provided by the institution. This movement has grown steadily, in fact has accelerated rapidly since the war period so that today the library houses several thousand volumes of bound periodicals and texts. About fifty current periodicals are subscribed to and bound as rapidly as volumes are completed. Furthermore, through membership in the American Library Association, the Library, through the exchange feature of the Association has complete sets of many of the periodicals available for reference. There is also a complete file of the Quarterly Accumulative Index of Medicus. Besides the periodicals there are numerous text books, systems and monographs. The Saint Elizabeth Hospital staff has proceeded along the same line but in somewhat lesser degree.

The choice then is this. Whether to hope for a future development of a County Medical Society Library or to utilize the material assembled at the McMillan library in augmenting the Hospital staff libraries.

In the writer's opinion the latter is the proper choice. The libraries associated with the hospitals are much more accessible and lend themselves to greater use in the teaching of internes and residents and for the use by the staff members. The facilities of the two institutions are mutually utilizable. The resources of the County nucleus could be amicably divided between the two to eke out missing volumes or as a basis for future collections. It is extremely problematical that the society will at any future time be in a financial position to provide suitable quarters and librarian supervision for an expanding library.

It is recommended that the council consider this matter and enact suitable procedures for its consummation. By so doing some valuable material would be made available and the space now occupied in the McMillan Library could be returned to them.

H. E. PATRICK, M. D.



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1. Lisser, H.: Calif. & West. Med., 64: 177, 1946.

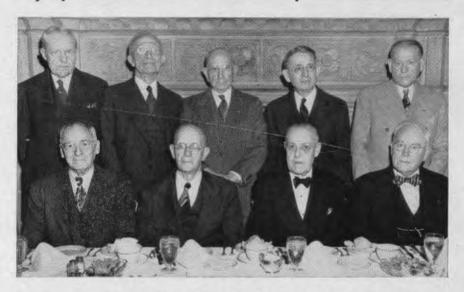
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OUR MEDICAL SUPREME COURT

Basking in the radiant yet mellow glow of the towering pink dome of President Noll were an imposing array of local medics who had weathered the storms of horse and buggy medical practice and remained to inspire current output of medical schools. Fifty or more years ago they began and some are still in active practice. They are their own best advertisement for longevity. Most of them have dealt with medical problems from obstetrics or



Left to right—Dr. H. E. Blott, Dr. C. R. Clark, Dr. D. R. Williams, Dr. W. D. Coy, Dr. C. D. Hauser, Dr. M. E. Hayes, Dr. A. V. Hinman, Dr. W. W. Ryall and Dr. C. H. Beight.

before to geriatrics or beyond. If you did not read "One of Them Speaks" in the March Bulletin then you missed a philosophic treat filled with quotable nuggets. Dr. Coy has shown the quality of judgment and analysis available among our seniors who continue to inspire us who travel a bit behind them.

Dr. Ondash represented the Mahoning County Medical Society in greetings and congratulations to these men who have created a pattern of medical service in the Youngstown community.

Dr. Ryall responded for the fourteen who have passed the half century of medical service here. He began by the comment that Dr. Ondash made him feel near sainthood through his flowery introduction. He then related his own early experiences in country practice in contrast to present conditions. He told how early days required not only good horses but good legs to reach the patients. He expressed thanks to the medical society for the group.

Dr. Noll, with the help of Dr. John Goldcamp, presented lapel buttons (which are due to arrive soon) to these faithful medical servants from the Mahoning County Society.

The final part of the program was the guest speaker, Harold Eide. He told of "My Alaska Adventures" in a most entertaining fashion. His childhood in Norway began a full life of adventure which in recent years has centered in gold prospecting in Alaska. He made it sound so simple to pick up gold

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DAIRY SPECIALISTS

nuggets up there that most of his audience will admit Yukon pruritus. His yarns were priceless, his presentation refreshing even though the truth may have been diluted. All in all from steak dinner to the close, the arrangements committee deserve the thanks of all of us—and have it.

HORACE K. GIFFEN, M. D.

GENERAL PRACTITIONER

The swift pace of medical development in recent decades has brought many victories over disease, but also has produced some troublesome problems. One good thing it has brought is a very high degree of specialization, making possible greater achievements in surgery and various types of therapy—both in research and practice. But this has led to a problem, for the over-emphasis of specialization in medicine has weakened the prestige and the position of the general practitioner.

Yet the physician engaged in general practice is the backbone of the medical profession and the basis of medical care for the average American family. And the probabilities are that we would be a healthier nation, at less cost, if the services of general practitioners were utilized more fully and specialists relied on only for cases really demanding their specialized knowledge and skills.

In recent years there has been a partial reversal of the trend. General practice is being recognized more fully and is regaining some of the prestige it lost. Evidence of this is the establishment of the Ohio Academy of General Practice, and the election of Dr. Joseph Lindner of Cincinnati as its first President.

Ohio has lagged behind in this as in so many matters, and is the 21st state to join in the movement to strengthen the general practitioners of medicine. But although tardy, the action is well worth-while. And Dr. Lindner, an energetic and far-sighted physician, has a clear perception of the problems of medical economics, as well as medical science. He will bring able leadership to the new organization.—Editorial, The Cincinnati Enquirer, 4-1-'48.

DR. LINCKE, CARROLLTON, TO HEAD O.S.M.A.

Dr. Carl A. Lincke, of Carrollton, will become president of the Ohio State Medical Association when the organization holds its annual meeting next spring in Columbus. The association elected Dr. Lincke to succeed Dr. A. A. Brindley of Toledo, who was installed as president for the current year. Dr. Lincke, who is aged 43, is one of the youngest men to be chosen for the association's top office. He is a 1931 graduate of Ohio State University and one of Ohio's seven delegates to the American Medical Association.

A resolution adopted at the final session of the association's house of delegates proposed that hospital administrative staffs confine their activities to business administration and leave professional operation of the institutions to physicians.

Passage of a state law which would prohibit any person in the medical profession from using the title "doctor" or "Dr." without including the type of degree for which the doctorate is claimed, was suggested in another resolution.

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CINCINNATI MEETING

The necessity of interesting more young doctors in entering rural practice was emphasized by Dr. Ralph L. Rutledge, Alliance, Ohio, President of the Ohio Medical Association, in his annual address before the House of Delegates of the Association. Dr. Rutledge pointed out that a survey by the association's committee on Rural Health revealed that only 14 per cent of 591 third-andfourth-year medical students, interns and residents in Ohio's three medical schools planned to practice in rural areas. One-third of those who stated a preference for city practice gave as the primary reason the lack of facilities, including hospital, diagnostic and consultative aids in rural sections. Commenting further on the survey, Dr. Rutledge stated that a number of students felt that the medical schools were concentrating too much on training for the specialties and not enough on the general practice of medicine. In an effort to interest more doctors to enter country practice, Dr. Rutledge said the committee recommended that the attention of medical educators be directed to the revamping of the course of studies in medical schools so as to include more about the diagnosis and treatment of the common diseases and routine office practice. It recommended also that the association study the feasibility of establishing scholarships in medicine for boys from rural high schools.

Recently appointed by Governor Herbert to the Ohio Hospital Advisory Council, Dr. Rutledge stated that the Ohio Hospital Plan for the development of a coordinated and interrelated hospital system in the state gives high priority to rural areas with no existing hospital facilities. Federal grants-in-aid for the next five years totaling \$13,000,000 are available for hospital construction in Ohio, he said. Local communities will have to supply two-thirds of the cost. So far 57 communities have filed applications for Federal aid, he stated, and over \$50,000,000 has been appropriated through public donations and bond issues for local hospital construction.

In reference to the present shortage of nurses, Dr. Rutledge advocated encouragement of nurse-training schools affiliated with small hospitals in order to train more nurses for bedside care of the sick. He pointed out that the larger nursing schools had tended to center on the education of those who are to become supervisors, hospital and school administrators and industrial and public health nurses. "Is this not analogous to the position of the medical profession?" Dr. Rutledge declared. "Too many physicians want to be specialists. Too many refuse to make house calls or night calls. Someone has to do this work or the tradition of American medicine and nursing will be a memory."

Dr. Rutledge disclosed that Ohio Medical Indemnity, Inc., "The Doctors' Plan" for prepaid medical and surgical care insurance, now had a total enrollment of 345,000 persons in Ohio and was available in 82 of the 88 counties of the state. Established by the medical profession in 1946, the plan is conducted through the Blue Cross organization. "The remarkable growth of voluntary hospitalization and medical care programs throughout the country demonstrates there is no need for compulsory governmental health insurance," he said.

County medical societies were urged by Dr. Rutledge to follow the lead of the state association in the establishment of speakers' bureaus to supply speakers on medical topics for lay groups. He disclosed that the association was preparing health education exhibits for display at public gatherings. He concluded his address with a recommendation that the association present a certificate of distinction and gold pin to members who had practiced medicine for 50 years or more.

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OHIO ACADEMY OF GENERAL PRACTICE

Dr. Joseph W. Lindner, Cincinnati, was elected first President of the Ohio Academy of General Practice following the initial organization of the group at the Cincinnati meeting which is to represent the statewide interests of the general physician. With the presentation of the state charter to Dr. Lindner by Dr. Paul Davis, Akron, Ohio, President of the American Academy of General Practice, Ohio became the 21st state to join the national movement for general physicians. Approximately 150 general practitioners in Cincinnati for the Ohio Medical Association meeting were present for the adoption of the new organization's constitution. The new group has a potential membership of 5,000 doctors in Ohio.

Others elected were Dr. E. G. Kyle, Newton Falls, Ohio, President-elect; Dr. E. A. Burgner, Akron, Ohio, Secretary; Dr. Harry W. Lehrer, Sandusky, Ohio, Treasurer; and Dr. Craig Bowman, Upper Sandusky, Ohio_ Dr. P. B. Wiltberger, Columbus, Ohio; Dr. E. R. Swepston, Cincinnati; Dr. William J. Sheehan, Cleveland; Dr. Roscoe H. Snyder, Toledo, Ohio; and Dr. Howard R. Mitchell, Columbus, Ohio, members of the Board of Directors.

The objects and purposes of the new organization follow:

- (1)—To define the functions of the general physician.
- (2)—To promote and maintain high standards of the general practice of medicine and surgery.
- (3)—To encourage the establisment of sections of general physcians in active hospital staffs, including their right to vote and hold office.
- (4)—To encourage and assist young men and women preparing, qualifying and establishing themselves in general practice.
- (5)—To protect and preserve the right of the general physician to engage in medical and surgical procedures for which he is qualified by training and experience.
- (6)—To assist in providing post-graduate study courses for general physicians and to encourage and assist them in participating in such training.
- (7)—To promote fair and proper relations between hospital management and medical staff.
- (8)—To advance medical science and private and public health.

NIGHT CRAMPS IN HUMAN EXTREMITIES

Night cramps appear to result from the action of some end product of metabolism, as in diabetes, or from poor elimination of normal end products of muscle metabolism, as in patients with venous stasis due to varicose veins, pregnancy or following deep venous occlusion. Increased muscular activity favors the development of night cramps in the rest which follows such activity. No etiological or therapeutic relationship exists between intermittent claudication and muscle cramps at rest. Quinine sulfate has been found to give prompt relief of night cramps in extremities. Apparently quinine produces a refractory period in skeletal muscle that is similar to the refractory period in the heart muscle.—American Heart Journal, March 1948, Harold K. Moss and Louis G. Hermann.

In Memoriam

EDWARD HENRY HAKE, M. D.

The death of Edward Henry Hake, which occurred Thursday, March 25th, at St. Elizabeth's Hospital as the result of coronary disease, removes from the local profession and this community another of its faithful members and substantial general practitioners who will be mourned by his professional associates as well as by numerous friends and patients.

Edward Hake was born in Howland Township, Trumbull County in 1873 the son of the late Eli and Almeda Clark Hake. He was a graduate of Ohio Northern University and of Hahnemann Medical School at Philadelphia. He had an internship at Cook County Hospital at Chicago and also at a Sanatorium at Warren, Pennsylvania.

He was loyal to his family, friends and associates. They will miss him and will treasure his memory as one who contributed freely to the welfare of his fellowmen.

CHAS. D. HAUSER, M. D.

WILLIAM H. ORWICK, M. D.

William H. Orwick, M. D., was born in Massillon, Ohio, February 18, 1921. He attended Massillon High School and Wooster College, majoring in chemistry and biology. He received a Bachelor of Arts degree from Wooster College in December, 1942, and the following March entered Western Reserve Medical School from which he was graduated in 1946. In May, 1945, he married Nancy Belle Giles, a graduate nurse, also of Massillon. Their son, Harry Taylor Orwick was born in Cleveland, March, 1946. Dr. Orwick interned at the Youngstown City Hospitals from April 1, 1946, to July 1, 1947, after which he entered the army as a first lieutenant in the medical corps, and was assigned to Fort Adams, Newport, Rhode Island. He remained there until the time of his death which occurred February 20, 1948, at Walter Reed Hospital, Washington, D. C., following the removal of a benign cyst from the fourth ventricle.

R. G. THOMAS, M. D.

INDECISION

When I recall how much there is in life
That must be ours; how much there is on earth
That would not be had life not given birth
To its necessity, while skill and strife
Attend our every need; how some keen knife
Must prune and fire burn; how truth and worth
Require support; how soon are joy and mirth
Dispelled as come the years with conflict rife:
I think that I shall cease to sing the songs
The stream inspires, or woodland path reveals;
And tune my voice to what alone belongs
To man, what he endures, what he conceals—
But then, I heard a clear-voiced cardinal sing;
And now, a robin welcoming the spring.

Warren Deweese Coy

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Health Department Bulletin

-					
REPO	ORT FOR M	MARCH, 194	8		
1948	Male	Female	1947	Male	Female
Deaths Recorded175	93	82	218	124	94
Births Recorded542	286	256	532	269	263
CONTAGIOUS DISEASES:					
	March 1948			March 1947	
	Cases	Deaths		Cases	Deaths
Chicken Pox	181	0		243	0
Measles	760	0		2	0
Scarlet Fever	11	0		8	0 -
Whooping Cough	27	. 0	211	154	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tuberculosis	27	0		18	0
Mumps		0		37	0
Syphilis		0		0	0
Gonorrhea		0		0	0
Pneumonia	0	4		0	0
Typhoid Fever	0	0		1	0
Diphtheria		0		0	0

VENEREAL DISEASES:

New Cases	Male	Female
Syphilis	4	5
Gonorrhea	8	2
Total Patients		18
Total wigits to Clinic (nationts)		100

W. J. TIMS, M. D.

Commissioner of Health

ACUTE PANCREATITIS

It is generally agreed that acute pancreatitis is due to the action of activated pancreatic juice upon the pancreas itself. In 60-80 percent of cases of acute pancreatitis, associated pathology of the biliary tract is found which can account for the block at the papilla of Vater. The clinical picture of acute pancreatitis is not characteristic. A history of previous gall bladder attacks or of epigastric pain can be elicited in more than half the cases. The patients are often subicteric but as a rule show no distinct jaundice. The most characteristic complaints are severe pain in the epigastrium radiating to the left side and to the back. There is often vomiting without relief of symptoms. Physical findings may run the gamut of acute abdominal crises. The most significant laboratory findings are increases of serum amylase and lipase. Conservative treatment shows an impressive reduction in the operative mortality rate. The proper conservative therapy has as its aim to diminish the secretory activity of the pancreas and to relieve spasm of the sphincter of Oddi. Anything that will stimulate the vagus nerve will stimulate the pancreas; therefore, prostigmine as well as morphine or its derivatives should be excluded. In essence, the conservative therapy that may be used is nothing by mouth; continuous suction; to inhibit pancreatic secretion, ephedrine and repeated doses of atropine; Demerol is the analgesic of choice because of its atropine like action; intravenous fluids should consist mainly of saline solution and blood plasma. -H. L. Popper, M. D., The American Journal of Digestive Diseases, January 1948. Submitted by J. D. MILLER, M. D.

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THE MEDICAL CRIER

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

If you attended Post-Graduate Day, don't read this because you know all about it. If you did not attend you should have, and reading about it won't give the true flavor of the meeting.

In the first place it rained and broke the tradition of sunny skies which we nearly always have for our big Day. In the second place there was a tricounty meeting in New Castle to give us competition. That didn't keep Lewman Popp from coming over, although he seemed rather lost without Walter Stewart to pal around with. A lot of us miss Walter. Thirty two towns were represented and the last time I looked, the attendance was well over three hundred.

It speaks well for our prestige to attract men from Cleveland and Pittsburgh. Besides that, they braved the weather to come from such out of the way places as Dover, Freeport, New Kensington, Springdale, Breckenridge, Ellwood City and Butler. Warren was well represented by Trimbur, Calvary, Carnero, Drown, Caldwell, Beers, Sorile, Gledhill, Yarow, Shapiro, Jaras and Williams. Trimbur interned here and then went into the Navy. He is just starting up now in private practice after five years on L.S.T.'s. Most anything is better than being on an L.S.T. or with the Marines on Bougainville! Beers is like a younger picture of his father who was a very handsome man and an ornament to the practice of medicine in Youngstown for so many years. McConkey from Canton was here as usual, but without his father who was always a regular attender before he passed on. Caskey was here from Mineral Ridge although he had a lot of arrangements to take care of for the Warren meeting the next day.

The exhibitors of technical equipment, supplies and appliances were out in force, too. They were crowded and could have used more space, Committee please note. You know how we operate the technical exhibit. The space is given free to regular advertisers in the Bulletin and it is a small gesture of appreciation for their generous support. Lyons of course stole the show with their large exhibit and the annex where the craft turned from labor to refreshment and many a tall tale was told. The best ones I heard were about the two who had revenge, and how to spell Bridegroom. But they can't be told here. Samples were passed out freely by Ralph White, Cassaday, Bowman, Professional Drugs, Breon, Baker's, Beil-Rempes, Lester's, Zemmer's, Cross and Endo Products. Renners didn't pass out samples but Isaly's did and their booth was very popular. Helen Mantle Foster with her radiant personality was showing the latest in things to keep one from falling apart and the Stillsons and Leon Taggart were bursting with information about insurance, personal and professional.

It was a grand meeting and lived up to our high standards. The lecture hall was well ventilated and every word of the speakers could be heard. The coordination of lighting, lantern and sound was perfect. Humphrey deserves a lot of credit although he is an expensive luxury. When all the little details of handling emergency calls, keeping slides in order, entertaining speakers and guests goes so well, one cannot help having a glow of pride in the Mahoning County Medical Society, which was the pioneer and still sets the pace in presenting Post-Graduate Days.

J. L. F.

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COUNCIL MEETING

The regular monthly Council Meeting of the Mahoning County Medical Society was held at the office of the Society, 125 W. Commerce St., Monday, April 12, 1948. The following doctors were present: Drs. John Noll, J. K. Herald, W. J. Tims, C. A. Gustafson, W. M. Skipp, V. L. Goodwin, J. N. McCann, G. M. McKelvey, W. H. Bunn, I. C. Smith, E. J. Reilly and C. G. Nelson, comprising a quorum of the council. Also present were Mr. A. C. Cook, Dr. C. R. Clark, Dr. J. P. Keogh, Dr. William Newcomer, Dr. A. E. Rappoport and Dr. J. A. Rogers.

Meeting was called to order at 9:00 P. M.

Mr. Cook and Dr. C. R. Clark, representing the Mahoning Chapter, American Red Cross, Dr. Keogh and Dr. Newcomer, representing the T. B. Sanitarium, Dr. J. A. Rogers representing the Youngstown Hospital Association and Dr. J. K. Herald representing the St. Elizabeth's Hospital, discussed the proposed plan to establish a blood bank under the supervision of the Red Cross. The plan contemplates volunteer service on the part of the Red Cross and they ask the Mahoning County Medical Society to act as sponsors. The plan was presented and explained by Mr. Cook and Dr. C. R. Clark.

Discussion followed.

A motion was made, seconded and duly passed to appoint a committee to study the proposed blood bank plan and work with the Red Cross Committee in working out a suitable plan and report back to council. Dr. Noll appointed the following committee: Dr. J. A. Rogers, Chairman, Dr. J. K. Herald, Dr. W. J. Tims, Dr. J. P. Keogh and Dr. William Newcomer.

The following application was acted upon favorably by council.

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Unless objection is filed in writing with the secretary within fifteen days, said applicant becomes a member of the society.

V. L. GOODWIN, M. D., Secretary.

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NEUROPARALYTIC ACCIDENTS DURING THE COURSE OF ANTI-RABIC TREATMENT

OSCAR A. TURNER, M. D.

In Mahoning County and the adjacent area there is an excessively high incidence of rabid dogs and the number of individuals exposed and requiring anti-rabic treatment is far beyond that which any organized community should have. The medical profession has pointed this out repeatedly and has suggested control measures, but in the past as in the present little effort has been expended and even less accomplished by the civil authorities to remedy the situation. It is a sad commentary upon any community when action upon such a vital matter of individual and public health is deferred to consideration of "gaming" devices. If in the obtuse thinking of those responsible the concern is over the cost, study can only impress one with the fact that the large amount of money spent in supplying the anti-rabic vaccine would more than pay for the necessary measures.

The present communication is based upon observation within the past six months of three instances of the so-called "neuroparalytic accident" incident to the use of anti-rabic vaccine. Despite its infrequency, it was felt that the serious nature of the complications deserved some comment and discussion.

Rabies is a disease primarily of animals. It is due to a filter-passing virus and may be communicated to man through a bite or a scratch. According to Russel Brain 1 the risk of contracting rabies is estimated at about 5% of individuals bitten by animals supposed to be rabid. While individuals who contract the disease almost invariably die, the use of adequate prophylactic treatment reduces the incidence to about 1.5%.

Ever since the Pasteur method of anti-rabic treatment was adopted generally, it has been known that symptoms of paralysis or involvement of the nervous system may appear during or following the course of treatment. These so-called "neuroparalytic accidents" of anti-rabic treatment generally fall into one of four clinical types:

1. Disseminated encephalitis.

2. Ascending myelitis (Landry type).

3. Transverse myelitis, usually in the lumbar or dorsal region.

4. Cranial and/or peripheral neuritis (facial nerve most often involved).

The clinical types occur with about equal frequency and with the exception of the ascending myelitis (where the death rate is about 30 per cent) the prognosis for life is good. The sequelae, however, are serious, and permanent paralysis of the lower extremities is not infrequent. Generally, the prognosis varies as to the severity and type of the disease process. In the ascending type death results from respiratory paralysis, and in transverse myelitis overwhelming sepsis from decubitus ulceration or from an ascending urinary tract infection may cause a fatal termination. The actual cause of the complication is not known but the following has been suggested:

- 1. Due to a modification of the original infection by the vaccine.
- 2. Due to the vaccine itself, being caused by some toxic substance or to a virus introduced with the vaccine.
- Due to some other virus or toxin, stimulated into activity by the vaccine.

While the complication is infrequent, the actual incidence seems to vary in different localities. It is generally recognized that they are less frequent

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when the carbolized vaccine is used. Brain 1 gives an incidence of l in l000 to l in 4000 patients treated. Wilson 2 gives a general incidence of roughly l in every 2500 patients treated, but in figures collected by him from the literature the frequency varies from 0.25% to as high as 1.3%.

To some degree the clinical manifestations depend upon the type of complication. However, the incubation period is generally between 10 and 17 days after the beginning of the treatment, the more severe reactions usually appearing earlier. Prodromal symptoms such as headache and malaise and nausea may occur but the actual onset is usually indicated by fever and pain in the back and legs. Meningeal signs such as nuchal rigidity and the appearance of a positive Kernig or Bruezinski sign may also be present in the course of the illness. The most frequent manifestations are those of paralysis of the legs, sensory loss or impairment, and urinary retention,—the latter followed by incontinence. Early in the course of spinal cord involvement, reflexes may be lost or suppressed (spinal shock), but later hyperactive deep reflexes, flexor spasm, and extensor toe responses may indicate severe cord damage. Bulbar signs, such as dysarthria and dysphagia may occur in the ascending cord type. Mild variants occur more frequently and may be manifested by little more than paresis of the legs, hypotonia, and diminished reflexes. Polyneuritis with involvement of the sciatic, median, ulnar, and other peripheral nerves or paralysis of the oculomotor, facial, vagus, and other cranial nerves have been reported.

Changes in the spinal fluid may be absent, but when present are usually mild, being manifested by some degree of pleocytosis and increase in total protein content. A mild leucocytosis is generally present.

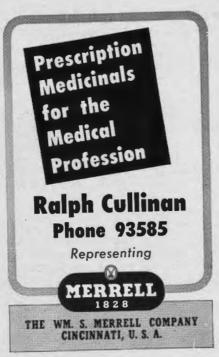
Unfortunately, treatment is limited to supportive measures and good nursing care, there being no specific therapy known. The incidence is low but the appearance of the three cases summarized below indicates that it must be watched for in the course of anti-rabic therapy. Its prevention is ultimately a matter of protection from the necessity of anti-rabic treatment.

CASES

Case 1. The patient, a 39 year old man, was exposed to a rabid dog on September 28, 1947, but received no bite. Anti-rabic treatment was started as a prophylactic measure the day of exposure, the patient receiving the 14th injection on October 12, 1947. Other than local soreness at the site of the injections, he had no apparent reaction to the injections. The day following the last injection he developed severe aching in the upper dorsal region and in the thighs. Urinary retention occurred on the 17th day after the start of treatment and paresthesias and numbness of the left leg was evident on the 18th day. Following this he had progressive paralysis of the lower extremities.

Examination at the time of admission to the hospital disclosed a complete paraplegia with beginning spasticity and flexor withdrawal muscle spasm. Below the level of the 6th thoracic dermatome there was almost complete loss of all sensation with some irregular and patchy areas of dysesthesia. Lumbar puncture revealed clear, colorless fluid which contained 23 cells and 84 mgm.% total protein. Aside from a mild leucocytosis the laboratory studies were otherwise normal. During the course of the rather prolonged hospitalization the patient showed no significant or useful recovery of the function of the lower extermities or of the paralyzed bladder.

This patient presented a characteristic transverse myelitis with practically



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complete destruction of the spinal cord at the level of the 6th thoracic dermatome and every indication is of a permanent and irreversible lesion.

Case 2. The patient, a 7 year old boy, was exposed to a rabid dog but received no definite bite. Prophylactic anti-rabic treatment was started on March 26, 1948, the patient receiving a total of 13 injections, the last on April 7, 1948. There was no reaction to any of the injections.

On the 11th day following the start of the treatment he had some abdominal distress, nausea, and vomiting. On the 12th day there was some lethargy and on the following day he had a sore throat, generalized weakness, and malaise. On the 14th day following the start of treatment he first developed weakness of the lower extremities which was progressive to the point of total paralysis. At the time of admission to the hospital there was a complete paraplegia and associated urinary retention.

Examination disclosed an acutely ill child with evident respiratory embarrassment due to paralysis of the lower thoracic musculature. There was considerable mucus in the throat and respiratory tract and the voice was weak and tended to fade away after a few words. Some difficulty in swallowing was evident, but this was not marked. There was a complete paralysis of both lower extremities, of the entire abdominal musculature, and of the lower thoracic intercostal muscles. The reflexes were absent but early signs of flexor spasm were evident. Motor power in the upper extremities was present and only slightly weakened. The sensory level was at the 7th and 8th cervical dermatomes with the sensory loss being marked on the right and somewhat irregular and patchy on the left. Lumbar puncture gave clear colorless fluid which contained 4 cells and a normal amount of protein. The patient's condition was critical for several days with a marked temperature elevation and respiratory distress. He improved slowly with the use of chemotherapy, an adequate supply of oxygen, and intensive nursing care. On about the 4th hospital day there was some mild improvement in the sensory disturbance and on the 6th hospital day he exhibited slight voluntary movement of the left lower extremity for the first time.

This patient had a characteristic neuroparalytic accident incident to the rabies vaccine. While essentially a transverse myelitis, the lesion showed some tendency to ascend slightly. Although some improvement is taking place, it seems likely that this child will be left with serious sequelae in the lower extremities.

Case 3. The patient, a 26 year old man, was admitted to the hospital on April 10, 1948, about 8 days after receiving a bite on the dorsum of the right hand from a stray dog. Anti-rabic treatment was started on the following day. On the 8th day following the start of the treatment he had sudden onset of headache, weakness, and vomiting. The next morning there was abdominal pain and rigidity with urinary retention. The day prior to hospitalization he developed numbness of the legs associated with some motor weakness. The urinary retention persisted as did the headache.

The patient was seen two days after hospitalization. He appeared to be acutely ill. There was a moderate degree of nuchal rigidity. The patient had definite weakness of both lower extremities although considerable voluntary motor function was retained. Motor function in the upper extremities was intact. The deep reflexes were present and equal, but the Babinski sign was present bi-laterally. A definite sensory loss was present for pain below the 6th thoracic dermatome.

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The patient was treated symptomatically and on about the 4th hospital day showed evidence of improvement, particularly in muscle function. On the 5th hospital day motor function was about normal on testing, but the sensory level at D-6 dermatome was still evident on testing. Bladder function had not yet fully returned.

This patient had a characteristic transverse myelitis at the level of the 6th thoracic dermatome, moderate in severity and apparently reversible. Complete recovery is to be expected. It is characteristic of the reversible lesions that evidence of recovery is to be found fairly early in the course of the illness.

That rabies can be completely eliminated through the enforcement of strict measures is evident from the experience in England. Wilson² states that following 1900 no deaths were reported from rabies until the war, at which time it was re-introduced through smuggling of dogs into the country by aircraft. Its recognition and strict preventative measures quickly remedied the condition. Thus, the prevention and even elimination of rabies becomes essentially a matter of proper legislation and strict enforcement. Such measures as the required licensing of all dogs, compulsory anti-rabic vaccination as a prerequisite to obtaining a license and the proper collection and disposition of all stray and unclaimed dogs would do much to eliminate the disease. Like smallpox, diphtheria, and many other diseases, the means of prevention and elimination are known, but the application of these measures is prevented only through the desultory action and poor cooperation of the lay public and civil authorities alike.

REFERENCES

- Brain, Russel: Diseases of the Nervous System. New York, 1947, Oxford University Press, p. 464.
- 2. Wilson, S. A. Kinnier: Neurology, London, Edward Arnold & Co., 1940. Vol. I, p. 665.

Doctors J. P. Harvey, L. K. Reed and John Noll attended the American College of Physicians meeting at San Francisco, Cal., the latter part of April.

UNCLE DUDLEY

One of the distinct aspects of life is its heterogeneity. At the moment of death, the trend in the various tissues is toward chemical homogeneity. In a similar way, a progressive civilzation is dependent on psychic heterogeneity; and when this is no longer present, decay has already begun.

Conscience is counsciousness aware of possibilities, duties, implications and consequences.

Education wouldn't be such a long and indefinite process if learning consisted in the addition of knowledge to what one had before; but each increment doesn't stay added. It has a propensity of sinking down into and diffusing itself through all that had been accumulated before, until it becomes an indistinguishable mass of unknown origin and impossible interpretation.

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Election of Officers

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