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BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XX No. 7
JULY • 1950

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Hamblen, E. C.: North Carolina M. J. 7:533 (Oct.) 1946.

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*Perloff, W. H.: Am. J. Obst. & Gynec. 58: 684 (Oct.) 1949.

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1. Friedlaender & Friedlaender: Amer. Pract. 2:643, June, 1948.

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MEDICAL CALENDAR

1st 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 1st 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.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Elks Club, 220 W. Boardman St.
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 Tuesday 3:30 p. m.	X-ray Conference, South Side Unit, Youngstown Hospital
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Clinical-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinical-Pathological Conference, Auditorium Nurses' Home, South Side Unit Youngstown Hospital
Every Friday 2:00 p. m.	Conference—X-ray Dept., St. Elizabeth's Hospital
11:00 a. m. Alt. Saturdays	Obstetrical Section—North Side Unit of Youngstown Hospital

PRESIDENT'S PAGE



The United States Chamber of Commerce is doing a splendid job at a national level in stemming the socialistic trend which is sweeping our country today. This organization is made up of men from all walks of life including the small business man, professional man and anyone who is desirous of maintaining some semblance of stability in our national government. They are completely backing up the doctors in their fight to keep from being regimented.

At the local level the Youngstown Chamber of Commerce is behind the doctors in every way. It also is back of anything which makes for better government, and for anything which will improve the community in which we live. At the present time 42 physicians and dentists are members of the Youngstown Chamber of Commerce. This is a fairly good representation, but in some localities throughout the country the number of physicians and dentists who belong to their local Chamber of Commerce is a great deal higher. It is felt that the seriousness which faces the medical profession at all levels today certainly warrants our full co-operation and support.

Sometime within the next few weeks each member of the Society will be contacted by a member of the Chamber of Commerce Membership Committee with a view to increasing the number of physician members of the Chamber. I think it would be very much worth while to sit down and give this matter your very serious consideration.

Gordon G. Nelson, M.D.
President

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FOR EACH HIS OWN

WHY WE SHOULD PRESERVE THE VOLUNTARY SYSTEM OF MEDICAL CARE IN THE UNITED STATES.

By *Henry W. Pièrce*

(SECOND PRIZE WINNING ESSAY)

The well meaning people who advocate government control of medicine base their contentions on the false supposition that Government is both omnipotent and altruistic. They entertain a naive belief that government officials can, through a re-organization of an already well organized profession, bring free medical attention to all those allegedly in need of such. They suppose that government control of medicine would raise the health level of a nation which is already the healthiest in the world. They suppose further that because a thing is labeled "free" it will necessarily cost them nothing. Finally, they suppose that the science of medicine can be run on a mass production basis, with doctors treating patients much as a factory worker might perform his task on an assembly line.

But the proponents of government controlled medicine overlook a patent contradiction in the very statement of their belief. They maintain that MORE people can get MORE medical attention at LESS cost per person! When pressed for details, they invariably state that doctors receive unnecessarily high fees for their services.

Now, doctors are not, on the whole, an overly wealthy class of people. Doctors must pay for equipment, for adequate quarters in which to receive their patients, and for at least one assistant. In most cases, their fees cannot by any stretch of the imagination be called unreasonable.

If, however, the government were to take control of medicine, not only would physicians, dentists, nurses, and equipment have to be paid for; innumerable typists, bookkeepers, and investigators would have to be paid also. And this does not take into consideration the political graft which would inevitably co-exist.

Where, then, would the government get the money to pay for these expenses? The primary source of income would be in the form of payroll

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1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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levies. A stated amount would be deducted from the payroll of employer and employee alike. In addition to this, the inevitable hidden taxes would constitute a further drain on the public.

The simple fact of the matter is that, while medical care might be "free" in the sense that doctor bills would not be received by individual patients, the patients themselves would, through taxes, pay their bills many times over.

Another factor—one which economists and politicians might tend to overlook, and which, moreover, is of vital importance, is that of the doctor-patient relationship. The advocates of government controlled medicine are prone to forget that healing is an art as well as a science, that it cannot be put on an assembly line basis and be made rigorously impersonal. The doctor, to be most effective, should know his patient as a personal acquaintance, not as a mere "customer." He should be at liberty to spend as much time as he deems necessary with each one. He should be free to treat his patients as individuals, not as cogs in a wheel. He should be familiar with the peculiar needs of each of his various patients. Yet how could this essential relationship persist if a third person (the government) intervened? The government, in its attempt to act as a go-between, would limit the art of the physician to the narrow confines of a mechanized system, besides greatly over-burdening the doctors themselves.

Under the present arrangement, almost anyone can obtain personal medical care at a reasonable cost whenever he needs it. Why have it otherwise?

ESSAY WINNERS GIVEN AWARDS

Winners in the Mahoning County Medical Society's Essay Contest, "Why We Should Preserve the Voluntary System of Medical Care in the United States," were presented their awards by President-Elect E. J. Wenaas at the meeting June 20, 1950 in the Elks Club.

Those of the winners who could be present were cited by Dr. C. A. Gustafson, chairman of the Health Education Committee. Judge Elmer T. Phillips, one of the judges who picked the winners, was present and emphasized the need for physicians to tell the story of their fight against socialized medicine to the public.

Edward M. Miller, 716 Glacier Heights Road, a medical student in Ohio State University, received first prize of a \$250 United States government bond.

Henry W. Pierce, 254 Fairgreen Ave., Hiram College, received the second-place award, with a \$100 bond. Donald F. Rendinell, 1824 Coronado Ave., a medical student at Western Reserve University, received the third award of a \$50 bond.

George Geordan, 224 Porter St., N.E., Warren, and Wilson S. Hamilton, 546 Detroit Ave., both Youngstown College Students, were given token gifts for honorable mention.



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DR. CLERF DISCUSSES BRONCHOSCOPY

"Bronchoscopy has become more valuable in the field of diagnosis than it has in treatment," declared Dr. Louis H. Clerf, Professor of Broncho-Esophagology in the Jefferson Medical School, Philadelphia, before the members of the Society at the regular meeting June 20, 1950, in the Elks Club.

Dr. Clerf used lantern slides of chest x-rays to relate the history of the development of bronchology as a diagnostic aid and pointed out many of the fundamental features of pathological physiology of the chest which have been elucidated through the use of the bronchoscope.

He emphasized that physical examination of the chest is still the most important method "in spite of the miracle drugs and the degree of distinction attained by Roentgenology."

His lantern slides illustrating obstructive emphysema from foreign body or tumor made the condition seem simple.

Dr. Clerf said that bronchoscopy is a very valuable aid in diagnosing tracheo-bronchial tuberculosis. He advocated all patients with pulmonary tuberculosis be bronchoscoped to rule out this phase of tuberculosis before the institution of various forms of collapse therapy.

He felt that lung abscess could no longer be treated by bronchoscopy, but rather by surgery. He did think that bronchoscopy was an aid to the treatment of bronchiectasis where surgery could not be carried out.

He concluded his talk with a plea for physicians to become more cancer minded. "Cancer cannot be allowed to grow anywhere in the body for any length of time and be successfully treated," he declared. He said that the cytological examination of bronchial aspirations was extremely important in the diagnosis of bronchiogenic carcinoma.

NEW PRACTITIONERS

Dr. Frederick L. Schellhase has announced the opening of his offices for the practice of general and thoracic surgery at 2218 Market St. Dr. Schellhase interned in the Youngstown Hospital before the outbreak of World War II, served with the armed services, and has just completed several years residency in surgery at the Crile Veterans Administration in Cleveland.

Dr. Raymond N. Catoline has announced the opening of his offices for the general practice of medicine and obstetrics in the Stambaugh Building. Dr. Catoline, a graduate of Northwestern University Medical School, has just completed his internship in the Youngstown Hospital.

Dr. Robert R. Fisher, son of Dr. James L. Fisher, has announced the opening of his office for the practice of medicine at 224 N. Phelps St. Dr. Robert Fisher has just completed two years of hospital training in the Youngstown Hospital, having served as Junior Medical Resident in 1949-50.

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COUNCIL MEETING

JUNE 12, 1950

The regular monthly meeting of the council of the Mahoning County Medical Society was held at the office of the society, Monday, June 12, 1950. The following doctors were present: G. G. Nelson, J. N. McCann, W. M. Skipp, E. J. Wenaas, I. C. Smith, C. A. Gustafson, R. E. Odom and F. S. Coombs.

The Secretary read a letter from Dr. Smeltzer, chairman of medical legal committee, and Dr. Kiskaddon, chairman of public health committee, in which they stated: "The reporting of cases of active or arrested tuberculosis cases, where the diagnosis is made during their course of hospitalization, should be done by the doctor in charge, as he is the one responsible for the reporting of this disease. The reporting of these cases by an institution is not in compliance with the law and is also taking away from the physician his sole responsibility."

The Secretary read a letter from the Lake Milton Improvement Association in which it requested a physician and asked to have the notice published in the bulletin. The Editor, Dr. Coombs, advised this was being done.

The Council expressed regret that Dr. Odom will be absent for a year, doing post-graduate work, and wished him success and enjoyment.

G. E. DeCicco, M.D.
Secretary

CORTISONE AVAILABLE

For the first time, cortisone now is available for widespread distribution to hospitals. Merck & Co. has the approval of Federal Drug Administration to allocate part of its increasing production to the 6,500 hospitals registered by A. M. A. Each will be allotted 900 milligrams of the drug. Increased production also has allowed the company to lower its price from \$200 per gram a year ago to about \$95.

GOVERNMENT SPONSORS CONFERENCE ON AGING

Under sponsorship of Federal Security Agency, a Conference on Problems of the Aging will be held in Washington, August 13-15. FSA Administrator Oscar Ewing said invitations are being issued not to associations as such but to individuals.

Participating will be about 1,000 individuals from government, industry, education, labor and the professions. The problem will be approached through factors of employment, financial support, family trends, health, rehabilitation, education and the training of professional personnel.

Mr. Ewing said government officials had no preconceived ideas about future action, but were scheduling the conference merely in the hope that out of the discussions will develop a more coordinated and fruitful program. However, an FSA committee which has been working in this field for two years reports: "One principle suggests itself at the start, namely—the Federal Government should establish a clearing house for studies of and problems for the aging population, with broad authority for research and promotion in this field."

In the same direction, Representative Louis B. Heller (D.—N. Y.) has introduced a bill (H. R. 8644) providing federal aid to states for establishing and maintaining recreational day centers for the aged.—*Capitol Clinics.*

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LUMBAR SYMPATHECTOMY IN ARTERIOSCLEROTIC GANGRENE OF LOWER EXTREMITIES

Edmund A. Massullo, M.D.

(Editor's Note—Dr. Massullo has been resident in Surgery in St. Elizabeth Hospital. This paper was presented at the April 18 meeting of the Society)

Life expectancy of man has been increased appreciably in the past decade. Consequently, we are more commonly confronted with the problem of arteriosclerotic disease of the lower extremities. In some cases, the use of anti-spasmodic drugs and other conservative measures alone has been of little or no value. Following lumbar sympathectomy however, many of these have shown definite improvement. The role of lumbar sympathectomy in the treatment of this disease, palliatively or permanently, is therefore of paramount interest.

Generally speaking, the indications for lumbar sympathectomy are:

- a. Relief of vasospasm.
- b. Increase of collateral circulation.
- c. Relief of abnormal sweating.
- d. Relief of intermittent claudication.
- e. Lowering of amputation site.

We must remember that despite noticeable organic involvement of the major vessels, the collateral and smaller vessels are frequently uninvolved. In the slowly progressing occlusive arteriosclerotic disease, the collateral circulation is more highly developed than if the disease were sudden in onset and rapid in progression. Reflexly, through degeneration of the larger vessels or to the release of histamine-like substances from the poorly nourished tissues, spasm of the smaller blood vessels and arterioles is a prominent feature. This is demonstrated either by coldness or dampness of the extremities, or rises in skin temperature following sympathetic block or use of vasodilator drugs. The purpose of lumbar sympathectomy then, is mainly to increase the blood flow through this collateral circulation.

In some cases, over-activity of the sympathetic system is indicated by the presence of abnormal sweating.

SYMPATHECTOMY LIMITS GANGRENE

Sympathectomy relaxes the tonus of the capillary bed, improves collateral circulation and alleviates the signs and symptoms of vasospasm. In most cases, intermittent claudication and rest pains are relieved. By increasing the blood supply and nutrition to the area, the pain due to ulceration and ischemic neuritis is also relieved.

Far advanced gangrene and arteriosclerotic degeneration of blood vessels are irreversible, but in many cases sympathectomy limits the spread and often averts threatened gangrene. The point is emphasized that sympathectomy does not cure the underlying causative factor of arteriosclerotic degeneration. The operation is done preferably before establishment of ulceration or gangrene.

Most authors report cases in which pulsations were not palpable in the foot and limbs were saved that would otherwise probably have been lost without sympathectomy. When slowly progressive gangrene is present in the toes, sympathectomy may limit the spread of the gangrene with only

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a resultant loss of the toes and allow relatively asymptomatic use of the rest of limb. Eventual higher amputation may be necessary but most authors feel that the longer the patient has use of a nearly complete extremity, the more comfortable he will be. In those cases in which gangrene is extensively and rapidly spreading, sympathectomy has been employed to lower the site of amputation to below the knee if possible. At any rate, some advocate its use to insure good healing of the amputation stump and possibly avert symptoms of "phantom limb."

Last but not least, most authors are in agreement that the absence of nicotine is a necessary factor to insure success of the sympathectomy. One writer refuses to operate on a patient if he does not agree to give up smoking.

Contraindications to lumbar sympathectomy are few in number. They are:

- a. Far advanced inevitable gangrene.
- b. Venous stasis.
- c. Aggravation of symptoms following use of vasodilator drugs or sympathetic block.

CONTRAINDICATIONS

The operation is considered less disturbing than a simple appendectomy. The outstanding contraindication is the apparent precipitation of the gangrene by the sympathectomy. In these cases the likelihood of inevitable gangrene was considered. It has also been thought that venous stasis was a complicating factor which was further aggravated by sympathectomy. Another contraindication to be mentioned was the lowering of skin temperature and aggravation of ischemic symptoms following sympathetic block and vasodilator drugs.

In most cases, poor results were seen in those patients exhibiting a rapid onset of symptoms, rapidly progressing vascular lesions, constant intractable pain uninfluenced by sympathetic block and pronounced atrophy of the extremity with a diminution in the vascular bed due to loss of subcutaneous tissue. With a proper selection of cases on an individual basis, an accurate knowledge of the surgical anatomy, and a post-operative continuance of conservative measures, a high percentage of good results can be obtained in the surgical approach to the problem of arteriosclerotic gangrene of the lower extremities.

It would appear therefore, from a consideration of the foregoing that lumbar sympathectomy has a definite role in the surgical approach to the treatment of arteriosclerotic gangrene of the lower extremities. Its use however must be tempered by careful evaluation of the case with the admonition that the procedure, while technically not too difficult, is not a panacea for all types of gangrene.

BIBLIOGRAPHY

1. Pratt: *Surgical Management of Vascular Diseases*, 1947
2. G. DeTakats: *Ill. M. J.*, 92: 349—351 December, 1947
3. J. White: *Surg. Clin. North Am.*, 27: 1263—1280 Oct., 1947
4. Freeman, Leeds, Gardner: *Ann. of Surg.*, 126—873—894 Dec. 1947
5. H. Shumacker: *Surg. Clin. North Am.* 28:294—303 April 1948
6. C. McCarthy: *Int. Surg. Dig.* 49:80—83 February 1949.



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PROPOSES FEDERAL INSURANCE FOR HEALTH PLANS

The recent introduction of a Voluntary Health Reinsurance bill by Congressman C. A. Wolverton of New Jersey is an attempt to insure insurance companies against loss on unlimited coverage similar to the insurance now issued to banks by the Federal Deposit Insurance Corporation.

The Washington office of the A. M. A. comments as follows on the proposal:

"Creates a Government Reinsurance Corporation to safeguard voluntary, nonprofit health insurance companies against heavy losses due to catastrophic illnesses, thus enabling such companies to write unlimited coverage. This bill would introduce a factor of safety into the health insurance field somewhat similar to the Federal Deposit Insurance Corporation plan which protects depositors."

Three directors would be appointed by the President and confirmed by the Senate to administer the Reinsurance Corporation.

The Reinsurance Corporation would be granted a \$50,000,000 appropriation by Congress to start business. It would insure two-thirds of all payments made in excess of \$1,000 per year to any one subscriber of a covered health insurance plan. Only nonprofit, voluntary plans would be eligible for reinsurance (no commercial companies). The Corporation would receive two per cent of the annual gross subscription charges from covered health plans.

Eligible health associations would be required to write health insurance contracts (hospital, surgical or both) covering medical expenses except costs incurred for private nursing, dentistry or medicines. Coverage could extend to all types of illnesses including mental and chronic diseases. Contracts must be available to all persons whether or not members of groups. The premium charges to subscribers of plans must be scaled to income with a \$5,000 income being considered the maximum.

The total assets and income of the Corporation would include the initial \$50,000,000 from Congress plus two per cent of the subscription charges from covered health plans plus a matching sum equal to the total amount received from health plans which would be appropriated by Congress each year. Operational expenses for the Corporation would be appropriated by Congress each year in the absence of a surplus.

Coverage to individual subscribers of health plans would be complete except that physicians could permissively charge 25 per cent in excess of the established fee schedule, and subscribers would be required to pay one dollar a day on the hospital charges or five per cent of the total bill. Only 12 physician's office calls would be covered in a calendar year. Eligible companies would not be required to insure against charges of dentists or private nurses or the costs of medicines.

The bill follows a recent suggestion made by Harold Stassen. It was referred to the committee on interstate and foreign commerce.

LAY EDUCATION AND SPEAKERS CALENDAR

May 17, 1950: Dr. W. J. Tims; Chaney High School; "Health Department Activities."

May 23, 1950: Dr. W. J. Tims; East Side Club; "Health Department Activities."

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HYSTERECTOMY: TOTAL VERSUS SUBTOTAL*H. B. Munson, M.D.*

(Editor's Note—Dr. Munson has been chief resident in Obstetrics-Gynecology in St. Elizabeth Hospital. This paper was presented at the April 18 meeting of the Society).

The purpose of this paper is to champion the removal of the complete uterus during hysterectomy operations and to substantiate my reasons with material from the textbooks, the literature, and from our own record file at St. Elizabeth Hospital.

The question of whether to remove the cervical stump during abdominal hysterectomy or whether to leave it has been termed "an old acorn". I feel, however, that even the oldest of acorns may be appropriately aired now and then and I wish to take a forthright stand in favor of removing the entire uterus.

It is believed by most that the cervical stump, if normal in appearance, need not be feared as a focus or source of disease. It is also believed by many that the post-operative incidence of complications from trauma to contiguous structures is higher after a total than after a subtotal hysterectomy. As to the former, I shall attempt to raise a doubt. As to the matter of trauma to neighboring structures the evidence indicates that this depends largely on the technical skill and acumen of the surgeon, for in good hands, these complications are few.

To quote from Masson of the Mayo Clinic: "The objections to the total operation are:

- a. "Increased mortality rate.
- b. "Increased morbidity rate.
- c. "Poor support for the vaginal vault.
- d. "Shortening of the vagina.
- e. "Dyspareunia."

These objections, according to Masson stem from:

- a. "Faulty technique.
- b. "Failure to use properly the stumps of the uterine vessels and the severed uterine ligaments.
- c. "The situation of the ovarian tissue that is allowed to remain.

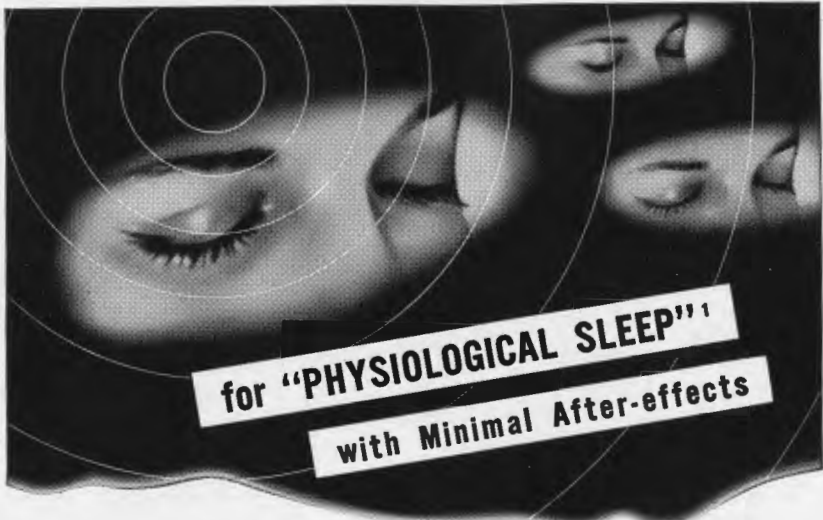
CERVICAL CANCER POSSIBLE

"In many cases failure to repair lacerations of the lower pelvic diaphragm predisposed to later trouble for which the hysterectomy is blamed." Masson continues with the statement: "50% of the women who have borne one or more children have an unsatisfactory condition of the cervix and birth canal."

Obtaining reliable statistics concerning the danger of cancer developing in the retained cervical stump is impossible. It goes without saying that there will be fewer malignancies if the cervix is inspected prior to operation and then, during the operation, is removed whenever a pathological condition has been noted. The incidence of stump carcinoma will of course be greatest if diseased tissue is allowed to remain. However, many cervixes which appear normal at the time of operation seem predisposed to develop disease later.

At Mayo Clinic 4,000 cases of cervical carcinoma included 235 cases of carcinoma of the stump. This was a 25-year study and during the same period 700 to 800 other patients presented themselves with diseased cervical stumps. Other writers quote figures as low as two percent for the incidence of stump carcinoma in all their cases of cervical carcinoma.

Most men will admit that there is less post-operative complaint after the total operation than after the subtotal. A good many patients who had experi-



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¹N.N.R., 1947, p.398.

²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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enced no leukorrhoea prior to amputation of the uterine fundus state that since the operation they have had considerable discharge. There seems to be a definite interference with the blood supply and nutrition of the cervical stump whenever the fundus has been removed and the uterine arteries ligated. It would appear then, that a cervical stump is no ordinary cervix. Its circulation has been impaired and its resistance to infection weakened.

Coning out the cervix or destruction of the cervix with cautery adds only partial protection against future malignant change, as a high percentage of cervical cancer is of the squamous cell type and originates not in the canal but on the portio vaginalis.

CANCER FIGURES

Carter, Thomas, and Parker of Duke University reported in January, 1949, a series of 1,400 cases of cancer of the cervix and cervical stump, stating that adenocarcinoma represented only 3.4 percent of the total number.

Crawford, Collins, and Weed of New Orleans reviewed in April, 1949, a series of 123 cervical stumps with the following findings:

	Percent
Chronic and cystic endocervicitis	82.9
Stenosis	26.9
Polyps	16.2
Epidermoid carcinoma	5.7
Empyema	4.1
Endometriosis	4.1
Fibromyomata	3.2

At St. Elizabeth Hospital we examined the charts of the last 560 hysterectomies, the charts of all cases in the past five years having a diagnosis of cancer of the cervix and all charts in which a trachelectomy was done.

For the 560 hysterectomies, we averaged the number of hospital days for subtotal and total hysterectomies, including in the latter, the average number of days for vaginal hysterectomies. We were interested in the numerical frequency with which the various operations were being performed and also the matter of mortality and morbidity.

Of the 387 total hysterectomies, vaginal and abdominal, the mortality was two cases, a little more than 0.5%. For subtotal hysterectomies, the mortality was 0.0%. Here it should be said, however, that correcting the mortality by excluding one case gives us a corrected mortality of 0.25%. The excluded case was one of a blood dyscrasia that escaped diagnosis until post-operatively when she died of hemorrhage.

MORBIDITY

	Average No. Hosp. Days
175 Subtotal abdominal hysterectomies	11.2
387 Total hysterectomies (abdominal and vaginal)	10.4

It would seem from this that the post-operative morbidity is consistently, if not markedly less, if the total uterus is removed.

As to the relative frequency with which the operations were performed our 560 charts showed:

	1948	1949	1950
Subtotal hysterectomies	61	96	18
Total hysterectomies (abdominal and vaginal)	110	210	67

It would appear that total hysterectomy is gradually supplanting the subtotal operation at St. Elizabeth Hospital. Notice that in 1948 the totals

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outnumbered the subtotals by less than two to one, but that so far in 1950 the totals are outnumbering the subtotals by more than three to one. We attribute the trend to two factors:

1. More and more surgeons are being persuaded that the total operation is better.
2. More surgeons are learning how to do a total hysterectomy with confidence.

RETAINED STUMPS

Forty-nine trachelectomies were performed at our hospital during the past five years. Twenty-six of these cervixes were retained stumps, reporting with chief complaints as follows:

	No. of Cases
Leukorrhea	8
Vaginal spotting	6
Pelvic pain, low back pain	4
Fallen bladder, bearing down feeling	3
Dysuria	3
Hemorrhaging from eyes	1
None	1

Of the last two on the list, the one case had a chronic, intractable conjunctivitis and the cervical stump was believed to be a focus of infection. The other case was one where the cervix was asymptomatic but appeared pathological.

Pathological diagnoses here included:

	No. of Cases
Chronic cervicitis	12
Partly healed erosion	4
Healed erosion	5
Carcinoma of the cervix	3
Scarring of the cervix	2
Atypical squamous metaplasia	1
Endometriosis	1

The evidence seems strongly to indicate that these cervical stumps are predisposed to degeneration and poor health.

POST-OPERATIVE COMPLICATIONS

The argument about whether the vaginal vault is as well supported and the one concerning whether the vagina is unduly shortened will likely be little affected by anything I might say here. A list of our post-operative complications includes:

	Subtotal	Total Abdominal	Vaginal
Post-operative hemorrhage	1	2	0
Partial obstruction, intestinal	2	0	0
Wound infection	1	2	0
Unsuspected adenocarcinoma of the corpus	3	0	0
Obstruction of a ureter	0	1	1
Pelvic abscess	0	0	2
Phlebitis	0	1	0
Evisceration	1	0	0
	—	—	—
	8	6	3

In evaluating these figures please remember that there were more than twice as many total hysterectomies as subtotals. Also please note that three

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of the subtotal cases were complicated by unsuspected adenocarcinoma of the corpus.

Now for my most startling finding. Of all the carcinomas of the cervix of the past five years at our hospital, we found that over one-fourth of these carcinoma were in retained cervical stumps. Eighty-seven cases of cervical cancer passed through our institution in the years 1945 through 1949 and twenty-two of them were cervical stump cancer.

SUMMARY:

- There seems to be some advantage to the total operation from the standpoint of reduced recovery time and a reduced number of complications.
- There appears to be a very slightly lower mortality rate to the subtotal operation.
- Cervical stump carcinoma represents more than 25 percent, over one-fourth, of all the cervical cancer in this institution during the past 5 years.

And so, under urging from the gynecologists, the total hysterectomy has come to supplant the subtotal operation at our hospital by more than three to one. Most of our men are now convinced that total hysterectomy should be performed whenever there is an indication to remove all of or part of the uterus, reserving the subtotal operation for those very few cases in which removal of the total uterus poses such a technical problem as seriously to jeopardize the patient's life or welfare.

BIBLIOGRAPHY

- Meigs, J. and Sturgis, S.: *Progress in Gynecology*—Grune and Stratton, 1946.
- Carter, B., Thomas, W., and Parker, R.: *Adenocarcinoma of the Cervix and of the Cervical Stump*, *American Journal of Obstetrics and Gynecology*, January, 1949.
- Crawford, J., Collins, C., and Wee, J.: *Yearbook of Obstetrics and Gynecology*, page 432, Yearbook Publishers, Inc., 1949.

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YOUNGSTOWN HOSPITAL STAFF MEETING

Dr. Ivan C. Smith, newly appointed director of the department of physical medicine in the Youngstown Hospital, presented the program, along with his associates, at the regular monthly staff meeting in the Stambaugh Nurses' Auditorium June 6, 1950.

Dr. Smith presented a paper on "Physical Medicine" in which he attempted to cover all of the proponent parts of the subject. (His paper will be printed in full in the *Bulletin* later).

Mrs. Helen Hays Vogan, physiotherapist in the department of physical medicine, gave an illustrated talk on the value of "Hydrotherapy" in the treatment of a bad burn of the lower extremity with the whirlpool bath.

Miss Doctor, newly appointed occupational therapist in the department, presented pictures of apparatus used in her division and told how patients were instructed to use the equipment.

Dr. John Noll, chairman of the committee on Graduate Training, asked the members of the staff to request the interne on service to accompany staff members on rounds, even for private patients.

Dr. James L. Fisher presented memorial resolutions on the deaths of Drs. Howard C. Miller and John S. Lewis, Jr.

Dr. W. K. Allsop presided at the meeting.

ST. ELIZABETH'S HOSPITAL STAFF MEETING

Presentation and discussion of three case histories featured the monthly staff meeting of St. Elizabeth Hospital held on Tuesday, June 6, 1950.

Treatment of rheumatoid arthritis with cortisone was discussed by Dr. Arnoldus Goudsmit after a narration of the case history by Dr. L. Caccamo, medical resident. The case under discussion presented immediate dramatic results with complete freedom of symptoms. Dr. Goudsmit pointed out that while the periods of remission and undesirable effects cannot be prognosticated, the first freedom of symptoms provided by the use of the drug results in a real and unforgettable experience to the patient who has had lasting and painful disability.

Dr. J. L. Scarnecchia discussed current trends in the treatment of eclampsia after presentation of the case history by Dr. V. Cafaro, one of the obstetrical residents. Dr. Scarnecchia pointed out that the incidence of eclampsia is 0.5 percent as compared to 5 to 18 percent a few years ago. More careful surveillance during the prenatal period, dietary measures, and the timely institution of corrective measures are instrumental, he concluded, in keeping the incidence of eclampsia at an absolute minimum.

A case of cardiac standstill occurring during elective cholecystectomy was discussed by Drs. A. K. Phillips, B. I. Firestone and A. J. Bayuk after narration of the history by Dr. W. B. Bannister, surgical resident. Cardiac massage, intravenous procaine and other measures were effective in resuscitation of the patient. Dr. Phillips stressed that traction upon the gall bladder or the ductal structures during courses of biliary surgery can reflexly cause a vaso-vagal effect producing cardiac standstill. Dr. Firestone gave a physiological analysis of such problems and an interesting discussion of treatment as carried out in the case under consideration. He stated that cardiac arrest, occurring in cases where there is myocardial damage, cachectic state, or other complications, terminates fatally except in rare instances. All discussants elaborated on the usual resuscitatory measures employed in the management of cardiac arrest.

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PLACARDING REPEALED

Placarding in connection with quarantine for contagious diseases has been repealed throughout the State of Ohio for all diseases except diphtheria, anterior poliomyelitis, and smallpox according to recent regulations of the Ohio Sanitary Code, effective July 1, 1950.

All physicians in the state have been mailed copies of the new code which outlines diseases which are to be reported, the responsibilities of physicians in reporting diseases, and a definition of the terms used.

Isolation periods are required as follows:

- Anthrax: until all lesions have healed.
- Chancroid: until all lesions have healed.
- Chickenpox: until 7 days from the appearance of the first vesicles.
- Diarrhea of newborn: until symptoms disappear.
- Diphtheria: until two negative cultures are obtained; or 14 days after onset.
- Dysentery (Shigellosis): until three negative stool cultures; or 14 days after onset.
- Gonococcal infection: until clinical recovery.
- Granuloma Inguinale: until all lesions heal.
- Hansen's Disease (leprosy): until clinical arrest for six months and absence of acid-fast bacilli.
- Hepatitis, acute: for seven days from onset.
- Impetigo (institutional): until lesions heal.
- Influenza: until temperature is normal for 48 hours.
- Lymphopathia venereum: until lesions heal.
- Measles: for five days after appearance of rash.
- Meningococcal meningitis: until discharged from isolation requirements by health commissioner on advice of attending physician.
- Mumps: until clinical recovery.
- Pertussis (whooping cough): until two days after last characteristic cough; or three negative cough plates; or for three weeks after onset.
- Plague: until two days after clinical recovery.
- Poliomyelitis: for one week from date of onset or for duration of fever if longer.
- Psittacosis: until clinical recovery from acute phase.
- Rabies: for duration of illness.
- Scarlet Fever: for duration of acute illness and until discharged by health commissioner on advice of attending physician.
- Smallpox: until all scabs and crusts have disappeared.
- Syphilis: until non-communicable by treatment.
- Trachoma: until acute lesions have healed.
- Tuberculosis: as long as tubercule bacilli are discharged by patient.
- Typhoid Fever: until three consecutive stool specimens, 24 hours apart, are negative after clinical recovery. (Stools must be collected three days after cessation of therapy).
- Typhus Fever: until patient and environment are louse-free.
- Yellow Fever: for five days isolation from arthropod vector.

V. A. EXTENDS MEDICAL SCHOOL BENEFITS

Veterans Administration has effectively solved the problem of potential G-I medical students whose entrance to medical schools might be delayed beyond the July 25, 1951, dead-line. V. A. has ruled that any eligible veteran who starts his pre-med course by that date, but is delayed in entering medical schools by factors beyond his control, will be considered eligible for medical school benefits whenever he can gain admission. The only requirement V. A. sets is that the student successfully pursue his pre-med course, and make energetic and consistent efforts to gain entrance to a medical school.

V. A. decided to issue this ruling after several of its officials testified at a House subcommittee hearing on H. R. 7235, which would by law extend the educational time limit beyond July 25, 1951. The bill was drafted on the assumption that a number of qualified students would be kept out of medical schools beyond the deadline because of crowded conditions. Officials of V. A. familiar with the situation assure us that only a relatively few veterans would benefit from this bill. In view of V. A.'s ruling, it is likely that H. R. 7235 will be allowed to die in Committee.—*Capitol Clinics.*

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INTRAVENOUS NEOSTIGMINE IN DIAGNOSIS OF MYASTHENIA GRAVIS

The purpose of this paper is to present a modification of the neostigmine diagnostic test, described by Schwab and Viets, which consists of the intramuscular injection of 1.5 mg. of neostigmine methylsulfate combined with 0.6 mg. of atropine sulfate, followed by an hour of observation at 10-minute intervals and scoring the patient on both the subjective and objective improvement. In the experience of the author and co-workers with this test, the initial response began in from 15 to 30 minutes and maximal improvement was unpredictable, often coming an hour or more after injection.

Based upon the studies that had been carried out by various workers, it seemed that the promise of a better diagnostic test using neostigmine intravenously offset what appeared to be a minimal risk. As neostigmine is apparently twice as toxic intravenously it was decided that only one third the intramuscular dose should be used. Accordingly, on June 8, 1942, 0.5 mg. (1 c.c. of 1/2000 solution) of neostigmine methylsulfate was given intravenously to an 18-year-old girl complaining of ptosis, diplopia, dysarthria, dysphagia and general incapacitating muscular weakness of four years duration. Within 15 seconds she said distinctly, "I don't see double anymore." Within two minutes her ptosis and myasthenic facies had disappeared completely, and she demonstrated normal muscle power and swallowing ability. There were no untoward reactions to the drug.

In performing the intravenous test, a thorough history is taken with special emphasis on ptosis, diplopia, dysarthria, dysphagia and general muscular weakness variable with rest and fatigue, menstruation, pregnancy, acute infections and emotional upsets. On examination, a study should be made of the degree of ptosis, limitation of extraocular movements, ability to smile, whistle, distend the cheeks, chew gum, swallow liquids, count to 100, maintain grips, lift, walk, and step up on a chair or stool. Each of these performance tests should be repeated sufficiently to detect abnormal fatigability. The results should be carefully recorded.

EFFECT IMMEDIATE

If the history and physical findings are sufficiently characteristic of myasthenia gravis, 1 c.c. of a 1/2000 solution (0.5 mg.) is injected intravenously within a timed one-minute period. Improvement in a true case of myasthenia gravis often begins before the needle can be withdrawn and is usually maximal in at most five minutes. Therefore, the performance tests should be repeated after 5 minutes have elapsed and the degree of objective improvement recorded. Subjective improvement is not considered, thus lessening the possibility that a psychic response to an injection might result in a false positive diagnosis. Occasionally, in very mild true myasthenia gravis the response to an intravenous dose of 0.5 mg. of neostigmine is doubtful or minimal. In such an instance the test should be repeated on the following day with one mg. provided there were no untoward reactions to the 0.5 mg. dose.

Atropine sulfate, usually 0.6 mg., should always be kept at hand and should be injected subcutaneously whenever side-effects become manifest, but is never to be injected with the neostigmine. Viets has stated that marked side-effects from neostigmine almost disprove a diagnosis of myasthenia

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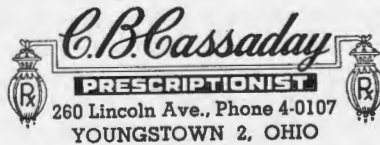
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gravis, and the experience of the author and co-workers has been similar. However, these side-effects, although uncomfortable, are apparently not dangerous and the author does not, contrary to what Viets advises, use atropine simultaneously with neostigmine to offset them. The author and co-workers feel that these reactions, however uncomfortable, are highly valuable diagnostically.

In the past five years the author and co-workers have given neostigmine intravenously on several hundred occasions, not only as a diagnostic test for myasthenia gravis but also to arthritics and in neuromuscular cases. The only side-effects worthy of note were encountered in non-myasthenic individuals and in those with extremely mild myasthenia gravis. These consisted of mild abdominal cramping, muscle fibrillations, flushing and sweating, dizziness, mild nausea and diarrhea. The heart rate was slowed but never more than 10 beats a minute and the drop in blood pressure was negligible. These reactions were stopped, without exception, within from 10 to 15 minutes by the subcutaneous injection of 0.6 mg. of atropine sulfate.

The author states that he and his associates have seen several patients with extremely mild involvement or in partial or complete remission, whose past history justified further study. In some of these cases even 1 mg. of neostigmine intravenously gave an indefinite response. In such cases the Curare test, the Jolly test, muscle biopsy, and barium swallow under fluoroscopy have proved highly valuable. Also of some merit is a therapeutic test consisting of neostigmine bromide orally for one week.

INTRAVENOUS TEST BETTER

Another example of the rapid effect of intravenous neostigmine is a 5-year-old boy who experienced a sudden onset of ptosis, dysarthria, dysphagia, and general muscular weakness on November 7, 1946. The referring diagnosis was tuberculous meningitis. On November 20, 1946, 0.25 mg. of neostigmine methylsulfate was injected intravenously and the patient showed complete recovery of all muscle function within three minutes. This rapid complete response was demonstrable not only in the facies and the extraocular muscles but also in masticatory, pharyngeal, laryngeal, and skeletal musculature.

Neostigmine intravenously has given better results in the performance of the fluoroscopic barium-swallow test for dysphagia than has intramuscular neostigmine. When barium is retained in the upper esophagus, 0.5 mg. of neostigmine is injected intravenously. If the dysphagia is due to myasthenia gravis, a return to normal swallowing can be visualized in a few minutes instead of the 20 minutes or more required with intramuscular administration.

Intravenous neostigmine has been used by the author and associates in the diagnosis of 24 cases of myasthenia gravis in their series in the past five years. Of these, 21 or 87.5 per cent, reacted sufficiently for a positive diagnosis. Only three patients failed to react. One gave a history of previous typical severe myasthenia gravis with respiratory failure requiring a respirator. She was seen in complete remission and failed to react to intravenous neostigmine. The Jolly and Curare tests were also negative but the finding on muscle biopsy was considered typical of myasthenia gravis.

The second non-reactor had extremely mild symptoms. The Jolly and Curare tests were positive, however, and he has since responded well to oral neostigmine. The third non-reactor gave a typical history of previous severe myasthenia gravis but was seen in complete remission during his hospitalization for duodenal ulcer. His diagnosis was made on the basis of a typical



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history and positive Jolly and Curare tests. Objective improvement in all of the 21 reactors following 0.5 mg. of neostigmine intravenously was so rapid and clear-cut that no other diagnostic methods were necessary except otherwise to confirm a positive diagnosis.

The experience with intravenous neostigmine in the diagnosis of myasthenia gravis leads to the belief that it has the following advantages over the intramuscular diagnostic test: (1) it gave a more rapid complete response which lessens the possibility of a false negative diagnosis in a mild case; (2) only objective responses need be considered which diminishes the risk of false positive diagnoses; (3) the quick, clear-cut response should facilitate office diagnosis by a busy practitioner and aid in demonstration of cases for teaching purposes. (Ann. Int. Med., Dec. '48—J.E. Tehter).

E. R. McNeal, M.D.

FROM THE BULLETIN

By J. L. Fisher, M.D.

FIFTEEN YEARS AGO (JULY, 1935)

New internes at the Youngstown Hospital were: John A. Rogers, John Renner, V. L. Goodwin, John Welter, Herman Ipp, James K. Herald, and H. L. Bookwalter.

Dr. William P. Love died July 11.

The Medical Society Golf Day at the Youngstown Country Club was rained out. After dinner the evening was spent in "quiet conversation, lovely music and dignified diversions."

Doctors caring for relief patients were working on a fee schedule of \$1.00 for an office call and \$2.00 for a house call. This amount was cut by pro-rata when the allotment of money ran out!

TEN YEARS AGO (JULY, 1940)

The Surgeon General submitted a plan to procure medical officers for the Army through the A.M.A. and its component medical societies.

The doctors' picnic at Southern Hills was a great success. Prizes were won by J. P. Keogh, O. J. Walker, Joe Hall, William Welsh, Saul Tamarin, John Goldcamp, Peter Boyle, J. C. Vance, and Verne Goodwin. Dr. Wenaas ran the party.

Palm Beach suits were advertised at \$16.75.

Dr. Fred Coombs was made a member of the Medical Society.

A joint meeting of the Pittsburgh Otolological Society and the Cleveland Otolaryngological Club was held at the Youngstown Country Club on July 10th. Dr. E. C. Goldcamp, president of the Pittsburgh Otolological Club, presided.

RADIATION CATARACT

Examination of 1,000 persons who were within 3,000 feet of the A-bomb explosion in Hiroshima reveals 40 certain cases of radiation cataract and 50 more suspected cases. The Atomic Energy Commission has ordered an ophthalmological investigation of the condition.

A. M. A. TO PRESENT NATIONAL CAMPAIGN

The Board of Trustees of the American Medical Association has announced recently that a nation-wide advertising program to be presented through newspaper, magazines, and radio will be undertaken during the month of October, 1950, in the interests of the A. M. A.'s campaign to advance the cause of voluntary health insurance and to emphasize American Medicine's leadership in combating socialism.

Published details of the program will appear in advance and will be announced so that members of the profession will be informed.

Whitaker and Baxter also will direct this program.

Health Department Bulletin

REPORT FOR MAY, 1950

	1950	Male	Female	1949	Male	Female
Deaths Recorded	164	82	82	170	102	68
Births Recorded	469	274	195	510	269	241

CONTAGIOUS DISEASES:	1950		1949	
	Cases	Deaths	Cases	Deaths
Chicken Pox	63	0	125	0
Measles	82	0	164	0
German Measles	5	0	91	0
Mumps	16	0	25	0
Scarlet Fever	3	0	9	0
Tuberculosis	13	7*	5	3
Whooping Cough	24	0	42	0
Gonorrhea	25	0	36	0
Syphilis	24	0	38	0

VENEREAL DISEASES:

New Cases:	Male	Female
Total Patients		29
Total Visits to Clinic (Patients)		322
* Including Sanatorium Deaths		
Total Patients		29
Total Visits to Clinic (Patients)		301

W. J. TIMS, M. D.
Commissioner of Health

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Sept. 27, 1950 is the last day for registration in Mahoning and Trumbull Counties.

You can register NOW at the County Board of Elections.

You must register if you have not previously registered in your present district (or precinct).

You must re-register if you have not voted since Jan. 1, 1948.

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