

# BULLETIN

of the

Mahoning County  
Medical Society



Organized 1872

July 1937

Volume 7

Number 7



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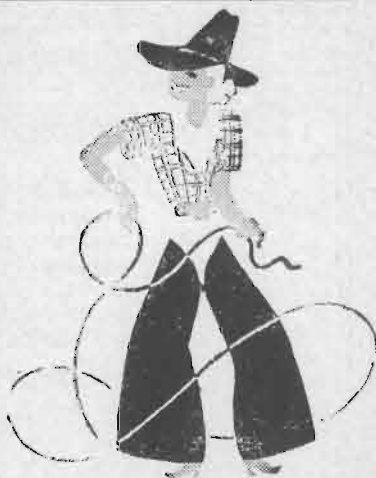
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Dr. Lawrence Segal, 701 Himrod Avenue, Youngstown, Ohio.

Published Monthly at 2218 Market St., Youngstown, Ohio.

Annual Subscription, \$2.00.

VOL. VII—No. 7.

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# PRESIDENT'S PAGE

## DOCTOR MEETS TIGER

The avidity with which the Roosevelt administration avails itself of any excuse to seize, centralize and regiment any and every means of livelihood in this country is well illustrated by the flamboyant message from the President which Senator J. Hamilton Lewis delivered to the American Medical Association in Atlantic City on Thursday. If the professional de-lousers of pedigreed poultry were today to suggest that their work might well be coordinated through a Federal bureau the President would tomorrow have a distinguished henchman on the job to tell them that the de-lousing of pedigreed poultry was such an important national problem that they must surrender it at once to Washington and consider themselves, pending suitable legislation, Federal agents.

For several years past the medical profession has been subjected to microscopic study by a great variety of agencies. Some have been looking for evidence to prove that all medical care should be socialized; others have been bent upon showing that socialization would be demoralizing and ruinous. Lately the usually reticent doctors have, in self-defense, become highly articulate. Among themselves they have evolved suggestions counter to state medicine. At least three considerations have moved them to think furiously about the medical care of the chronically indigent.

Their first concern has been to forestall anything like "socialized medicine," "state medicine" or compulsory health insurance, to all of which an overwhelming majority of our doctors are opposed both as scientists and as good American citizens.

Their second consideration has been to relieve the individual doctor of his wholly disproportionate contribution to charity. All conscientious doctors give an enormous portion of their time and of their vital energies to the care of persons who would like to pay them but cannot; and of more persons still who would not pay them if they could. Why should not governments, national or local, pay for such services since they are bleeding every one white to finance other aspects of "the more abundant life" for both the unfortunate and the shiftless?

A third consideration is that, with the raiding of private capital a national policy, private subscriptions to hospital funds are naturally dwindling and will continue to dwindle. When the hospital goes to the once open-handed capitalist for a subscription he now says what the hard-boiled citizen daily says to the panhandler for a cup of coffee: "Collect from your friend F. D. R."

Moved by these considerations, the New York Medical Society submitted to the American Medical Association in Atlantic City, on June 7, a proposal that the medical care of the indigent should be publicly financed, such work to be coordinated through a Federal department. The detailed declaration of principles was almost identical with that which the American Foundation Studies in Government with ability and complete impartiality, recently boiled down from doctors' replies to its questionnaires.

Intrinsically there is nothing the matter with these suggestions except that, in these times, they are easy to misconstrue as an invitation to Washington to take over and nationalize our whole medical set-up. The fear that they would be so misconstrued seems to have been freely expressed in the association's house of delegates before the New York society's program finally came out as the association's own. Scarcely was this broadly worded statement of policy on the wires than President Roosevelt had Senator Lewis in Atlantic City to put his own interpretation upon it.

If Senator Lewis, in his rambling, condescending and often unctuous speech, conveyed anything like the President's sentiments, as he claimed to be doing, he made a not-too-gracious acceptance of the medical profession's supposed surrender of its autonomy to the Federal government. He seemed to be warning the doctors that as eleventh-hour penitents, seeking New Deal favor before it was too late, they would shortly be subject to rigid discipline. This is what comes of trying to stroke the tiger's nose. He snaps your hand off at the wrist and then makes a leisurely meal of you.

The above is an editorial exactly as it appeared in the *New York Herald Tribune* of Sunday, June 13, 1937.

Read it again.

PAUL J. FUZY, M. D.

July

# BULLETIN *of the . . . . .*

## Mahoning County Medical Society

J U L Y

1 9 3 7

### A CASE OF HYDATIFORM MOLE

By C. H. CRONICK, M. D., Youngstown Hospital Association

The problem to be presented here is that of a white unmarried girl 19 years of age, admitted with a complaint of vaginal bleeding, rather profuse in amount, occurring over the past 7 days. The course of events leading up to present is as follows:

Patient missed two menstrual periods. At the date of the expected third period, she had a normal menstruation lasting four days and of moderate flow. Two weeks following this she began to flood. We are now up to one week previous to admission. After two days of almost continuous flooding she passed a small amount of soft material. Bleeding continued for the next five days rather intermittently. At this point she was admitted to the hospital. Very shortly after admission she passed a large mass of the same material she had passed five days previously—enough to fill two emesis basins. Moderate bleeding continued. She denied vehemently that any instrumentation had been used. She even denied any thought of possible pregnancy in view of the preceding normal menstruation.

Systemic review disclosed absolutely no symptoms of early pregnancy. Of some interest is the fact that her mother had given birth to twins, one of which died at birth. History discloses nothing else of interest.

Physical examination shows a poorly developed, pale girl, not in acute distress but showing evident signs of hemorrhage. The important findings were pigmentation of the nipples with

a marked linea nigra. The uterus was palpable three fingers above umbilicus.

Of course, the diagnosis of hydatid mole was obvious on viewing the material emptied spontaneously from the uterus. This was later proven to be a true hydatid mole by histological examination.

The question then arose as to what to do. Immediate hystorectomy was advised by some because of the triad of dangers, malignancy, hemorrhage, and infection which present themselves on alternative measures. The conservative won and the course of emptying the uterus as gently as possible was followed. Only a sponge forceps was used and a large amount of material looking like the typical bunches of grapes was gently lifted out of the uterus. There was one large gush of blood and the uterus clamped down tightly and further hemorrhage averted.

Our first danger passed, we had but to sit and wait for our second boogey-man infection. Surely enough, the hystorectomy advocates had food for "I told you sos" soon enough. On the day following the evacuation, the temperature began rising. On the second day it reached 104.6. We had an extremely sick girl on our hands, with a completely prostrated appearance. She was very pale and showed evidences of a marked anemia. She complained of marked weakness and a severe pain in both lower quadrants.

Physical examination revealed her

marked paler, a systolic apical murmur. Her lungs were clear. The abdomen revealed the uterus four fingers above the symphysis, very firm, and extremely tender. She also suffered extreme tenderness on palpation in both lower quadrants with considerable rigidity throughout the lower abdomen. She did not vomit at any time. At this time she also expelled some very foul-smelling material vaginally. Her blood count was 2,400,000 with 44% hemoglobin with a leukosytosis of 15,000. Her blood sedimentation was 34 in 15 minutes. The obvious diagnosis was a pelvic peritonitis and in view of the chill appearing on the first postoperative day, possible bloodstream infection. Blood cultures taken on the second day and repeated five days later, were sterile. Prontosil was begun in the prescribed dosage along with prontosil by mouth. Surprisingly enough the temperature dropped from 104.6 to normal, and for the next four days remained around 100 with a rise to 101 occasionally. The drug was discontinued at this time and the temperature climbed to 102.4 over the next four days. Prontosil was again begun in the same dosage and the temperature again fell to normal in 12 hours, but it rose to 101 during that same day. At this time it was discontinued.

Going back to the fourth postoperative day we find a well defined, tense mass rising out of the pelvis, quite tender and with fluctuation. An interesting sidelight is the strong consideration of a developing appendicial abscess by the chief of service at this time. Of course, our obvious diagnosis of pelvic peritonitis was held to.

A transfusion and general supportive measures with continuous hot compresses to the abdomen were continued. By the fourteenth day, the mass had reached such proportions that it was deemed advisable to drain it, although we did hesitate to employ

surgery in an acute, supposedly, streptococcal infection. However, drainage was done and to our great surprise a large amount of puss of the good old B coli odor greeted us. We were not entirely certain at the time whether there was a fecolith present or not. The pus cultured B. coli and streptococcus hemolyticus. I do not believe any one is certain at the present time whether we were dealing with an appendicial abscess or a pelvic abscess or both. However, the culture certainly points more to the appendicitis. But these complications were not enough. This girl had to pull a new one out of the bag. In the left lower quadrant, a mass began to appear, eventually reaching the size of a small grapefruit. It was firm, movable and not tender. We figured at this time our third threat, malignancy, had appeared. However, before proper intervention had been decided on, the mass began to recede in size and on discharge from the hospital five weeks after admission, was no longer palpable.

Her temperature was normal on the thirteenth day postop and remained so until discharged. Her sedimentation rate taken on the thirteenth day postop was still markedly decreased. Symptomatically beyond considerable weakness, she was cured. And, as a final warrant that our three dangers had passed, the Friedman Test was returned negative.

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## NOTICE

Contrary to the impression given by the advertising matter from certain insurance companies, The Mahoning County Medical Society has not endorsed any type of health or accident insurance.—*The Editor.*

---

## HYPOCRATES OF PENNSYLVANIA

## RUSH THE REBEL

By L. S. DEITCHMAN, M. D.

## II

When, in 1769, the late lamented Dr. Rush, at the age of 23, returned from his medical peregrinations abroad, he decided to enter practice in Philadelphia and opened his first shop on Arch Street.

It was not easy to establish a practice, even for a man of his uncommon training and strong character. Competition was then, as it is now, keen, not alone from regular practitioners, but likewise from quacks and charlatans, who infested Philadelphia. It is a sad commentary on the intelligence of man—so called *homo sapiens*—that he has not yet learned to differentiate between honest practitioners and impostors. So, when I see many of my colleagues trudge on foot on their daily rounds, while advertising mountebanks loll about in handsome equipages, I cannot expell from my mind a heretical doubt, may the Lord forgive me, about the rewards of virtue.

I am of a mind that the beginner in practice labors under too many handicaps and many a one is disheartened by the slow and laborious process of building a following, and I am more and more persuaded of the truth of my conjecture that many a physician never fully recovers from the moral and physical scars received during the initial years. I am an old

man now and time has worn off the keen edge of disappointment incident to that period in my career, but I still fail to agree with those colleagues who hold that this period of hardships is an essential part of a doctor's training, as necessary as pains in childbirth, or in chirurgical procedures, which are now condoned along with slavery, wars, etc., as scriptural necessities. I hope that all these evils will be eliminated by more enlightened generations in the future. As for myself, I have endeavoured to uphold the fainting courage of my younger colleagues, and have aided them to the best of my ability.



Doctor Benjamin Rush

As with most beginners, the bulk of Dr. Rush's patients were recruited from among the poor of the city, and it is to his glory that he faithfully treated all without regard for pecuniary remuneration, so that before long he was a busy practitioner, with all the prospects of a successful medical career.

In order to advance his career he was on the look-out for an opening on the faculty of the Medical Department of the College of Philadelphia (now the University of Pennsylvania) and was pulling every string to that end, (doctors, like other mortals, have to resort to this expedient upon occasion) so that shortly after his return to this country, he was appointed professor of chemistry, a subject

of which our knowledge was sketchy, as it was, indeed, on many others. This was a big boost to his prestige and provided a small but much needed help to his income.

I should like at this point to say a few words about the College of Philadelphia, the cradle of our medical education, and its faculty, made up of our best medical minds, but I must get on with the story of Dr. Rush, who now, in this twenties, was on the threshold of success, drawing patients from the wealthier classes and occupying a chair at the College.

Unfortunately, by his own doings, he alienated many of his patients and professional colleagues alike, for one of his outstanding traits was an extra-ordinary propensity for embroiling himself into arguments and controversies. Being a man of strong convictions, I might even say extremely dogmatic views, whatever opinions he held, whether on medical principles or politics, he freely and loudly expressed. Not for him the dissimulation of the wordly wise practitioner who learns self abnegation along with a becoming bed-side manner. No, he would fight for his convictions, and it is my firm belief that whatever his opinions, they were sincere and motivated by his great zeal. He was essentially a crusader, frequently a lone but loud champion of some ideal or principle, and like most crusaders he was long on zeal and short on tolerance. But history is made by strong willed, dogmatic men with definite points of anchorage, not by those who vascillate in a sea of uncertainty, and straddling a fence is not a dignified nor usual position.

It was not difficult for him to find causes for controversies, at the period of which I am writing, for it was a strenuous time in our history. For one, we were in the midst of a Rebellion against Britain. Aligning himself with the rebels, Rush cut himself off from the possibility of a practice among the wealthy inhabitants, who

were largely loyalists, as were many of the successful practitioners. Simultaneously with this, he brought down upon his head a mountain of criticism, because he subscribed to a "system" of practice different from that which prevailed.

The practice of medicine at this period suffered from a malady which, for want of a better name, I shall call "systematitis." Every physician was an adherent of one system or another, the system of Boerhaave being then in vogue in Philadelphia. Rush, however, subscribed to the system of Cullen, his teacher in Edinburgh, and with him to subscribe to something was to shout it from the house-tops, so he proceeded to attack the Boerhaave system.

Briefly, Boerhaave, for a long time the *omnis homo* in medicine, located diseases in the fluids of the body. Therefore, to banish disease from the fluids, he advocated extensive use of bleeding and purging. Cullen's system, on the other hand, located diseases in the solids of the body and was consequently, diametrically opposite in treatment.

As I reflect upon it now, after a lapse of many years, I am beginning to see that all our systems were based more upon theory and rhetoric than on scientific fact, and in my observation the more dogmatic and unyielding one is in medicine, as in other things, the farther he is apt to be from the truth; and theories have caused more controversy than self evident scientific fact. For aloetic pills will operate cathartically, and the bark will cure the ague in any system, whereas diseases of which we know the least have the longest list of remedies. So that I am of a mind that the very fact of our multiplicity of systems shows that none have found the absolute and eternal truth, and dogmatism on'y betrays a precariously held position. However, I am now proceeding beyond my depth.

Here I am reminded that Mr.

July

Hayam Solomon, a worthy gentleman, though of the Jewish faith, once told me of an ingenuous way which their ancient Rabbis had for solving perplexing and subtle talmudic problems. Whenever in their arguments they reached what the Frenchman calls an *impassé*, they closed the matter by referring it to the prophet Elijah for his solution on resurrection day. This might also be a good way of settling some of our medical problems.

As a result of the professional controversy Rush's practice suffered. He once told me that during the first seven years, not a single physician referred him a patient. None the less, his practice grew, so that by 1775 his annual income amounted to £900, a goodly sum for any practitioner.

Despite his busy practice and the professorship, he was devoting time to other activities, and writing extensively. I have before me his first literary effort, a pamphlet called: "Sermons to Gentlemen on Temperance and Exercise." It contains much sound advice, advocates simple foods and exercise, (alas, scant attention is paid by us to exercise, and moderation in food and drink is still a rare virtue).

I note that in this booklet he makes reference to a curious Scottish game called golph, a game which I have not seen in this country. This is his description of the game: "Golph is an exercise much used by the gentlemen of Scotland. A large common in which there are several little holes is chosen for this purpose. It is played with little leather balls stuffed with feathers, and sticks somewhat in the form of a bandy wicket. He who puts the ball in a given number of holes with the fewest strokes, gets the game." To me, this seems a bit childish, like marbles or Scotch hops, and a waste of pasture land. But Dr. Rush commends it highly, quoting Dr. McKenzie to the effect that a man could live ten years longer for

using this exercise once or twice a week, a purely empirical statement, in my opinion.

His spare hours, whenever he found them, he endeavoured to spend in the company of learned and public spirited men. He enjoyed meeting our celebrated men, and being closely associated with the Revolutionary movement, he met and entertained at his home most of the delegates to the Continental Congress, which met in Philadelphia the summer of 1774. Among them were Washington, John and Samuel Adams, Jefferson, Patrick Henry (whom he inoculated against the small pox), Thomas Paine and many others.

As to his Revolutionary activities, he was in the thick of it, acting in various capacities, holding different posts, and bearing a definite share of its burdens. He was Surgeon General of the middle department, was a signer of the Declaration of Independence, and a member of Congress, serving on many committees and participating in numerous debates.

To me the most important service to the Patriot cause was the help he gave Thomas Paine to bring out the pamphlet "Common Sense," which was the most effective appeal for complete independence from England, and more than any other publication caused Americans in large numbers to embrace the Rebel cause.

I cannot pass here without saying a few words about Tom Paine, for I should feel deficient in duty to my own conscience. I am fully persuaded that a grave injustice was done to man, in person as well as to his memory.

No one will controvert the fact that he was one of the most important leaders in our Revolution, and that the effect of his political writings, on the colonies, was beyond calculation. He called for absolute independence before Jefferson composed the Declaration. He urged a Federal Constitution before Hamilton even thought

of the idea. His "American Crisis" bolstered up the spirit of the colonial troops, many times when it was at its lowest, and it was said, and with reason, that "The Crisis" was instrumental in winning the battles of Trenton and Princeton. And his "Rights of Man" is the best and clearest exposition of republican principles.

After the war, which he so much helped to win, his name was consigned to execration and infamy, and he was set down as an advocate of the devil; all because he wrote "The Age of Reason," a theological treatise, of no particular import, which contradicted the commonly held views.

I apprehend that in touching upon matters of Faith, I am on ground which is considered "*noli me tangere*," but I should do violence to my feelings, were I to acquiesce to the many atrocious imputations that he was an infidel and atheist. How can a man be called an unbeliever who wrote the following?

"I believe in one God; and I hope for happiness beyond this life."

"I believe in the equality of man, and I believe that religious duties consist in doing justice, loving of mercy, and endeavouring to make our fellow creatures happy."

Granted that some of his theological opinions are iconoclastic, it still does not cancel the great debt which this nation owes him. Alas, a nation, like an individual, can be extremely ungrateful and uncharitable!

And yet, I am consoled by the thought that only a few generations ago he might have burned at the stake for similar utterances, and we ourselves are not yet very far removed from the time when witchcraft and conjuration swayed the sceptre of public opinion. Therefore, admitting Tom Paine's faults (and who is without them, for a world made up of men of perfect virtue, I apprehend, would be a dull place), even then,

the odium linked with his name, I consider a rank injustice.

As for those who would controvert me, Paine has the answer: "I do not mean to condemn those who believe otherwise. They have the same right to their beliefs as I do to mine."

Much ado has been made about Rush's part in the "Conway Cabal," a conspiracy to supplant Washington as commander in chief. While I doubt not that he was involved in it, stooping even to writing anonymous letters against Washington, yet I am disposed to be charitable to him on this score. For, though the military genius of Gen. Washington is now firmly established, there were times, during the dark days of the war, when his competence was questioned by many others.

A great deal has also been said and written about his unsavoury attacks upon William Shippen, Surgeon General of the Revolutionary army. I am of a mind that even if Dr. Rush did covet the surgeon-generalship, as it was alleged, his condemnations of Shippen were well founded, for there *was* much mismanagement in the Army Medical Department. To be sure, being a crusader in spirit Rush's impulses often overruled his prudence, but knowing that for twenty years he gave generously of his time, thought and energy to public causes at a sacrifice to his own income, I am directed by charity to be lenient in my judgment.

In 1789, after the adoption of the Federal Constitution, feeling that the critical period of the nation's formation was over, he retired from active participation in public affairs, to devote his entire attention to the practice and teaching of medicine.

It was at this time, having completed my studies at the Academy, that I entered Dr. Rush's shop as an apprentice, paying for the privilege a rather steep price, £100, cash.



**CHRONIC PANCARDITIS**

By C. W. ONDASH, M. D., St. Elizabeth's Hospital

Mrs. H. Age 60; white; housewife.

Admitted April 19, 1937; expired April 22, 1937.

C. C. Severe anaemia; pain; nausea; emesis.

H. O. P. I. On Sunday, April 18, 1937, at 1:30 P. M., while riding in an automobile patient was seized with violent pain in the abdomen which had its origin in the right epigastrium . . . radiated to the back . . . then superiorly between the scapulae. It was sharp, severe and persistent.

The pain persisted for the entire afternoon and slowly progressed across the epigastrium. . . to the left hypochondrium then downward. At 6:30 P. M. she had an emesis of greenish-yellow material; then again on a number of occasions that evening. Patient had a very uncomfortable night and suffered from a pain that was most intense at the epigastrium but which was becoming more generalized. She was seen by a physician and hospitalized on the noon of the 19th.

*Investigation of Patient—*

Family History: Non-revealing.

Past History: Patient had the usual minor childhood diseases but in addition had scarlet fever and rheumatic fever in pre-adult life.

*Systemic History—*

C. N. System: Occasional headaches and vertigo . . . otherwise negative.

C. R. System: Has been short of breath on exertion for the past several years. No precordial or thoracic pain. No cough or hemoptysis. Patient has noticed a mild peripheral edema for the past several years. Has been having some weakness for the past year.

G. I. System: Appetite always fairly good. No weight loss. She has had an aversion to fatty foods. . . to pastries and to sauerkraut. Has

been chronically constipated. She has had numerous attacks of upper epigastric pain which radiated to the scapulae and has had episodes of biliousness for many years. No melenas.

G. U. System: No urinary symptomatology.

Catamenia: Is in the climacteric. No spotting or leucorrhoea.

Extremities: History of mild peripheral edema of several years' duration. No injury.

—so that her past illnesses and systemic manifestations have been noteworthy in that she has had:

1. Scarlet fever and rheumatic fever in pre-adult life, augmented by a shortness of breath for the past several years and by a peripheral edema.
2. G. I. history which has been characterized by an aversion to fatty foods . . . by biliousness . . . chronic constipation . . . and numerous attacks of right hypochondriac pain which radiated upward and between the scapulae.

*Survey of Patient on Admittance—*

P. X. reveals an elderly white female about 60 years of age. . . well developed, well nourished. The skin is firm and shows no recent loss of weight. There is moderate icteric discoloration of the skin and sclerae are icteric. Patient appears acutely ill and is in profound shock. Temp. 96.2. Pulse 130. . . weak but regular. Resp. 30. Skin is cold and clammy.

Head and Neck: Neg.

E. N. T.: Not remarkable.

Thorax: No abnormality. Breasts equal. . . pendulous. No masses palpated. No axillary adenopathy.

Lungs: Respirations are shallow . . . rapid. Expansion equal. No impairment to percussion. Considerable broncho to broncho vesicular breathing. No rales.

Heart: B.P. L.A. 90/75 R.A. 85/70. The heart is enlarged about

2 cms. to the left of m.c.l. and downward to the 6th intercostal space. The sounds are somewhat distant: the rate is rapid 130/min. . . regular. However, there is a systolic murmur at the aortic area with transmission to the vessels of the neck. No thrills palpated.

Abdomen: Very obese. There is a median lap. . . operative scar. There is marked abdominal rigidity . . . generalized but most marked at the epigastrium. Marked tenderness over the right hypochondrium and over both flanks. There is a large purpuric area over the left hypochondrium and flank.

Spleen edge is palpable and liver appeared to be about 1 f. below the costal margin.

No inguinal adenopathy.

Extremities: No apparent edema but there is a purpuric area over the calf of the right leg. . . it measured about 4 cms. by 5 cms.

—so that P. X. is noteworthy in that we have a patient in extreme shock with moderate icteric discoloration of the skin:

1. An enlarged heart, with distant sounds and a systolic murmur at the aortic area transmitted to the vessels of the neck and,

2. An abdomen which presents marked rigidity. . . generalized but most marked over epigastrium, marked tenderness over the right hypochondrium and over both flanks; and,

3. Purpuric areas over the left flank and hypochondrium and over the right leg.

Reflexes: Hyperactive.

The impressions were:

1. Bacterial Endocarditis;
2. Peritonitis;
3. (a) Acute Pancreatitis;  
(b) Ruptured Gall Bladder.

*Exclusion Diagnoses:*

1. High intestinal obstruction;
2. Inflamed gastric or duodenum ulcer;
3. Acute mesenteric thrombosis;
4. Acute gangrenous appendicitis.

*Laboratory Work:*

Urine: Sp. Gr. Insuff. Acid 2 plus alb. Bile present.

Few Epith cells. Few R. B. C.  
Few W. B. C.

Diastole: Absent. R. B. C.

Blood: Hb. 18.16 G. 5,750,000  
M.L. 100 L.L. 11/12 W.B.C. 7,500.

Schilling: 3 myeloblasts: 11 myelocytes: 28 J.K. 33 stabs: 12 segs:  
10 Lymph. 3 mono.

*Course in Hospital:*

April 19: Patient admitted. Management of shock. Liquids freely. Saline infusions. Heat to abdomen. Pulse 130. Resp. 30. Temp. 96.2.

April 20: Saline infusions. . . pitressin. Temp. 100.5. Pulse 120. Resp. 34. Generalized pain and tenderness persistent. . . sclerae icteric. Condition poor.

April 21: Digalen. Liquids freely heat. Saline infusions. Pulse 130 . . . irreg. Temp. 97.0. Patient cyanotic and chest filling with moisture. Respiration rapid and labored.

April 22: Temp. 102. . . up to 105. . . pulse irregular. . . pulmonary edema. Patient expired at 5:06 P. M.

*Post Mortem—*

Anatomical Diagnosis: Chronic pancarditis probably rheumatic with superimposed subacute bacterial endocarditis of aortic valve: subacute glomerular nephritis; infected embolus to peripancreatic tissue with abscess formation; perforation and peritonitis; acute necrosis of liver with spilling of bile and icterus, acute splenomegaly, of septicemia as well as subacute productive splenitis, edema and congestion of lungs.

Cause of Death: Peritonitis, rupture of subperitoneal abscess. Subacute bacterial endocarditis with emboli.

So that in recapitulating, we have a case which is essentially one of a subacute bacterial endocarditis in a woman 60 years old which has an un-

July

usual infected embolic phenomenon which has resulted in clinical evidence of an acute abdominal atrophy such as would be expected in an acute

pancreatitis. . . the gall bladder history co-incident as it is in 50% of cases. . . possible rupture of gall bladder.

### SECRETARY'S REPORT

The regular meeting of the Medical Society was held on June 15. The program was presented by the Internes of the local hospitals; two from the Youngstown Hospital and two from St. Elizabeth Hospital. Prizes were given to the two internes whose manner of presentation seemed best.

It seems appropriate that this type of program should consume one of our regular meetings each year. The Internes in the city will have some incentive to be alert with good case reports and they may be stirred in the art of proper composition and case presentation.

The annual picnic he'd at the Squaw Creek Country Club on June 24th was a success as usual. The entertainment committee did their duty in full measure. The golf was indulged in by a goodly number. It is noteworthy that Chester took the honors in a phase of golfing for high tide. Some one is always in the low but it is outstanding to be the high score winner. Here's congratulations to this successful participant of the game. It goes without saying that the dinner was par excellent and there was plenty of good humor and cordiality at the repast of the evening. This was replaced by bridge and other interesting features befitting the occasion. We shall look forward to another outing sometime in September.

Dr. Young reported that the agreement with the County Commissioners will expire July 1st, 1937. He invited suggestions regarding the future agreement with the Commissioners.

It is noted in the *Ohio State Med-*

*ical Journal* an explanation of the relief situation under the caption "Relief Now Local Problem" as follows:

"The responsibility of providing for the needs of indigents and temporarily unemployed now rests with counties, municipalities and townships. This is somewhat of a trial balloon. If the local subdivisions can demonstrate financial ability to care for their needy the state may stay out of the relief picture permanently. The majority of the members of the General Assembly believed the local communities should be given an opportunity to see what they can do with this problem, and felt that demands for relief would not decrease as they should until counties, cities and townships were forced to assume additional financial responsibility. If this decentralization of relief administration proves a failure the question undoubtedly will be taken up at some subsequent session of the State Legislature and enabling legislation enacted.

"At present there appears to be a deadlock between a substantial bloc in the Legislature opposing the enactment of new taxes and the State Administration which contends new taxes are necessary. This situation brought about failure of the General Assembly to pass the General Appropriations Bill. The battle as to whether or not new taxes are necessary doubtless will flare again when the Legislature is recalled for the purpose of acting on the appropriations measure."

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

## THE DOCTOR'S WIFE

Reprinted from *The Reed & Carrick House Magazine*.

In these rather crowded and stressful days, when cocktail parties seem to be a necessary part of the day's activities for a good many people, there are lots of nice girls who would consider the job of being a doctor's wife as a practical equivalent of being sold down the river. And then again, there are girls who belong to an entirely different breed, and the young physician, who manages to hook up with one of these, is a very lucky fellow, indeed.

One of this other kind of girls, who has been married to a doctor for ten years or so, got confidential the other day, and we acquired some of the inside dope on why her husband has been coming right to the front in his profession. This information won't do the doctors who read it any particular good, because, down in their hearts, they know how true it is, but if they will take this little bibliozine home and, without comment, leave it lying around, open at this page, it may be the means of giving somebody what the old-fashioned evangelists call a "conviction of sin."

This girl loved the man she married—and was sufficiently cognizant of her own charms—to trust him with his women patients; and she had enough common sense to keep her nose out of his business, in the gossipy sense of that phrase.

But a doctor's wife needs *uncommon* sense, and this young lady had that, too, in sufficient quantities to realize that her husband's success meant hers also, and that the job of doctor's wife is a highly technical one, requiring a great deal of study, keen observation, and prayerful mediation to get away with it creditably. So she went at it on that basis.

She knew that, like most of the rest of us, her husband had a lazy

and self-indulgent streak, and was aware that it is easier to indulge such traits in the dark than in the light. So when the telephone rang in the night, she reached out and turned the light on, with the result that the doctor rarely decided to wait until morning to see the patient who was calling.

She also knew how most of us crave companionship, and could imagine how lonesome a midnight drive can be, especially in the winter; so she got up and went with him—not to talk, unless that was what he wanted, but just to *be there*. Wrapped up warmly, she waited in the car while he made his call; and when they got home she prepared hot tea for him while he was undressing. She had a chance to make up her lost sleep during the next day, but he didn't.

Realizing that it was a terrible bore to him to be called out just when they were going to a show or a party, she resolutely refrained from adding to his grouch by bemoaning the upset of their plans—and that was *some help!*

Being a woman of uncommon sense, she was aware that everybody except the real morons needs a certain amount of solitude, so she fixed up a room for him the way *he* wanted it, where he could "sport his oak" and be alone, when he felt that way. Nobody went in, when he was there, except on direct invitation or in the case of a cataclysmic emergency.

It didn't take her long to discover that a whole lot of doctors are wise dubs, who may know a heap about their profession, but not much about anything else. Not wanting her hubby to sog down into that class, she made a diplomatic point of getting him into his glad rags every now and then, to go to the opera or a party or something; and when she threw a party—as she did with reasonable frequency—she didn't consult his visiting list nor the roster of the medical society

when sending out her invitations. In this way she kept him in touch with interesting people who knew something about other matters besides medicine, and gave him a chance to meet other attractive women in whom, having no professional interest, he could develop a normal human interest, and have a chance to show off his social graces.

To some folks these matters might seem insignificant, and the doing of them a senseless drudgery; but to this little lady, who did a lot of other "little" things along similar lines, and who appears to have raised the vocation of a doctor's wife to the dignity of a profession, the whole thing was a *game*, and she got quite a kick out of playing that game *well*, to say nothing of the perquisites which began to trickle along as her husband's practice grew and he began to pull down substantial fees.

So, once again, it is demonstrated that two heads are better than one, and that when a man and a woman are real partners in the business of living, they make an unbeatable combination.

*Yours for more wives like her.*

G. ROUCH, M. D.

### NEWS ITEMS

Drs. Collier, Elsaesser, McCann and J. Nagle attended the annual meeting of The Society For The Study Of Goitre. The meeting was held in Detroit.

Dr. C. S. Lowendorf passed the examination of the American Board of Orthopedic Surgeons. The examination was held recently in Atlantic City.

Dr. Wenaas has just received word that he passed the examination of the American Board of Ophthalmology. He took the examination recently in Philadelphia.

The Society expresses its sincere sympathy to Dr. Kupec and his fam-

ily upon the death of their mother. Mrs. Kupec passed away suddenly of acute pancreatitis in St. Elizabeth's Hospital.

Mr. & Mrs. H. Shagrin announce the marriage of their daughter, Elinor to Dr. Samuel Goldberg on Sunday, June 27th. Dr. Goldberg is on the associate medical staff of St. Elizabeth's Hospital.

Dr. M. W. Neidus has returned from the Trudeau Sanitarium at Saranac Lake where he attended a week's postgraduate study of Silicosis and Tuberculosis.

Dr. Kirkwood as guest speaker presented an excellent discussion of Tuberculosis at the June meeting of the Staff of St. Elizabeth's Hospital. He showed a large number of interesting x-ray films.

Dr. & Mrs. I. C. Smith are the proud parents of a baby boy. The baby was born at St. Elizabeth's Hospital on May 3rd. The Smiths are unusually elated over the birth of their first boy. They have three girls.

Dr. & Mrs. J. L. Scarnecchia announce the birth of their first child, a girl, born on June 2nd, 1937.

Drs. Heberding and Saul Tamarin presented the program at the May meeting of the Staff of St. Elizabeth's Hospital. They pinch-hitted for Dr. Mermis who had his appendix clipped. Dr. Heberding presented a number of films on lung tumors. Dr. Tamarin read a paper on Silicosis and showed a number of films.

Drs. Clark, Golden, M. Goldstein, Lowendorf, Morrall, Nesbit, A. M. Rosenblum, Rosenfeld, Sedwitz, Wenaas and O. J. Walker attended the 1937 American Medical Association meeting in Atlantic City.

While in the East Dr. & Mrs. Rosenblum attended the 25th reunion of the medical class of 1912 of the University of Pennsylvania.

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## Here Is Another Installment of the Old Crier's Questionnaire

*Answers will be found in the back of this issue.*

1. Madame Jarley is famous for her (a) sculpture, (b) beauty, (c) wax works, (d) paintings.

2. A Pirquet Cubicle is (a) test for tuberculosis, (b) isolation bed, (c) skin lesion, (d) memorial statue.

3. Charles McCarthy is known as a (a) dummy, (b) inventor of a resectoscope, (c) musician, (d) politician.

4. Filipino Drill is (a) a military maneuver, (b) a dental instrument, (c) a fabric, (d) a borer.

5. *Three* of these words have the same meaning—an abnormal fear of cats, (a) galeophobia, (b) gatophobia, (c) galeophilia, (d) ailurophobia, (e) phobophobia.

6. One of these alkaloids is *not* derived from opium: (a) coniine, (b) narceine, (c) thebaine, (d) cryptopine.

7. Connolly's System is used in (a) Irish schools, (b) insane asylums, (c) business colleges, (d) penal institutions.

8. The earliest known physician was (a) Aesculapius, (b) Hippocrates, (c) Imhotep, (d) Hammurabi.

9. A jury-mast is used in (a) court of Laws, (b) orthopedics, (c) navigation, (d) fire fighting.

10. The Maginot Line runs from (a) the basion to the bregma, (b) the xyphoid to the umbilicus, (c) Belgium to Switzerland, (d) Toronto to Montreal.

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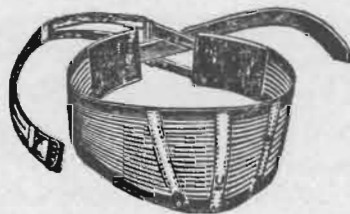
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## THE MEDICAL CRIER

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

● The Atlantic City meeting had a total registration of 9,764—the largest medical gathering of all time. Some of the boys from Youngstown spent every day at Convention Hall and never saw each other.

One doctor wrecked his car near Hagerstown, Maryland, sent home for another and proceeded on his way. He never said a word about it. We found it out from his wife. Two doctors had their children rescued from the ocean by lifeguards when they were carried out by the undertow. These doctors were on another part of the beach watching a life guard drill, never knowing the thrilling rescue that had just been accomplished.

Members from strike-torn Youngstown arriving at the Seaside Hotel were met by a squad of pickets. Home atmosphere. When the old Crier got in his car to start home he found the windshield smashed. Maybe they weren't fooling.

● We marvel at the amount of time and money spent by those doctors having scientific exhibits. After transporting and setting up an elaborate array of material, they stand day after day demonstrating to all who show interest. And their only hope of reward is a card from the judging committee announcing "Gold Medal" or perhaps "Honorable Mention." We say they all deserve "Magna Cum Laude."

● It was good to meet old friends not seen for years. We enjoyed the Jefferson Smoker with Rosenberger's white head bobbing around in the blue haze, but we missed Seelaus our classmate, headed for the chair in surgery when taken by pneumonia last winter.

● An amusing sign at the Skee-Ball concession on the Boardwalk—"A

Game or Two a Day Keeps the Doctor Away," and underneath—"Welcome A. M. A."

● Senator Lewis, as government spokesman, told the House of Delegates that the word "patient" was the invention of the doctor and not recognized by the government. That we were treating citizens who were the beneficiaries or the victims of our efforts and in treating citizens we automatically become government officers. That there was no field of endeavor we could think of that had not felt government encroachment. That there would soon be a board established to pass on the qualifications of doctors to practice. We think we will go over and hang out our shingle at Bilbao.

---

## VARICOSE VEINS

Apparently the incidence of varicose veins is definitely increasing. Whether this is due to changing living conditions, or to definite changes within man's organism, would be difficult to say.

The new injection treatments, which obliterate the involved surface vessels, have been a distinct boon to both patient and physician and are extremely successful in a great majority of cases.

However, in some cases injection may need to be postponed for a time and palliative treatment instituted instead. In other cases, where injections are done, there is a good deal of pain and inflammation at and around the site of the injection. In both instances Antiphlogistine dressings are of great value. Used as hot as can be tolerated, and extending over and well beyond the site of the lesion, the results are frequently immediate and very striking.

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## INTERNE REUNIONS

Interne Reunions will supplant Society activities this month. Both St. Elizabeth and the Youngstown Hospital Interne Alumni groups will hold reunions on July 15, 1937. The programs for each follows.

The Youngstown Hospital groups will gather at the South Unit during the forenoon and proceed to Southern Hills. Tee off will begin at 1:00 P. M., with dinner at the Club during the evening. There will be no attempt to present a scientific program.

The Association of Ex-Internes of St. Elizabeth Hospital will begin activities at 9:30 A. M. with the following papers by members of the staff:

### 1. 9:30 A.M.—Scientific Program at the Hospital.

Opening Address—Dr. F. W. McNamara  
Dr. E. H. Nagel

- (1) Uterine Fibroids—Dr. E. J. Reilly.
- (2) Treatment of Osteomyelitis—Dr. C. S. Lowendorf.
- (3) Syphilitic Resistance to Arsphenamine—Dr. P. J. McOwen.
- (4) Thyro-Cardiac Disease—Dr. J. N. McCann.
- (5) Peripheral Vascular Disease—Dr. L. S. Shensa.
- (6) Intravenous Urography—Dr. S. J. Tamarkin.
- (7) Carcinoma of the Stomach—Dr. B. J. Dreiling.
- (8) Election of Officers for the ensuing year.

### 2. 12:30 P.M.—Luncheon at the Hospital.

### 3. 2:00 P.M.—Golf at the Youngstown Country Club.

### 4. 6:30 P.M.—Dinner at the Youngstown Country Club.

The interne program before the Society on June 15, 1937, produced four outstanding essayists, making the work of the judge extremely arduous. After long deliberation, during which time it was suggested that they return

to the meeting and present their arguments for the Society's consideration, Dr. Cronick was voted first prize and Dr. Ondash second. The following papers were respectively first and second in the contest.

## ST. ELIZABETH'S HOSPITAL

This is the season of the year when we extend greetings to our new internes. The *Bulletin* herewith prints the names of the incoming men and the school from which they came.

### Internes—1937-1938

Vincent J. Murray, 816 Adelaide St., Pittsburgh, Pa.—Marquette University.  
Anton P. Huml, 965 Henry St., Lake Geneva, Wis.—Marquette Medical School.  
Harold J. Reese, 145 Ellenwood Ave., Youngstown, O.—Univ. of Michigan.  
George L. Armbrecht, 3730 Jacob St., Wheeling, W. Va.—Western Reserve University.  
John R. Seesholtz, 401 Third St., N. W., Canton, O.—Ohio State University.

### Residents—1937-1938

Sylvester J. Raetz, M. D., 1618 Howe St., Racine, Wis.—Marquette University.  
Henry C. Marsico, M. D., 1138 W. 19th St., Lorain, O.—St. Louis University.

### Externes—1937-1938

John Richard Ross, 609 Kilbourne St., Bellevue, O.—Ohio State University.  
Joseph J. Sofranec, Jr., 118 Williamson Ave., City—Loyola University.  
Edward Francis Hardman, 25 Mill Creek Drive, City—Temple University.

## YOUNGSTOWN HOSPITAL

### Internes—1937-1938

Albert James Fisher—Western Reserve.  
Evan Charles Fowler—St. Louis Medical.  
Paul Heitzman—University of Iowa.  
Arthur F. Liphert—University of Cincinnati.  
Arthur Clinton Litton—University of Louisville.  
Raymond Simon Lupse—Western Reserve.  
Donald Anderson Miller—Western Reserve.  
Frank Lewis Price—Ohio State University.  
Joseph Alexander Ralston—Jefferson Medical.  
Ralph John Starbuck—Western Reserve.  
Densmore Thomas—Jefferson Medical.  
Charles Frederick Wagner—Western Reserve.  
Arthur Witeman Welling—Medical College of the State of South Carolina.

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## CANTON MEET — HUGE SUCCESS

The Union Medical Society of the Sixth District of the Ohio State Medical Association held its meeting June 23, 1937, at the Shady Hollow Country Club in Canton, Ohio.

The afternoon was devoted to golf. Various members of the District won prizes, which were donated by the county societies comprising the district. At 6:30 in the evening a delightful dinner was served by the Club. Seventy-five members of the District were present. All the societies of the district were represented, with the exception of Holmes County. The program was arranged by Dr. John M. Van Dyke, of Canton, Secretary of the Society.

The evening meeting was called to order by Dr. Wm. A. McConkey, President of the Society. The president urged the members to attend these meetings. He asked that each member be a committee of one to see that his friends attended. He also stated that every member of all the county societies of the District, was also a member of the Union Medical Society.

The President introduced Dr. Sidney McCurdy, of Columbus, Supervisor of the Medical Section of the Ohio State Industrial Commission. Dr. McCurdy gave in detail the functionings of the Industrial Commission in relation to the medical profession of the state. He gave exhaustive figures as to the amount of money paid to the profession. He also explained how records were checked, how diagnosis was made, and he also stated that most diagnoses were incomplete. He explained why the Commission was delayed, in many instances, in getting out reports and checks to the physicians. He explained that the Commission had at all times attempted to maintain the free choice of physician in the work that comes under their jurisdiction, but under Section 22 there is no free choice of physician because the com-

panies working under this section carry their own insurance. He stated that the Industrial Commission was set up to protect the workmen of Ohio and the doctors of the State were a vital part in its functions. He pleaded with the profession not to think of the Commission as a relief association because this would put too much burden on the employer, who is paying the bills.

Dr. Jonathan Foreman, Editor of the *Ohio State Medical Journal*, was introduced by the President. Dr. Foreman gave an excellent discussion of "Allergy in General Practice." He pointed out that every physician in the State could treat allergy without expensive equipment. Ten per cent of the patients coming to doctors for treatment were allergic. The general practitioner has greater opportunity to find these cases. Many cases which were thought to be neurasthenias, neurosis, were in reality allergic conditions.

Dr. Wm. M. Skipp, the Councilor of the Sixth District, discussed attendance at the meetings and many of the problems confronting the physicians of the State in regard to taxation, legislation and State Medicine.

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### Answers to the Medical Crier's Questionnaire

1. Madame Jarley's Wax Works.
2. Isolation bed.
3. Ventriloquists dummy on the radio (Werner Jensen at 8:00 P. M. Sunday).
4. A fabric used for making white uniforms.
5. Galeophobia, gatophobia, ailurophobia.
6. Coniine (from Conium).
7. Method of treating the insane.
8. Imhotep (Egypt, 3,000 B. C.).
9. Orthopedics.
10. Belgium to Switzerland (underground fortifications).

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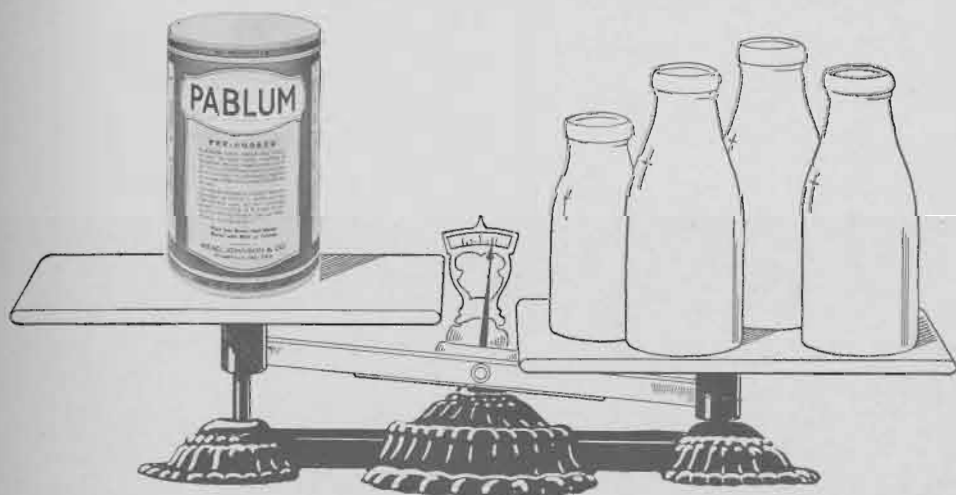
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