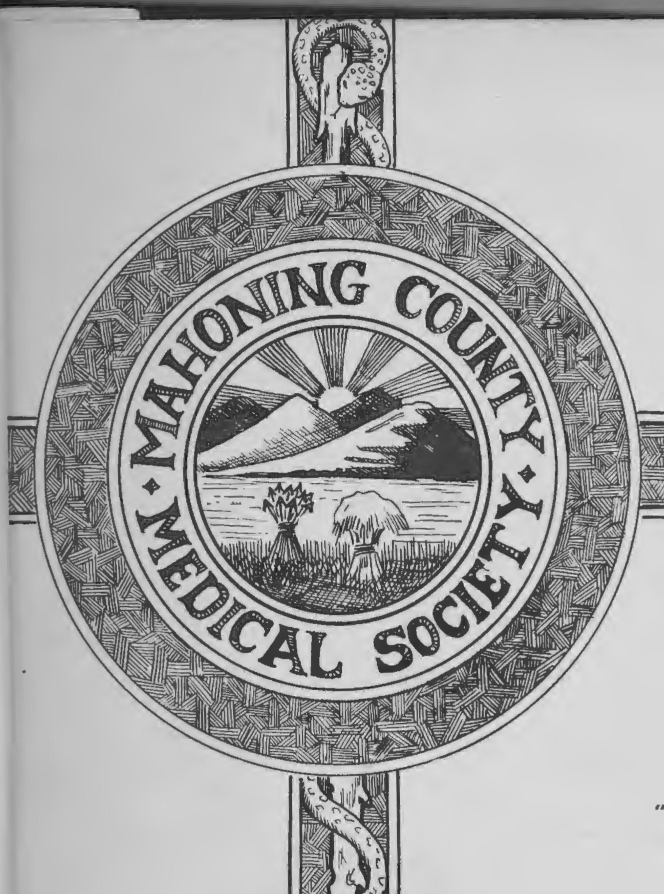

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BULLETIN

of the

Mahonin
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Medical
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Vol. IX No. 1
January 1939

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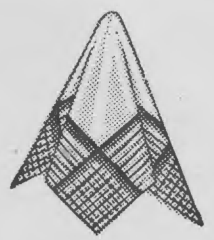

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BULLETIN OF THE MAHONING COUNTY MEDICAL SOCIETY

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RADIO TALKS

Jan. 6—Asking the Doctor Questions - - - - Dr. Morris Rosenblum
Jan. 13—Measles - - - - - - - - - - - - - - Dr. P. J. McOwen
Jan. 20—Feeding Your Baby - - - - - - - - - Dr. C. C. Wales
Jan. 27—Lock-jaw - - - - - - - - - - - Dr. Gordon G. Nelson
Feb. 1—Emergency Aid - - - - - - - - - - - - Dr. P. L. Boyle
Feb. 11—First Aid - - - - - - - - - - - - - - Dr. S. R. Cafaro

MEDICAL CALENDAR

January, 1939—Annual Banquet—Dr. Jonathan Forman, Editor-in-Chief of the State Medical Journal. Subject: Socialized Medicine.
February—Local Program—Tuberculosis.
March—Dr. Curtis, Surgeon. Ohio State University Medical College.

Vol. IX—No. 1

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PRESIDENT'S PAGE

May I wish each and every member of the Mahoning County Medical Society a happy and very successful year.

It is my sincere wish that our Society shall have a very successful year. May we witness progress in all our activities and may the Society be of more service to its members. Some activities which have been instituted in 1938 will be carried over into 1939, with certain new ideas and plans in view for the betterment of all involved.

The Society cannot go forward by the work of its officers or committees alone; it requires the whole-hearted support of all the members. Coöperation will have to be our watchword. We will have to act as a unit if we are to mould the happenings of the times which to date are very much against us. It will be necessary for us to coöperate with our State and National organizations. For these reasons, we should have an executive secretary with a central office. This does not mean, however, that we should dispense with our regularly elected secretary, who must be continued in office for the required supervision of the duties of the hired secretary.

Publicity must be continued. Lay education is more important now than ever before. Scientific advancement cannot be sidetracked for any of these. They all must progress together if we are to keep our self respect and our place as a noble profession.

The government has decided to curtail our activities and is going to tell us how and when we shall practice medicine; to ward off or modify this we will have to be on our toes.

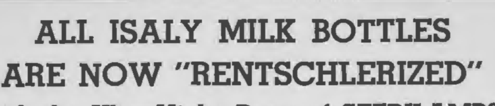
Along these lines let me inform you that the forthcoming Congress will have a special message from President Roosevelt regarding the National Health Program. This legislation is being proposed by Miss Josephine Roche, Chairman of the Interdepartmental Commission on Health and Welfare of the Federal Government.

Look out for compulsory health insurance. Editorials are appearing all over the country proposing this form of insurance, which is well organized propaganda, and will have to be combated by our Lay Education Committee and State-sponsored publicity.

As the Federal Government has decided we are a trust and has indicted us for violation of the Sherman Anti-Trust Laws, look out for legislative actions coming from all law-making bodies. This will take plenty of calm, cool, level-headed thinking on the part of our members, to keep straight and at the same time do only that which is right. We must keep our feet on the ground; we must give advice and receive the same.

If you can give us any help, let us hear from you. Do not keep your light under a bushel. If things do not go the way you think they should, let us hear about it.

WM. M. SKIPP, M. D.



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BULLETIN of the . . . . . .
Mahoning County Medical Society
JANUARY 1939

OUR ANNUAL MEETING

The Society held its annual Business Meeting and Election of Officers at the Youngstown Club, Tuesday evening, January 20th.

After calling the meeting to order, the President, Dr. Claude B. Norris, said, in part:

"Once more the ceaseless movement of time has brought to an end another year in the course of our lives and in the history of our Society—and with it the beginning of a new year. The infinite Spinner has added another thread, and that same infinite Spinner, as the Master Weaver, has woven that thread into the tapestry that is our lives. In that important phase of our lives contemplated when we speak of the work of our Society, we have done all we could to make that thread strong, and we wanted it to be not only strong but also beautiful. For the degree of its strength is the measure of its utility and the extent of its beauty is the test by which we may gauge its spiritual satisfactions.

"In many ways the year now closing has been the most discouraging, even the most outrageous year, within the history of our civilization. Millions have felt the scourge of intolerance and beastly cruelty.

"Tonight we hold a democratic election to choose for ourselves those who are to conduct our affairs during the coming year. Of course, we covet the approval of all men, but in carrying out our duties here, we shall not ask the leave of Mr. Roosevelt, Mr. Hoover, nor any other man or group of men. We acknowledge no master, save and except one—our individual conscience. In few other places than in this blessed land, the United States of America, is this true — and for this liberty we should offer our gratitude to Almighty God, and should pledge our lives to its preservation regardless of the cost to ourselves."

The election resulted as follows:

Dr. Robert B. Poling, Pres.-Elect;
Dr. John Noll, Secretary;
Dr. Elmer Nagel, Treasurer;
Dr. Walter K. Stewart, Delegate;
Dr. Ivan C. Smith, Alternate Delegate;
Dr. Edward C. Reilly, Alternate Delegate;
Dr. Dean Nesbit, Alternate Delegate;
Dr. H. E. Patrick, Society Rep. to the Asso. Hospital Service, Inc.

Dr. Poling was promoted after four years of efficiency as our Secretary. The Treasurer, Delegate, and Alternate Delegates, and the Hospital Representative were all reëlected —testimony of the Society's appreciation of their good work. This same spirit of appreciation was responsible, also, for the promotion of Dr. Noll, whose service as chairman of the Program Committee for the past two years was signally successful.

Bidding the new President Godspeed Dr. Norris duly installed his successor, Dr. Wm. M. Skipp as President. Dr. Skipp pleaded for the continued coöperation of the Society. He may be assured that the Society will do all possible to make his year as President a successful one.

By a new voting device, the tediousness of balloting was eliminated, and the election consumed less than an hour. In the words of a faithful veteran, "It was a hel-a-va good meeting."

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SCLEROSING OF VARICOSE VEINS BY LIGATION AND ONE MASSIVE INJECTION OF SODIUM RICINOLEATE*

By SAMUEL H. SEDWITZ, M. D., and MYRON H. STEINBERG, M. D.
Youngstown, Ohio

Reprinted from *The American Heart Journal,* June, 1938.

To the best of our knowledge, the earliest attempts to obliterate varicose veins were made by Provatz[1] in 1851. These attempts were somewhat successful, but there were many reactions and infections, and some fatalities. DeLore[2], in 1894, first demonstrated the action of drugs which produce obliteration in the veins. Since the beginning of this method of treatment of varicose veins many types of solutions have been used with varying degrees of success.

The action of sclerosing agents has been carefully studied by animal experimentation and biopsy. These observations indicate that following the formation of an adherent fibrotic clot there is sufficient irritation to cause destruction of the intima of the vein. This is followed by the formation of a firm deposit of fibrin and blood platelets, resulting in the formation of a dense clot extending into the smaller vein which leads into the varicosity.

Figs. 1 to 4, photomicrographs of the cross section of the ear vein of a rabbit, show the effect of a 2 per cent solution of sodium ricinoleate (soricin) at intervals of fifteen minutes to twenty-four hours. It appears from the photomicrographs that the clotting of the blood is an immediate effect due to coagulation of the red cells and that it precedes the injurious effects on the lining of the vein. This clotting is a sudden event and does not follow the usual course of an ordinary, slowly developing ante-mortem thrombus. Within an hour after the injection of sodium ricinoleate, destruction and desquamation of the lining endothelium occur. Within twenty-four hours there is complete destruction of the intima of the vein, with some degenerative changes taking place in the surrounding tissue, probably due to an extension of the material out of the venules into the tissue spaces.

The chief danger encountered in this procedure is the possibility of deep vein sclerosis. This, we believe, is diminished by changing the posture of the patient immediately after the injection so that the foot becomes dependent. As soon as the wound is closed, the patient gets up and walks about. In our series there has been no obliteration of the deep veins. We attribute this to the fact that we make our patients become active at once and that we use a dilute solution. This is further diluted by the blood and cannot cause much damage to the intima of the vein thereafter.

The sclerosing solution used in our work is a 2 per cent solution of sodium ricinoleate prepared in accordance with the directions of Rider.[3] The drug in this solution is approximately 98 per cent pure sodium ricinoleate, with small amounts of sodium oleate and sodium linoleate. We feel that one distinct advantage in the use of sodium ricinoleate is the fact that it is a known, stable compound, the composition of which can be controlled within very narrow limits. The 2 per cent solution has a pH which has been adjusted to 8.0.

Froehlich and Henrickson[4] report the use of 5 per cent sodium ricinoleate in the treatment of varicose veins in 300 patients. Their method was to give

*From the Peripheral Vascular Clinic of the North Side Unit, Youngstown Hospital Association.

Received for publication January 7, 1938.

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a preliminary injection of 1 c.c. into a small loop of the vein as a test to determine whether or not the patient was sensitive to sodium ricinoleate. If no sensitivity was evidenced, a 5 c.c. dose was used in a sufficient number of injections (averaging three to four in number) until all veins were sclerosed.

Fig. 1. Fig. 2.

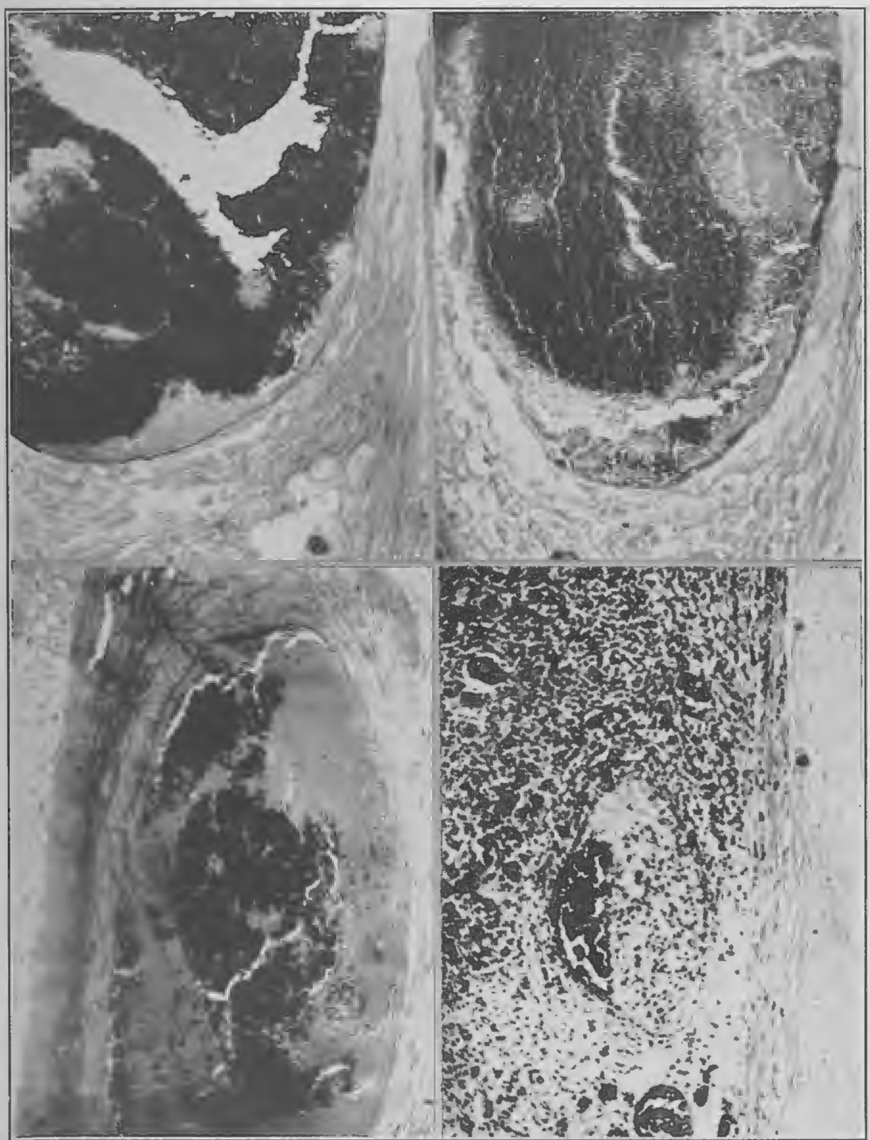

Fig. 3. Fig. 4.

Fig. 1.—Cross section of ear vein of rabbit fifteen minutes after injection of sodium ricinoleate.
Fig. 2.—Cross section of ear vein of rabbit one hour after injection of sodium ricinoleate.
Fig. 3.—Cross section of ear vein of rabbit six hours after injection of sodium ricinoleate.
Fig. 4.—Cross section of ear vein of rabbit twenty-four hours after injection of sodium ricinoleate.

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Postlethwaite[5] employed a 2 per cent solution of sodium ricinoleate, using only small amounts of the solution and making repeated injections until the entire vein became sclerosed.

Riddle[6] reported the use of 10 per cent sodium ricinoleate and found that it was effective even when 10 per cent sodium morrhuate or invert sugar had failed.

McPheeter[7] states that 5 per cent sodium ricinoleate is as good as sodium morrhuate but that it is a little stronger and gives more of a reaction. For this reason he is now using 2 per cent sodium ricinoleate in the larger veins and 0.5 per cent in the superficial vein ruptures.

Johnston[8] reports the use of a solution of 5 per cent sodium ricinoleate with ligation of the great saphenous vein and its branches at the femoral opening. He stresses the importance of ligating the branches to prevent recurrence and canalization. We believe that, if marked adhesions or lymphatic blockage are present, they contraindicate wide dissection to ligate the branches because the wound does not heal readily and marked seepage results. The destruction of the lymphatics by dissection results in the increased production of edema which persists for a long time and prevents further injection of the vein, should this be necessary. Johnston[8] also stresses the importance of testing the arterial circulation, with which we are in accord.

In the treatment of varicose veins, we have not been satisfied with the fractional injection of small quantities at the site of the varicosities. The disadvantages of this method of treatment consist of a period of disability and discomfort, lasting from four to seven days after each treatment, and a multiplicity of injections requiring from three to six months, accompanied by numerous periods of disability and discomfort scattered throughout the treatment. There is also to be considered the danger of the development of sloughs at the site of the injection.

Because of these disadvantages, we have adopted a somewhat different procedure in selected patients who have reacted satisfactorily to the Trendelenburg and Perthes tests, and have also had a thorough examination of the arterial system, including oscillometric readings, surface temperature readings, and Collens-Wilensky and Buerger tests.

In the Trendelenburg test the patient is placed in the decubitus position and the extremity is raised to empty the veins. A tourniquet is placed above the knee. The patient then stands. Quick filling of the veins from below upwards means that the communicating vein valves are incompetent and that there is overflow from the deep veins into the supercifial ones. When the tourniquet is released, if the saphenous vein fills rapidly from above as soon as the patient stands up, it indicates that the valves at the saphenofemoral junction are incompetent. The latter is a positive Trendelenburg test. A combination of the two is a Trendelenburg double test.

The Perthes test shows whether or not the femoral vein is patent. With the patient standing a tourniquet is placed above the knee just tight enough to cut off the superficial venous return. The patient then walks about the room several times. If the deep venous return is not adequate, pain will soon be experienced throughout the leg. If the deep veins are open, the dilated superficial veins tend to collapse and no pain will be produced. The collapse of the veins is due to the sucking out of the blood by muscular contraction. The blood is drawn through the communicating veins into the femoral system and then up through the femoral vein.

The Buerger test is performed by having the patient assume the supine position, elevate the legs, and flex and extend the ankle rapidly. The foot is observed for blanching, and any pain or cramp in the calf is noted.

The Collens-Wilensky test is performed as follows: The patient lies down and the foot is elevated until the superficial veins are collapsed. Then the foot is quickly lowered over the side of the bed and the time for filling of the superficial veins on the dorsum of the foot is noted. The normal filling time is from five to seven seconds.

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Comparison of Methods of Treatment

The treatment consisted in Group 1 of injections of various drugs and in Group 2 of ligation of the great saphenous vein and its branches, followed by multiple injections of 2 per cent sodium ricinoleate. Group 3 consisted of patients who were treated by ligation of the great saphenous vein and its branches, together with massive injections of a 2 per cent solution of sodium ricinoleate into the distal portion of the vein. This constitutes what we consider to be the most satisfactory method thus far described.

Group 1.—This group comprised 26 patients, all of whom showed a chemical thrombophlebitis at the site of injection. They were treated with multiple injections of various solutions: namely, sodium salicylate 30 per cent, averaging 207 c.c.—13 cases; sodium morrhuate, averaging 76 c.c.—9 cases; quinine hydrochloride and urethane, averaging 17 c.c.—4 cases. There were no ligations of the great saphenous vein in this group. Recurrence and canalization after two years occurred in 38½ per cent of the cases.

Group 2.—This group consisted of 78 patients who were treated by ligation of the great saphenous vein and its branches and multiple injections of 2 per cent sodium ricinoleate, averaging 48 c.c. There was no recurrence nor canalization after one and one-half years.

Group 3.—This group consisted of 31 patients who were treated by ligation of the great saphenous vein and its branches, when feasible, and injection of 2 per cent sodium ricinoleate, averaging 17 c.c. There was no recurrence or canalization after one year. In addition, iontophoresis of acetyl-

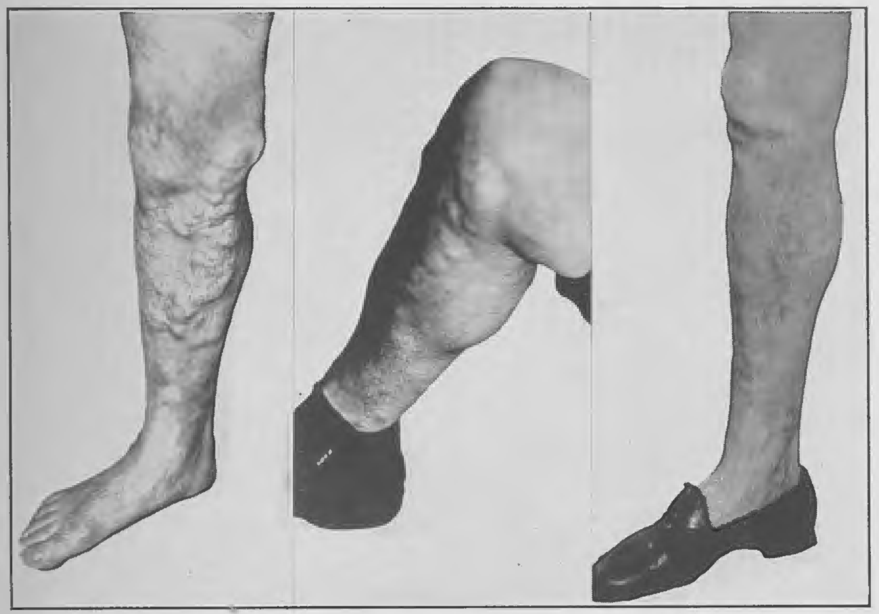

Fig. 5. Fig. 6. Fig. 7.

Fig. 5.—F. W., aged 52 years, a tailor. Varicose veins for fifteen years. Treated by ligation of great saphenous vein and injection of 27 c.c. of a 2 per cent solution of sodium ricinoleate.

Fig. 6.—F. W. Disability for one week. Marked induration and periphlebitis, chemical phlebitis. Mecholyl by iontophoresis, and Collens-Wilensky cuff, daily for one week, beginning forty-eight hours after injection and ligation.

Fig. 7.—F. W., six weeks later.

(Continued on Page 19)

ANNUAL BANQUET

Tuesday Evening, January 17, 6:30 P. M.

YOUNGSTOWN CLUB

Subject

"UNCLE SAM, M. D."

•

BIOGRAPHY

Dr. Jonathan Forman, Columbus, Editor of *The Ohio State Medical Journal,* has practiced medicine in Columbus for 25 years. He is a graduate of Starling-Ohio Medical College, now Ohio State University College of Medicine. For several years he was assistant professor of pathology at Ohio State and is at present clinical instructor in allergy, the field of medicine in which he specializes.

Dr. Jonathan Forman

Dr. Forman has made many contributions to medical literature. Between 1913 and 1920, he published over 40 papers on anatomy and pathology and collaborated in the publication of a text-book on surgical pathology. He also has published many articles on diseases of the gastro-intestinal tract and on allergy and allied subjects. Much interested in medical history, Dr. Forman in 1928 wrote a 200-page history of the University of Michigan Medical School and in 1934 edited a 567-page history of the College of Medicine of Ohio State University. Prior to his appointment as Editor of The Ohio State Medical Journal two years ago, he conducted "The Historian's Notebook," a feature of that publication. For many years Dr. Forman was editor of the Journal of Phi Rho Sigma, a medical fraternity, of which he is now grand historian and a member of the executive council. During the World War, he was director of laboratories at the naval base hospital at Hampton Roads, Va.

A past-president of the Columbus Academy of Medicine, Dr. Forman is also a member of the Ohio State Medical Association; Fellow of the American Medical Association; member of Sigma Xi, honorary scientific fraternity; member of the American Association of Anatomists; Ohio Society of Clinical Laboratory Diagnosis; American Board of Internal Medicine and the American Association for the Study of Allergy.

Annual Banquet

of the

MAHONING COUNTY MEDICAL SOCIETY

•

Speaker

DR. JONATHAN FORMAN

•

Subject

UNCLE SAM, M. D.

•

Tuesday Evening, January 17, 6:30 P. M.

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(Continued from Page 15)

beta-methylcholine chloride (mecholyl) and the application of the intermittent venous compression cuff (Collens-Wilensky) were used.

In Group 3, the new procedure was adopted only in selected cases, the criteria for the selection of which will follow.

The results are shown graphically in Charts 1, 2, and 3.

Group 1.—There were 9 ulcers (3 bilateral) in this group. The method of treatment employed did not lead to healing after one year's time. Relief of postinjection pain was never accomplished in less than two weeks. In 11½ per cent of the cases disappearance of periphlebitis was evidenced within two weeks after completion of treatment.

Group 2.—There were 22 ulcers in this group in which healing occurred within twelve weeks (6 per cent of cases). Eight and one-half per cent of the patients were relieved of pain within one week. In 24 per cent of the cases the periphlebitis disappeared within one week.

Group 3.—There were 7 ulcers in this group, all of which were healed within nine weeks; 87 per cent of the patients were relieved of pain within one week. In 84 per cent of the cases periphlebitis disappeared in less than one week, averaging four days.

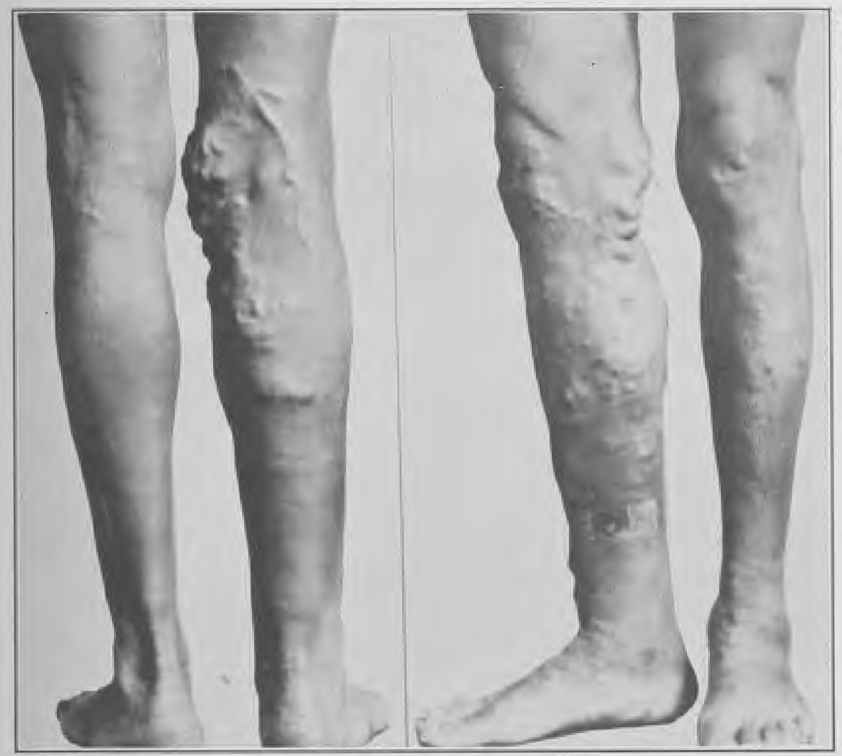

Fig. 8. Fig. 9.

Fig. 8.—C. R., aged 48 years, a laborer. Varicose veins for twelve years, ulceration for four years. Treated by ligation of great saphenous vein and injection of 22 c.c. of a 2 per cent solution of sodium ricinoleate. Mecholyl by iontophoresis, and Collens-Wilensky cuff, daily for two weeks, beginning forty-eight hours after injection and ligation. Ulcer healed. Disability lasted four days.

Fig. 9.—C. R., anterior view.

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Selection of Cases and Contraindications

Patients with varicosities which extended above the knee and those with varicose ulcers were selected for ligation. These patients were required to have adequate deep venous circulation as shown by the Perthes test.

In selecting the cases in Group 3, we excluded the aged (past 60 years), the very obese, high-strung nervous patients, and those with very chronic extensive, infected ulcers. All subjects were tested for the presence of latent infection by checking leucocyte counts and blood sedimentation time. Wassermann tests and complete urinalyses were made routinely. The presence of diabetes is a contraindication unless it is well under control. In patients with syphilis, antisyphilitic treatment is pushed energetically, and, when the ulcer shows healing, the treatment is conservative, namely, ligation and fractional injection.

This group does not include those patients who had, in addition to involvement of the great saphenous vein, varicosities of the lesser saphenous

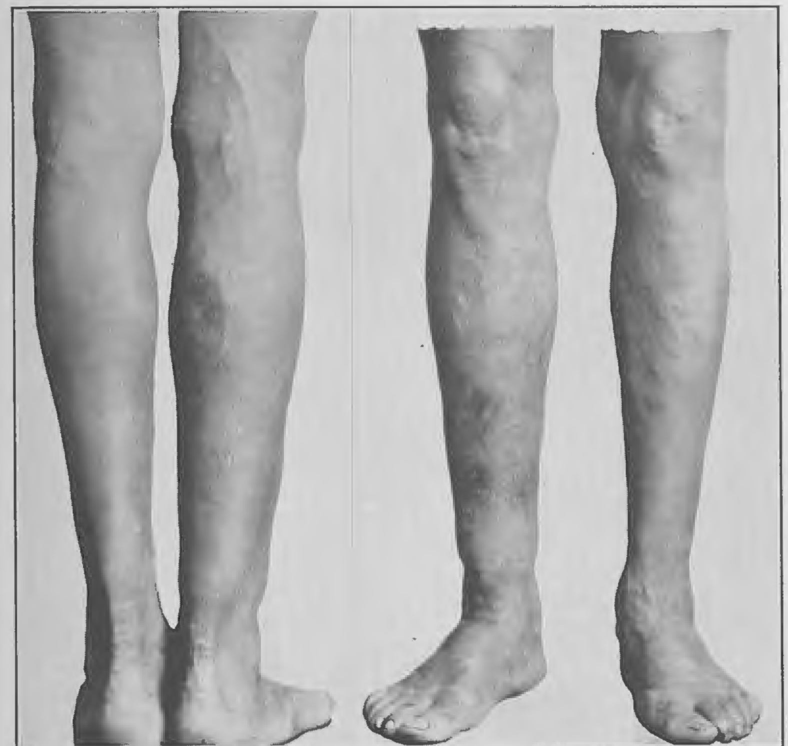

Fig. 10. Fig. 11.

Fig. 10.—C. R., posterior view two months later
Fig. 11.—C. R., anterior view made at same time as Fig. 10.

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vein. These patients were placed in Group 2, inasmuch as they were subjected to ligation of the great saphenous vein and subsequent multiple injections.

Technique

The technique was similar to that of Faxon[9] and Johnston,[8] namely, ligating and cutting the great saphenous vein near its entrance to the femoral and also ligating and cutting such branches as present themselves, avoiding undue dissection. The branches encountered are the superficial external pudental, the superficial external epigastric, the superficial circumflex iliac, the internal superficial femoral, and the external superficial femoral veins.

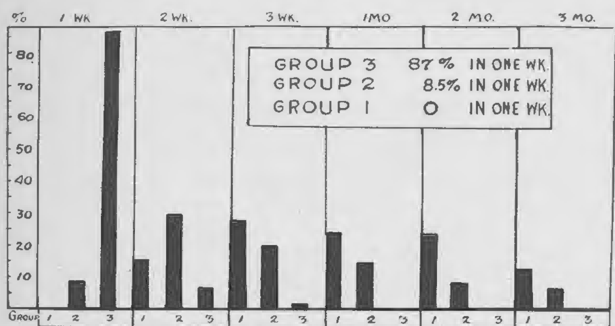

Chart 1.—Relief of pain.

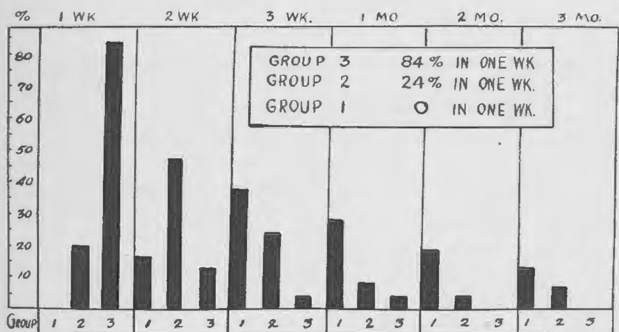

Chart 2.—Disappearance of periphlebitis.

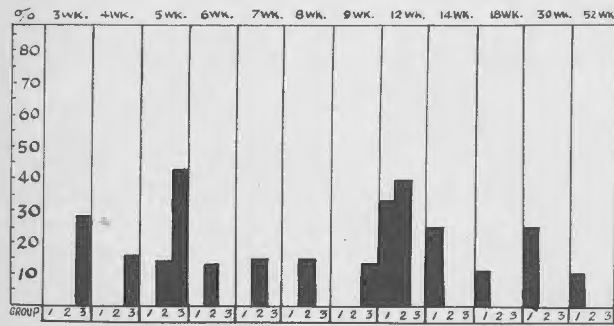

Chart 3.—Healing of ulcers.

Group 1, recurrence of varicose veins and canalization, 38.5% (two years); Group 2, recurrence of varicose veins and canalization, 0 (one and one-half years); Group 3, recurrence of varicose veins and canalization, 0 (one year).

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A syringe filled with the desired amount of a 2 per cent solution of sodium ricinoleate is fitted with a fairly large bore needle (20 gauge), and the needle is inserted distal to the first ligature. The suture placed around the distal portion of the vein is tied over the needle but is not tightened until after the solution is injected and the needle withdrawn. The amount of sodium ricinoleate used varied from 6 to 30 c.c. The vein is then ligated and severed between the distal and proximal ligatures. The proximal segment of the vein is doubly ligated as an added safeguard.

This method of treatment was employed in 31 patients and produced complete obliteration of all varicosities of the great saphenous tree.

A new method adopted after these first cases consisted of this modification: Before the distal portion of the ligated vein was tied a uratel catheter (sizes 6-10) was inserted in the vein as far as it would go without undue pressure. In these selected cases it generally went below the knee. A syringe with the estimated amount of solution was attached and the soricin was injected to the extent of the amount believed required for the varices below the knee, and then gradually withdraw, as we withdrew the catheter, the rest of the soricin was injected. After the withdrawal of the catheter the rest of the technic was the same as formally employed.

This technic was adopted according to the procedure used at the New York Postgraduate Vascular Clinic. The reason we adopted this procedure was because we noted with the insertion of the needle in the vein and the injection of the soricin there often occurred a severe spasm of the vein which defied further injection. This is overcome by the use of the catheter, in that the catheter keeps the luminin of the vein open and permits the installation of the soricin.

Aftereffects and Reactions

When the primary burning disappears, within a few minutes after injection, patients may get up. They usually complain of a "leaden," "heavy" feeling of the extremities. They claim that the legs feel "drawn" and "tight." Within twelve hours, a brawny induration of the entire extremity ensues. Within twenty-four hours, the skin over the vein becomes ecchymotic and the periphlebitis (due to penetration of the solution into the venules and tissue spaces) is quite painful. Within forty-eight hours some edema usually appears. Treatment of these two developments has consisted of application of the intermittent venous compression cuff (Collens and Wilensky[10]) and iontophoresis of acetyl-beta-methylcholine chloride (mecholyl).[11] As a rule, the pain and edema last from two to four days. The patient is usually not disabled and continues at his work.

Aftertreatment

The day following injection, the patient returns to the clinic and receives a treatment by iontophoresis. This was instituted because it was noted that, when patients with severe periphlebitis and chemical thrombophlebitis were subjected to this treatment, following multiple injections (Group 1) without ligation, they responded with complete relief of pain, stiffness, and induration of the parts involved. On the next day, the intermittent venous compression cuff (Collens and Wilensky[10]) is applied to the thigh for a period of one hour or more depending upon the amount of discomfort produced and whether the edema increases. This treatment is given daily and is continued as long as there is periphlebitis and swelling.

The treatment of the ulcer also includes acetyl-beta-methylcholine chloride[11] by iontophoresis, the ulcer area being covered with vaseline gauze. After treatment, the ulcer is covered with a dressing of N:N-dichloroazodicarbonamidine (azochloramide) in oil. Activity is encouraged, and no elastic

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bandages are applied. In the last three cases, the azochloramide was made up into an ointment which contained 50,000 units of vitamin D to the ounce. This seemed less irritating and did not require vaseline protection.

Discussion

After having tried various solutions for sclerosing varicose veins by injection, we resorted to a 1 to 5 per cent solution of sodium ricinoleate.

We have found that a 2 per cent solution of sodium ricinoleate is best suited for our purposes, inasmuch as adequate thrombosis is obtained without producing too severe a local reaction. In superficial vein ruptures 0.25 per cent to 0.5 per cent solutions were most satisfactory in our experience. Sclerosing effects were produced without undue discoloration.

The local reactive symptoms encountered, such as periphlebitis and painful thrombophlebitis, were treated at home by local applications of aqua Hamamelidis compresses, with encouraging results. The induration about the veins was quickly relieved with acetyl-beta-methylcholine chloride[11] by iontophoresis. Paradoxical as it may seem, the edema produced was quickly reduced (in twenty-four to forty-eight hours) by the use of the intermittent venous compression cuff (Collens and Wilensky[10]) for two to six hours per treatment, forty-eight hours after ligation and injection. This is not begun sooner because the vein has been ligated, and there is danger of forcing off the ligatures. The result obtained may be explained by the facts that the venules were kept canalized and the edema was reduced by forcing an increased volume of blood through them.

Noting the good results obtained by the use of these agents in small veins, we injected the whole tree and treated the reactions in the same manner with surprising and satisfactory results.

Summary

A method of treatment of varicose veins by injection of large amounts of 2 per cent sodium ricinoleate solution in the entire venous tree, together with ligation of the saphenous vein, is presented. The amount injected may vary from 6 to 30 c.c., depending upon the nature of the case. Cases should be carefully selected, excluding patients who have syphilis, diabetes, old, extensive, infected ulcers or who are extremely obese, or senile (past 60 years old). With this method, the length of treatment and time of disability have been considerably shortened, and the results appear more satisfactory than those following the use of other sclerosing solutions and other methods of procedure in the treatment of varicose veins.

Since the report of the first 31 cases, we have done additional 52 cases with better results in that more of the selected cases they were able to receive the massive injection due to the fact that the factor of venous spasm was eliminated by the use of the catheter.

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SECRETARY'S REPORT

The Society's activities for the coming year are well under way.

At the regular Council meeting held December 12th, a report on the financial standing of the Society was presented by Mr. Wm. Fisher, C. P. A., detailing in full the year's income and expenditures. His recommendations and advice are valuable to the Society.

Dr. Wm. Skipp was requested to make a report to Council in his capacity as Councillor of the State Association. He stated that the Ohio State Medical Association is anticipating an increase in dues from $5.00 to $7.00 annually. The reason for this increase is largely due to the increase in cost of the *Ohio State Medical Journal*. Each county society will instruct their delegates to vote yes or no on raising the dues to $7.00 per year. Dr. Skipp stated that the state will be redistricted. This will bring about a realignment of the Sixth District to include Trumbull and Columbiana. Two of the far western counties will be put in another district, thus making the Sixth more compact.

Statements for dues were mailed in December and there still remain too many unpaid. Dues for 1939 are due January 1st.

The Society regrets the passing of two more of its members—Dr. E. W. Coe and Dr. W. J. Colbert.

The following application for regular membership in the Society was acted upon favorably by Council at the December meeting:

Dr. John A. Welter, 19 Lincoln Avenue.

Should there be any objection to the above applicant, same must be made in writing and filed with the Secretary within 15 days.

As your new secretary for the year 1939, I wish you all the best of New Year's and assure you of my full cooperation in the affairs of the Society.

JOHN NOLL, M. D., Secretary.

NEWS

Dr. John Keyes delivered an address on Clinical and Experimental Vascular Disease of the Retina at the Annual Graduate Assembly sponsored by the Cleveland Ophthalmological Club and The Frank E. Bunts Institute, December 6, Cleveland, Ohio.

Dr. and Mrs. O. A. Axelson are the proud parents of a baby girl, Nov. 13.

Dr. M. H. Belinky is taking a postgraduate course at Seaview Hospital, Staten Island, N. Y.

Dr. C. A. Gustafson spent the holidays in Chicago.

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In Memoriam

E. W. Coe, M. D.

May 7, 1871 November 16, 1938

The Society regrets the omission of the above notice in the December issue.

THE MEDICAL CRIER

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

• Christmas story about a Doctor: Last year a local medic invested heavily in an electric railway outfit. Sometime later the salesman, relieved of his Christmas position happened in at the home while canvassing on another sales job. Wishing to be friendly he enquired, "How did your boy like the electric train?" The doctor blushingly replied, "Oh, fine, very fine—but you see we don't have any children!"

Well, he didn't need to blush. The Old Crier had a fine time, too, acting as chief whistle blower and switchman on the local Christmas Tree Line this year.

• What a wonderful age this is! In 1899 DaCosta said, "Tens of thousands of marvelous inventions have abridged distance, economized time, increased production, facilitated exchange, subdivided labor and stilled pain." Yet at that time the world never dreamed of transcontinental air transports, radio, assembly lines, Diesel engines, pneumonia serum or novocain. In twenty years of practice we have seen the development of spinal anesthesia, insulin and its newer compounds, diathermy, fever therapy, vitamines, liver therapy and sulfanilamide.

Yet what a preposterous age this is! We see the constituted representatives of an old and honored profession dragged by an irate government before its courts to stand criminal trial accused of restraint of trade. What a ghastly operation predicated on such a shallow pretext! Having used their rightful means of discipline on their own members in order to keep practice on a high professional plane, these men are prosecuted on a tradesmen's law of commerce. Through them all doctors are on trial. Will the millions who have benefitted by their discoveries, their devotion to the care of the sick, rise to defend them? Will public opinion stand for this kind of persecution? Will the people stand idly by and see injustice done to the very ones they call on first in time of trouble? We think not. Let this trial go on. It will prove a boomerang to come back and strike those who started it.

• One thing about the Holidays is that they make a man so glad to get back to work. Now that the New Year's revelries are over, we can really get down to brass tacks—thump chests, open abscesses, swab throats, reduce fractures and insert catheters where they will do the most good. Of course, we all expect to knock off for the annual banquet, but after that back to work again. For it is when a doctor is busy that he is really happy. So let this be our New Year's wish to all—Busy New Year!

—J. L. F.

The Mahoning County Medical Society

1939

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Nagel, E. H.
Nagle, Joseph
Nardacci, N. J.
Neel, V. A.
Neidus, M. W.
Nelson, Gordon
Nesbit, Dean
Norris, Claude B.
Noll, John

Osborne, H. M.
Odom, R. E.

Parillo, Guy A.
Patton, S. G.
Patton, Thomas E.
Patrick, H. E.
Phipps, L. E.
Piercy, F. F.
Poling, R. B.

Ranz, J. M.
Ranz, W. E.
Reed, L. K.
Reilly, E. J.
Renner, J. A.
Rinehart, E. C.
Rosapepe, A. R.
Rosenblum, A. M.
Rosenblum, Morris
Rosenfeld, Joseph
Rothrock, D. M.
Russell, J. M.
Ryall, W. W.
Rummell, Russell W.

Scarnecchia, J. L.
Schmid, Henri
Scofield, Charles
Sedwitz, S. H.
Segal, Lawrence
Sears, Clarence W.
Shaffer, J. W.
Shensa, Lewis S.
Skipp, Wm. M.
Schwebel, Samuel
Slossen, C. H.
Sherk, A. B.
Steinberg, Myron H.
Smeltzer, D. H.
Smith, Ivan C.
Smith, P. B. H.
Sisek, Henry
Speck, M. H.
Stefanski, Clarence
Stewart, C. C.
Stewart, Walter K.

Tamarkin, Samuel
Tamarkin, Saul J.
Taylor, W. X.
Thomas, E. R.
Tidd, A. C.
Turner, W. B.
Tims, W. J.
Tuta, Jos. A.

Vance, J. C.

Wales, Craig C.
Walker, O. J.
Wallace, C. R.
Warnock, Chas.
Warnock, G. C.
Wasilko, J. J.
Weaver, Samuel Wood
Weidermier, Carl H.
Weinberg, H. W.
Weller, L. W.
Welsh, W. A.
Welter, John A.
Wenaas, E. J.

Yauman, C. F.
Young, Earl H.
Young, W. P.

Zeve, H. S.
Zervos, M. S.
Zoss, Samuel

Non-Resident Members

Caskey, E. G.
Clifford, R. V.
Clark, Wm. A.
Chalker, H. E.
Holmes, William J.
Maxwell, H. D.
Pore, Joseph
Robinson, J. W.
Williams, D. R.
Wilkinson, J. B.
Williams, Paul
Youngblood, L. C.

Honorary Members

Arundel, Thomas J.
Blott, H. E.
Gibson, R. D.
Lindsay, J. F.
Welch, H. E.
Whelan, R. E.

Associate Members Class B

Hatcher, W. F.
McClure, R. J.

Associate Members Class C

Collier, Wm. D.

(Cont. on Page 32)

Associate Members Class D
(Cont. from Page 31)

Agricola, W. R.
Armbrecht, G. L.
Beede, Ralph W.
Fisher, A. J.
Fowler, E. C.
Hardman, E. F.
Heitzman, P. O.
Herald, J. K.
Huml, A. P.
Hutt, H. B.
Lippert, A. F.
Litton, A. C.
Lupse, R. S.
McDonough, John
Marsico, Henry C.
Miller, D. A.
Murray, Vincent J.
Myers, Stanley A.
Oakes, P. W.
Ondash, S. W.
Owen, M. S.
Parker, A. S., Jr.
Phillips, A. K.
Price, F. L.
Raetz, Sylvester J.
Redmond, J. J.
Reese, Harold J.
Rogers, John A.
Sauer, D. E.
Seesholtz, John R.
Sofranic, J. J., Jr.
Sovik, W. E.
Szucs, Merrill M.
Thomas, Densmore
Thomas, J. H.
Wagner, C. F.
Welling, A. W.
Williamson, A. L.
Yarmy, Milton M.

MAHONING COUNTY CELEBRATION OF THE PRESIDENT'S BIRTHDAY

Headquarters, 205 Dollar Bank Bldg.
Youngstown, Ohio

January 5, 1939.

Doctor H. E. Patrick,
138 Lincoln Avenue,
Youngstown, Ohio.

Dear Doctor Patrick:

I have again been appointed Chairman of Mahoning County for the President's Birthday Celebration. Two years ago when I served as Chairman of the Celebration, thirty-four hundred dollars was turned over as Youngstown's share, to the Youngstown Rotary Club, to be used in the Fight against Infantile Paralysis. At that time I suggested that something substantial and worthwhile be done with this money.

That organization under the leadership of its President, Rev. Roland Luhman, contracted to install equipment in the Therapeutic Room of the Youngstown Hospital, South Side Unit. I believe they contributed $2,400.00, and advised me that $3,000.00 would be needed to finish this work, and last year where we made only $3,100.00 net, we turned over the needed $3,000.00 to the Youngstown Hospital Association. This check was delivered by Mr. Carl Ullman, upon my order to Mr. Byron W. Stewart, Superintendent.

This year an entirely new plan is in effect whereby fifty percent of the net proceeds will remain in Youngstown, to be administered by a Chapter which I am organizing at the present time. Those who have consented thus far to serve on this Chapter are:

Mr. Byron W. Stewart
Sister M. Germaine
Reverend Roland Luhman
Reverend Joseph Trainor
Clarence Strouss
Sidney Collins
Mrs. John Ford.

There will be a few others appointed to this Chapter, and I would be glad to have your Association suggest a member to serve on this Committee. I also believe that a member of the younger groups, perhaps the Junior Chamber of Commerce, should be asked to serve.

This year we plan to have a Ball, which will be held Saturday evening, January 28th, at the Stambaugh Auditorium, and a Lecture to be held Sunday evening, January 29th, also at the Auditorium. The speaker has not yet been chosen. The latter attraction is being planned for those who have no interest in dancing.

I assure you that I appreciate your interest in this event; that any suggestions which your organization may desire to make will be welcomed.

Yours very truly,

JOHN F. CANTWELL,
Chairman.

R. L. Hockstad
268 Lincoln Avenue
Phone 40107

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If they could talk, Council Seals would say:

"When you see one of us on a package of medicine or food, it means first of all that the manufacturer thought enough of the product to be willing to have it and his claims carefully examined by a board of critical, unbiased experts . . . We're glad to tell you that this product was examined, that the manufacturer was willing to listen to criticisms and suggestions the Council made, that he signified his willingness to restrict his advertising claims to proved ones, and that he will keep the Council informed of any intended changes in product or claims . . . There may be other similar products as good as this one, but when you see us on a package, you know. Why guess, or why take someone's self-interested word? If the product is everything the manufacturer claims, why should he hesitate to submit it to the Council, for acceptance?"

THE FOLLOWING MEAD PRODUCTS ARE COUNCIL-ACCEPTED: Oleum Percomorphum (liquid and capsules); Mead's Cod Liver Oil Fortified With Percomorph Liver Oil; Mead's Compound Syrup Oleum Percomorphum; Mead's Viosterol in Halibut Liver Oil (liquid and capsules); Mead's Cod Liver Oil With Viosterol; Mead's Viosterol in Oil; Mead's Standardized Cod Liver Oil; Mead's Halibut Liver Oil; Dextri-Maltose Nos. 1, 2, and 3; Dextri-Maltose With Vitamin B; Pablum; Mead's Cereal; Mead's Mineral Oil With Malt Syrup; Mead's Brewers Yeast (powder and tablets); Mead's Thiamin Chloride Tablets; Mead's Cevitamic Acid Tablets; Mead's Powdered Protein Milk; Mead's Powdered Whole Milk; Mead's Powdered Lactic Acid Milk Nos. 1 and 2; Alacta; Casec; Sobee; Cemac; Olac.

THE FOLLOWING NEW PRODUCT IS BEFORE THE COUNCIL ON PHARMACY FOR ACCEPTANCE: Mead's Nicotinic Acid Tablets.

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