



"We learn wisdom from failure much more than from success. We often discover what *will* do by finding out what *will not* do; and he who never made a mistake never made a discovery."—*Samuel Smiles.*

# BULLETIN

of the  
**Mahoning  
County  
Medical  
Society**

Vol. IX      No. 2  
February    1939



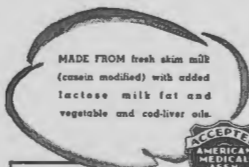
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Di-Potassium Phosphates .....	.230 gm.	.000 gm.	.000 gm.
Potassium Citrates .....	.052 gm.	.193 gm.	.103 gm.
Sodium Citrates .....	.222 gm.	.055 gm.	.055 gm.
Calcium Citrates .....	.119 gm.	.059 gm.	.059 gm.
Iron .....	Trace	Trace	Trace
Sulphur with Protein .....	.022 gm.	.001 gm.	.001 gm.
Phosphorus with Protein .....	.022 gm.	.001 gm.	.001 gm.

C. W. Martin, M. D., New York State Journal of Medicine.  
September 1, 1932

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A Component Society of the Ohio State Medical Association.

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## MEDICAL CALENDAR

- February 21**—Local Program—Tuberculosis.
- March 21**—Speaker, Dr. George Curtis, O. S. U.  
Dinner, Youngstown Club, 6:30 P. M.
- April 20**—Postgraduate Day—U. of P. group, Drs. Wolferth, Pendegrast, Stokes, and Kern.
- May 16**—Intern Competition, Youngstown Club.
- June 20**—Speaker, Dr. August A. Werner, Endocrinology.  
Dinner, Youngstown Club, 6:30 P. M.
- July 20**—Golf Party, So. Hills Country Club.
- August 17**—Golf Party, So. Hills Country Club.
- September 14**—Corn Roast and Clam Bake, Bert Millikin's Farm.
- September 19**—Speaker, Dr. Walter M. Simpson, Artificial Fever Therapy. Dinner, Youngstown Club, 6:30 P. M.
- September 20**—Lecture Course, continuing each Wednesday for six weeks at First Christian Church.
- October 17**—Dinner, Youngstown Club, 6:30 P. M. Speaker.\*
- October 21**—Second Annual Dinner Dance.
- November 21**—Dinner, Youngstown Club, 6:30 P. M. Speaker.\*
- December 19**—Annual Business Meeting, Youngstown Club.

\*Speaker announced later.

## RADIO TALKS

- Feb. 17**—Doctors and Dollars - - - - - Dr. S. R. Cafaro
- Feb. 24**—A. B. C. of Fracture Treatment - - - - - Dr. W. D. McElroy
- Mar. 3**—The Bird with the White Breast - - - - - Dr. Chas. Warnock
- Mar. 10**—Childhood Tuberculosis - - - - - Dr. R. H. Middleton
- Mar. 17**—Tuberculosis—The Unsolved Problem - - - - - Dr. M. Belinky
- Mar. 24**—The Tonsil Operation - - - - - Dr. Ray Hall
- Mar. 31**—Do You Take Your Hearing for Granted? - - - - - Dr. O. J. Walker
- April 6**—Why Pasteurize? - - - - - Dr. Chas. Scofield
- April 13**—Warm Water Healing - - - - - Dr. P. J. Mahar

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Fair Oaks Sanitarium is a member of the American Hospital Association and the Central Neuropsychiatric Hospital Association.

## PRESIDENT'S PAGE

The Mahoning County Medical Society was honored by having as its guest speaker Dr. Jonathan Forman. He brought us a message that some of us will take to heart. Others will pass it by with the saying there is too much gloom in his prophecies. Maybe so, but it is exactly what is ahead of us that brings out the sadness; the things that are coming to pass and coming faster than many of our profession realize.

Your Society, through many of your Committees, is attempting (in conjunction with the State Association) to be prepared to assume some of the burdens that are coming.

It will require hard and earnest effort on the part of all to master the situation when it arises and that time is not far off.

In the past the Medical profession has been keeping its light under a bushel, but now is the time to enlighten the public of the coming calamity.

Through its Public Relations Committee your State Association is attempting to aid you in this task by preparing and sending information that every lay person should know. This information is the truth, notwithstanding the attitude of our local press. We have not taken the time to combat such propaganda but it behooves each of us to educate our public, not an editor who does not know whereof he speaks.

The State Association has definite plans ready to be presented to each County Society for their consideration, for the medical care of the low income group; but before these can be used as formulated, legal obstacles have to be overcome and rectified by process of law. The State laws will have to be changed and new sections written so that relief patients will be properly classified. Also new laws will have to be enacted so that plans which are formulated by our County Society will be legal and function without a hitch.

These matters are being attended to by the Central Office at Columbus, following instructions of the State Council. Again this brings to mind the necessity of a central office with some type of management for our County Society, because we will be selling medical service to the low-income group and this task cannot be undertaken by your medical secretary. He should be in charge of this office, but the work would be done by hired assistants. Your Housing & Library Committee is working on this task. Please give them all the help possible. Suggestions are wanted. Send them in to Dr. Geo. McKelvey.

When and if this plan is presented, give it a lot of thought, because you will find that it cannot work without the wholehearted cooperation of every member of the Society.

WM. M. SKIPP, *President.*



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# BULLETIN *of the* . . . . .

## Mahoning County Medical Society

F E B R U A R Y

1 9 3 9

### THE ORIGIN AND FATE OF BILE PIGMENT\*

DR. D. A. GROSS

It is only fitting and proper to begin this symposium on jaundice with a brief resumé of the origin and fate of the bile pigments. Jaundice is a symptom which frequently defies differentiation even with the most detailed and exhaustive study of the history, physical findings and laboratory aids. It would be superfluous to state that the underlying cause in every case of jaundice should be determined and an accurate diagnosis established so that early and proper therapeutic measures be instituted. Yet with all the painstaking care, and the use of all available clinical and laboratory methods, diagnosis is oftentimes uncertain.

Jaundice, or Icterus, is a syndrome characterized by hyperbilirubinemia and deposition of bile pigment in the skin and mucous membranes, with resulting yellow appearance of the patient. Without hyperbilirubinemia, jaundice can not become manifest. Jaundice has usually been considered the result of obstruction of some sector of the bile passages, or of necrosis of the liver cells with reabsorption into the blood or lymph streams of bile pigment previously excreted by the liver cells. This conception may now be properly expanded to include those disturbances in the metabolism of the pigment of the hemoglobin-bile pigment series which result in a positive balance in retained pigment.

There is unquestionably a close chemical relationship between hemoglobin and the bile pigments. This has largely been worked out by Hans

Fisher, Frederick Von Muller, Nembauer, and Wilbur and Addis. Recent reviews of the problem have been made by Robscheit-Robbins (1929), Anson and Mirsky (1930), and Barron (1931).

There are at least three compounds in the body which, theoretically, are capable of giving rise to the bile pigments, namely: Hemoglobin, Myohemoglobin (which is the pigment of hemoglobin of muscle tissue), and Cytochrome (which is a chromogenic substance widely distributed in animal cellular structure and which has the property of taking up and giving off oxygen). Of these three, hemoglobin and myohemoglobin have been definitely shown to be transformed to bilirubin. The evidence also suggests that hemoglobin and myohemoglobin are identical or nearly so.

The site of formation of bilirubin has been the subject of extensive investigation and it is now evident that practically all body tissues have ability to break down hemoglobin and to transform its chromogen group into bilirubin. Mann and his collaborators found that when a solution of hemoglobin is added to the blood reaching an organ there is not only an increase in bilirubin production within that organ but there is also evidence that another pigment, which they believe to be hematin, is formed. If this can be substantiated it will indicate that the splitting of hemoglobin to globin and hematin is the first step in bile pigment production. Also that the chief sites of bilirubin formation appear to be the liver, bone marrow, and spleen.

\*Presented at Staff Meeting, Youngstown Hospital, January, 1939.



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Bilirubin, as such, is partly formed in the liver, and partly carried to liver by the blood stream after formation elsewhere. One function of the liver is to excrete this pigment in amounts sufficient to maintain the bilirubin content of the blood below a certain level. The fate of bilirubin excreted by the liver has long been known. By oxidation in the intestine it is changed to biliverdin and other oxidation products; both these, and bilirubin, when reduced, form stercobilin which is the chief form in which these pigments are excreted in the stool. Some of the stercobilin appears to be reabsorbed and excreted in the urine where an identical pigment is given the name urobilin. The stercobilin may be further reduced before excretion in the urine and appear as urobilinogen, which is rapidly oxidized to urobilin on standing.

Urobilin and urobilinogen have been thought to be produced by the action of bacteria upon bilirubin in the intestinal tract whence it is reabsorbed into the blood stream and later excreted by the kidneys. Experimental evidence indicates that urobilin is normally formed from bilirubin only in the gastro-intestinal tract. The possibility that urobilin may be formed from hemoglobin in the blood stream or tissues without being reabsorbed from the intestinal tract, cannot be ignored. There is more or less constant daily turnover of these pigments, the volume of which is large. It is roughly represented by the daily loss of pigment in the stools and urine.

A certain amount of pigment is normally present in the blood plasma. Both bile pigment and hemoglobin are rapidly removed from the blood stream as bilirubin. If the amount of pigment liberated in the blood stream is greater than is readily taken care of by the excretory organs, it may accumulate in the plasma, and when the quantity is extensive, tissue jaundice results. In certain diseases associated with sudden and great trans-

formation of hemoglobin into the bile pigment, the bile, as excreted by the liver, may become greatly thickened with pigment and its viscosity alone may effectually block the passage of bile through the smaller bile passages.

The bile acids (glycocholic and taurocholic acids) are excreted by the liver in the form of their sodium salts and serve in the process of digestion.

The toxicity of the various substances contained in whole bile varies greatly. Bile pigments are relatively nontoxic, bile salts more toxic, and whole bile still more toxic. It is evident that the toxic manifestations collectively known as "cholemia" are due not only to the retention in the blood stream of bile pigments, bile salts, and other excretory matter, but also, and probably largely, to liver insufficiency.

Obstruction of any part of the bile tract results in dilatation of the finer bile radicles, stasis, and reabsorption of bile by way of the blood capillaries. Under such circumstances, whole bile is reabsorbed, including such elements as bile pigments, bile salts, lipoids, and other less known substances, representing the total of liver excretory activity. Jaundice produced under these circumstances is "toxic" in the sense that certain symptoms are produced. They may vary greatly in degree, from such slight manifestations as skin itching with bradycardia and pigmentation, to grave comatose states and death.

In certain conditions as yellow fever and acute yellow atrophy, the liver cells themselves are greatly damaged. The bile pigment turnover is then arrested in the liver cell and bile pigment is retained in the blood stream. Under these circumstances not only the excretion of pigment, but all of the many functions of the liver are impaired or completely interrupted. There is bile pigment retention in the blood stream although much is excreted by way of the kidneys. Bile salts and other substances

(Continued on Page 59)

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## A CASE REPORT

By LOUIS S. DEITCHMAN, M. D.

Patient's name: G. W.

Address: Mount Vernon.

Age: 67.

Occupation: Retired Army Officer.

### Chief Complaint

Sore throat, general malaise, dyspnoea, dysphagia.<sup>1</sup>

### Onset of Present Illness

Patient was well until Friday morning, Dec. 13, when, following exposure to inclement weather on Thursday, Dec. 12, he complained of sore throat and hoarseness. He was not very ill, however, was up and about in and outdoors all day. He was cheerful and appeared to be in perfect health on retiring.<sup>2</sup>

### Past Medical History

Usual childhood diseases.

Ague and fever at 16.

Small pox at 19—severe attack.

Pleurisy same year—severe.

Fever and pain in head at 25—very violent, lasting 10 days.

Dysentery and fever at 25—severe attack—lasting three months.

River fever at 31—very severe with several relapses.

Ague reappears at 54—recurs number of times.

Rheumatism—frequent attacks for past 12 years.

Anthrax—severe case—10-12 years ago.

Small cancer excised by Dr. Tate 5 years ago.

In past year several severe and debilitating attacks of fever. Has lost 20 pounds in the last few months.<sup>3</sup>

### Family History

Father died at 49 of gout of the stomach.<sup>4,5</sup>

Mother died at 83 of cancer of the breast.

One brother died of consumption.

Several brothers and sisters died in infancy.

There is apparently a tendency to lung disease in the family.

### Social History

Patient is a wealthy country gentleman. Has led a strenuous life as

an army officer in several military campaigns, and as president of the United States for two terms. At present engaged in active supervision of his estate. Habits as to exercise, eating and drinking moderate. Married, wife living and well. No children.

### Physical Examination

To be mentioned later.

### Progress of the Illness

About 2:00 A. M. Saturday, Dec. 14th, patient woke his wife and informed her that he felt very unwell. He complained of severe pain in the upper and fore part of the throat. Breathing was difficult and deglutition was difficult rather than painful. There was also some cough. He had a violent chill at this time.

Not wishing to disturb his doctor, he would not, by any means, be prevailed upon to send for him until morning. In the meantime, the symptoms becoming more severe, a mixture of molasses, vinegar and butter was given to him by mouth, but he could not swallow a drop, and whenever he attempted it, he was distressed and almost suffocated.

At daybreak Mr. Rawlins, a bleeder, was sent for and about ½ pint of blood was drawn. This affording no relief, Tobias Lear, the General's private secretary and confidential friend, proposed bathing the throat externally with Sal Violatile. The patient's feet were soaked in warm water and a piece of flannel was put around his neck—all these measures gave no relief.

At 11:00 A. M. Dr. James Craik, the General's family physician and intimate friend, arrived.<sup>6\*</sup> After inspecting the patient, he diagnosed the illness as Synanche Trachealis. He ordered blisters of cantharides applied to the throat, steam inhalations, and

\*"To my compatriot in arms and old and intimate friend Dr. Craik, I give my bureau (or as a cabinet-maker calls it tambour secretary) and the circular chair, an appendage of my study."—Washington's Will.

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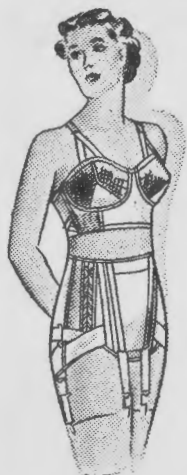
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a gargle of sage tea and vinegar. Two moderate doses of Calomel (about 5 grs. each) were given, followed by an enema, with fair results. The respiration, however, was becoming more difficult and distressing.

Noon — Copious bleeding — about 25-30 ounces drawn.

1:30 P. M. — Copious bleeding. Patient seems worse. Dr. Craik suggests consultation, and Drs. Elisha Dick and Augustus Brown are sent for.

3:30 P. M.—Dr. Dick visits patient. Venesection advised and 32 ounces of blood drawn. Blood runs slowly, appears thick. Bleeding does not produce fainting or alleviation of symptoms, except that patient can swallow a little, and is given Calomel gr. x and Tartar Emetic gr. vi. Copious discharge from bowels.

4:00 P. M.—Dr. Brown visits patient. The three doctors retire for consultation.

Blisters applied to extremities.

4:00 P. M.—Patient seems to be getting weaker. Respirations regular, though difficult, lungs apparently not affected.

5:00 P. M.—Patient worse. Appears to be aware that the end is near and is meeting it with dignity. He is in full possession of his mental faculties. He seems to submit to the doctors' exertions with equanimity and as a duty rather than from expectation of his recovery.

6:00 P. M. — The consultants, noting that what had been done was without effect, leave. The General asks to be allowed to die without further interruption. He sends for Mrs. Washington, makes dispositions about his will and gives Mr. Lear instructions about the arrangement of his papers and settlement of accounts.

8:00 P. M.—Patient is breathing with less difficulty, but is very restless. Makes several attempts to speak. Seems to be getting progressively weaker.

11:00 P. M. Speaks few words, with difficulty, to Mr. Lear. Patient

feels his own pulse; soon his wrist drops. He expires without a struggle or a sigh.

Patient pronounced dead by grief stricken Dr. Craik.

\*

#### Summary and Discussion

We present the case of a man of 67, who had had many illnesses in his life, and only a short time ago a serious and debilitating malady. He had lived strenuously and abundantly. His resistance to disease is poor. He exposes himself to inclement weather and is thoroughly chilled. Next day he is slightly indisposed, has a "cold," complains of general malaise and sore throat. He makes light of the indisposition, does not go to bed and takes no medication.

Next morning he has a violent chill, develops marked dyspnoea and difficult rather than painful deglutition. The disease becomes rapidly and progressively worse, and, although near the end his respiration becomes easier, the patient is dead in twenty hours.

\*

With this history, the obvious diagnosis is an upper respiratory infection with a severe acute laryngitis, probably streptococcal, with oedema of the larynx, and possibly a terminal involvement of the cardio-renal system.

Unfortunately, neither Mr. Lear's report nor the statement of the attending physicians mention a general physical examination or inspection of the throat, which must have been made. Hence, our diagnosis is at best only inferential. However, the description of the outstanding features of the illness enable us to make a reasonably certain conjecture. Therefore, Synanche Trachealis, the diagnosis of the attending physicians, is still good. Incidentally, the term is still in use in many good medical books.<sup>7</sup>

Why then do Washington's biographers give quinsy as his last illness? One need only consult a contemporary medical dictionary to see that this is wrong.

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This is still a mighty good description of quinsy, and the treatment is quite rational. Does it correspond to Washington's illness? No. Moreover, quinsy is uncommon in old people and is rarely fatal, so that we can definitely eliminate it. Yet, a recent biography<sup>9</sup> states: "The quinsy sore throat which killed him, could not be cured by any means then known to medical art." What balderdash!

Cynanche Maligna or diphtheria we need not seriously consider.

On the other hand, Cynanche Trachealis (many other synonyms) is defined as follows: "A highly inflammatory disease, characterized by difficult and suffocative breathing, harsh voice, cough, fever, etc. As a general rule it requires the most active treatment, bleeding from the arm and neck, the warm bath, blisters to the neck and chest and purgatives. Many specifics (sic!) have been recommended, but the search has been idle and fruitless."

This is a perfect picture of Washington's illness, and the doctors not only had diagnosed it correctly, but treated the patient in the best accepted manner of their time. And yet, most biographers and historians give us the impression that Washington was killed by ignorant and bungling doctors.

Unfortunately, the belief that the case was mismanaged is strengthened by indiscreet statements of the consultants. Two weeks after Washing-

ton's death Dr. Brown told Dr. Craik that, in his opinion, too much bleeding had been fatal. Dr. Dick also said something to this effect. So that, although the consultants were in on the orgie of bleeding, they tried to shift the blame on the poor family physician. Well, consultants have been known to do this.

There is no denying, of course, that the repeated bleedings, by lowering the patient's resistance, may have been injurious. But, in those days, it was the accepted treatment. And it was not uncommon, in the course of an illness, to draw 100 to 150 ounces of blood. So, one wonders whether, under the circumstances, the bleeding altered the issue.

Some biographers use the physicians' own statement as "an admission, probably unconscious in its implication, that they had misgivings as respects the treatment employed."<sup>9</sup> A careful reading of this statement, however, elicits no such admission. Other, more charitable biographers, with statements as "bleeding was then so universally employed that the doctors would have been censured if they had omitted it"<sup>10</sup> make the doctors' case just as bad. The fact remains that both critics and apologists cast a shadow of incompetence and mismanagement over the doctors.

It is time that this shadow were lifted. And so, I should like to conclude with a plea to future biographers for a better medico-historic orientation, which would establish a correct diagnosis of Washington's last illness and remove the stigma from his doctors.

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## INTERESTING PROGRAMS

### Stark County Medical Society

March 9th — "Differential Diagnosis and Management of Lesions of the Large Bowel." Richard B. Cattell, M.D., Lahey Clinic, Boston, Mass.

April 13th—Symposium on Fractures. Program being arranged by the Local Committee on Fractures of the American College of Surgeons. Speakers to be announced later.

Meetings to be held at the Elk's Club, corner West Tusc. & DeWalt, on the second Thursday evening of the month, at 8:30 p. m.

### Columbiana County Medical Society

Meeting will be held March 14th at American Legion Hall, Lisbon, Ohio, at 9 P. M.

The guest speaker for the evening will be O. P. Kimball, M.D., of Cleveland, Ohio. His subject will be "The Social and Medical Study of Epilepsy together with a Critical Study of the use of Dilantin." Dr. Kimball is specializing in Internal Medicine at the present time, and for the past two years has been doing work in Epilepsy in Detroit. He formerly was associated with the Cleveland Clinic and has done extensive work with Dr. Marine on "Goitre Study."

### Program of Ohio State University College of Medicine

Dr. Russell G. Means, Chairman

The College of Medicine of Ohio State University announces its Annual Post-Collegiate Clinical Assembly to be held March 2, 3, and 4, 1939, at Columbus, Ohio. These sessions are open to *all physicians*. Di-

rect invitations will be mailed, along with the program to the 2700 graduates. The Medical College is now in its 105th year of continuous chartered existence and uninterrupted instruction and granting of degrees.

Program to appear in the February issue of the Ohio State Medical Journal.

A three day program starting Thursday morning, March 2nd.

Distinguished speakers such as Dr. Logan Clendening of Kansas City, Mo.; Dr. Lowell Erf, member of the Hospital Staff at the Rockefeller Institute; Dr. Joseph A. Johnston, head of the Pediatric Dept. at Ford Hospital; Dr. Virgil S. Counseller, of the Mayo Clinic; Dr. Charles T. Atkinson, Middletown, Ohio, will preside at the luncheon which will honor such guests as Dr. Burrell Russell and Dr. C. J. Altmaier, trustees of the University and Dr. Gatewood of Chicago who represents the Alumni Board of Visitors. Papers will be presented Saturday by Dr. Jonathan Forman.

### Philadelphia County Medical Society

Fourth Annual Postgraduate Institute to be held in the Bellevue-Stratford Hotel, Philadelphia, during the week beginning March 13, 1939. The subjects to be considered are those embraced by the terms BLOOD DYSCRASIAS and METABOLIC DISORDERS. These will be further subdivided for convenience in instruction into eighty-six clinical lectures, with open forum discussion for each topic, delivered by as many individual specialists of national distinction.

February

# LOCAL PROGRAM

Topic—TUBERCULOSIS

Dr. Morrall—"Tuberculosis of Joints"

Dr. Baker—"The Use of X-ray in Tuberculosis"

Dr. Keogh—"Surgical Treatment of Tuberculosis"

TUESDAY, FEBRUARY 21, 1939

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## Byron W. Stewart—An Appreciation

Some twenty years ago the Youngstown Hospital Association, needing a superintendent, brought from Pittsburgh Byron W. Stewart to fill that position. Soon after, and ever since, Mr. Stewart was "Barney," affectionately, to almost all of his friends—and so he shall be—Barney—from here on.

Barney Stewart at once foresaw what few at the time could imagine. His superb vision brought into focus the amazing expansion, presently to begin, of the Youngstown Hospital Association in all its phases—physical plant, buildings and equipment, personnel, departmental organization and development, and numbers of patients. With indefatigable energy, a firm grasp of detail, and surpassing judgment of men and motives, he addressed himself to the manifold difficulties, the hundreds of technical problems, the calls upon him by those who should be heard favorably and by those who deserved less.

Barney Stewart strove affirmatively. He freely spent all of his quiet genius *for* rather than *against*. His vision was projected always far ahead. His indomitable will would permit no lasting obstacle to his purposes to remain unchallenged; he kept clearly in his mind the goal that he sought; and, fortified both by thorough technical knowledge of his problem and by complete belief in its importance

and social usefulness, he rarely knew defeat. Once the end he sought had become reality, however, he left the result to proclaim the rightness of his position, and turned his energies to the next task before him.

Such a life can not but bear rich fruit to the community and to the people with whom it is lived. Everyone at all acquainted with the Youngstown Hospital Association, to whose direct welfare Barney Stewart devoted himself, must realize that these two great units are but outward expressions of his brilliant leadership.



Growing in complexity with increasing community needs, the simple efficient management of so large an enterprise would tax the experience and skill of any highly competent man. These requirements Barney Stewart more than met: Out of the richness of his experience and his peculiar keenness in "seeing when he looked," rather than merely "staring," he avoided the mistakes which he found had crept into hospital practices elsewhere, and, equally boldly, he eliminated many which had grown up in his own institutions.

Such a man must perforce be of inestimable influence upon others whose problems are similar to his. Barney Stewart in that respect performed most usefully for the State of Ohio—and to no small extent nationally—exactly as should be expected. As

President of the Ohio Hospital Association, an honor which was twice conferred upon him, his leadership and insight brought him genuine distinction in many ways. Particularly to him is due greater credit for more needed hospital legislation than to any other man in the State.

With all this true, the best is yet to be said. Above all Barney Stewart was a man among men. From the Chairman of his Board of Trustees to his lowliest employee; from the Chief of his Staff to the new intern; from the Head of the Nurses' Training School to the youngest probationer, he was respected—more than respected—he was deeply beloved. This was spontaneous and to gain it he never stultified himself—never descended to favor-carrying nor to back-slapping. He secured this love by his practice of simple justice—tempered with a great, understand-

ing, sympathizing heart—full of inexhaustible kindness.

The best possible care of those who were sick and suffering was his first concern. Barney Stewart delighted especially in seeing the roses return again to the cheeks of little children as they recovered from their illnesses and their crippling ailments.

As a worker he was untiring; but he enjoyed playing, too. And everywhere and all the time he was making and keeping friends. How deeply he inspired their love they could never express in words. Their testimony can only be shown forth in bitter, burning, blinding tears.

He stood: With his loins girt about with truth, having on the breast plate of righteousness; his feet were shod with the preparation of the gospel of peace, and with him he took the shield of faith.

Barney Stewart was God's soldier.

—C. B. N.

### In Memoriam

**Earle W. Cliffe, M. D.**

February 6, 1885—January 31, 1939

Dr. Earle W. Cliffe, died Tuesday, January 31st, at St. Elizabeth's Hospital. Dr. Cliffe had a record of community service as a physician and as a civic leader, as well as a war record that earned him the rank of major.

In 1916 Dr. Cliffe went to the Mexican border with the American troops as member of the Ohio Third Field Hospital, under Major William P. Love. On his return he was made a captain. He was one of the

leaders in organizing the 10th Ohio Infantry and was in command of its medical detachment. When the World War came and the detachment was broken up into three battalions he remained with the machine gun battalion, and was sent to France where he served for more than a year. He was promoted to the rank of major.

Soldiers regarded him as not only their physician but their best friend.

A man among men, a leader, the community mourns his passing.

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## The St. Louis Session of the American Medical Association

Announcements at a recent meeting of the Council on Scientific Assembly of the American Medical Association with the secretaries of the various sections and with representatives of the Scientific Exhibit indicate that the annual session of the American Medical Association, which will be held in St. Louis, May 15-19 inclusive, will bring before the medical profession of this country many of the amazing developments in scientific medicine which have attracted attention during the year, *The Journal of the American Medical Association* for Jan. 7 says editorially. Such topics as the new uses of sulfanilamide and its derivatives, the new work on the vitamins including the uses of nicotinic acid and vitamin K and the vitamin B complex, the progress that has been made in the treatment of pneumonia, and recent investigations on the endocrine glands will be conspicuous features of the program.

In the Convention Number of *The Journal*, which will be published April 15, the preliminary program will be given in detail. Already, however, the secretaries of the sections have been overwhelmed with applications for places on the program, and many of the contributions that were offered have already been accepted. Several new features have been incorporated in the presentation of scientific material this year. Among them will be a panel discussion of pneumonia in infancy and childhood, in which the elucidation of scientific facts will be by discussion rather than by formal presentation of a manuscript. Several of the sections are planning combined meetings. For example, the pediatricians are combining with the otolaryngologists in a session on pneumonia, also the physiologists with the neurologists on the uses of sulfanilamide in conditions affecting the nervous system. The campaign on syphilis will have

attention in a symposium in the Section on Dermatology and Syphilology. In the Section on Preventive and Industrial Medicine and Public Health there will be a symposium on air conditioning and respiratory diseases, and in the Section on Urology a special symposium on the use of new endocrine derivatives. Another special feature of the annual session will be joint meetings of several sections on the concluding day of the session.

Especially important as a part of the annual session of the American Medical Association is the close relationship between the Scientific Exhibit and the presentation of manuscripts in the scientific sections. For some years those who present new contributions in the various sections have had opportunity to exhibit the actual materials with which they worked, in the form of case records, microscopic slides, charts, diagrams and other material. The author of the manuscript is thus enabled to demonstrate at first hand to physicians who are especially interested the details of his work, forming for those who attend the session a magnificent post-graduate opportunity not available in any other way. The popularity of this feature is attested by the fact that great numbers of physicians spend almost their entire time during the week in the Scientific Exhibit. Moreover, every year there are an increased number of appeals that more time be given for attendance on the Scientific Exhibit.

The location of St. Louis at well nigh the geographic center of the United States, the magnificent railroad, airplane and other transportation facilities, the excellent hotel accommodations with which excellent coöperation is becoming apparent, are indications that the St. Louis meeting will maintain the record of these annual assemblies as the high point of the medical year.

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Men's and Women's..... 7 to 9 P.M.

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The public is invited.

**ENTRIES:** Close February 15th. Registrations taken in McKelvey's

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## RECENT GLEANINGS

### AMERICAN MEDICAL ASSOCIATION NEWS

#### "Digestion" of Food Starts with Cooking

The process of digesting your food starts while this food is being cooked, declares Hyman Goldstein, Ph.D., West Coxsackie, N. Y., in his article entitled, "Enzymes—Dictators of the Digestive System," in the January issue of *Hygeia, The Health Magazine*.

#### Peritonitis, Not Appendicitis, Causes Death

Patients die of spreading peritonitis, *not* because of appendicitis, John O. Bower, M.D., Philadelphia, points out in *The Journal of the American Medical Association* for Jan. 7.

#### Full Thickness Graft Best for Scarred Skin

Scarred or denuded areas are best repaired by the use of the free full thickness skin graft, J. Eastman Sheehan, M.D., New York, points out in *The Journal of the American Medical Association* for Jan. 7. This graft does not leave visible disfigurements or brownish tints as do most other grafts.

#### Sulfanilamide Derivative Named

Recent reports from investigators indicate that a pyridine derivative of sulfanilamide [2(-aminobenzenesulphamido) pyridine or sulfanilamidopyridine] is apparently more promising in the treatment of certain types of pneumonia than sulfanilamide itself, the Council on Pharmacy and Chemistry of the American Medical Association says in *The Journal of the American Medical Association* for Jan. 7.

#### Most People Unknowingly Have Ulcers

Most people, without knowing it, are constantly having ulcers of the stomach which naturally repair themselves, H. E. Robertson, M.D., Rochester, Minn., points out in his article, "Ulcerative Gastritis and Residual Lesions," in *The Journal of the American Medical Association* for Jan. 7.

#### Drug Treatment in Coronary Disease

Drugs have practically no value as a specific treatment for coronary disease if the patient is free of symptoms, Harry Gold, M.D., New York, declares in *The Journal of the American Medical Association* for Jan. 7. The one exception is syphilis involving the blood vessels of the heart.

#### Always Determine Cause of Baby's Crying

The cause of a baby's continuous crying always should be determined, Ruth Peck McLeod, Knoxville, Tenn., and Hazel L. Creekmore, R. N., declare in their article, "Shall We Let the Baby Cry It Out?" in the January issue of *Hygeia, The Health Magazine*.

#### Hair Straighteners May Cause Burns

Two cases of intense burns received by Negroes from the use of hair straighteners are cited by Fredric Lewis, M.D., and John V. Scudi, Ph.D., New York, in *The Journal of the American Medical Association* for Jan. 7.

#### Diet Relieves Obesity with Sugar in Urine

A condition in which obesity is the principal abnormality and hyperglycemia (excess of sugar in the blood) is secondary, is given a new interpretation by L. H. Newburgh, M.D., and Jerome W. Conn, M.D., Ann Arbor, Mich.

Their study of thirty-five obese, middle-aged persons with glycosuria—sugar in the urine—is reported in *The Journal of the American Medical Association* for Jan. 7.

#### Environmental Causes of Eczema

The most striking fact about infantile eczema is the part that environment plays in its production and cure, Marion B. Sulzberger, M.D., New York, says in *The Journal of the American Medical Association* for Jan. 7.

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## THE MEDICAL CRIER

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

• What this country needs today, next to a good five-cent cigar, is a lot of doctors who are good speakers to present our side of the Socialized Medicine controversy.

When it is all boiled down, the average citizen is interested in only one thing—is Socialized Medicine a good thing for him? Not for the country, not for the state, not for the doctor, but for him personally. If he thinks it will give him medical care when he wants it at less cost to him, then he is for it. Never mind the cost to the government, to industry or to any one else. Those details are confused in a mass of statistics which can be quoted glibly by both sides to prove anything, and he is bored with talk about millions, anyway. He knows when sickness strikes his family, it is a catastrophe and costs him plenty. So if he can get all the doctoring he wants for say, \$3.00 a month, he is going to grab the chance, just the same as he is willing to pay fifty cents a month for hospitalization. No matter whether it is offered by the government, by a group of doctors or by a private organization calling itself a Group Health Association, Incorporated.

This is the day of groups, unions, consumer's leagues, etc. Quantity production and quantity consumption are the bases of the economy of plenty, and quantity production means lower costs. The amount of medical care that would be demanded by the people of this country if economic inhibitions were lifted is beyond imagination.

Geo. Madtes remarked editorially that it is a mistake for doctors to talk about the deterioration of the quality of medical care under Socialized Medicine, that professional altruism will transcend the difficulties of such practice. We hope he is right, but we believe that it must deteriorate. Altruism flourishes when the givers are comfortable and well off,

but when a person is tired, hurried and overworked, when he is worried about his own security, altruism fails and the instinct of self-preservation asserts itself. The example he gave of a group of specialists consulting over a charity case was a fine example of altruism, but it did not represent Socialized Medical care. Such a practice would be unfair to the other sixty-five patients waiting patiently in the ante room with their numbers in their hands and their forms ready to be filled out in triplicate. Careful case study, thorough examination and treatment would be so time-consuming, that for some of the others it would be too late before they were even seen! No, Socialized Medical care is more typically exemplified by the German doctor who looked out into his waiting room and shouted, "All those with coughs come in now." Or it might be summed up in the English doctor's epigram, "Cut the cackle and get to the horses!"

We believe that what the American people need is better food and shelter, more milk and cod liver oil for their children and wages that will permit them to call their doctor when they need him and follow the treatment he prescribes. This is the American way and it is based on prosperity. Any other method is a substitute for prosperity and if made permanent it is an admission that the hope of prosperity has been abandoned.

The American people are being educated to look to a paternalistic government for their medical care. This is not only a substitute for prosperity, it is a substitute for good medicine. Mr. Average Citizen is about ready to accept the substitute. It is not the best thing for the country and in the last analysis, it is not the best thing for him. If we could only speak with the tongues of men and angels to help him see it!

—J. L. F.



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## Another Step in the Better Control of Diabetes

Announcement is made by The Denver Chemical Mfg. Co., 163 Varick St., New York City, that they have succeeded in developing in their laboratories a new, dry, micro-reagent\* for making an instantaneous test for sugar in urine and which appears to be entirely practical for adoption as a means of making bedside and routine office tests for glycosuria.

It consists of a compound in powder form. Its use is simple and easy: A small quantity of the powder is deposited on some dry surface and, with a medicine dropper, one drop of urine is allowed to fall onto the powder. The reaction is instantaneous. If sugar is present it will reveal itself in degrees varying from 0.1% to 2% and over. It is quick, accurate and inexpensive.

Hospitals and laboratories have been reporting favorably on its use; and physicians in private practice are adopting it as a routine office measure. This simple test may well prove to be another step forward in the better control of diabetes.

\*Called "Galatest."

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## THE ORIGIN AND FATE OF BILE PIGMENT

(Continued from Page 41)

normally formed in the liver and excreted by it are excreted insufficiently or not at all, and a serious state of liver insufficiency results.

The balance between the formation of bilirubin by the reticuloendothelial cells and its excretion by the hepatic polygonal cells is well maintained in health. This balance is upset by disease which either increases the formation of or retards the excretion of bilirubin. When the concentration of serum bilirubin is less than 3 mgms. per 100 cc., visible jaundice is only occasionally present. On the other hand it is rarely absent when the concentration exceeds 3 mgms. per 100 cc. The serum of most normal persons contains less than 1.5 mgms. bilirubin per 100 cc.

The concentration of bilirubin is often lower than normal when the erythrocytes are deficient in hemoglobin, as in hypochromic anemia. The concentration of bilirubin increases when hemolysis is excessive, as in hemolytic disease, and when injury and dysfunction of the hepatic cells occur. Such is the modern conception of the physiologic processes relative to bilirubin and its relation to jaundice.

## NEWS

Dr. Joseph C. Hall is recovering from injuries received in an auto accident recently.

Dr. C. S. Lowendorf and Dr. Samuel Schwebel have returned from a ten day's cruise to Cuba.

Dr. and Mrs. A. M. Rosenblum are due back soon from a six week's cruise to South America.

Dr. E. E. Kirkwood has been appointed to the staff of St. Elizabeth's Hospital as consultant on Tuberculosis.

Dr. J. Herald has been appointed to the Junior Surgical service of the Staff of St. Elizabeth's Hospital and

Dr. M. M. Szucs to the Junior Medical service.

Dr. and Mrs. Saul J. Tamarkin announce the birth of a son, Norman Ross, on November 14, 1938.

Dr. M. D. Friedman, of Cleveland, addressed the Staff of St. Elizabeth's Hospital on "Classification of Mental Diseases" at the January meeting.

Dr. Sam Tamarkin and Mrs. Ida Broida were married in December, 1938. They are at home at 529 Tod Lane.

Dr. M. M. Szucs has opened his new office in the Central Tower Bldg.

Dr. J. K. Herald is now occupying the offices of the late Dr. Colbert.

Dr. P. J. Mahar has made a very nice recovery from his recent serious illness and has resumed his practice.

Dr. and Mrs. L. G. Coe and family have returned from a three week's sojourn in Florida.

Mrs. Ralph R. Morrall, wife of Dr. Morrall, has been removed from Youngstown Hospital to her home, 78 Newport Drive.

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## SECRETARY'S REPORT

January, 1939

The first Council meeting of the new year was held at the home of Dr. Wm. Skipp. Meetings throughout the year will be held as usual the second Monday in each month.

Dr. Skipp pointed out that the proposed raise of the Ohio State dues from \$5.00 to \$7.00 was partly due to increased cost of the Ohio State Medical Journal; the major increase due to other activities of the State Association, including new additions such as a publicity manager.

As recommended by Mr. W. C. Fisher, auditor, each committee chairman is keeping a record of all money received by him and turned over to the Secretary, also, a record of all expense incurred in the conduct of his particular duties. These records will be turned over each year for audit.

Dr. W. K. Stewart was instructed to appoint a sub-committee to discuss a plan for health insurance and report same in sixty days.

The Annual Banquet for 1939 was held at the Youngstown Club on Tuesday evening, January 17. One hundred and seventy-six members and guests attended.

During the courses Ruth Autenreith's orchestra rendered numerous musical selections and melodies, among them various College songs. Following the last course Dr. Skipp called attention to the vest pocket programs which contained the important meetings and social functions of the Society for the year 1939. This is a very handy reminder, making it inexcusable to miss one of the events. He also read an invitation to the Society to attend the next dinner meeting of the Gordon Palmer Dental Society.

The following applications were read:

For Active Membership:

Dr. Michael Joseph Sunday

Dr. James K. Herald

Dr. Asher Randell

Dr. Stanley Allen Myers

Dr. William Franklin Hatcher

Dr. John A. Rogers.

For Associate Class "D" membership:

Dr. Elmer Troy McCune.

For Non-resident membership:

Dr. Howard Ellsworth Mathay,  
of Girard, Ohio.

The speaker of the evening was Dr. Jonathan Forman, Editor-in-chief of the Ohio State Medical Journal. His subject was "Uncle Sam, M. D."

He began his talk by stating that Socialized Medicine could be discussed from two viewpoints: First, the absurd in which the supposed case of one Mr. McCollup was burlesqued showing the possibility of the patient being lost in red tape. Second, and the most important, was the Principles of Socialized Medicine. He first discussed good diet and good housing as a prime importance in securing good health. As he pointed out, in 1929 many people were not getting enough food for the maintenance of healthy bodies. At that time it would have required sixteen million more dairy cattle, two and one-half million more acres of vegetables and five hundred and fifty million more acres of citrus fruits. He then commented upon the later policy of killing pregnant pigs and pregnant cows by the present government. Secondly he commented that wage insufficiency was the real cause of social insecurity and stressed thrift and the desire to work as necessary requirements of the individual.

The main body of his talk contained a discussion of the steps recommended by the Technical Committee of the Federal Government. He cautioned that these steps maybe an entering wedge for socialism. The steps as given were:

February

First; Coördination and expansion and expansion of the Public Health, Child and Maternal Welfare Programs by the Federal Government. This was commented upon favorably providing the States were allowed control of the methods used.

Second; Improving the hospital deficiency by adding 350,000 beds with new hospitals by the Federal Government. Here the A. M. A. believes in the expansion where the need exists but prefers to first, improve those which already exist and are not up to standard.

Third; The Federal Government claims that one-third of the population in the lower income level receive inadequate medical service.

The speaker believes this may be, but prefers to see that the poor communities receive their aid from the state which can be reimbursed by the Federal Government if necessary.

Fourth; An insurance might be issued against loss of work due to illness. This plan may be acceptable if the attending physician is not required to pass the final judgment as to the ability to work.

Fifth; Compulsory Federal Health Insurance. This is opposed by the A. M. A., because it is state socialism in an unadulterated form and instead of costing the four billion yearly suggested would really cost twelve billion. As Dr. Forman said, "Through training and experience we value the sacredness of human life and prize the right of the individual to seek liberty and happiness. Knowing, too, as does no other group, the human frailty, we are loath to entrust to politicians our personal freedom and that of our loved ones." "As opposed to political scheme the medical profession offers the public a continuation of the private practice of medicine, leaving to every citizen the right to choose his own physician, and assisting him when necessary to finance the cost of illness through plans developed by the medical profession in coöperation with the public."

Dr. Forman's talk was replete with many facts and ideas for the Medical profession to think about. In conclusion each one felt they had learned something worthwhile and still had a good time.

JOHN NOLL, M. D.,  
Secretary.

## QUOTATIONS FROM DEMOCRACY IN AMERICA

By  
Alexis DeTocqueville

(Written in 1831)

"It is evident that a centralized government acquires immense power when united to a central administration. Thus combined, it accustoms men to set their own will habitually and completely aside; to submit, not only for once or upon one point, but in every respect and at all times.—A centralized administration is fit only to enervate the nations in which it exists, by incessantly diminishing their local spirit.—It may insure a victory in the hour of strife, but it gradually relaxes the sinews of strength. *It may help admirably the transient greatness of a man, but not the durable prosperity of a nation.*"

## ANNUAL REPORT

**St. Elizabeth's Hospital, Year Ending December 31, 1938**

Patients admitted .....	6,443
Patient days .....	63,220
Average number days each patient.....	9.8
Operations .....	2,808
Babies born .....	1,146
Deaths .....	338
Autopsies .....	62
Autopsy average .....	18.3%
Patients x-rayed .....	5,155
Tissue examinations .....	1,849
Bacteriological, Serological & Chemical Tests.....	28,381

Intern appointments for the years 1939-1940:

Dr. Nathan D. Belinky.....	University of Cincinnati
Dr. David D. Colucci.....	Creighton University
Dr. Don P. Cupery.....	Marquette University
Dr. John T. Murphy.....	Marquette University
Dr. John P. Veit.....	Marquette University
Dr. Morris I. Heller.....	St. Louis University
Dr. Phillip T. Hodgin.....	Indiana University

Resident appointments:

Dr. George L. Armbrrecht.....	Resident in Surgery
Dr. Edward F. Hardman.....	Assistant Resident in Surgery
Dr. Seymour Parker.....	Resident in Medicine

Officers elected at the annual meeting of the Staff of St. Elizabeth's Hospital:

Dr. F. W. McNamara.....	Chief of Staff
Dr. Elmer Nagel .....	Vice Chief of Staff
Dr. J. M. Ranz.....	Chief of Surgical Dept.
Dr. R. B. Poling.....	Chief of Medical Dept.
Dr. Saul Tamarkin.....	Secretary Treasurer
Dr. L. G. Coe.....	Additional member of Executive Committee
Dr. C. D. Hauser.....	Staff Representative to Associate Hospital Service Board

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## THE FIFTY-SIXTH ANNUAL REPORT

Youngstown Hospital Association, Year Ending December 31, 1938

There were 9,520 patients admitted to the hospital, a decrease of 399 over the previous year. The total number of operations was 5,620, a decrease of 279. There were 48,531 examinations made in the Laboratory; 4,845 treatments given in the Physiotherapy Department; 15,614 x-rays were taken an 8,287 treatments given in the X-ray Department. The average number of days for each patient was 10. There were 2,769 treatments given in the Emergency Department to patients not admitted to the hospital. The total number of days treatment given was 105,607; 1,243 babies were born in the hospital, an increase of 128 over the previous year.

Cases	South Side	North Side	Total
Medical .....	1,212	836	2,048
Surgical .....	3,473	1,515	4,988
Labor .....	300	943	1,243
Newborn .....	304	948	1,252
	<hr/>	<hr/>	<hr/>
	5,289	4,242	9,531

Patient Days	South Side	North Side	Total
Medical .....	11,947	9,915	21,862
Surgical .....	48,953	14,844	63,797
Labor .....	1,745	8,615	10,360
Newborn .....	1,492	8,096	9,588
	<hr/>	<hr/>	<hr/>
	64,137	41,470	105,607

Average number of days for each patient:

South Side .....	12.1
North Side .....	9.3

### THE MAHONING VALLEY GUN CLUB, INC.,

has reserved every Thursday afternoon for the exclusive use of physicians and dentists. If you like to shoot, why not enjoy year-round pleasure and sport from your gun?

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Phone 4-3191

From  
**TONICS AND SEDATIVES,**  
 A. M. A.

SOCIAL MEDICINE

Time were when I a fledging was,  
 Enthusiastic medic.  
 I knew the ways of diarrhea  
 And was a whiz on headeck.

I hung my sign among the "THIRD"  
 The New Deal calls "neglected"  
 And, e're I knew my way around  
 I found myself respected.

That "THIRD" had joined some friendly  
 lodge  
 That furnished a physician  
 Who lived a life of perfect ease  
 And often went a-fishin'.

He didn't even have to fret  
 About his monthly check  
 And everyone could plainly see  
 The patient drew the neck.

He never had to worry  
 About the ones he'd see  
 For when that "THIRD" got really sick  
 They'd up and send for me.

And I would pit my level best  
 Against the pneumococcus  
 And hear the bronchiolar yell  
 "Help, Doc, he's goin' to blockus."

And so it was 'til I grew rich  
 Amid the divers dodges  
 Of doctors who forsook the Art  
 And sold themselves to lodges.

Now they are broke, and so am I,  
 And deadly time is fitting  
 They'll pray for pay from Washington  
 While I stick to my knitting.

That saddened "THIRD" we hear about  
 Is not so dumb, it's dreaming,  
 And when it gets a bellyache  
 It knows the *real* from *seeming*.

It knows within its very heart,  
 With all the New Deal's saying,  
 That it can trust the doctor best  
 When it does its own paying.

—ATA BOY.

**WARNING TO DELINQUENT  
 MEMBERS**

From Charles S. Nelson, Executive Secretary

On or about February 6, we will be forced to notify all physicians who have not renewed their membership in the Ohio State Medical Association through the payment of 1939 annual dues, that their names are being removed from the membership roster and the mailing list of The Ohio State Medical Journal and that their names will not be restored to these lists until their dues are received at this office. If we receive a delinquent member's annual dues or an indication from him that he intends to pay them promptly, on or before February 15, we will restore his name immediately and he will receive the March issue of The Journal.

Mother: "When that boy threw stones at you, why did you not come and tell me, instead of throwing them back at him?"

Willie: "What good would it do to tell you? You couldn't hit the side of a barn."

This Publication is printed

by the

**Youngstown  
 Printing  
 Company**

Space does not permit our half page ad to appear as usual.

Clerk (after getting down box on box of hose—dozens on dozens of them—for hard-to-please customer):  
 "There, madam, is our stock."

Customer (in a very disappointed voice): "Is that all you have?"

Clerk: "Yes, madam, except the pair I've got on."

# WHEN PRESCRIBING SALICYLATES

*do you fear Gastric Upset?*

SALICYLATES rank high among really useful therapeutic agents . . . but so often, when given in adequate doses, cause severe gastric disturbance.

You can minimize this troublesome side-effect by prescribing ALYCIN-MERRELL. For only Alycin combines these **two** essentials for maximum tolerance:

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2. **Balanced Alkaline Base**—selected alkaline salts in proper proportion to act as a buffer against gastric irritation.

Alycin is unusually effective in treating the common cold, influenza, tonsillitis, rheumatic and arthritic conditions—in fact, wherever salicylates are indicated.

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One average teaspoonful Elixir Alycin contains approximately 5 gr. Natural Sodium Salicylate and 10 gr. alkaline salts (potassium bicarbonate, sodium citrate) in aromatized elixir containing 10% alcohol. Supplied in quarter-pint and pint bottles.

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and Alycin Effer-  
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are also available  
at the prescrip-  
tion pharmacy.

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\*U.S.P. Minimum Standard

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Specify MEAD'S*

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Ethically Marketed — Not Advertised to the Public