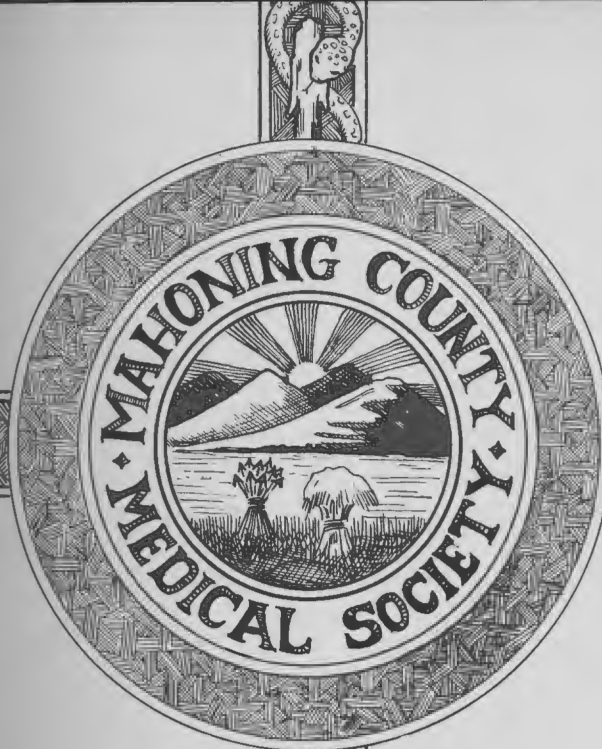


"Unless what we do is useful,
glory is vain."
—Phaedrus (Fables).

BULLETIN

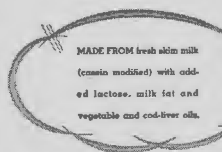
of the

Mahoning County Medical Society

Vol. IX No. 5
May 1939

ETHICAL...

Similac is an ethical product of merit. It approximates breast milk not only in composition but in its physical (zero curd tension) and chemical constants as well. Similac can be prescribed with the assurance that it is not advertised to the laity and no directions appear on or in the trade package.



SIMILAC

M & R DIETETIC LABORATORIES, INCORPORATED, COLUMBUS, OHIO

COMMITTEE CHAIRMEN—1939

Name	Committee	Phone	Address
H. E. PATRICK	Editorial	4-2661	138 Lincoln Avenue
JOHN N. McCANN	Program	4-2772	2724 Mahoning Avenue
WALTER K. STEWART	Public Relations & Economics	4-1974	Stambaugh Building
E. C. RINEHART	Sub-Com. on Economics	5-2215	130 Bridge St., Struthers, O.
W. H. EVANS	Sub-Com. on Public Relations	4-2147	Dollar Bank Bldg.
JOS. C. HALL	Sub-Com. on Indigent Relief	6-6568	243 Lincoln Avenue
MORRIS ROSENBLUM	Publicity	3-9113	Home Savings & Loan Bldg.
C. A. GUSTAFSON	Correspondent	7-7224	101 Lincoln Avenue
D. M. ROTHROCK	Membership and Attendance	3-5688	1509 Market Street
DEAN NESBIT	Social	6-6703	Home Savings & Loan Bldg.
LEWIS K. REED	Lay Education	3-2422	1920 Market Street
GEO. M. McKELVEY	Housing & Library	7-7224	101 Lincoln Avenue
D. H. SMELTZER	Medico-Legal	6-6568	243 Lincoln Avenue
EDWARD J. REILLY	Postgraduate Day	3-0631	249½ Robinson Rd., Campbell
O. J. WALKER	Legislative	7-6176	Home Savings & Loan Bldg.
GORDON G. NELSON	Public Health	6-6844	138 Lincoln Avenue
LAWRENCE SEGAL	Auditing	6-6743	701 Himrod Avenue
WM. D. COLLIER	Field Army Against Cancer	4-4521	St. Elizabeth's Hospital

Vol. IX—No. 5

CONTENTS

May, 1939

ADVERTISERS' LIST 130

MEDICAL CALENDAR 131

PRESIDENT'S PAGE 133

DIAGNOSIS OF COMMON CAUSES OF JAUNDICE . 135-143

MEDICAL CRIER 143

RECOGNITION AT STATE MEETING—
(Dr. Skipp and Dr. Norris) 144-145

COMING PROGRAMS 146-147

SUGGESTIONS ON CO-OPERATION BETWEEN
PHYSICIAN AND PHARMACIST . . . 149-151

NEWS 151

SECRETARY'S REPORT 151

TROOPER—TURNED PHYSICIAN . . . 153

HEART STRAIN 155-159

INTERESTING PROGRAMS 160

ADVERTISERS' LIST

Patronize them—they make the "Bulletin" possible

Blair's Dry Cleaning 152
Buck, Maynard A. 130
Cameron Surgical Specialty Co. ... 156
Central Square Garage 138
Cross Drug Stores 152
Defiance Milk Products Co. 138
Denver Chemical Mfg. Co. 156
Dobson's 156
Fair Oaks Villa 132
Foster, Helen Mantle 143
Francis, John P., Agency 156
Giering's 152
Golden Age Gingerale 130
Heberding's 142
Isaly's 134
James & Weaver 150
Jones Metabolism Equip. Co. 148
Jones Pharmacy 140
Lyons Physician Supply Co. ... 138-150-156
Massachusetts Indemnity Ins. Co. .. 150
McKelvey's 154
Mead Johnson & Co. .... Cover
Mercer Sanitarium 140
Merrell, Wm. S., Co. .... Cover
Renner's 140
Schmidt, Paul 140
Scott Company 142
Similac .... Cover
Strouss-Hirshberg's 148
Thornton's 136
Treudley, H. H., & Co. 152
White Drug Co. 136
Youngstown Printing Co. 156
Youngstown Sanitary Milk 154
Zemmer Co. 136

GOLDEN AGE GINGER ALE

Manufactured in One of America's Finest Beverage Plants

GOLDEN AGE GINGER ALE CO.

Distributors

Kingsbury-Schlitz-Miller's Hi-Life and Tivoli Beers

PHONES: 3-3333
4-4107

ALCOHOLISM

—Exclusively—

Complete rehabilitation —designed to leave patient absolutely free from any craving or desire for all liquors. Desire to quit liquors our only requirement.

MAYNARD A. BUCK, M. D.

Offering Absolute Seclusion

ELM MANOR **Phone 3443**
Reeves Road, Route No. 5
WARREN, OHIO

BULLETIN *of the* . . . . . .
Mahoning County Medical Society

M A Y 1 9 3 9

Published monthly at
787 Wick Avenue, Youngstown, Ohio.
Annual Subscription, $2.00.

WM. M. SKIPP, M. D., President
R. B. POLING, M. D., President-Elect
JOHN NOLL, M. D., Secretary
ELMER H. NAGEL, M. D., Treasurer
H. E. PATRICK, M. D., Editor

MEDICAL CALENDAR

May 16—Intern Competition, Youngstown Club.

June 20—Speaker, Dr. August A. Werner, Endocrinology. Youngstown Club, 8:30 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. Youngstown Club, 8:30 P. M.

FALL LECTURES

October 2, 3, and 4—By Dr. Bernard Fantus.

Monday—11:00 a. m. to 1:00 p. m.: Prescribing of Pleasant Medication.

Tuesday—11:00 a. m. to 1:00 p. m.: Therapeutic Use of Fluids.
8:30 to 9:30 p. m.: The Therapy of Insomnia.

Wednesday—11:00 a. m. to 1:00 p. m.: The Therapy of Colon Stasis.
8:30 to 9:30 p. m.: The Therapy of Cough.

RADIO TALKS

May 19—Prevention of Blindness - - - - - Dr. William F. Hatcher

May 26—Headache - - - - - - - - - - - - - Dr. John A. Rogers

June 2—Family Medicine Chest - - - - - Dr. Michael J. Sunday

June 9—Man Made Fever - - - - - - - - - - Dr. Asher Randell

June 16—Goiter - - - - - - - - - - - - - - - Dr. James K. Herald

A Modern Institution for the Care of Nervous and Mental Patients

Alcohol and Drug Addiction

A majority of the patients are referred to Fair Oaks Villa by members of the medical profession and it is only through the journals of the profession that any publicity is sought. The interests of FAIR OAKS VILLA, as an Institution, are completely dominated by those who have high regard and respect for the tenets of professional ethics.

The homelike atmosphere of Fair Oaks Villa is afforded by the pleasant rooms, by the eight and one-half acres of attractive lawns, picturesque landscaping and restful surroundings.

G. D. TIPTON, M. D.
Medical Director

A. B. BOSMA, M. D.
Assistant Physician

R. E. PINKERTON, M. D.
Consultant

E. D. McGOWAN, President

E. A. PAISLEY, Business Mgr.

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

PRESIDENT'S PAGE

Postgraduate Day is now history, but will long be remembered. Our guest speakers from the University of Pennsylvania, presented a most interesting and instructive program; one of great benefit to all of us.

We enjoyed seeing so many old friends among our visiting guests, who traveled many miles to be with us. We extend them a cordial invitation to attend next year; also our up-to-the-minute monthly programs. Come often. Be one of us.

The day was a tremendous success, everything went off with precision. This did not just happen, it was well worked out by the excellent direction, management and forethought of the Postgraduate Day Committee, with Edward J. Reilly as Chairman.

Our *Bulletin,* the one medium through which the Society is able to publicize and aid in the success of this annual event is responsible for the many beautiful displays which showed evidence of the confidence these business houses have in us. Many favorable comments were passed on the registration and display arrangements. Everyone seemed happy about the whole affair and it worked out perfectly.

The Entertainment Committee arranging details for entertainment both for guests and members had no easy task.

The Program Committee did a very good job in obtaining such excellent speakers for without them there would have been no meeting.

The Publicity Committee did a "he" man's job, for regardless of speakers, if the members and neighboring doctors did not know we were putting on such a program, they would not have attended.

May I congratulate all committees working under the direction of the Postgraduate Day Committee. You did a magnificent job. Everything clicked; no hitches; no back-firing; no delays; one of the best meetings we ever had.

The electrical apparatus worked perfectly. The Hotel management coöperated fully, this means so much where so many are concerned. I take this opportunity to thank the Youngstown Vindicator, represented by Mr. George Madtes, for the excellent writeup of our complex medical subjects. Mr. Madtes deserves much credit.

Again I wish to thank everyone of the members of the Society for their wholehearted support in making this meeting a grand and glorious success. It is this type of coöperation that makes our Society the outstanding organization of the middle west. Your officers and committees cannot function without your support, for this is not their Society, it is yours, and they are acting in your behalf.

WM. M. SKIPP, M.D.

Science's Most Perfect Bottle of Milk

Why? Because everything that science knows to do HAS BEEN DONE in order that this bottle of Isaly's Vitamin D Milk shall be the best tasting, most nourishing and the safest bottle of milk your money can buy. Consider these reasons carefully:

—Because Isaly's Milk comes from tuberculin tested cattle on inspected and approved farms.

—Because all Isaly Milk is laboratory tested and pasteurized to assure its safety and cleanliness.

—Because 400 U. S. P. units of Vitamin D, per quart, is added to give Vitamin D Milk greater food value.

—Because Vitamin D. Milk is packaged in the famous metal-capped, tamper-proof Dacro bottle with protected pouring lip.

—Because all Isaly bottles are Rentschlerized under the ultra-violet rays of sterilamps to destroy any possible bacteria just before they are filled.

ISALY'S

Pasteurized Vitamin D Milk

THE DIAGNOSIS OF COMMON CAUSES OF JAUNDICE

By DR. LAWRENCE SEGAL

Jaundice implies a staining of tissue and body fluids with bilirubin. It is a symptom rather than a disease, and represents nothing more specific than an accumulation of physiological waste. It is well known that bilirubin is passively excreted by the liver, the pigment itself being formed in the Reticulo Endothelial system; an excess of bilirubin in the blood and tissue therefore may result from one of the following causes: (1) An increased rate of destruction of hemoglobin and production of bilirubin beyond the capacity of the liver to eliminate it; (2) A block in the hepatic filter which results from toxic or infectious injury to the hepatic cells; (3) Mechanical influence with the flow of bile through the extrahepatic channels.

Following McNee's classification, the three varieties of jaundice may be designated respectively as hemolytic, hepatogenous (toxic or infectious) and obstructive (partial or complete).

Obstructive Jaundice

Obstructive jaundice, comprising about 85% of all cases, may be caused by any of the following conditions and may be tabulated under four main headings:

1. Obstruction inside of the lumen of the ducts; gall stones, inspissated bile or mucus due to cholangitis either in the extrahepatic ducts or in the small intrahepatic ducts as in some form of toxic jaundice and in Hanot's biliary cirrhosis, parasites, round worm, and flukes may enter the common duct from the duodenum.

2. Changes in the walls of the ducts; inflammatory swelling of the mucous membrane in the various forms of cholangitis, stricture of the ducts either congenital or acquired, primary tumors of the bile ducts, papillous or carcenomous.

3. Pressure on the ducts from without by tumors, enlarged glands and inflammatory adhesions.

a. Perigastric or periduodenal adhesions and cicatrization in rather rare instances involve the ducts and cause chronic jaundice. More often carcenoma of the pyloric end of the stomach spreads to the lesser omentum and compresses the common bile duct.

b. Pancreatic lesions as carcenoma of the head of the pancreas.

c. Retroperitoneal tumors and those arising from the kidneys or adrenals may compress the common bile duct.

4. Kinking or torsion of the ducts may be due to various causes, especially floating R. kidney, hepatoptosis, gastroptosis and a wandering spleen.

The distinguishing features of jaundice caused by benign obstructive lesions are (1) pain, (2) variable jaundice associated with intermittent patency of the bile passages. Approximately three-fourths of all patients suffer from attacks of biliary colic followed by transient slight jaundice, chills, fever and residual soreness in the upper part of the abdomen. If one reviews the histories of cases in which stones were found in the common duct, one will note two striking points: (1) The most common symptom is persistent indigestion with specific intolerance to certain foods; (2) the accounts of colicy pain in an individual case vary greatly and in at least 15 to 20% pain may be atypical in character and situation, while in about 5% of cases the condition is entirely painless. One occasionally encounters patients who have neither jaundice or pain, but have only recurrent febrile attacks which are associated with nausea and vomiting. There is another remarkable group of patients described years ago by Oster in which pain is present but not the outstanding feature. The principal clinical finding is long

PULVIS SIPPY "IMPROVED"

Diastase is capable of converting 2000 times its weight into Maltose or Malt-sugar.

PULVIS SIPPY Improved contains Diastase in addition to the usual light and heavy Carbonates found in ANTACID powders.

— FOR GASTRIC ACIDITY —

Contains: Bismuth Subcarbonate—Magnesii Carbonate —Calcii Carbonate—Sodii Carbonate—Diastase Conc.—Ol. Menth Pip.

Dose: One teaspoonful p.c.

Dispensed in 4 oz. bottles.

WHITE'S DRUG STORES

Dependable Prescription Druggists

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

Doctor!

Feel fully dressed—Shirts laundered at 9¢ each with every $1.00 worth of dry cleaning.

THORNTON **LAUNDRY AND DRY CLEANING COMPANY**

Phone 40155 **Girard 139**

ALWAYS DEPENDABLE PRODUCTS

Prescribe or Dispense ZEMMER

Pharmaceuticals. . . Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled.

Write for catalog.

Chemists to the Medical Profession.

THE ZEMMER COMPANY, Oakland Station, PITTSBURGH, PA.

standing variable jaundice, which simulates parenchymatous disease of the liver or malignancy. It is significant that stones rarely if ever completely occlude the common duct for any length of time. For this reason the stool and duodenal contents always contain bile at one time or another and jaundice as a rule is slight and variable.

The clinical features common to all forms of malignant biliary obstruction are related to its completeness and permanence. The most common type of malignant obstruction of the bile passages is that caused by carcenoma of the head of the pancreas. This develops late in life; males are more commonly affected than females; in about 40 to 50% of cases the patients have no pain whatever; in about 25% there may be vague or intermittent colicy pain, but in the remainder dull aching discomfort is the rule. In many cases the pain extends across the upper part of the abdomen to the left side and may be felt even in the left subscapular region. The jaundice produced by carcenoma of the pancreas is deep and remarkably constant; the average value for serum bilirubin is 17 mgms. per 100 cc. Much higher values are often recorded and in fact the maximal degree fo bilirubenemia is seen in the neoplastic obstruction and in the more severe forms of hepatogenous jaundice. Complete acholia is the rule, even repeated duodenal intubation reveals no trace whatsoever of bile. Bloody mucous plugs and even gross hemorrhages may be detected by duodenal drainage. These are of diagnostic significance. In about 25% of cases the tumor may occlude the pancreatic duct. Under these circumstances fatty diarrhea may develop for obvious reasons. The gall bladder is greatly distended and should be palpable in sixty percent of the cases or thereabout. There are certain laboratory tests which give useful confirmatory evidence in diagnosis and in distinguishing this condition from other painless forms of jaundice. In the early stages of the condition a high concentration of cholesterol in the plasma and increased values for serum phosphatose and a negative galactose tolerance test will usually result as hepatic injury increases. Inasmuch as no bile enters the intestinal tract, urobilin and urobilinogen will be absent from the urine. X-ray of the stomach and duodenum may reveal duodenal deformity; even pressure on the pyloric antrum. Tumors of the common bile duct, cystic duct and hepatic duct are more of a convenience than clinical interest. The correct pre-operative diagnosis is rarely made.

In obstructive jaundice, the stools become clay colored and the urine contains large quantities of bilirubin and is deep yellow or dark brown. Tests for bile salts in the urine are positive. If the obstruction is complete, urobilinogen will be absent in the urine, but in incomplete obstruction it will not only be present, but usually in abnormal quantities. Blood cholesterol is increased in complete obstruction, while in incomplete obstruction it may be slightly increased or normal. In cases of complete obstruction symptoms of cholemia appear, such as marked jaundice, bradycardia, severe skin itching, wasting, general malaise, somnolence, coma and death. A hemorrhagic state said to result from the presence of bile salts in the general circulation, or from the interference in fibrinogen formation by the liver may develop. Widespread hemorrhages into the skin, subcutaneous tissues, muscles or parenchymatous organs, hemoglobinemia, and hemoglobinuria may result. In incomplete obstruction when small amounts of bile seep into the intestinal tract, many of these symptoms of true cholemia fail to appear, even in the presence of obvious and often intense general pigmentation. In incomplete obstruction there results a direct reaction to the Van den Bergh test from the hyperbilirubenemia.

DOCTOR!

THESE FACTS ARE TO YOUR INTEREST

In reducible indirect inguinal hernia after diagnosis the next important step is the fitting of a **proper truss.**

In either surgical or medical treatment of hernia the **truss** is as important as a correct cast or splint in treatment of fracture.

Our truss expert can be of valuable assistance in selection of proper frame and pad.

With years of experience supplemented by factory experience, our Mr. H. F. Schafer has gained an enviable reputation with the profession, as second to none in technical ability.

Our fitting rooms and our stock is as complete as you will find in the largest cities.

For these reasons we earnestly solicit your valued cooperation.

LYONS PHYSICIAN SUPPLY COMPANY

MANUFACTURING PHARMACISTS

26 Fifth Avenue Phone 40131 Youngstown, Ohio

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

EVAPORATED

Morning Glory Milk

IMPROVES

COOKING

and

BAKING

"IT WHIPS"

Fine for Babies

and Invalids

DEFIANCE

MILK PRODUCTS CO.

SAFETY FIRST

SPRINGTIME IS CHANGE TIME

For Safety
Change Oil Now

CENTRAL SQUARE GARAGE

Wick & Commerce Phone 35167

"Where Doctors Park"

24 Hour Service

Bilirubin and bile salts appear in the urine together with urobilinogen, the latter usually in increased amounts. The stools are not clay colored, but a quantitative estimate shows a definite lack of stool pigment. A decreased fragility of the erythrocytes is often present.

Toxic Jaundice. This results from direct injury to the liver parenchyma. This is also known as Hepatoxic Jaundice or Hepatocellular Jaundice. Under McNee's classification the two types, toxic and obstructive jaundice, are grouped together under one heading, Regurgitative Jaundice.

Intrahepatic jaundice is primarily a medical problem, and for that reason a correct diagnosis is of major importance. The pathologic picture may vary from simple cloudy swelling in the infectious type to the necrosis of hepatic cells in the acute or subacute yellow atrophy. The so-called intrahepatic type of jaundice depends on regurgitation of bile through ruptured bile capillaries, a phenomenon which in turn is caused by degenerative or inflammatory lesion of the hepatic parenchyma. The acute conditions are analogous to the acute form of nephritis; the chronic varieties are analogous to the contracted kidney.

The liver injury may result from a variety of causes; chemical or vegetable poison, bacterial poison, protozoal poison, and miscellaneous.

The essential clinical features to be emphasized are the absence of pain, the patency of bile passages, and the presence of bile and urobilinogen in the urine. Among the types of hepatogenous jaundice most frequently seen are the epidemic or catarrhal jaundice, the toxic forms which are secondary to drugs and poison, and toxic hepatitis which occurs in the course of systemic disease. The general clinical picture produced by all these types is much the same no matter what the etiological agent. The onset of symptoms is usually gradual and painless. Jaundice appears insiduously. The symptoms include anorexia, vomiting, diarrhea, slight fever and general malaise. Jaundice is not as a rule followed by pruritus. The urine is dark and the stools are clay colored at first. The liver is often somewhat enlarged and tender on pressure. In at least one case out of four the tip of the spleen can be palpated. The stools are rarely acholic for any length of time. The tolerance for galactose is diminished and the concentration of cholesterol in the plasma is reduced in cases in which the condition is moderately severe.

The chronic forms of hepatitis and jaundice are poorly understood and their etiology is obscure. The so-called Hanot's hypertrophic biliary cirrhosis is only a catch-basket for a variety of hepatic lesions. The syndromes probably represent an advanced stage of hepatitis with peripheral fibrosis and regeneration and includes at least four types of cases.

1. Obstructive biliary cirrhosis secondary to intermittent partial obstruction of the bile passages.

2. Chronic infectious type of cirrhosis which develops as a result of previous systemic disease or because of chronic infectious processes elsewhere in the gastro-intestinal tract (chronic ulcerative colitis, low grade chronic infectious lesion of the gall bladder and pancreas.

3. Certain forms of chronic atrophy of the liver.

4. A type of familial hepatic dysfunction associated with low grade hyperbilirubenemia which may eventually progress to chronic hepatitis and definite clinical jaundice.

There are certain clinical features common to all of the chronic forms of hepatitis. Jaundice is as a rule slight and fairly constant, and the bile passages are patent. Pruritus and thickened melonatic skin are common developments. The liver is ordinarily symmetrically enlarged, firm, and

THE MERCER SANITARIUM

MERCER, PENNSYLVANIA

For Nervous and Mild Mental Disorders. Located at Mercer, Pennsylvania, thirty miles from Youngstown. Farm of one hundred acres with registered, tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address:

W. W. RICHARDSON, M. D., Medical Director

Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

RENNER'S

CLIPPER

BEER

You'll be glad when you say "Make mine Renner's"—first for thirst, first in Youngstown, and first in flavor. Have a carton in "your" home.

Phone 44467

The Renner Company

Youngstown, Ohio

PLANTS

BOUQUETS

All Kinds of Flowers for DECORATION DAY

PAUL SCHMIDT

Florist

3121 Market St. Phone 2-4212

Youngstown, Ohio

Doctor!

Phone your ℞ direct to us—we will deliver.

2-2483 2-1048

JONES PHARMACY

2702 Market St.

splenic enlargement is the rule. Curiously enough there is relatively little evidence of hepatic insufficiency even in cases in which the condition has been present for a long time. Many patients live for a long time in moderately good health. The ultimate outcome is unfavorable, although numerous recoveries are on record.

Hemolytic Jaundice is a general term used to apply to all forms of jaundice due to extrahepatic causes. This would include familial hemolytic jaundice, acquired hemolytic jaundice, pernicious anemia, paroxysmal hemoglobinuria, incompatable blood transfusion, sickle cell anemia, phenylhydrazine poisoning, grave familial jaundice, epidemic hemoglobinuria of the newly born (Wrukle disease) and probably most cases of icterus neonatorium.

The characteristic features: (1) Long standing non-obstructive jaundice; (2) splenomegoly; (3) anemia with microcytosis; (4) a decrease of resistance of the red cells to hypotonic salt solution (increased fragility); (5) high percentage of reticulocytes and a tendency to familial occurrence of the disease. Many synonyms are used, and include such descriptive names as chronic familial jaundice, hemolytic splenomegoly, hemolytic anemia, chronic infectious jaundice, with splenomegoly and acholuric jaundice. This diagnosis is not usually difficult. Here we have a—

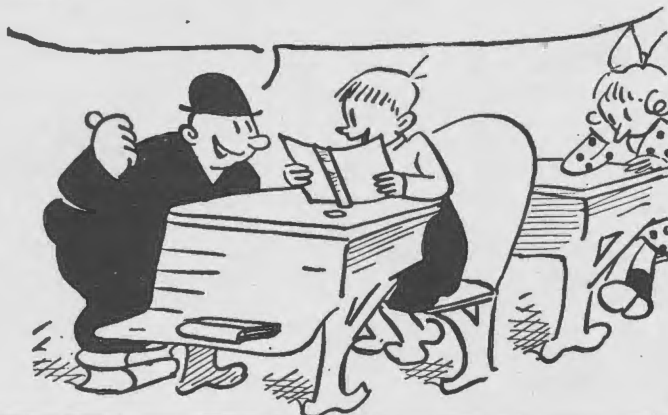
1. History of long standing jaundice, non-obstructive type, the jaundice usually noted at or soon after birth.

2. Splenomegoly.

3. Typical blood findings.

The icterus once established usually persists through life. It is characteristically dissociated jaundice, i. e., that is an accumulation in the blood and tissue of bile pigment without any retention of bile salts. For this reason the symptoms, pruritus and bradycardia, which are due to excess of bile salts and which are so common in obstructive jaundice are absent in this disease. The icterus is ordinarily not marked. There is a definite tendency for the jaundice to vary and the icterus becomes more marked after chilling, digestive disturbances and emotional strain. The stools are usually deeply colored and are never clay colored. On the contrary, the large amounts of bilirubin excreted into the bowel, and the urobilinogen formed from it, is a notable diagnostic point. Elevation of serum bilirubin, but not as great as in obstructive jaundice, usually less than 5 mgms. per 100 cc. The Van den Bergh is indirect, or very markedly delayed. Despite the great overproduction of bilirubin in the blood, none appears in the urine. On the other hand, with large amounts of bilirubin available in the intestines there is conversion into large amount of urobilinogen which in time is absorbed from the intestine into the blood stream. Being in excess apparently of the amount the liver is capable of reconverting, urobilinogen is eliminated by the kidneys and the urobilinogen content of the urine is greatly increased. In hemolytic jaundice liver tests are quite normal. Blood cholesterol is not increased. Splenomegoly is one of the most constant features in a typical case. The size of the spleen is roughly proportionate to the duration and severity of anemia and jaundice. In mild cases it may be barely palpable, in more severe cases it may be tremendously enlarged. Some of the largest spleens on record have been found in hemolytic jaundice. Sudden splenic enlargement often with severe pain is particularly apt to occur during exacerbation of the disease. The blood picture is of particular interest and diagnostic value. It is marked by a proportionate decrease in the red cell count and hemoglobin with a color index close to one. Examination of stained film shows in particular a definite microcytosis which is

Don't worry Buddy—The INDIAN CREEK FARM MILKMAN just stopped at your house and I heard Doc say it has what it takes to build strong bodies and minds. Your readin' an' writin' and 'rithmatic won't be half as hard as that gal behind you from now on.



Call Heberding's **Phone 2-2344**

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

For Your Leisure and Pleasure Hours . . .

The newest and smartest ideas are here in sport shirts and slacks to match—of Denim Linens—Gabardines and Worsted.

$5.00 to $30

The Scott Company

32 North Phelps Street

associated with no other type of jaundice. Reticulocyte is increased, commonly ranging from 10 to 20% of the red cells, and there are cases on record in which 90 to 95% of the red cells are reticulocytes. There is also a definite red cell fragility (sometimes it may be normal). The course of hemolytic jaundice is essentially chronic and especially in those cases which begin early in life it is often quite mild.

THE MEDICAL CRIER

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

● From Detroit: The Wayne County Medical Society intends to develop graduate education in medicine as a major interest, and has announced a practitioner's course in Medicine to be given next fall at the Receiving Hospital. Enrollments are now being received.

The Glee Club of forty-one voices gave a concert at the Art Institute on April 24.

● From New York: The Cathedral-like Hall of Man will dominate the medical building at the World's Fair. On entering this vast chamber one will hear a low, persistent, pulsating sound—the sound of a beating heart. It will be found to come from an imposing 22-foot figure of a man which emerges from the vast cosmic panorama covering one end of the long hall. The heart, illuminated from within, shines blood-red from the breast of the model. Above, on a frieze encircling the hall is engraved an excerpt from the writings of St. Augustine — "Man wonders over the restless sea, the flowing water, the sight of the sky and forgets that of all wonders man himself is the most wonderful!"

● From Cleveland: The third annual Musical Medley was presented at Severance Hall on May 6 by the Academy of Medicine. The symphony orchestra and the Glee Club joined forces to make a show that was thrilling, colossal, gigantic and stupendous. The skit where the boys graduate from Aching Bun Medical College really laid them in the aisles.

● From Pittsburgh: The tenth Bedford Lecture was delivered April 27 by the Hon. Samuel B. Pettingill on "The Citizen's Interest in the Threatened Socialization of Medicine." The Bedford Lectures are given annually in honor of Dr. Nathaniel Bedford, the first physician to practice medicine and surgery in Fort Pitt, now the city of Pittsburgh.

The second Renziehausen Memorial Lecture was delivered April 24 by Frank G. Young, Ph.D., member of the Scientific Research Staff of the National Institute for Medical Research, London, England, on "The Anterior Pituitary Gland and Diabetes."

● From the District of Columbia: There is a limit to the amount of medical work a physician can do well. He can at best "work up" not more than four new cases and see a few former patients in a working day.

This fact alone exposes the fallacy of the "medical mill" that systems of health insurance and medical coöperatives depend upon for their existence.

The more rapid the turnover and the more impersonal the service, the less valuable is the individual piece of work.

SPENCER CORSETS
Correctly Fitted
by
HELEN MANTLE FOSTER
543 Ferndale
Phone 2-4940

MAHONING COUNTY WINS RECOGNITION AT STATE MEETING

By JAMES L. FISHER, M.D.

At the Ohio State Medical Association Convention at Toledo on May 3-4, Mahoning County men distinguished themselves in both scientific contributions and administrative affairs. As a reward they obtained ample recognition from their colleagues in other parts of the state for their work in advancing the cause of medicine.

The outstanding event of the Convention was the election of Dr. William M. Skipp to the office of President-Elect of the Association. This event came as no surprise to those who are familiar with his work in the past four years as Councillor for the Sixth District. His untiring and self-sacrificing devotion to the interests of the County Societies in his district was an example for other State Officers to copy. Traveling hundreds of miles over his District and to meetings in Columbus in all kinds of weather, often returning late at night, he gave more of his time to organized medicine than he could afford—often to the detriment of his practice and his health.

Dr. Wm. M. Skipp

Such aggressive activity in promoting the things he believed in have always been characteristic of the man. In 1931 as the first business manager of the *Bulletin* he was the one who was really responsible for its good start. As Secretary of the Society he lost no opportunity to improve the service, managing the Speakers' Bureau in addition to the myriad responsibilities of his office. Retiring as Secretary to become Councillor of the Sixth District he increased the scope of his activities and became a familiar figure in State affairs. The Mahoning County Medical Society gave due recognition for his years of service by naming him its President, which position he now holds. Shortly after the expiration of this office he will be installed as President of the State Association. Mahoning County members rejoice with him in this honor, feeling that some of it belong to the Society that is now known as the most progressive in the State.

The election of Dr. Claude B. Norris to the office of delegate to the A. M. A. Convention gives Mahoning County direct representation in national medical affairs, and gives Dr. Norris well deserved recognition. Starting in Committee work, he served his local Society with distinction as Editor of the *Bulletin* for two years and as its President (1938). Entering State activities he assisted in revamping the *Journal,* well equipped to do so by previous *Bulletin* experience. As a member of the Committee on Scientific Work he helped to ar-

range the program for this meeting which was one of the best the Association ever had. Dr. Norris was appointed Chairman of the Committee on Scientific Work for the coming year. The Society looks forward with confidence to his service as delegate in these times when such important legislation is pending, and when the best minds are needed to solve our problems.

In the scientific programs, Mahoning County was well represented. Dr. W. K. Allsop as Chairman of the Surgical Section presented Dr. Samuel Wood Weaver who gave an excellent paper on "Subdural Hematoma." In the Eye, Ear, Nose and Throat Section, Dr. William Evans gave a paper on "Problems of Nutrition Encountered by the Ophthalmologist and Otolaryngologist." The Chairman of this section was Dr. Fred Dixon who interned at the Youngstown Hospital in 1917-18. Dr. John Noll presided as Chairman of the Medical Section. An innovation this year was the institution of Round Table Discussions which proved to be very popular. Dr. E. C. Goldcamp led the discussion on "Postoperative Pulmonary Complications," Dr. W. H. Bunn on "Treatment of Nephritic Emergencies" and Dr. E. R. Thomas on "Gastro-Intestinal Upsets in Children."

Dr. Claude B. Norris

Much of the success of the meeting was due to the men behind the scenes —the committee members and the delegates who work while the rest are enjoying the programs. Dr. O. J. Walker, delegate and member of the Legislative Committee, served on the nominating committee and was active in obtaining recognition for Mahoning County. The delegates and alternates, Drs. Gordon Nelson, Dean Nesbit, W. P. Reilly and Ivan Smith attended all the legislative sessions and were indefatigable workers in representing their Society. Delegate Walter Stewart is Chairman of the Special Committee on Poor Relief, and Dr. Paul Fuzy a member of the Committee on District Meetings.

It was good to see Dr. Sidney McCurdy again, who is still our unofficial delegate and who is held in the most affectionate regard by his old friends from Youngstown. It was a great meeting and a most successful one. The attendance was about 1400 with nearly 30 men from Mahoning County. All who attended can not be named here but the officers appreciate their support and feel sure they were amply repaid for their trip.

(Dr. Skipp is to be the first President of the State Association from Mahoning County in 50 years. Dr. Norris is the first person from Mahoning County ever elected to be a Delegate to the American Medical Association.)

GOLF MEETS

THURSDAY, JULY 20th

and

THURSDAY, AUGUST 17th

Southern Hills Country Club

GOLF 1:30

DINNER 6:30

COME ONE COME ALL

ANNUAL PICNIC

THURSDAY, SEPTEMBER 14th

MILLIKIN'S FARM

Same Place - Same Time - More Fun

Corn Roast and Clam Bake

ALL KINDS OF SPORTS

Scientific Program

The Mahoning County Medical Society

presents

THE ANNUAL INTERNES' CONTEST

TUESDAY, MAY 16TH

YOUNGSTOWN CLUB

Representing St. Elizabeth's Hospital

DR. A. K. PHILLIPS

DR. A. S. PARKER

Representing Youngstown Hospital Association

DR. MYRON OWEN

DR. RAYMOND S. LUPSE

A MEETING YOU CANNOT AFFORD TO MISS

For *Accuracy* and *Simplicity* in making *Metabolism Tests* install the

NEW JONES MOTOR-BASAL UNIT

Thousands of users all over the country enthusiastically favor the NEW OUTSTANDING FEATURES of this model

- √ SIMPLIFIED TECHNIQUE AND NO CALCULATIONS
- √ ECONOMY OF OPERATION
- √ LIFE-TIME GUARANTEE
- √ WATERLESS
- √ NOISELESS, ALL-ELECTRIC, BALLBEARING EFFICIENCY

Mail in coupon below and take advantage of our offer of a FREE DEMONSTRATION of its exclusive features and a trial period of the apparatus without any cost or obligation. This service is coupled with instructions that will greatly enlarge the scope of the use of the B.M.R. in every general examination.

Accepted by the Council on Physical Therapy of the A. M. A.

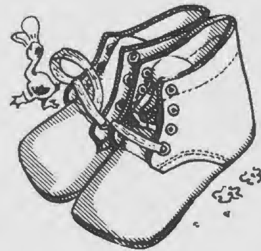
Small Monthly Payments Out of Income Will Enable You to Own It At Once

Jones Metabolism Equipment Co., 1870 E. 90th St., Cleveland, O.
Gentlemen: Please send me
☐ **Booklet on "Accurate Basal Metabolism Testing and Clinical Applications"**
☐ **Full details on your 7-day trial offer**

NAME____________________
ADDRESS____________________
CITY AND STATE____________________

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

Mrs. Day "Ideal" Baby Shoes



In Three Widths

Whether walking or not, baby should be fitted carefully and comfortably in these pretty shoes. They are scientifically designed and correctly sized—and as dainty as flower petals. Sizes 0 to 8—in three widths.

Washable Felt Shoes..$1.00

Soft Sole Kid Shoes.....$1.10 and $1.39

Flexible Sole Shoes.......$2.25 to $3.50

"First Step" Shoes.....$2.00

INFANTS' SHOP—SECOND FLOOR

STROUSS - HIRSHBERG'S

SUGGESTIONS ON COOPERATION BETWEEN PHYSICIAN AND PHARMACIST

As Outlined by Leading Representatives of the Respective Professions

The Physician Should:

By BERNARD FANTUS, M.S., M.D.
Professor of Therapeutics, University of Illinois College of Medicine

1. Consider the pharmacist as a medical team mate. He is not a mere shopkeeper but a professional man.

2. Remember that the pharmacist constitutes a valuable ally both to physician and patient.

3. Apply the "Golden Rule" in his relation to the pharmacist.

4. Write legible prescriptions, with as much care as a bank check. And yet the latter merely deals with money and the former with life and death.

5. Avoid possible incompatibilities.

6. Never price a prescription to a patient. The pharmacist has the same right to resent a physician's dictation as to what his fee for professional service should be, as the physician has, should the pharmacist do this.

7. Remember that self-dispensing by the physician antagonizes the pharmacist as much as counter-prescribing by the pharmacist antagonizes the physician.

8. Never resent an inquiry by a pharmacist about a prescription the physician has written. Such communication may possibly save a life. Before the law the pharmacist carries an equal responsibility with the physician when evil results from medication.

9. Praise whenever he can and never criticize the pharmacist's work in the hearing of the patient. If criticism is deserved give the pharmacist the benefit thereof privately and tactfully; and you will have made a friend.

10. Remember that pharmacy is keeping abreast of materia medica, pharmacology, and therapeutics, as evidenced by its official meetings and publications. There is much that both professions can interchange for mutual benefit.

11. Remember that both physician and pharmacist are public health representatives.

12. Always remember that the planting of medico-pharmaceutic cooperation reaps a reciprocal harvest.

The Pharmacist Should:

By FREDERICK D. LASCOFF, B.A. B.S., Ph.G.
Assistant Professor, Columbia University College of Pharmacy

1. Never attempt to diagnose or prescribe.

2. Refuse to assume the responsibility of so-called "First Aid," such as removing foreign bodies from the eye, etc. A foreign body in the eye may have produced a corneal ulceration which may possibly result in blindness. Remember that what seems like a minor ailment such as a "cold" or a "stomach ache" may develop into pneumonia or appendicitis, and you have the moral responsibility of any dire results. Always advise immediate medical care.

3. Avoid encouraging self-medication by the layman.

4. Impress on the public the need for a periodic examination by a physician.

5. Fill every prescription exactly as called for.

6. Double check every prescription to eliminate human errors.

7. When receiving a prescription which raises a doubt as to dosage, etc., always consult with the physician before dispensing.

8. Never discuss a prescription with a patient.

9. Label all medicine distinctly, to eliminate confusion or errors by the patient.

10. Always include accessories such as medicine dropper, applicator, etc., to enable the patient to use the medication properly.

DOCTOR:—

NOW

The Massachusetts Indemnity Insurance Company

offers you

PROTECTION FOR YOUR HANDS!

— Let Us Explain —

LLOYD T. STILLSON, General Agent

1304 Central Tower Telephone 3-3196

— Associates —

RANDY CALHOUN LAMAR DONAHAY PETE KENNEDY
JIM COZZA NEIL KENNEDY CON RYAN

"You must buy Disability Insurance when you don't need it in order to have it when you do need it."

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

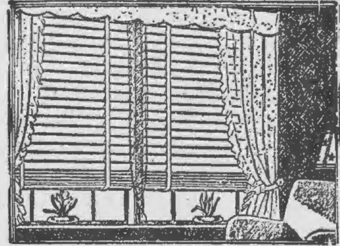
Compressed Tablets

MAGNESIUM TRISILICATE

7½ Gr.

DOSAGE:
One or two tablets as directed.

Lyons Physician Supply Co.
Manufacturing Pharmacists
26 Fifth Avenue
Youngstown, Ohio



Venetian Blinds

OFFICE FURNITURE

James & Weaver

"Office Outfitters"

4-4427 W. Wood

11. Keep his prescription department immaculately clean, and make the general appearance of his establishment professional.

12. Keep readily available a stock of ampuls, biologicals, and such emergency necessities as a stomach tube, amyl nitrite pearls, principal poison antidotes, hypodermic tablets, etc.

13. Keep a stock of fresh, high quality chemicals and pharmaceuticals, regardless of price. Keep constant watch for spoilage of drugs and always discard them when in doubt.

14. Include in his equipment accurate apparatus for measuring and weighing, and the recognized pharmaceutical books for constant reference.

15. Remember his obligation to provide speedy service at all times.

16. Welcome the physician to inspect his prescription department and encourage his suggestions.

17. Never "stagnate," but keep abreast with medical and pharmaceutical progress through reading, lectures, and society meetings.

18. Never "profiteer," but charge enough to enable him to supply the best ingredients, skill, and service.

19. Coöperate with the physician on charity patients.

20. Never forget that he shares the physician's responsibility in the maintenance of public health.

—*From the Merck Report.*

NEWS

The Ninety-Third Annual meeting of the Ohio State Medical Association held May 3rd at Toledo went over with a bang. The following doctors attended:

WM. M. SKIPP, J. B. Birch, J. J. Wasilko, L. G. Coe, R. B. Poling, W. K. Allsop, Alice W. Elliott, C. W. Sears, Samuel H. Sedwitz, M. H. Steinberg, S. J. Klatman, Wm. H. Evans, Edw. J. Goldcamp, S. W. Weaver, E. R. Thomas, Edward J. Reilly, W. J. Tims, Claude B. Norris, R. H. Middleton, John Noll, Gordon G. Nelson, Ivan C. Smith, O. J. Walker, Dean Nesbit, James L. Fisher, A. B. Sherk, W. H. Bunn, Morris Rosenblum, L. K. Reed, Paul Kaufman.

Drs. John McCann and John Renner spent a week in Atlantic City attending the American Society for Clinical Investigation and the American Physicians Association meetings.

OUR STATE CHAMP

Deserving honorable mention is the Society's star golfer Dr. W. A. Welsh, who got his recognition at Toledo by playing golf. Bill was third in the State Championship and wasn't satisfied but took home the 45 to 55 year Senior Cup, also the Gold Mills Restaurant Trophy awarded for the best 18 holes in the morning round.

SECRETARY'S REPORT

The Regular Council Meeting was held at the office of the Secretary, April 10, 1939. Dr. Skipp presided.

The following applications for membership in the Society have been approved:

For Active Membership:
Dr. Wm. Peter Reckley
Dr. Milton Marvin Yarmy

For Class D Membership:
Dr. John S. Goldcamp

Unless objection in writing to any of these applicants is filed with the Secretary within 15 days, they will become members of the Society.

The 12th Annual Postgraduate Assembly was held Thursday, April 20th, at the Hotel Ohio. An interesting group of papers were presented by leaders, in their various fields, from the University of Pennsylvania Medical School. The day was both interesting and enjoyable.

DR. JOHN NOLL, Secretary.

Youngstown Owned and Operated

CROSS DRUGS

6 EAST FEDERAL STREET
In the Stambaugh Bldg.

1 WEST FEDERAL STREET
In Central Tower Bldg.

WE INVITE YOU TO VISIT OUR PRESCRIPTION DEPARTMENTS

Five Pharmacists to Serve You.

Prescriptions Delivered to Your Patient.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

COLD STORAGE for FURS and WINTER GARMENTS

1½¢ to 3¢ per day.
Store now—pay in the Fall.

Phone 44227

Responsible Cleaners and Furriers

H. H. TREUDLEY & CO. INC.
123 E. COMMERCE STREET
OFFICE SUPPLIES
ACCOUNT BOOKS

STEEL & WOOD OFFICE FURNITURE

For Prompt Service
Call 3-0612

Drink Pepsi Cola

Bottled & Distributed by
The J. F. Giering Bottling Co.
Youngstown, Ohio
Phone 6-2212

TROOPER—TURNED PHYSICIAN

THOMAS SYDENHAM, familiarly known as the "English Hippocrates," is also justly termed the "trooper turned physician." Born into a Puritan family at Dorsetshire in September, 1624, he entered Oxford University at eighteen only to leave after a few months because of the impending Civil War. The Sydenham family became the leaders of the Parliamentary forces in Dorset, and young Thomas plunged into the fight as a cavalryman. When peace was restored in 1646, he returned to Oxford to begin the study of medicine. His bachelor's degree was conferred in 1648 and later that year he was made a Fellow of All Souls' College. Within three years, however, his studies were interrupted by the second Civil War in which he was commissioned a captain of cavalry. Cromwell's defeat of Charles II in September, 1651, left Sydenham free to return to his studies as a Fellow, but the youthful physician soon found that he could not reconcile himself to pursuing the seemingly vague will-o'-the-wisp of pure research. No doubt his experiences on the battlefield had much to do with his realization of the great need and opportunity for practical clinical medicine.

Thus the year 1655 saw Sydenham relinquish his felllowship, marry, and establish himself in practice in London. His predominant interest in the practical aspect of medicine is reflected in these quotations from his writings: "Etiology is a difficult, and, perhaps, an inexplicable affair; and I choose to keep my hands clear of it . . . the whole philosophy of medicine consists in working out the histories of diseases, and applying the remedies which may dispel them; and Experience is the sole guide." Sydenham patterned his medical life after that of Hippocrates, relying solely upon his powers of observation and and fund of experience to determine treatment, and actually disregarding every recent discovery in scientific medicine. This very disregard, however, was the secret of Sydenham's success as an internist, for it necessitated careful study of the natural history of disease. He considered all cases of disease as subjects of scientific description and analysis and these clinical studies he incorporated in many outstanding treatises.

His first and classic work, *The Method of Treating Fevers,* was published in 1666. Other authoritative discussions of various prevalent diseases followed in a steady stream, the paper on gout, the disease from which Sydenham himself suffered, (*Tractatus de podagra et hydrope,* London, 1683) being considered by Garrison as his masterwork. Dysentery, scarlatina, hysteria, and chorea minor were the subjects of other treatises from his facile pen. Sydenham advocated and popularized the use of Peruvian bark, fresh air in sickrooms, horseback riding for consumptives, cooling draughts in smallpox, steel tonics in chlorosis, and the liquid opiate which bears his name. English practitioners relied upon his *Processus integri* as their *vade mecum* for more than a century, and his influence lasted to and beyond the advent of the Vienna School.

Thomas Sydenham did not contribute any great discovery in scientific anatomy or physiology to aid the followers of Aesculapius in their search for truth. However, he did more than that, for he initiated a new method of approach to the treatment of the sick that might avail itself in larger measure of other men's specific scientific discoveries. Sydenham died in 1689, but his fame as the founder of modern clinical medicine bids fair to live forever.

—*Roche Review.*

NOW YOU CAN GET

HOMOGENIZED
VITAMIN "D" MILK

It's easier to digest: Homogenizing breaks up the cream—by pressure—into tiny particles that form a soft curd in the stomach, making digestion easier, even for babies.

It has a new flavor: Because there is cream in every drop, this milk has a grand, new taste. Children love it and grown-ups enjoy milk more than ever.

It contains VITAMIN D: This is the precious vitamin so necessary to develop strong bones and sound teeth. Every quart contains 400 U.S.P. units of Vitamin D.

It is more nutritious: Because it digests easily, more of the food value of this milk is assimilated by the system.

Every mother will welcome this milk that is creamy rich from top to bottom. Order Sealtest-Approved Homogenized Vitamin D Milk today.

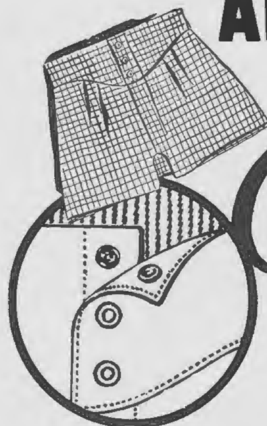
TELEPHONE 32161

Sanitary's

Homogenized Vitamin "D" Milk

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

ARROW SHORTS
have
Grippers
Reg. U.S. Pat. Off.



INSTEAD OF BUTTONS

Grippers are neater—quicker—and completely laundryproof. Grippers are approved by the American Institute of Laundering and guaranteed by Good Housekeeping as advertised therein. **65¢**

McKELVEY'S

HEART STRAIN

By ROBERT B. POLING, M.D.

One in four cases of organic heart disease shows evidence of heart failure. The central interest of the physician should not only be in cases of failure, it should be in cases without failure. These have more promise for the future, and they need recognition more than do the advanced cases. The proper advice and treatment for them may prevent or postpone the onset of failure.

It is not always an easy matter to determine the presence or absence of heart disease. Some symptoms that actually originate in the disturbances of the heart beat cannot be considered pathognomonic of heart disease. Among these are palpitation or heart consciousness, psychogenic tachypnia and rapid breathing. Nearly all the symptoms that occur in genuine cardiac disease may be produced in other systems. Such cardinal symptoms as breathlessness may be a result of cerebral, pulmonary or blood disturbances; Edema may be caused by varicose veins, undernutrition, low serum protein, nephrosis, nephritis and toxic damage of the capillary epithelium. The significant symptoms of heart disease arise in the derangement affecting the functional capacity of the heart to provide adequate circulation to the lungs and respiratory center in the brain.

Symptoms alone cannot be considered diagnostic of heart disease. Certain definite signs must accompany them. The chief argument in favor of early recognition of asymptomatic heart disease is the assurance that much suffering may be spared and great distress ameliorated.

The observation of certain criteria generally accepted as unquestionable evidence of heart disease, can usually be made and some prognostic values elicided. This evidence is noted when one or more of the following facts are discerned in a patient. Then the diagnosis of heart disease can be established.

1. Serious mechanism disorders of the heart beat. These are alternation, heart block, auricular flutter and auricular fibullation.

2. Enlargement of the heart and aorta.

3. Generalized or aortic and coronary arterial sclerosis.

4. Chronic persistent high blood pressure or generalized venous pressure.

5. A persistent and conspicuous gallop rhythm.

6. Signs of organic valvulitis such as diastolic murmurs and thrills.

Each of these may be detected by the physician in the process of a careful physical examination. The cardiovascular methods of precision may add only confirmatory evidence with the exception of electrocardiography. This method of study will reveal prolonged atrio-ventricular and intraventricular block and significant Q and T wave, QRS and ST changes in some cases in which there may be no other reliable signs.

With the above signs of heart disease before us, it is well to make observations to determine the presence or absence of heart strain. Therefore, a study of the factors conducive to cardiac strain should be made.

The factors that produce left ventricular strain are, arterial hypertension, aortic stenosis, left ventricular infarction, and aortic insufficiency.

The factors that produce right ventricular strain are, mitral stenosis, pulmonary stenosis, pulmonary insufficiency, pulmonary endarteritis, pulmonary fibrosis, pulmonary emphysema, and tricuspid insufficiency.

CAMERON SURGICAL SPECIALTY CO.
Chicago New York London

•

Cameron's Electro-Diagnostic
Surgical and Dental Instruments
Cautery Equipment and
Optical Specialties

•

666 W. Division Street
Chicago, U. S. A.

MALPRACTICE LIABILITY
More Coverage for less money.
Phone for Sample Policy.
THE JOHN P. FRANCIS AGENCY
1403 Central Tower Bldg.
Phone 64269

YOU WRITE IT—
WE FILL IT CORRECTLY.
Phone 27744
DOBSON'S PHARMACY
100 E. Midlothian
We Deliver

★ PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN ★

Antiphlogistine TRADE MARK
THE IDEAL DRESSING
For the Relief of Inflammation and Congestion
Denver Chemical Mfg. Co.
163 Varick Street
New York, N. Y.

Compressed Tablets
THEO-BARB-IDE
Each Tablet Contains:
Theobromine .... 2½ Grs.
Phenobarbital .... ¼ Gr.
Potassium Iodide.......... 2½ Grs.
WARNING:
May Be Habit Forming
DIRECTION:
One tablet three times a day.
Lyons Physician Supply Co.
Manufacturing Pharmacists
26 Fifth Avenue
Youngstown, Ohio

This Publication is printed by the
Youngstown Printing Company

Strain on both ventricles is produced by mitral insufficiency, multiple valve disease, severe anemia, arterial hypertension, aortic valve disease, myocardial infarction, plus factors producing right ventricular strain.

Each and all of these factors cannot be explained in a brief manuscript. The recognition of left ventricular strain is probably the most useful of any problem in the field of cardiology. This phase of cardiology has been greatly neglected in the past, to be revived only during the past several years.

It was Hope who wrote extensively of left ventricular failure in the year 1833. His observations were not only excellent for his time, but hold scientifically true at the present. Just one hundred years from that date, Paul D. White wrote his classic on "Weakness of the Left Ventricle." The intervening period was one of marked quietude relative to this subject.

However, during this time some conception of enlargement of the heart from strain was built up. In 1728 *Lancisi* wrote on aneurysm, or enlargement of both the heart and arteries. He described a new sign, the engorgement and pulsation of the cervical blood vessels due to transmission of pressure upward from a dilated right heart.

De Senac in 1749 wrote of cases of cardiac enlargement with and without valvular disease, and related asthma to some kind of heart disease.

Hope, of Edinburgh, was the first to clearly point out that the left ventricle may weaken under some strain with resulting congestions of the lungs and secondary strain thereafter on the right heart. He was also the first to describe cardiac asthma.

The study of 400 cases by White illustrates the points already emphasized, that congestive failure of the left ventricle is more common and important than that of the right, and should be looked for zealously, since by its early recognition and proper treatment not only may the left heart failure be relieved but the right heart failure, which is likely to follow, may be prevented or postponed.

In as much as the topic will be limited to left ventricular failure from this point, symptoms and signs of this condition will be discussed. There are seven signs and symptoms. These are, cardiac asthma, protodiastolic gallop rhythm, pulsus alternaus, dyspnea of cardiac origin, diminished vital capacity, increase in Roentgen shadow hilus blood vessels, and increased pulmonary second heart sound.

Dyspnea of cardiac origin and without mitral stenosis is always a sign of cardiac weakness. It may be recognized before there is increased pressure of systemic veins. The fundamental cause is an increase in pressure in the pulmonary circulation with engorgement of the blood vessels. The effects caused by this are the encroachment on the air spaces of the alveoli and their stiffening. This causes a state of functional emphysema. As a result, there is a decrease in vital capacity, visable engorgement of the blood vessels on roentgen examination and an accentuation of the second heart sound in the pulmonary valve area. This condition may continue for years before systemic evidence of increased pressure is present.

Cardiac asthma, or acute pulmonary edema, is evidence of acute failure of the left ventricle. It may occur without previous warning. There is usually serious heart disease involving the left ventricle, such as hypertensive enlargement, infarction from coronary thrombosis, or aortic valve disease with stenosis, regurgitation or both. Some patients with cardiac asthma may have mitral stenosis. When left ventricular failure results from the constant strain of chronic hypertension, dilatation occurs in the already hypertrophied left ventricle

which is no longer able to pump on all the blood it receives from the right ventricle. The left auricle is overfilled, the lung vessels are engorged, the pulmonary arterial pressure becomes greatly increased, and the right ventricle must increase its activity to make up for the added burden thrown upon it.

The earliest and chief symptom of congestive failure is dyspnea. Dyspnea is caused by a reflex stimulating the respiratory center, and arising in the lungs from congestion of the pulmonary circulation; also oxygen lack and central reflex arising from acute and subacute distension of the auricles and great veins.

Acute paroxysmal dyspnea of cardiac origin is due to acute failure of the left ventricle coming on chiefly in recumbency at night but may appear at any time. When asthma complicates this phenomenon due to sudden pulmonary vascular engorgement, the condition is called cardioasthma.

Pulsus alternaus is a prominent sign of weakness of the left ventricle and it is pathognomonic. It is a common sign, but it is not noted with ease. Only marked grades can be detected by the sphygmomanometer but the slightest grade only by sphygmography. It is sufficient to study the pulse coming under the blood pressure cuff at the systolic level. Pulsus alternaus is most common with weakness of heart disease due to hypertension or aortic valve disease. (White).

During the past twelve years, Levine and Thompson observed one hundred and seventeen patients with alternation. Seventy-one of these are dead. All of them had organic heart disease. All cases except six with rheumatic heart disease had hypertension or coronary artery disease. Two were of unknown etiology. Hypertension was present in 83% of the cases. The heart was clinically enlarged in 87%. The majority had signs of myocardial insufficiency. The average duration of life after the detection of pulsus alternaus was fourteen and one-half months. Five patients were under the age of forty years. Patients seventy years or more of age lived three times as long as the youngest group. The older the patient at the time of detection, the longer the duration of life after detection; the younger the patient, the shorter the duration of life after detection.

The blood pressure has a definite influence. Patients with elevated blood pressure but below 200 systolic showed greater duration of life. The average length of life in patients with blood pressure of 120 mm. was but little more than one month. The group with pressures of 120 to 149 mm. showed average life of one year. Those with moderate deviation of 150 to 199 mm. lived almost twice as long. With tensions of 200 mm. or more, the average duration of life fell to about one year. The average length of life of patients with normal diastolic tension was shorter than that of the group as a whole. The higher the systolic and diastolic tension the better the prognosis until very high pressures are reached.

Gallop rhythm is a descriptive term that has been applied to the auscultatory finding of a well heard extra sound whether in systole or diastole, when the heart rate is rather fast, 100 or more. (White.)

A loud third sound occurring shortly after the second and heard best at the cardiac apex in the absence of mitral stenosis and of auriculoventricular block, is known as protodiastolic gallop rhythm. It is a valuable sign and denotes weakness and dilatation of the left ventricle. Gallop rhythm are usually heard in diastole according to Levine. When the extra sound follows the second sound it is protodiastolic; when it occurs in mid-diastole it is mesodiastolic; when it just precedes the first sound it is presystolic. This classification is

unnecessary and the term Diastolic Gallop Rhythm suffices. It occurs in hypertensive heart disease, coronary artery disease, and less frequently in rheumatic heart disease.

Wm. Paul Thompson and Samuel A. Levine made a study of 89 cases having contacted them from the time the gallop rhythm was first found until their deaths. The average life of these, was ten months and twenty days.

All of the 89 patients had organic heart disease. Seventy-six percent were males; 24% were females. There were only seven patients under forty years of age and only eight, seventy years or older. The youngest was ten years old, the oldest, seventy-five. Coronary artery disease comprised 52% of the series. About two-thirds of these had coronary occlusion. Thirty-eight percent had hypertensive cardiovascular disease. Arterial hypertension was common in the other etiological groups, so that a total of 71% of the entire series had abnormally elevated blood pressures. Only six patients had rheumatic heart disease, none of whom had mitral stenosis. These divisions accounted for all but three patients, the etiology of whose disease is unknown. The heart was clinically enlarged in 87%. Forty-three percent had frank congestive failure at the time gallop rhythm was first detected. A number of the others developed failure later. Symptoms of myocardial insufficiency were marked in the group as a whole.

The etiological diagnosis made little difference in the length of life after detection of diastolic gallop rhythm except in the group with rheumatic heart disease. These lived an average of about two months.

Vital capacity of the lungs may be a satisfactory gauge of pulmonary engorgement if used with judgment. Vital capacity is the largest volume of air that an individual can expire after the deepest possible inspiration. It was made practical by Peabody and Wentworth.

Standards of surface area as applied by West have been found reliable. He found an average of 2.6 litres per square meter surface for men and 2.07 litres per square meter surface for women. Disease of the lung may lower vital capacity for a number of years. Conditions that diminish it are, hyperthyroidism, emphysema, edema, tuberculosis, plural effusion, tumors and aneurysms, and certain abdominal conditions.

Roentgen evidence of pulmonary vascular congestion makes it possible to determine something about early heart strain. This does appear many times long before there is any systemic evidence of venous congestion. The normal width of the shadow is 12-13 mm. and if it measures 15 mm. heart disease is present. In addition to engorgement of vessels in ventricular strain, it is present in mitral stenosis, congenital heart disease and pulmonary disease. This is an aid in the recognition in cases of early heart disease.

The increase in intensity of the pulmonary second sound is a helpful confirmatory sign of increased pressure in the pulmonary circulation. This is true especially in cases of essential hypertension. With the onset of failure of the left ventricle, the accentuation of the second aortic sound gives way to that of the pulmonic second sound. This is restored when the original condition is cleared. Murmurs are of little importance in failure of the left ventricle. They may or may not be present. Auricular fibullation may be present but it usually is not. It is more frequent in cases of mitral stenosis.

Therapy in left ventricular failure is extremely important. It is amenable to treatment. Digitalis is an excellent aid even in the presence of regular rhythm. Rest and proper management of the patient and sometimes diuretics are also big points in the proper treatment of this ailment.

INTERESTING PROGRAMS

Ninetieth Annual A. M. A. Session

St. Louis, May 15th to 20th

St. Louis, Mo., from May 15th to 20th will be the medical capital. During the five-day session the total of all the advances made in medicine during the past year will be discussed and reviewed by some 8000 members of the Association.

The session will get under way at 10 a. m. Monday, May the 15th, ending Saturday, May the 20th.

Radio Broadcasts at St. Louis Session

Radio broadcasts by Irvin Abell, M.D., Louisville, Ky., President of the American Medical Association, and Rock Sleyster, M.D., Wauwatosa, Wis., President-Elect, will be given Monday, May 15, in connection with the Association's Annual Session in St. Louis, *The Journal* of the Association for April 22 announces.

Dr. Abell's speech will be broadcast over the Blue network of the National Broadcasting Company from 4:15 to 4:30 p. m. central standard time. Dr. Sleyster will broadcast over the Columbia Broadcasting System from 3:45 to 4 p. m.

W. W. Bauer, M.D., Chicago, Director of the Association's Bureau of Health Education, will broadcast over the Blue network of the National Broadcasting Company Friday, May 19, from 4:15 to 4:30 p. m.

American Association of Industrial Physicians and Surgeons

The American Association of Industrial Physicians and Surgeons with the American Conference on Occupational Diseases and Industrial Hygiene will hold their 24th Annual meeting at the Hotel Statler, Cleveland, Ohio, June 5, 6, 7 and 8, 1939. A program of timely interest and importance will be presented by speakers of outstanding experience in all of the medical and engineering problems involved in industrial health. A cordial invitation is extended to all whose interests bring them in contact with these problems. Information regarding hotel accommodations, etc., may be obtained from A. G. Park, Convention Manager, 540 N. Michigan Ave., Chicago, Ill.

Tuberculosis Program

Esmond R. Long, M.D., Director of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, Philadelphia, will address a session in connection with the Annual Meeting of the Ohio Public Health Association on the subject "Problems of Tuberculosis Control."

The meeting will be held Thursday, May 25, at 8:30 in the evening at The Neil House, Columbus.

Goiter Program

An interesting program by the American Association for the Study of Goiter will be held at Cincinnati, May 22, 23, 24.

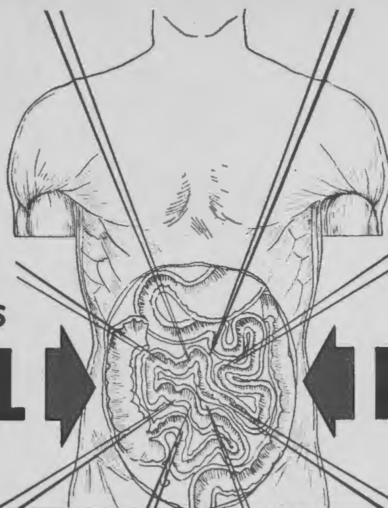
Starting Monday, May 22, there will be three programs daily for three days ending Wednesday, May 24. Excellent speakers, as a matter of fact, the best.

QUOTATIONS

"A superstition is a theory which has been abandoned; a theory is a superstition which is still accepted as true."—*Moulton.*

"I, Galileo, being in my seventieth year, being a prisoner and on my knees, and before your Eminences, having before my eyes the Holy Gospel, which I touch with my hands, abjure, curse, and detest the error and the heresy of the motion of the earth."—*Galileo Galilei.*

Corrective Treatment for this



FOCAL POINT

of Infection

Clinically Proved in 17,862 Cases

The intestinal canal has been called the most important focus of infection in the human body . . . port of entry to the blood stream.

Chronic colitis, toxic vertigo, chronic functional diarrhea, gastro-intestinal allergy, urticaria, chronic migraine, and similar distressing conditions often are caused by intestinal absorption of toxic materials.

SORICIN

treats the condition by removing the cause. For Soricin reduces fecal toxicity and prevents absorption of toxic matter from the bowel.

Reports of fifteen clinical investigators covering 17,862 cases offer proof of the efficacy of Soricin in conditions caused by intestinal absorption of toxic substances. Complete relief or improvement was obtained in 80% to 90% of cases. A tabulation of these reports is available on request.

Soricin (brand of sodium ricinoleate) is available in 5 grain enteric coated tablets. Other dosage forms include **Soricin and Bile Salts Tablets** and **Soricin, Bile Salts and Pancreatin Tablets.** All are supplied in bottles of 100.

Write for clinical tabulation, sample, and complete literature.

THE WM. S. MERRELL COMPANY

Founded 1828

CINCINNATI, U. S. A.

HIS

FIRST

The baby's first solid food always excites the parents' interest. Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important than the child's "cute" reactions is the fact that figuratively and physiologically this little fellow is just beginning to eat like a man.

CEREAL

FEEDING

PABLUM is now being fed to infants as early as the third or fourth month because it gets the baby accustomed to taking food from a spoon, but, more important, Pablum early adds essential accessory food substances to the diet. Among these are vitamins B_1 and G and calcium and, equally essential, iron. Soon after a child is born its early store of iron rapidly diminishes and, as milk is poor in iron, the loss is not replenished by the usual bottle-formula. Pablum, therefore, fills a long-felt need, for it is so well tolerated that it can be fed even to the three-weeks'-old infant with pyloric stenosis, and yet is richer than fruits, eggs, meats, and vegetables in iron. Even more significant, Pablum has succeeded in raising the hemoglobin of infants in certain cases where an iron-rich vegetable failed. Pablum is an ideal "first solid food." *Mothers appreciate the convenience of Pablum as it needs no cooking. Even a tablespoonful can be prepared simply by adding milk or water of any temperature.*

Pablum consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, beef bone, alfalfa leaf, brewers' yeast, sodium chloride, and reduced iron.

Mead Johnson & Company, Evansville, Indiana, U.S.A.

MEAD PRODUCTS (Including PABLUM) ADVERTISED ONLY TO PHYSICIANS

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons