



"On bravely through the Sunshine and the Showers;  
Time hath his work to do, and we have ours."  
—EMERSON.

# BULLETIN

of the  
**Mahoning  
County  
Medical  
Society**

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# BULLETIN THE MAHONING COUNTY MEDICAL SOCIETY

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Complete line of corrective shoes for children.

## LUSTIG'S

125 W. Federal Street

## PRESIDENT'S PAGE

Recognition by one's fellows is the desire of every human being who has pride. It is a fundamental motive in the lives of all.

The idea of recognition or the desire to be set apart from the general group is carried into the professional and business worlds. In the medical profession, boards of examiners for the various specialties have been organized in order that those who wish to receive recognition in a particular phase of medicine may do so by this criterion. Thus those who meet the requirements of the board may be set apart as capable of practicing medicine in their chosen field.

This plan should be continued, it seems to me. However, certain inhibitions should be recognized in order that specialism may not become too narrowed.

It is a foregone conclusion that every doctor who practices any phase of medicine, general or limited, should be well versed in general medicine. The medical schools execute this idea while the prospective doctor is under their control. Following the entry into a narrowed field of practice, it requires more encouragement to continue interest in the larger field.

There is a group of practitioners of medicine who contact and care for a greater part of the public than all the specialties. This is the general practitioner. By and large, the G. P. is not properly recognized. The grade of general practitioners varies greatly the same as the abilities and gradation of specialists vary. It seems only fitting that plans be made so that the leaders in the field of general practice may be recognized for their abilities and successes. No less grey matter is required to practice general medicine than limited specialties. The wide scope of practice covered by the general field, if done well, requires broad reading, good thinking and a great deal of careful judgment. Many G. P.'s are G. P.'s because they want to be G. P.'s and not because of lesser ability.

As suggested by Backett, why not set up an "American Board of General Medicine" whose function would be to recognize those who demonstrate greater ability in this particular phase of medicine. By doing this no one need be unrecognized in the light of present day standards except those who do not care to be bothered, or whose abilities may be slight, or who may deem it unnecessary. In this manner, this large group of very important practitioners would have a star for which to reach.

R. B. POLING, M. D., President.

# BULLETIN *of the* Mahoning County Medical Society

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S E P T E M B E R 1 9 4 0

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## Editorials---

### Heigh Ho, Heigh Ho!

It's back to work we go. Not that we've evaded much of it. Mostly we've watched the other fellow "go trotting by with a twinkle in his eye"—on his way to—play.

But summer is free and easy and this decidedly is "Beautiful Ohio" at this season. Our range is wider and our spirits wander far afield—and you know it's been said that the least expensive way to travel is to stay at home and "let our minds wander." While our summer seems short, it gives promise of more summers to be. In this thought we here in America are happily blessed. We find it difficult to imagine the insane and hideous cruelty that denies such hope.

We launch our autumn work with an address on Malignancies by Dr. Harold Cole. Certainly no subject is more important, more constantly timely, more pressing in its demands. Equally true it is that nowhere is there any authority upon the subject more capable, more experienced, better qualified to speak concerning it than Dr. Cole.

The high quality program continues in October with Dr. Edgar V. Allen on Peripheral Circulation. Under one name or another troubles aplenty arise from these disturbances both to the patients and to medical attendants.

Ending the scientific program of the year, Dr. Harry Bockus will deliver the series of lectures in November. He will deal with Gastro-

enterology, using about six lectures. When he has finished the profession around here will know a lot more about that subject than we do now.

### Our Reading

Never in the long past of human culture has discrimination been so essential as it is today as to what deserves to be read at all. The printing presses pour out mountains of verbiage.

Shortly ago an alert detail man made notes on what he saw on the waiting room tables of the doctors whom he visited. Three or four popular journals were found in nearly all cases. Then came a perfect slew of miscellany, mostly trash.

The same observer took note, also, of what the doctors had for their own professional use. A few in the town (not Youngstown) had several journals, one had nearly a dozen. Some seemed to have only two or three. In those offices where there were several different publications invariably the copies showed signs of use. But where only two or three were to be seen this observer noted that many of them remained undisturbed within their mailing wrappers.

The art of reading has in recent years been the subject of two very good books. Love for reading comes from practice. "Reading maketh a full man," said Bacon.

Maybe some of us really need to get "full."



## AWARDED FIRST PRIZE IN THE STATE OF OHIO

First prize at the Ohio State Fair, Columbus, has just been awarded to Isaly's Vitamin "D" Milk. In addition, the Isaly Company brought back second prize ribbons for Standard Milk and Coffee Cream. This is the second consecutive year that Isaly milk products have carried away ribbons in the Ohio contest. First and third prizes for cream and milk were won last year. The award is based upon six samples of milk products collected by public health authorities during the year and forwarded to the Ohio State Board. Dairy companies are not advised when or where these samples are collected. Bacteria content, flavor of the milk and appearance of bottles and caps are the three counts upon which the judging is based.

Enjoy this quality milk in your home . . . on your table. Isaly's Vitamin D Milk is the finest milk your money can buy. Phone 4-5151 and ask for "Home Delivery." After 5 p. m., dial 4-5155.

# ISALY'S

*Prize Winning Vitamin D Milk*

## THE MEDICAL CRIER

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

● The Michigan Medical Service is an organization for providing prepaid medical care. It was instituted and is administered by the Medical Society of the State of Michigan and has been in operation several months. It now has more than 65,000 persons enrolled, and has already paid more than \$75,000.00 to participating doctors. The earned income from subscribers has been sufficient to pay doctors for services rendered and to meet administrative expenses, leaving a small net balance. The original working capital is intact. Doctors are paid at the regular rate prevailing in their locality. The method of procedure is very much similar to the way we work under the Industrial Commission and about the same amount of paper work is required.

The Michigan Society For Group Hospitalization has now changed its name to the Michigan Hospital service so that Michigan now has a Hospital Service and a Medical Service both operated ethically and under the control of their respective professional organizations.

● In Buffalo the plan of prepaid medical care is not going so well. There seems to be a lack of interest on the part of both the public and the profession. The sponsors say that the indifference of the public is due to the limitations placed on the Service and the comparatively high price charged. The Wisconsin State Medical Society tried a plan of flat rate medical care in the city of Superior in 1938. After a year of operation there were only 475 persons enrolled. Other localities which have tried experiments with voluntary health insurance report varying degrees of

success, but all are pretty well agreed that a good deal of publicity is necessary to promote any such plan and sell it to the public. Articles we read in various magazines such as Readers Digest and American Magazine are colored by the sympathies and enthusiasm of the writers. It is indeed doubtful whether there is a widespread popular demand for prepaid medical care no matter by whom administered. The propaganda seeking to create such demand has all originated from the same source and has been in favor of State-controlled, socialized medical care. The professionally organized groups have been seeking to offer a substitute for the pernicious socialization of medicine but it will take a lot more propaganda and publicity to sell the public either variety. Give us a little prosperity and the agitation over the whole business will melt away like snow on the desert's face. Medical care is expensive enough now without adding to it the costs of hiring managers and clerks to supervise it.

● Well, summer is over, such as it was. Now comes school time, Society meetings and then the long winter grind. But no season is without its bright spots. The brightest one we can think of right now is the Dinner Dance coming in October. You will find the announcement in this issue of the *Bulletin*, so mark your date book now. Get out the old Tux and see how much the pants have shrunk in the waist line. And you girls start looking around for your new gowns now, for we want you to look your prettiest and you deserve the best, bless you!

J. L. F.

## SITUS INVERSUS VISCERUM TOTALIS

By DR. NATHAN D. BELINKY

(Delivered as one of four papers presented by the Interns before the Mahoning County Medical Society, May 14, 1940. Dr. Belinky is from St. Elizabeth's Hospital.)

A review of the literature to date shows that situs inversus viscerum totalis is an exceedingly rare condition. Aristotle observed two cases of transposed organs in animals. It was not until 1642, however, that Severinus of Rome first described this condition in man. Since then, four hundred cases have been reported and the ratio of incidence being approximately 1:35,000. The consensus of opinion is that situs inversus cannot be regarded as an arrest in development but rather an inversion of the embryo in its relation to its primitive yolk sac.

Because this entity is entirely compatible with normal health, longevity, and reproductivity, many cases go unnoticed clinically. It becomes of major importance, however, in these individuals, when they suddenly develop disease conditions requiring surgical relief. The more common of these conditions which lead to a diagnosis of situs inversus are acute appendicitis and acute cholecystitis. On the morning of March 4th, we were confronted by such a condition.

This patient, a 58-year-old white male, was awakened at 4 A. M. with sudden severe excruciating pain in the *left* U. Q. of the abdomen. He felt slightly feverish and had mild diaphoresis. The pain remained localized and became progressively worse. He was admitted at noon of that day with the continuance of the L. U. Q. pain. It was learned that the patient had had, on several previous occasions, some left subscapular discomfort. It was also brought out that he had an aversion to some foods such as fried pork, cabbage, and potatoes.

On physical examination, the patient was a well-developed and well-nourished white male, lying flat in bed, and complaining of pain in the L. U. Q. Temp. was 99, pulse 86, and resp. 22. The head and neck were negative. However, and to our surprise, on examination of the chest, the cardiac apical impulse was found to be in the 5th *right* intercostal space, just outside the right mid-clavicular line. The rate was regular and there were no murmurs or evident precordial rub. We were then suspicious that the patient may have an acute cholecystitis with the gall-bladder lying in the L. U. Q., possibly a high lying left sided appendicitis, perhaps a coronary thrombosis, or even an acute pleurisy. The left lower lung. The lung fields, however, were clear to percussion and auscultation, there being no rales or friction rub present, especially in the left lower lung field. On abdominal examination, the patient was extremely tender in the L. U. Q., and over this same tender area there was definite localized rigidity. These abdominal findings, in addition to the facts that his blood pressure was 160/90, pulse regular, and no evident precordial rub or evidence of acute cardiac shock, led us to believe that coronary thrombosis was not a likely possibility.

After the acute pain was relieved, the patient was taken to x-ray in an attempt to determine the nature of his pathology. He was allowed to swallow several mouthfuls of barium and the course of the latter was interestingly followed. The barium passed down the esophagus in a normal manner and then, deviating to the *right*, entered the cardiac end of the stomach which lay in the R. U. Q. It then passed to the left along the greater curvature to the pyloric

(Continued on Page 277)

## TRICHINIASIS

By MARION G. FISHER, M. D.

(This is the second of the four papers by our hospital interns. Dr. Fisher is an intern of the Youngstown Hospital Association.)

The first consideration in a review of the subject of trichiniasis is the fact that the disease is so widespread and far more common than is generally recognized. It is rather startling to hear that different groups of workers in various parts of the United States have found over 12% of unselected cadavers with trichinosis infestation, and some state that the incidence may be as high as 20%. It has been estimated that there are probably several million persons in this country who are infested with trichinae and among these are probably several hundred thousands with clinical symptoms which are never diagnosed. The trichinae may be harbored without symptoms, but there are undoubtedly many cases who do have symptoms and are not diagnosed because the disease may be so easily confused with a variety of illnesses. All ages are susceptible, and apparently one attack does not confer permanent immunity.

When under-cooked or raw meat containing the larvae is ingested, the capsules of the cysts are dissolved by digestion and the larvae invade the intestinal mucosa. The sexual forms develop here and copulate about 40 hours after the meat is eaten. The eggs are deposited here, then the new larvae enter the intestinal lymphatics about the fifth day and are carried throughout the body by the blood stream. They are then found predominantly in the voluntary muscle, where they are later surrounded by a translucent capsule which is finally calcified.

Immediately after eating meat infested with trichinae there may be symptoms of gastro-intestinal upset with nausea and vomiting. During the period of invasion in the next 24

to 72 hours there may be anorexia and diarrhea, and other gastro-intestinal symptoms. The average period of incubation is 7 to 12 days.

The symptoms and physical findings are variable and often quite confusing. There is usually fever ranging from 100°-103°, and with a bradycardia may resemble typhoid. Chills and sweating are fairly common, and other symptoms depending on the tissues and organs invaded. Tenderness of the voluntary muscles, especially the gastrocnemii, biceps, and triceps is a common finding. Abdominal tenderness with the accompanying vomiting may be confused with a surgical emergency, and an enlarged spleen is also seen occasionally. There may be reflex changes with a positive Kernig sign or absence of tendon reflexes. Signs of central nervous system involvement such as somnolence, delirium, and mental depression are not uncommon, and cardio-vascular signs may follow the invasion of the heart muscle. Cough and signs of bronchitis and pneumonia may help confuse the diagnosis, and various types of skin rashes have been noted.

The diagnosis of trichiniasis is not a simple one, and may confront the various medical specialists as well as the general practitioner. There are so many variations in signs and symptoms, and there is no regularity in its course. The symptoms which should be especially noted are: edema of the eyelids, which is one of the most important; muscular pains; fever; chills and sweats; nausea and vomiting; diarrhea; redness and burning of the eyes; dyspnea.

The most important single laboratory finding is the eosinophilia. It may reach such high figures as 83%, and mild or asymptomatic cases may have a count of 40-50%. Eosinophilia

(Continued on Page 279)

## YOUNGSTOWN SYMPHONY'S FIFTEENTH SEASON

*Music exalts each joy, allays each grief,  
Expels diseases, softens every pain,  
Subdues the rage of poison, and the plague.*

This prescription from John Armstrong's "Art of Preserving Health" is hardly sufficient basis for recommending the Youngstown Symphony Orchestra to the medical profession on therapeutic grounds. But a profession which always has had a comparatively large proportion of musical devotees, both as listeners and performers, will be interested in Youngstown's major musical organization.

For the coming season the orchestra offers an attractive list of guest soloists — Lucille Manners, the soprano of the Cities Service Hour; Moriz Rosenthal, the still-sensational pianist who learned under Liszt; Fray and Braggiotti, "first and greatest" of the two-piano teams; Stephan Hero, fine young violinist; and Ezio Pinza, Chaliapin's successor as the world's outstanding basso. Nearby soloists will be heard in a grand opera in concert form, and the winners of the Young Artists's Audition will appear in a seventh concert.

All these soloists will be backed by a symphony orchestra which now is ranked just under the top-notch professional organizations. Its conductors, Michael and Carmine Ficocelli, have just finished a summer's intensive work with Serge Koussevitzky and Artur Rodzinski, conductors of the Boston and Cleveland orchestras, at the Berkshire Music Center. The orchestra's 15th season will be its greatest; with prices ranging from \$3.00 to \$6.50 for all seven concerts, no one who likes music can afford to miss it. From those who would like to support this Youngstown asset further than by the mere purchase of tickets, the orchestra would welcome subscriptions as sustaining members at \$16.50 (including two tickets) or as patrons at \$27.50 and up (again including two tickets).

Eighty percent and more of the

orchestra's income remains in the Youngstown district, and is used for orchestra expenses and payroll and to further the appreciation of music. Children's concerts, around which the several school systems have organized music appreciation courses, are a notable example for the community's musical enrichment.

Doctors attending concerts will be notified of emergency calls.

Youngstown Symphony Society  
506 Union Nat'l. Bank Bldg.  
Phone 6-6036

### Fifth District Meeting

August 14, 1940

Dr. Robert B. Poling  
Youngstown, Ohio

Dear Doctor Poling:

The meeting of the Fifth District of the Ohio State Medical Association will be held at Hotel Ashtabula, in Ashtabula, Ohio, at 5:00 P. M. on September 11th.

There will be three good scientific papers before dinner. A subscription dinner will be served at six o'clock. The evening session will begin at 7:30. There will be one paper on medical service plans and two papers on scientific subjects.

Arrangements have been made for anyone who cares to play golf at the Ashtabula Country Club to do so by presenting his Ohio State Medical Card and paying his greens fee.

We would like to have you and any members of your County Society who would like to come, attend this meeting. If possible, I wish you would notify them of this meeting. I shall have a program sent to you.

Anyone who cares to attend the dinner should make reservations with Dr. C. T. Risley, Conneaut, Ohio, not later than September 6th.

Hoping to see you at the meeting  
I am,

Sincerely yours,

E. P. McNAMEE  
Councilor, 5th District

Septem





## Robert D. Gibson, M. D.

Born October 15, 1855

Died July 18, 1940

Our various religious faiths are as one in the teaching that

*"To die—  
Is to begin to live. It is to end  
An old, stale, weary work and to commence  
A newer and a better."*

Two long and distinguished careers in our midst have closed in recent days. One was that of Dr. Welch, the other the subject of this brief sketch, Dr. Robert D. Gibson, who died on July 18, 1940. He celebrated his 84th birthday last October.

In the *Bulletin* of November, 1933, Dr. H. E. Patrick wrote of Dr. Gibson under Biographies of the Living.

Long before the "wave" of specialization had reached its present universality, Dr. Gibson, in 1890, became the first medical specialist in Mahoning County. From that time on until about 15 years ago, when his health became uncertain, Dr. Gibson served his profession and the public faithfully and efficiently. He was an honorary member of our Society, and gave himself unreservedly to the promotion of medical progress. Quoting from Dr. Patrick's article: "Dr. Gibson has supported organized medicine from the first year of his practice, always maintaining his membership in the County, State and National Societies. At one time he was president of the County Society and has acted as chairman of the Section on Ophthalmology of the State Association. He was made a member of the Academy of Ophthalmology in 1908. Dr. Gibson retired in 1929, at the conclusion of forty-eight years of medical practice."

We of the profession, young and old, do well to study the lives of such men, for in this way only may we appreciate the great who are among us, continuing to mold and shape our future.



## Harry E. Welch, M. D.

Born September 10, 1861

Died August 12, 1940

Dr. Harry E. Welch died on August 12, 1940. Because the infirmities of his years withdrew him from active participation in the affairs of the community some years ago, his personality is not known to the younger members of the medical profession. That is unfortunate, for to have known Dr. Welch at the zenith of his career was an inspiring experience.

We think of the zenith of a career as, perhaps, a point in a man's life. The flowering of Dr. Welch's influence was more in the nature of a plateau. His whole career was an influence for betterment and progress.

The facts of his life are spread upon the annals of this community into which he was born, where he carried on his life's work. His influence upon this community will be perpetuated by the thirty years which he devoted to the health activities of the community, by the people whom he counseled as their physician, and by those of us in the profession who gained inspiration from him through association.

We, all of us, shall miss Harry Welch.

# OLD FASHIONED PICNIC

WEDNESDAY, SEPTEMBER 11th

Milliken's Farm - South of Poland

Clams, Chicken, Corn-on-the-Cob

Baseball - Horseshoes - Trap Shooting

Come and Enjoy Yourself

Follow the Arrows from the Poland-Springfield Road

---

## Regular September Meeting

Tuesday, the 17th

8:30 P. M.

YOUNGSTOWN CLUB

YOUNGSTOWN, OHIO

• • •

**DR. HAROLD N. COLE**

Professor of Dermatology and Syphilology

Western Reserve School of Medicine

Cleveland, Ohio

• • •

Subject:

**Precancerous Dermatoses and Malignancy;  
Diagnosis and Treatment**

## **October Meeting**

The **FOURTH** Tuesday in the Month  
**October 22nd**

**DR. EDGAR V. ALLEN**

from

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## FINDINGS FROM THE FIELD

### Burning Old Storage Battery Boxes Still A Source of Lead Poisoning in Infants and Children

(Public Health Reports, July 12, 1940)

Cases of lead poisoning in infants and children caused by the inhalation of lead fumes from burning wooden storage battery cases have been reported in the literature from time to time. A classical description of an epidemic traced to this source was described in the *Journal of the American Medical Association* in 1933.

Recently, Dr. E. T. Olsen, Medical Director and Assistant Superintendent of the State University and Crippled Children's Hospital of Oklahoma City, Okla., reported to the Surgeon General of the Public Health Service a similar outbreak in Oklahoma City. Four cases were reported, which recovered, and a fifth, a colored child 8 years of age, died of the intoxication. All of these cases were traced to the use of old automobile battery boxes as fuel in wood-burning stoves. The intoxication was mani-

festated by symptoms of gastro-intestinal irritation, by anemia, and encephalopathic symptoms. Lead lines were observed at the epiphyses of the long bones by roentgenographic examination and varying degrees of stippling of the red blood cells were noted.

Except for one fatal case not observed by Olsen, it would appear that the most severely affected patients were colored female children 15 and 16 months of age. There was good response to hospital management. "The medication consisted of vitamins, sedatives, iron, high calcium diet, and calcium gluconate grains  $7\frac{1}{2}$  three times day."

Although it would seem that the hazard is disappearing because battery boxes are now rarely made of wood, attention is called to the hazard because of its public health implications.

### Early Ophthalmoscopic Changes in Disease of the Retinal Blood Vessels

By JOHN E. L. KEYES, M. D.

Senior Clinical Instructor in Ophthalmic Pathology

From the Institute of Pathology and the Department of Surgery,  
Western Reserve University and University Hospitals

(From The Clinical Bulletin, School of Medicine, Western Reserve University)

Established disease of the retinal blood vessels is readily recognized with the aid of an ophthalmoscope, however, evidence of early retinal vascular disease may easily escape notice. A minute study of the normal ophthalmoscopic appearance of the retinal vessels is necessary before slight abnormalities can be recognized.

The retinal blood vessels are transparent, but not invisible. Slight visibility of the retinal arteries under normal conditions and when carrying blood can be demonstrated by observing a prepapillary vascular loop, arising from the central retinal artery and extending into the vitreous.

A circular, thin, gray haze, corresponding in position to the vessel wall, can be seen surrounding a vertical column of blood. There is no evidence of an arterial light reflex. The walls of empty retinal arteries are also visible when examined shortly after sudden stoppage of the retinal circulation and before opacity of the retina interferes with visibility.

The blood stream, except in certain rare dyscrasias, is a constant factor in the absorption or reflection of light by the retinal arteries and veins. Variable factors affecting the ophthalmoscopic appearance of these blood vessels are variations in the course of a blood vessel in the trans-

parent retina, the structure of the vessel wall surrounding the column of circulating blood, changes in blood pressure and diminished transparency of the retina. The difference in the structure of the veins of the retina, and the difference in the pressure in these blood vessels are important factors in the reflection of light. The pressure in the retinal veins is slightly greater than the mean intraocular pressure of about 20 mm. Hg. Exact values of systolic and diastolic pressure in the retinal arteries have not been established. Experimental evidence suggests a mean retinal arterial pressure of about 70 mm. Hg. Undoubtedly, the pressure in the arteries and arterioles is at a sufficiently high level to ensure completely filled vessels.

If the retinal arteries were structurally the same as the retinal veins and had a similar low blood pressure, they would appear several shades lighter than the purple blue color of the veins and would have narrow central streaks of highlight, however, the arteries have thicker walls and are firm cylinders so that the portion of the vessel next to the observer acts as a convex mirror backed by arterial blood. The optical result is twofold: the margin of the artery is blue red, approximately the color of the blood, but the central portion of the artery is yellow red. The outer border of the blue red marginal light streak is clearly defined. The inner border is less definite and may encroach upon, or even cross, the central yellow red light reflex.

Except in rare instances, the color, but not the volume, of the retinal arterial blood may be considered a constant factor in the production of the arterial light reflexes. When an artery is dilated, the marginal blue red reflex appears wider. When the same artery is contracted, the marginal color zone becomes narrower and usually paler, and the central light streak is brighter, but seldom wider.

Most of the alteration in the coloring of retinal arteries is due, in the absence of retinal edema, to changes in the vessel wall, which affect the absorption and reflection of light. It has been customary to consider an increase in the brilliancy and width of the central longitudinal arterial light reflex as initial evidence of vascular disease. Frequently, when the central arterial light reflex becomes more brilliant, the marginal light reflex becomes paler. Inasmuch as retinal vascular disease does not affect all arteries simultaneously and equally, a comparison of several arteries of approximately the same size will sometimes reveal a fading of the marginal light reflex before increased brilliancy of the central light streak is noticeable.

At arteriovenous crossings toward the periphery of the fundus, where the amount of perivascular tissue is relatively small, the underlying vein can frequently be seen through the artery. The presence of this sign indicates a transparent artery. Its absence, when previously present, indicates loss of transparency by the artery. Owing to the segmental nature of arteriolar disease, diminution or loss of transparency of the arterial wall may manifest itself in a patchy manner. Thus, various degrees of brilliancy and width of the central light reflex and of narrowness and fading of the marginal light reflex may be seen in the same vessel. Localized narrowing of an artery due to spasm, if unaccompanied by local edema, is, except for its transient nature, difficult to differentiate from early organic disease. Generalized spasm of an artery is suggested by a vessel smaller than unusual, with or without accentuation of the central light reflex, but with a pale, narrow, marginal light reflex. This condition may last for a long period and may be supplanted by organic disease.

Even slight edema of the vessel wall or adjacent retina subdues the

vascular light reflexes. The usual colors appear in soft pastel shades.

The retinal blood vessels, which are of mesodermal origin, are separated from the ectodermal retina by connective and neuroglial tissue. These perivascular structures are frequently visible as a semi-transparent white sheath around the proximal portion of a blood vessel. This delicate white natural vascular sheath can be differentiated from the acquired white sheath of perivasculitis by its location on a vessel, namely, on or slightly beyond the optic disc, and by its non-progressive nature. The white sheath of perivasculitis, on the contrary, usually appears at some distance from the papilla and increases in density.

Perivasculitis, with or without vasculitis, may occur early in retinal vascular disease. The earliest evidence of this condition is usually the appearance of parallel or lateral white streaks or lines. Careful examination of such a vessel will reveal that the light reflex in this region is subdued, indicating that the con-

dition which produces the parallel white lines is not confined to the sides of the blood vessel, but is present, though less visible, on the portion of the vessel next to the observer. Less frequently, splotches of white, either alone or with parallel white lines, are observed on the vessel wall. These white areas increase in size and density and coalesce, obscuring the blood vessel.

Tortuosity of the retinal vessels is not an early sign of vascular disease. The veins frequently become tortuous. The large arteries are seldom affected. The small arteries and arterioles in the region of the macula or papilla sometimes assume a corkscrew appearance.

Disturbance of the normal anatomical relationship at arteriovenous crossings seldom occurs before other evidence of vascular disease is present.

It is not the purpose of this article to discuss the signs of advanced vascular disease or the changes that occur in the retina, secondary to disease of the retinal vascular system.

### WOMAN'S AUXILIARY MAHONING COUNTY MEDICAL SOCIETY

The Mahoning County Medical Society has authorized the organization of a Woman's Auxiliary. A meeting of all the wives of the doctors in this county will be called soon.

At this meeting the organization will be set in motion and the election of officers will follow.

Delegates from the various county medical societies in Ohio held a meeting in Cincinnati on May 15, 1940, to organize a Woman's Auxiliary to the Ohio State Medical Association. A Constitution and By-Laws was drawn up and adopted on the above date, and the election of officers took place. Mrs. J. E. Purdy, Canton, Ohio, was elected president and Mrs. W. H. Curtiss, Denison, Ohio, was elected vice-president. Mrs. Purdy will be at our first meeting to lead

with the organization procedure.

According to the dictum of the Woman's Auxiliary to the American Medical Association, "A medical auxiliary serves the Medical Profession and through it, the public. Such service is satisfactory because it is unselfish. The principle functions of an auxiliary are: Health Education, Public Relations, Legislation, Philanthropy and Social.

"The laity requires education but it should be given through the Medical Profession, so there may be rational control of what the public thinks and does, in health activities. Most important objectives of an auxiliary are to direct public thinking and actions in channels the Medical Profession desires and to extend authentic information on health."

R. B. POLING, M. D., President.

**Situs Inversus Viscerum Totalis**

(Continued from Page 268)

sphincter which was situated to the left of the mid-line, nearly to the left mid-clavicular line. The liver, on fluoroscopic examination, was visualized in the L. U. Q. and did not appear enlarged. The main shadow of the heart was of normal size and contour, its form being completely transposed and lying in the *right* chest. The diaphragm moved freely and its right leaf was depressed, being lower than the left leaf.

The patient was returned to bed where hot compresses were applied to the L. U. Q. and the pain controlled with Pantapton. His urine specimen was reported as essentially negative and contained no red blood cells. A complete blood count showed a normal red blood cell count and hemoglobin concentration. The white blood cell count was 11,650 with no significant shift to the left. Repetition of the white blood cell count the following day showed a count of 11,150. Hot compress applications were continued for four days and on the 6th day, when the temperature was normal and the L. U. Q. pain was markedly diminished, the patient had a gall-bladder x-ray with the dye. The x-ray findings showed no filling of the gall-bladder with the dye. There was, however, a large number of faintly discernible calcified shadows at the *left* costal margin, under the left ribs, that are typically gall-stones. From the area covered by the stones, it was thought that the gall-bladder was unusually large. A single solitary stone medial to the gall-bladder area was believed to be lying in the cystic duct. X-ray of the chest at this time confirmed the fluoroscopic findings—namely, the heart lying in the right chest with its apex pointing to the right, the aortic arch convexity to the right, and the depression of the right leaf of the diaphragm. There was no evident cause of traction or displace-

ment of the heart such as a fibrotic process, tumor, or fluid.

The patient was then given pre-operative supportive measures with intravenous saline and glucose, and on the 7th hospital day, was taken to surgery. After a high left rectus incision was made, the gall-bladder was found lying on the left side. It was quite large, distended, gangrenous, and contained a large amount of pus-bearing material with multiple calculi. The pus was aspirated and the stones were removed. A rubber tube was inserted into the gall-bladder for drainage and the abdomen closed. The post-operative diagnosis was acute gangrenous cholecystitis with the gall-bladder lying on the left side.

Following surgery, the patient's temperature rose to 102 after which time it progressively returned to and remained normal. Drainage from the gall-bladder was good and continued to become less in amount from day to day.

On the 16th of March, for the purpose of verifying the dextrocardia, an electrocardiographic tracing was taken. This showed the characteristic features of congenital dextrocardia—a complete inversion of Lead I, with inversion of the P waves, Q.R.S. complexes, and T waves; also a transposition of Leads II and III. This tracing can be explained on the basis that the reversal in direction of the waves results from the complete transposition of the anatomical and electrical axis of the heart.

With the temperature remaining normal, the pulse regular, a soft non-tender abdomen, and the gall-bladder drainage at a minimum, the patient was discharged on his 24th hospital day.

The final diagnosis being acute gangrenous cholecystitis in a patient with situs inversus.

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### Trichiniasis

(Continued from Page 269)

is seen in other parasitic infestations, allergic conditions, eosinophilic leucemia, and familial eosinophilia, but these conditions may usually be differentiated by clinical findings. It should be remembered that the eosinophiles may not be elevated above normal just before death in the relatively rare fatal cases.

The larvae may be found in the blood by diluting 5-10cc of venous blood with 10 times its volume of 2% acetic acid and centrifuging; the sediment contains the larvae which may be easily recognized. They may also be found in the spinal fluid, and the spinal fluid and blood should be examined before subjecting the patient to the inconvenience of a biopsy. The spinal fluid will show increased pressure and increased cells when larvae are present. The larvae are rather difficult to find in the stools, but are best seen when the stools are made alkaline and allowed to stand 12 to 24 hours to liquify before examining.

Biopsy may be of help in making the final diagnosis although it may be justifiable to make the diagnosis on clinical findings in the face of a negative biopsy. There is a question as to whether or not a biopsy is necessary when the parasites may not be found in the small section of muscle removed. The procedure may be helpful in doubtful cases, and usually does not prolong the hospital stay.

Bachman has described an intradermal test for trichiniasis, and a positive test is similar to that produced by allergens in other tests. There is a wheal and pseudopodia may be present, and there is a surrounding area of erythema. The reaction is read in 15-30 minutes, and a 1:10,000 dilution is used in order to get a minimum of false positives. It is admitted that a negative test is of more use in ruling out trichi-

niasis than a positive test is in making the diagnosis because the test may be positive from infestation many years before, or from other parasitic infestations. The test does not become positive as a rule till the 14 to 21 day of symptoms, so may be helpful only in the later stages of the disease or when it changes from negative to positive. The antigen is obtainable now from the National Institute of Health, and from some individual investigators. The precipiten test may also be used, and appears to be as accurate as the skin test. It develops somewhat later than the skin test, usually around the fourth week.

Prognosis depends somewhat on the number of parasites ingested, but most important is the location of the larvae. If they are predominantly in the gastro-intestinal tract, the resulting diarrhea may be very severe, and may even result in death. Involvement of diaphragm, muscles of the glottis and larynx, and those of deglutition may be more serious. The mortality is high if there is encephalitis or pulmonary involvement. If the eosinophiles fall suddenly or are very low, the prognosis is poor.

As for treatment, chemotherapy has met with no success, and no drug has been proven effective. Some have suggested attempting to hasten calcification of the cysts, but the necessary large doses of ergosterol or parathormone would be dangerous. In the symptomatic treatment, the patient should be confined to bed during the period of fever. An initial cathartic may be of value if the diagnosis is made early, but usually the larvae have invaded the mucosa before the diagnosis is made. Bismuth and kaolin are useful in controlling the diarrhea, and fluids and salt should be given to replace the losses from vomiting and diarrhea. Salicylates may be used to control the muscle pain. Trichiniasis is a disease in which the use of glycin as a convalescent tonic is rational because it

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does help to increase muscle activity. In mild cases the duration of the illness is 2 to 3 weeks, but may extend over several months in the more severe cases.

In a review of ten cases of trichiniasis at North and South Units of Youngstown Hospitals Association between 1925 and 1939, the following points were noted. Provisional diagnosis included such diseases as mucous colitis, sinusitis, undulant fever, Hodgkins disease, and various parasitic infestations. The presenting symptoms in order of frequency were muscular pain in extremities, back, and abdomen, swelling of the eyelids, chills and sweats, vomiting and diarrhea. A biopsy was done on 6 of the 10 cases, and the organism was demonstrated in 5 cases. The leucocyte count averaged 12,000-18,000, and one case had a count of 78,900. The highest eosinophilia was 78%,

and the average was 40-60% at the peak.

Points in summary:

1. Trichiniasis is a widespread disease.
2. It may be confused with a great variety of diseases.
3. Chief points in diagnosis: muscle pain, swelling eyelids, gastro-intestinal symptoms, chills and sweats, eosinophilia, and the intradermal test.
4. Treatment is chiefly symptomatic.

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### ANNOUNCEMENT

This year's **International Assembly of the Inter-State Postgraduate Medical Association of North America** will be held in the Public Auditorium of Cleveland, Ohio, October 14, 15, 16, 17 and 18.

The officers of the Association and those of the Academy of Medicine of Cleveland and Cuyahoga County Medical Society, extend a very cordial invitation to all members of the profession in good standing in the State of Ohio to attend the Assembly.

The high standing of the medical profession of Cleveland, combined with the unusual clinical facilities of its great hospitals, and excellent hotel accommodations, make this city an ideal place in which to hold the Assembly.

The members of the profession are urged to bring their ladies with them as a very excellent program is being arranged for their benefit by the Ladies' Committee. Cleveland has

many places of interest, which will make this year's program especially attractive to them.

The Academy of Medicine of Cleveland and Cuyahoga County Medical Society will be host to the Assembly and has arranged an excellent list of committees who will function throughout the Assembly.

The stage is being set for an intensive week of postgraduate medical instruction which is bound to contribute a great deal of valuable scientific and clinical knowledge to the medical profession of North America.

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Programs have been mailed to all members of the medical profession in good standing in the United States and Canada. Any member in good standing who does not receive a program, write the Managing-Director Dr. William B. Peck, Freeport, Ill., and one will be mailed.

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### MEDICAL-DENTAL APPOINTS NEW MANAGER

The Board of Directors of the Youngstown Medical-Dental Bureau announce the appointment of Mr. J. L. Price as manager of the Bureau. Mr. Price started his duties on August 19th and is already busy putting into effect some of the newer ideas in Bureau operation gleaned from his past experience in Toledo, and in visits to Bureaus in operation in Columbus, Dayton and St. Louis.

While working as Credit Manager for the Lamson Bros. Department Store in Toledo in 1932, Mr. Price conceived the idea of starting a credit and collection Bureau for professional men. He accordingly organized the Toledo Bureau, which was one of the first in the country and has been in successful operation for the past eight years. Seeing the need for professional supervision he placed his organization under the control of an Advisory Board appointed each year by the President of the Toledo Academy of Medicine.

When the local Bureau recently was seeking a manager, he was invited to come to Youngstown and

look over our offices. After seeing our Bureau in operation he was very favorably impressed and agreed to come here, although the change means considerable personal sacrifice in leaving Toledo. The deciding factor in obtaining his consent was the ideal organization setup which we have in Youngstown. Mr. Price believes that a Bureau owned and operated by the profession and having a large membership limited to members of the medical and dental Societies presents almost unlimited possibilities for growth and service. He believes that through proper use of the Bureau and coöperation with other credit agencies a new respect for professional credit can be built up. With plans going forward for new types of prepaid medical care it behooves the Bureau to be alert and prepared to undertake the management of such service.

At present Mr. Price is busy reorganizing the Collection Department. He insists that every account must have service on the same day it is received at the Bureau. Collection effort must be continuous until the account is paid, payments arranged, or found to be uncollectible. A new and efficient system has been installed for locating debtors who have moved without leaving a forwarding address with the Bureau. An elaborate cross-indexing system is maintained so that members can have information concerning their accounts or credit ratings.

Mr. Price is anxious to meet the members of the Bureau personally and extends a cordial invitation to each of you to visit the offices and see the place in operation. It is planned to resume the Thursday luncheon meetings where problems of economics will be discussed and the men will have a chance to air their views. The Board feels fortunate in obtaining the services of Mr. Price and is looking forward to an era of even greater prosperity and growth for the Bureau.

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## AUXILIARY DELEGATE'S REPORT

By Mrs. Helen (Dean) Nesbit

Dr. Robert B. Poling, President  
Mahoning County Medical Society,  
Youngstown, Ohio.

Dear Dr. Poling:

The initial session of the House of Delegates of the Woman's Auxiliary to the Ohio State Medical Association was called to order by Dr. Parke G. Smith, the President of the Ohio State Medical Association, assisted by Mr. George H. Saville, Assistant Executive Secretary of the Ohio State Medical Association, at 10:00 A. M., May 15th, at Hotel Gibson, Cincinnati, Ohio. After introductory remarks by Dr. Smith, and the introduction of Mrs. David W. Thomas, first Vice-President of the Woman's Auxiliary to the American Medical Association, who gave the history and purposes of the auxiliaries, Mrs. Thomas was appointed temporary Chairman, and Mr. Saville, temporary Secretary. The acting Secretary then announced the appointment by the Office of the Ohio State Medical Association of a Nominating Committee consisting of one delegate from each of the eleven Councillor Districts as follows:

Mrs. D. J. Slosser, Defiance, Chairman; Mrs. R. B. Ellison, Peebles; Mrs. Walter A. Noble, Lima; Mrs. Clyde L. Cummer, Cleveland; Mrs. Dean Nesbit, Youngstown; Mrs. Harry G. Harris, Martins Ferry; Mrs. M. S. Lawrence, Quaker City; Mrs. Don Allard, Portsmouth; Mrs. Julius Shamansky, Mt. Vernon; Mrs. L. C. Nigh, Mansfield.

The Nominating Committee was directed to meet immediately after the close of the first session to nominate a candidate for each of the following offices: President, Vice-President, President-Elect, Secretary-Treasurer and Board of Directors consisting of one representative from each Councillor District, these to be presented at the second session of the House of Delegates. The first session of the House of Delegates was then ad-

journed until 2 P. M. of the same day.

The Nominating Committee, of which your delegate was a member, met immediately following the first general session and nominated the candidates as listed on the following page.

The second session was called to order at 2 P. M. by the temporary Chairman, Mrs. Thomas with Mr. Saville acting as temporary Secretary, and the Constitution and By-Laws were accepted as presented except for three minor changes. The acceptance of the By-Laws was enlivened by a debate over membership in the organization. Section 1 of the By-Laws reads as follows:

"Eligibility. Wives, mothers, unmarried daughters and unmarried sisters of members in good standing of a component society of the Ohio State Medical Association and widows of members, who at the time of their decease were in good standing, shall be considered eligible for membership in this Auxiliary."

The opponents to this section were in favor of limiting the membership to doctors' wives. The vote on this section was a tie and the temporary Chairman, Mrs. Thomas, cast the deciding vote in favor of the section as written—but it was made clear that each county auxiliary is privileged to make its own eligibility rules in its By-Laws limiting the membership to doctors' wives.

The Nominating Committee then presented the list of candidates as follows:

President—Mrs. J. E. Purdy, Canton;  
Vice-President—Mrs. H. F. Tangeman, Cincinnati; President-Elect—Mrs. Curtis, Dennison; Sec'y.-Treas.—Mrs. J. L. Stevens, Mansfield.

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Fifth District—Mrs. Clyde L. Cummer, Cleveland.

Sixth District—Mrs. Robert B. Poling, Youngstown.

Seventh District—Mrs. C. W. Kirkland, Bellaire.

Eighth District—Mrs. D. R. Sperry, Newark.

Ninth District—Mrs. Ross Moore Gault, Portsmouth.

Tenth District—Mrs. H. M. Clodfelter, Columbus.

Eleventh District—Mrs. Lincoln Fisher, Mansfield.

There being no nominations from the floor, a motion was made, second-

ed and passed to accept the report of the Committee, and that the candidates be declared elected unanimously.

The meeting was then turned over to Mrs. Purdy, the newly elected President, who called a meeting of the newly elected officers to be held immediately after adjournment. There being no further business for the 1940 House of Delegates of the Woman's Auxiliary, the meeting was adjourned.

Thanking you at this time, Dr. Poling, for appointing me the first delegate from Mahoning County to the Woman's Auxiliary of the Ohio State Medical Association, I am

Respectfully yours,  
MRS. HELEN (DEAN) NESBIT.

## NURSES NOTES

Miss Esther Goeltz has been appointed Science Instructor at the Youngstown Hospital School of Nursing. Miss Goeltz is a graduate of St. Luke's Hospital School of Nursing in New York, N. Y., and holds a B. S. degree from Youngstown College. She replaces Miss Petra Orlando, who has returned to Puerto Rico.

There have been appointed at the Youngstown Hospital School of Nursing as assistant instructors, three recent graduates from this School, who are working on a part time basis as well as attending the Youngstown College as part time students. Miss Elizabeth Slaughaupt is at the North Side Unit, while Miss Eleanor McKnight and Miss Olive Dight are at the South Side Unit.

Miss Helen Sittig, who has been in charge of Maternity II at the North Side Unit, has resigned to attend Westminster College, New Wilmington, Pa., and fill the position as campus nurse.

Miss Gertrude Honey, graduate of the General Hospital School of Nursing, St. Catharines, Ontario, with a postgraduate course in Obstetrics at Margaret Hague Mater-

nity Hospital, Jersey City, N. J., has replaced Miss Sittig in the Maternity Department at the North Side Unit.

Sr. Baptista, night supervisor, at St. Elizabeth's Hospital, has taken a year's leave of absence to attend Duquesne University. Sr. Frances Regas is assuming Sr. Baptista's responsibilities until she returns.

Miss Jane Collins is now working in the offices of Drs. Keyes and Hatcher.

Miss Edna Ramsey, who has been Assistant Night Supervisor at the South Side Unit, has resigned to become nurse in the offices of Drs. Allsop and Keogh.

Miss Jane Boles, who has completed a postgraduate course in Operating Room Technic at Cook County Hospital, has returned and is working in the Surgery at the South Side Unit.

Fifty-three young women began their course in nursing at the Youngstown Hospital School of Nursing on August 28th.

Forty-three students began their three-years course at St. Elizabeth's Hospital School of Nursing on September 8th.

St. Elizabeth's Hospital was the recipient of a Hubbard Tank given to the institution by the Disabled American Veterans.

#### Marriages

Miss Gernie Yoder was married to Mr. George A. Bright on August 19th at Bossean, Ontario. Mrs. Bright is Director of Nurses at Warren City Hospital and President of Ohio State Nurses Association, District No. 3.

Miss Jean Gordon was married to Mr. Wallace Heck.

### NEWS NOTES

Drs. Cafaro, Kocialek, Kupec, Marinelli, Osborne and J. M. Ranz have departed for their annual fishing trip into the wilds of Canada.

Dr. R. V. Clifford has joined the United States Navy and he and his family are in Philadelphia where he is stationed at the Naval Hospital.

Dr. M. J. Sunday has taken over Dr. Clifford's practice in Girard. He is retaining his local office in the

Home Savings and Loan Building.

Dr. E. H. Young has returned from the University of Michigan where he took several weeks post-graduate study in cardiology and internal medicine.

Dr. and Mrs. Sam Tamarkin announce the birth of a daughter; Anita Beth, in St. Elizabeth's Hospital on July 17th.

St. Elizabeth's Hospital reports that July was the busiest month since its organization. There were nine hundred and eleven patients admitted. The obstetrical department reports that one hundred and thirty-five babies were born.

Dr. H. E. Patrick is spending a few days in Detroit, Mich.

Dr. and Mrs. A. E. Brant and their son Earl are on a fishing trip in Canada.

Dr. and Mrs. Herman H. Ipp enjoyed a month's stay at Little Mahant on the North Shore, Mass. While they were there, Dr. Ipp took special postgraduate work in Boston.

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1940 SEPTEMBER 1940

SUN	MON	TUE	WED	THU	FRI	SAT
1			4	5	6	7
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LIST 1940

SAT	3
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## Treat next winter's colds

*Now*

**Clinical Tests Show Catarrhal Oravax  
Reduces Severity and Duration**

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- Streptococci (mixed). . . . . 7,500 million
- Friedlander bacillus (K. pneumoniae). . . . . 5,000 million
- Staphylococcus aureus. . . . . 2,500 million
- Staphylococcus albus. . . . . 2,500 million

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OCT

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1940 DECEMBER 1940

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# HIS FIRST CEREAL FEEDING



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.



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IT is a fortunate provision of Nature that at the time the infant is ready to receive the nutritional benefits of cereal, his taste is unspoiled by sweets, pastry, condiments, tobacco, alcohol and other things to which adult palates and constitutions have become conditioned.

Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

Appreciating the importance and difficulties of the physician's problem in establishing and maintaining good eating habits, Mead Johnson & Company continue to supply Pablum in its natural form. No sugar is added. There is no corresponding dilution of the present protein, mineral and vitamin content of Pablum. Is this not worth while?

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