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—President Roosevelt.

"There is no one to whom socialized medicine is more repugnant than it is to me. I believe in the skill that is developed by the competitive system."

—Wendell L. Willkie.

# BULLETIN

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\* Holt, Tidwell & Kirk — Acta Paediatrica Vol. 16, 1933

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BULLETIN
THE MAHONING COUNTY MEDICAL SOCIETY

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

COMMITTEE CHAIRMEN—1941

Table with 4 columns: Name, Editorial, Phone, Address. Lists committee chairmen for 1941, including Claude B. Norris, Wm. H. Evans, Walter K. Stewart, etc.

BULLETIN OUT EARLY. This year we plan to have the Bulletin in the mail on the fifth of each month. To make this possible all material should be on hand by the 20th. Please "kick in" with your material on time—and we shall thank you from away down deep!—The Editor.

Vol. XI—No. 2

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## PRESIDENT'S PAGE

The Ohio Enabling Act has just been introduced into the General Assembly and by the time this is published will probably be enacted into law or well on its way to be so. At any rate, it should meet no considerable opposition because on its merit it deserves the support of every unselfish citizen of the State.

All of which brings us to the next move confronting the medical profession of Mahoning County, namely, the presenting to the public of this community a non-profit voluntary medical service plan which will permit families in the low income group to budget systematically the costs of adequate medical care.

The committee on Medical Economics and Public Relations has had such a plan under study for more than a year and will have it ready for presentation to the Society at an early date.

Among other things, such a service plan will safeguard the subscribers' interests because the administrative control will be in the hands of responsible representatives of the medical profession, while non-medical affairs will be supervised by the State Insurance Commission.

Further, subscribers will have the right to select physicians of their own choice and retain the time-honored confidential relationship between the patient and his physician.

Again it will be a strictly voluntary plan, i. e., will not compel any citizen or any doctor to participate against his or her wishes.

Finally such a plan will be the medical profession's solution of making more easily and economically available adequate modern medical service to the low income group without establishing another immense costly political bureau financed by tax funds.

Let us all study the plan carefully when it is submitted, make constructive suggestions for its betterment and then, when adopted, get behind it and make it operate successfully.

The Mahoning County Medical Society has an enviable reputation for leadership and action in things new in medical matters and I know will follow through with the usual enthusiasm in this worth-while undertaking.

O. J. WALKER, M. D., *President.*

## Editorial---

Bulletin of the Pierce County [Washington] Medical Society, Dec., 1940

As we come to the close of another year, it seems well to sit back for a moment and observe ourselves, to take inventory as most business men do, in order to arrive at an understanding of how successful we have been during 1940 and to check up our losses and gains.

A comparison of the doctors with other business and professional groups should give us somewhat of a sense of pride. The physicians of Pierce County are an admirable and fortunate class. Comfortable homes and offices, with library, hospitals, laboratories, excellent business and medical bureaus and well-trained assistants, all make for comfort and ease in our professional work. The standard of service is, consequently, of a high order. There is a fraternal feeling too, that has displaced the ancient jealousies and bickerings. Criticism of each other's ability or methods is obsolete, except for an occasional humorous sally at some personal foible or idiosyncrasy.

Most of us address each other by the first name, as is customary among brothers, a practice that should be encouraged. That being a doctor is a desirable calling is demonstrated by the number of physicians' sons following in their fathers' footsteps, indeed, sometimes even being a step or two ahead. That few of us are money-grubbers is shown by the conversation in any haphazard group of medicos, which invariably centers on some phase of diagnosis or treatment, rather than on financial problems. There may be occasional mild envy of some of our more successful members but

this is balanced when income taxes are due.

As a group, we keep up our end in supporting civic and charitable activities. Among those contributing to the Community Chest, Chamber of Commerce, Red Cross, service clubs and churches, the doctors are as numerous as any other class. In the audiences at musical and cultural organizations, we are seen in numbers. Our private charities, in time and money, are undoubtedly much greater than the average. Scandals among us, social or professional, are rare indeed. We make good husbands and fathers, possibly due to our need of a congenial home life to allow us the necessary tranquillity of mind to concentrate our mental efforts on our peculiar problems. Many hunters, fishermen, yachtsmen and golfers are within our ranks, as might be supposed when the opportunities for these sports are considered. An interest in sports in general is widespread, possibly engendered by the annual efforts of the teams in the colleges we used to attend. Gardening interests most of us, so the prizes in our Rose Show are almost monopolized by doctors.

Our Woman's Auxiliary, too, maintains a healthy activity in promoting our interests. No Sewing Circle with gossip as the chief entertainment, these wives of ours are a brisk, business-like group, who have gained from their meetings a large circle of charming and cultured friends.

So, as we look about us, here in this green Puget Sound country, with its mountains and forests, its lakes and streams, its salt water bays and inlets; if we consider the peace and

(Continued on Page 52)



## GOOD NEWS IS WORTH REPEATING



You may already know that Isaly's Vitamin D Milk won first prize as the finest in Ohio, and that it bears the seals of approval from both the American Medical Association and Good Housekeeping Bureau, but these facts are worth repeating. They are a guarantee from competent, unbiased authorities outside of our own organization that Isaly's Vitamin D Milk warrants your consideration and confidence.

Worthy, also, of special mention is the fact that Isaly's Milk is delivered in the famous metal-capped, air-tight, tamper-proof Dacro Bottle. This bottle has a specially designed, protected pouring lip which prevents contamination from hands or other outside sources. This is just another of the many modern ways in which Isaly's Milk is guarded and protected to guarantee its clean, fresh, wholesome quality and flavor.

# ISALY'S PRIZE WINNING MILK

## THEOPHRASTUS BOMBASTUS REDIVIVUS

The early thirties: The depression was at its deepest and our incomes were hitting an all time low. Chrysler Motors and Republic Steel were selling around two, with no takers. The cost of medical care and technocracy were popular conversational topics. The world was still safe for democracy, Hitler was a crack-brained beer cellar agitator and Mussolini just a noisy punk.

Back in those days when this bulletin was a mere fledgeling, there appeared a humorous column under the fanciful pen name "Theophrastus Bombastus," which created some local comment and even had the doubtful distinction of being reprinted in the J. A. M. A. "Tonics and Sedatives."

The pseudonym, of course, is part of the name of the sixteenth century medical rugged individual Paracelsus, whose full name, by the way, was Aureolus Philippus Theophrastus Bombastus von Hohenheim Paracelsus, and that is plenty of name for anybody.

After a short life, this column, like many another, petered out. And now, after a lapse of some ten years, the editor bids Theophrastus resurrect himself from obscurity to his former anonymity and to contribute.

Ah, but during the ten year interval many a scotch and soda have gone down the hatch and that perhaps is why Theophrastus' humor, like his waist, have become a bit heavy; and there is nothing funny about that. It is easy for an editor to command "laugh, clown, laugh" when, alas, the thought of the past decade makes Theo feel sad rather than "funny."

For instance, ten years ago he did not need frequent and close haircuts to soften the effect of the greying fringe. Nor shave b. i. d. to remove the dirty greyish stubble. Nor act foolish to delude himself, and no one else, into an affectation of youthfulness.

And that is not all. One thought leading to another, it occurs to Theophrastus that he is just rounding out twenty years in the practice of medicine, which, by actuarial figures, is the midpoint of a medical career. Perhaps it would be more apropos to wax serious and philosophical and take stock of himself.

And so Theophrastus will hang his heart on his sleeve and confide his innermost thoughts and residual wisdom, if any, of twenty years, all the time knowing that even under the thin protection of a pen name, it is difficult to be entirely objective when speaking of oneself. One never really is, of course. Witness the recent epidemic of medical autobiographies. Ostensibly unbiased, these books cry out on every page, "Look what a brilliant fellow I am."

Therefore, this autobiographical inventory may be discounted or corrected ad. lib. in the light of the experience of every one who reads this.

After twenty years in practice Theophrastus has acquired a modicum of equanimity. Not yet indifferent to praise or criticism, neither of which is usually entirely deserved, he does not feel them as keenly—and they do not seem to matter quite as much as they did twenty years ago.

Mrs. X is on the phone, "Doctor, Johnnie is much better this morning. We will call you again if we need you." Theophrastus knows that Johnny is not better but that he is fired. A few years ago this used to "burn him up," now he merely shrugs his shoulders and settles back to his reading.

Item: Having seen his own results, good, bad and indifferent, Theophrastus has learned to be more charitable toward his colleagues.

Item: He has learned that in medicine as elsewhere, there are few supermen. The backbone of the profession is the average hard working plugger,

who turns in an honest day's work, every day, not the fellow who scintillates occasionally.

Item: He has learned to suspect the colleague who is forever making brilliant diagnoses and performing medical miracles, after every other doctor failed. Smart doctors, like other smart people, are a dime a dozen. (Voice from the gallery: "There are plenty of dumb ones, too.")

Item: After twenty years in practice Theophrastus finds himself only moderately successful and not nearly as ambitious or self confident. He knows his limitations and capabilities fairly well. Knowing that success, like failure, is frequently the result of a combination of variable and not entirely controllable circumstances, he does not pound his chest and shout, "I did it with my own hands." Moreover, while some of his brightest classmates are starving, several of the dumbest have climbed to the top of the heap.

And while speaking of success in medicine, it occurs to Theophrastus that it is more than an accident that in the past few years about a dozen of our busiest and most successful doctors have shoved off between the ages of 50 and 55; also that an equal number, some of Theo's own age, are breaking up from this or that degener-

ative disease. Success has its price. Therefore, when "business" slows down he no longer frets as he used to in his younger days. A well upholstered chair and a good book never caused hypertension or coronary disease, and a long obituary is a hell of a compensation for a short life.

Item: Theophrastus has lost his hankering to revolutionize medical practice. Nor does he jump at every new drug or method. Let someone else try them first. It will be time enough when their value is established. Old fashioned? No, only hardened by repeated disillusionment. He has seen too many drugs par excellence come and go. Just one example: Who ever hears now of Benzyl Benzoate? Yet, twenty years ago this drug had a "terrific" play. And so, Theophrastus concludes that the medical millenium will not arrive in a detail man's sample case.

If the editor wants any more of these not so profound observations of a practitioner, this will be continued in the next issue.

And what have *you* learned in your years of practice?

Theophrastus will gladly include in his column any signed or anonymous contributions on the same subject.

## CONSTITUTIONAL TREATMENT OF BURNS

By E. H. YOUNG, M. D.

The usual treatment of severe burns has been empirical and has been based on a false premise. Originally the local area alone was treated. When this was insufficient, we tried to eliminate toxins by fixing them locally and by flushing them out of the system; now we are trying to treat the patient on a rational basis.

Burns may be divided into three groups:

(1) Those which are mild and get well regardless of the type of treatment.

(2) Those which are so severe that the patient cannot recover from the initial shock.

(3) Those which are critical and may cause death if improperly treated.

When 50% of the body surface has been burned, even superficially the patient has seldom recovered. The degree of the burn has not mattered a great deal. In children, the aged, and those with diseased states, death often occurs from smaller burns.

In reacting to thermal injuries, the capillaries dilate, the blood plasma

escapes into the tissues, and the circulation stagnates. If a large enough area is involved the loss of blood fluids is so rapid that there is no chance to do anything. The clinical picture of these severe burns is that of profound shock, circulatory stasis, fall in blood pressure, euphoria, stupor, coma, and death within twelve to twenty-four hours after the burn.

In this reaction of shock there occurs dilatation of the capillaries, increased permeability, stasis, edema, effusions, and hemo-concentration. Capillary atony or dilatation reduces the blood volume, which reduces the blood flow, which reduces the delivery of oxygen, which causes tissue anoxia, which in turn causes more capillary dilatation. When this cycle persists for even a short period of time the shock becomes irreversible.

Circulatory efficiency cannot be restored in prolonged shock. This was shown by Freeman when he reduced an unanesthetized dog to a state of circulatory deficiency by successive withdrawals of blood. This blood was preserved in an uncoagulated state and reinjected after the animal's blood pressure had been lowered. The reinjection of the entire quantity of blood which had been removed failed to restore the circulatory efficiency of the animal. If one waits for clinical evidence of shock in severe burns, the shock often becomes irreversible before effective measures may be instituted.

Early treatment of this initial shock will prevent death in critical burns. Relief of pain, local treatment, heat when indicated are of some importance, but the chief aim of treatment at this time is the maintenance of circulation. Saline and glucose have but a transitory effect; acacia has a more prolonged effect, but there is only one way to replace the lost plasma, that is by transfusion. Saline, glucose, or acacia may prolong life until transfusion is possible, but at best are poor substitutes for whole blood. Oxygen reduces tissue anoxia.

When this initial stage is past, burn shock becomes more complicated. Clinically this stage consists of local inflammation and edema, continued loss of fluids with circulatory stagnation, the so-called "toxic" symptoms of fever, malaise, vomiting, convulsions, and finally the generalized escape of fluids into the serous cavities and the involvement of the lungs, liver, spleen, central nervous system and gastro-intestinal tract.

Heretofore it was common to force water by mouth, and to give large quantities of intravenous fluids to help wash out and dilute the imaginary toxins. This lowered the osmotic tension in an already failing circulation and produced a water logging of the tissues to which the term water intoxication has been applied.

Normally, the capillaries act as a semi-permeable membrane through which water, the electrolytes, and smaller molecules readily diffuse. The blood cells, globulin, and albumen are retained so that the blood has an osmotic pull which prevents edema of the tissues. The loss of albumen from the blood stream lowers this osmotic tension and permits edema.

The critical level of the blood protein is definitely elevated by the presence of excess sodium ions. If sodium is unrestricted edema of the tissues may form when the protein level is between 5 and 5.5 gms. per 100 c.c. Normal saline not only provides extra sodium, but the water further dilutes an already lowered protein. Glucose intravenously also acts as a diluent to the blood stream. Both glucose and saline tend to increase edema.

In the burned areas this edema is intensified by the presence of plasma in the intercellular spaces and by an alteration of the permeability of the capillaries. When the loss of protein becomes great the osmotic pressure is so lowered that fluid escapes into the serous cavities and parenchymatous organs, and produces the terminal pathology. Large quantities of water merely aggravate this condition. Ex-

cessive sodium chloride and glucose are discarded by the kidneys or diffused into the tissues, and except for a short transitory period, cause a lowering of the tension within the blood stream.

Blood counts on severely burned patients range as high as seven and one-half million red cells per cubic millimeter of blood, the so-called dehydration picture. There is enough fluid in the body but it is in the tissue spaces, not in the vascular bed.

Additional evidence of the harmful effects of water was presented in the animal experiments of Tressler et al. When dogs with mild burns were given large quantities of water by stomach tube, convulsions were noted even in those which recovered. Moderately burned dogs died in convulsions when water was forced, but recovered when simple local treatment was given. Only transfusions saved any critically burned dogs.

The cycle of shock starts with capillary dilatation, which decreases blood volume, which decreases blood flow, which reduces oxygen delivery, which causes tissue anoxia, which causes more capillary dilatation. The constitutional treatment of burns may be summarized as a concentrated effort to break up this cycle. This may be done by increasing blood volume and blood flow and by increasing the oxygen supply to the tissues.

### SPECIAL NOTICE—TELEPHONE LISTINGS

The Telephone Company is preparing its new issue of the Youngstown Telephone Directory and inasmuch as the new book will go to press soon, we wish to suggest that this is the time to review your listing. The Telephone Company has made many surveys relative to WHY and HOW the Classified Section is used by users of the telephone book and find 9 out of 10 people do have occasion to refer to the yellow pages,

when seeking the name and telephone number of a professional man. In view of these facts we suggest serious consideration of these results in light of our alternate listing, "If no answer call Medical-Dental Bureau, 44513." One lost call a month will pay for this service. Fifty cents per month to the telephone company for each listing, either Alphabetical or Classified Section, \$3.50 per month to The Medical-Dental Bureau, Inc.

### SECRETARY'S REPORT

The regular January Council meeting was held on the thirteenth of the month in the home of Dr. O. J. Walker.

In view of Dr. W. K. Stewart's election to the office of President-Elect of the Society his office as delegate to the State Association was vacated. A motion was made, seconded and duly passed to place Dr. Dean Nesbit in the office of delegate vacated by Dr. Stewart's resignation. Dr. George McKelvey was then elected to fill the office of the Alternate Delegate which was vacated by Dr. Dean Nesbit.

Council has approved the following applications:

<p><i>For Active Membership—</i> Dr. William Dean Collier</p> <p><i>For Associate Membership—</i> Dr. Milton Mortimer Kendall Dr. Clara Raven Dr. Bertie Barrington Burrowes</p> <p><i>For Interne Membership—</i> Dr. Donald Joseph Birmingham Dr. Nathan Donald Belinky Dr. Ray J. Scheetz.</p>
---

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

The Annual Banquet was held at the Youngstown Club, January 21, 1941.

JOHN NOLL, M. D., Secretary.

*February*



## THE MEDICAL CRIER

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

● Here we are in another influenza epidemic, dishing out the symptomatic treatment with no known cure. Trying to keep patients comfortable, to avoid complications, to keep them in bed long enough. This is about the third since the great one in 1918, which like the war it accompanied was an epidemic to end all epidemics—but did not. One of the worst features is the terrible lassitude and loss of strength which follows the disease. It seems that the victim just can't get going, he is in the doldrums where food gives no strength and rest does not restore. The only cure is time and patience.

Epidemiologic study has shown that the disease appears in two or three waves. The first is rapidly burnt out after several weeks. The second appears in about thirty-three weeks after the primary wave, there are fewer cases but the severity is greater and the epidemic subsides more slowly. As this is written the first wave is on the wane, but watch out for that second wave!

● Did we enjoy the banquet? You bet we did! The food was fine, the speaker was great and the fellowship priceless. Dr. Williams was nearly overcome by the expressions of love and respect but responded nobly. Cy Hungerford gave the boys exceptional entertainment. Too bad he couldn't draw a cartoon for everyone!

● In Detroit the doctors have organ-

ized a general practice section of the Wayne County Medical Society with their own chairman and section meetings. It seems the general practitioners are getting class conscious and want the same recognition as specialists, according to Medical Economics. What they are actually doing is fix up more meetings for themselves to attend when there are entirely too many meetings now. It is hard to imagine a section on general practice at a State Convention. General practitioners have always had the privilege of going from section to section to pick out the papers they like. General sessions are always devoted to subjects of general interest. Men in general practice still constitute a healthy majority of all doctors and in our part of the world they seem to receive plenty of recognition, at least in Medical Society affairs.

● After much thought we still think that "For Whom The Bells Toll" is not good literature. It is filthy. We remember a little book passed around sub rosa at medical school called "Adventures Of A Harlot" that was similar and just as well written. Nobody ever gave it any press notices.

But "Oliver Wiswell" is really something worth while. Our young son said, "Dad, if we were having a Revolution right now you would be a Tory!"

Well, we are, aren't we?

—J. L. F.

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## **This Month**

**Tuesday Evening, February 18th, 1941**

**8:30 P. M.**

**YOUNGSTOWN CLUB**

•

The Society is highly honored to have as guest speaker

**DR. F. DENNETTE ADAMS**

Boston, Mass.

"Physician at the Massachusetts General Hospital; Instructor in Medicine, Courses for Graduates, Harvard Medical School. Co-author of the Recent Edition of "Physical Diagnosis" by Cabot and Adams."

•

Subject:

**"Some Clinical Consideration of Chronic Headache"**

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## **Next Month**

**Tuesday Evening, March 18th, 1941**

**8:30 P. M.**

**YOUNGSTOWN CLUB**

•

**MURRAY M. COPELAND, M. D.**

Baltimore, Md.

•

Subject:

**"Practical Treatment of Tumors and Diseases of  
the Mammary Gland"**

Dr. Copeland is director of Baltimore City Hospitals Tumor Clinic and he is superbly equipped to give us an unusually valuable evening.

**Save the Date!**

# Postgraduate Day

Wednesday, April 30th, 1941

•

The Committees are busy making ready for the  
greatest day in the year.

•

Program by

Faculty from the Medical School of the  
University of Wisconsin

•

Here they are with their subjects:

DR. WILLIAM S. MIDDLETON, Dean—

1. "Bronchiogenic Carcinoma: A Challenge in Diagnosis and Treatment"
2. "Rationalized Therapeutic Experiences"

DR. JOSEPH W. GALE—

1. "Empyema"
2. "Thoracic Surgical Problems"

DR. ELMER L. SEVRINGHAUS—

1. "Endocrine Therapy in General Practice"
2. "Diagnosis and Therapeutic Problems of the Climateric"

DR. RALPH M. WATERS—

1. "Morbidity Accompanying the Therapy of Pain"
2. "The Service of Anesthesiology in the Modern Hospital"

## IMPORTANT ANNOUNCEMENT

The Corydon Palmer Dental Society takes great pleasure  
in announcing their next meeting

**Thursday, February 27th, 1941**

**THE YOUNGSTOWN CLUB**

**A dinner meeting at 6:30 P. M.**

The speaker will be Robert H. Ivy, M.D., D.D.S., F.A.C.S.,  
Professor of Maxillo Facial Surgery at the University of Penn-  
sylvania Post Graduate School of Medicine.

Dr. Ivy's subject will be

### **"Surgical Conditions of the Face and Jaw"**

Due to the fact that Dr. Ivy is outstanding in his work, an  
M. D., and a Fellow of The American College of Surgeons,  
the members of the Dental Society extend this invitation to  
the members of the Mahoning County Medical Society and  
urgently request that you attend this meeting so that due honor  
can be paid to a man of such standing.

Dr. Ivy's address will begin at 8 P. M.

## DO YOU KNOW?

By J. P. H.

That Jack Noll's idea of a Christ-  
mas tree is one where ornaments com-  
pletely cover the tree.

That Jack McCann has gone con-  
servative. He is using chains again.

That the Federal Government  
holds the manufacturer and dispenser  
liable for distribution of any drugs  
which may be dangerous to health.  
The enforcement department has in  
various situations specifically moved  
certain drugs which they deem to be  
dangerous. Things named as such  
thus far are:

Aminopyrine; ammoniated mercury  
ointment, if over 5% ammoniated  
mercury; aspidium; barbiturates; ben-  
zedrine sulfate; carbon tetrachloride;  
chenopodium oil; cinchophen; digi-

talis; mercuric chloride ointment, if  
over 0.2% mercuric chloride; neo-  
cinchophen; santonin; squill; stro-  
phanthus; sulfanilamide; sulfapyri-  
dine; sulfathiazole; tetrachlorethy-  
lene; thymol; thyroid; acetanilid, if  
the total daily dosage is more than  
five grains or more than two and one-  
half grains during any three-hour pe-  
riod; bromides, if in a total daily  
dosage of more than 30 grains or  
more than 15 grains of bromide and  
five grains of acetanilid or more than  
seven and one-half grains of bromide  
and two and one-half grains of ace-  
tanilid during any three-hour period.

The drugs enumerated in the fore-  
going list, as well as other drugs dan-  
gerous to health, should be dispensed  
only on a prescription of a physician,  
dentist, or veterinarian. Such pre-

*February*

scriptions should be plainly marked "DO NOT REFILL."

"However, on the specific authorization (written, verbal or telephone) of the prescriber such prescription may be refilled a 'reasonable number of times.' (It is strongly recommended that such prescriptions not be refilled more than two (2) times unless a new prescription is written by the prescriber. The pharmacist assumes the full responsibility for refilling such prescription.)

"When refilling on physician's authorization, date and hour and compounder's name should be recorded on the back of the original prescription or prepare and file a new prescription indicating on the prescription that it represents the first or second refilling of the original order. Such records are necessary when refilling on verbal authorization but are not necessary if you receive a new prescription written by the attending physician."

— That in old people the ordinary symptoms of disease are often vague, indefinite or absent. Pain is often negligible. Temperature rises to lower peaks and vomiting occurs infrequently. Gastric complaints often have a cardiac origin.

— That a report of the committee on population problems of the National Resources Commission, made in 1938—which pointed out that by 1980—if present population trends in the U. S. continue—there will be only 6,500,000 children under five years of age, and 22,000,000 people over 65 years of age. As Dublin states, "We are becoming a nation of elders."

Medicine has brought the problem of geriatrics upon itself, for thanks to improved medical service and preventive medicine, the present mean life expectancy at birth has been raised to 61 years.

### Medical Treatment

Considering the medical treatment of the aged, Allan Eustis, M. D., New Orleans, would change the old axiom, "An individual is as old as his arteries," to "An individual is as

old as his heart muscle." Nitrites and other drugs that lower blood pressure should be used sparingly, for the reason that transient lowering of the blood pressure may be a factor in producing coronary, cerebral or visceral thrombosis. A patient with athermatous arteries requires a greater blood pressure to maintain adequate circulation than a normal person. In such an individual a systolic blood pressure as high as 210 mm. of mercury may not be dangerous. In such cases, all exciting causes of high blood pressure should be eliminated from the patient's daily life.

The "Weekly Accident Bulletin" from the Department of Commerce of Washington for January 8, 1941, shows that accidental deaths from motor vehicles in this country have increased from 5,731 in 1939 to 5,799 in 1940. An increase of 1.2%.

Analyzing these figures one finds that Youngstown rates worse than New York City, yet much better than St. Louis. One wonders if there are any factors which account for the steadily growing death rate from automobiles. At first glance one might think that inclement weather, snow and ice, accounts for a large percent of the accidents which Milwaukee had with a large increase during cold weather, but then again Los Angeles with consistently good weather also had an increase. Icy streets and wet streets play a large part in some of these accidents and yet one could not feel that these factors were dominant throughout the country. Buffalo with severe weather had a 22.9% decrease in accidental deaths.

Seasons may be a factor in so far as many more cars are in use during the summer months and the probability of accidents is very much increased. From a local view point it would seem that the big percentage of accidents in this community occur on Saturdays and Sundays. It is true that many intersections have very poor visibility, such as buildings near

the corner, shrubbery, hedges and various advertising signs which obstruct vision as one approaches an intersection. Traffic laws seem to be in abundance but a greater personal sense of responsibility to the other driver should be brought home to every motorist.

With automobiles geared to higher speeds today it is easy to become a reckless driver without realizing it. Forty and fifty miles an hour on the city streets will be a common thing especially among the younger people who drive. Many truck drivers with small trucks drive with excessive speed through the city and with apparent abandon which suggests that a truck will always come out on top. Again the intoxicated driver of Saturdays and Sundays has been the cause of many accidents in this community. Care in driving should be impressed upon every one and especially to avoid driving after drinking.

Many Youngstown streets are so dark that a pedestrian can walk in front of a car and not be seen by the driver until the car is upon him. Perhaps "slow up signs" 100 yds. from intersection stop signs, especially in outlying districts or on long city streets, would be a worth-while caution.

One slogan might be in the city—"Drive Slowly."

### EDITORIAL

(Continued from Page 41)

serenity of our lives in this war-torn world; if we remember the rewards we have earned in the past and the greater blessings we may anticipate from the future, surely we may close the pages of this year with a sense of well-being and satisfaction, with a hearty and generous wish to all, of Merry Christmas and Happy New Year.—C. F. ENGELS.

(Dr. Engels, long Editor of his County Society's Bulletin, and for many years a personal friend of Dr. C. R. Clark, died just as this fine statement was published. Because it could equally well apply to our own group, it is reprinted here.—Editor.)

### INTERESTING FIGURES

Youngstown auto fatalities to January 25, 1941:

- 1 less than Washington, D. C.
- 3 more than Trenton, N. J.
- 1 less than Seattle, Wash.
- 1 more than Pittsburgh, Pa.
- 1 less than Houston, Texas.
- 3 more than Duluth, Minn.

### ALL OF US!

"There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments: and what are more important, Heraclean cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and often enough, though not so often as he wishes, brings healing."

—ROBT. LOUIS STEVENSON.

(This simply means, take us or leave us, a very brilliant man thought the whole bunch of us pretty good!)

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## YOUNGSTOWN HOSPITAL ASSOCIATION

The year 1940 passed all records in the number of patients treated and patient days. For the eleven months ending November 30, 1940, the increase has been approximately 20% over the same period for 1939. The Obstetrical Department of the hospital has been exceptionally busy. The increase in this department amounts to slightly more than 25%.

In February, 1940, the Out-patient Department of the hospital was reopened. Strict regulations were adopted for its operation and it has been functioning smoothly since reopening. The total number of visits in the Out-patient Department including the Dental Department averages approximately 900 per month.

During the week of November 11, 1940, the Staff of the Youngstown Hospital Association in conjunction with some of the hospital departments put on an Exhibit of work

being done in the hospital at the Tod Nurses Home, North Side Unit. Comments received since this Exhibit was held indicate that it was a complete success and showed the very great interest the public has in such matters.

Approximately 1,500 school children viewed this Exhibit in the afternoon and several comments have been received from teachers of these students as to the educational value derived by their pupils in seeing these displays.

Approximately five to six thousand adults toured the Exhibit during the four nights that it was open.

All participants in the Exhibit feel that the results were worth the efforts expended.

Very truly yours,

THE YOUNGSTOWN HOSPITAL  
ASSOCIATION

David Endres, Superintendent.

## THE ASSOCIATED HOSPITAL SERVICE REPORT—1940

During the year the Association increased its membership from 32,500 to 58,215 persons. We increased our payments to hospitals from \$112,000 in 1939 to \$220,000 in 1940. This represents an expenditure of \$601 for each of the 366 days of 1940. We were also able to reduce our operating costs from about 12% in 1939 to just over 10% in 1940.

The Association is now able to provide care for one patient in five who enters our hospitals. As we now build our reserve closer to actual financial safety and reduce our percentage of operating cost each month, we are placing ourselves in an even better position to fulfill the purposes for which we were created, first to make hospital facilities more readily available, and secondly, to stabilize hospital income.

When the Association was established the physician was given both the privilege and the duty of determining when a patient was to be hos-

pitalized, what services he required, and how long he should remain a hospital patient. We expected that normal usage would amount to about 80% of our income. It is gratifying to know that the entire Medical Staffs of all the hospitals have not permitted abuse of this service, thus making it possible for us to provide protection to our members without question whenever they are admitted to the hospital.

The following is a condensed statement of operations for the year, 1940:

Total Reserves Jan. 1, 1940	\$ 25,230.36
Income 1940	293,862.19

Total	\$319,092.55
Hospitalization	
Claims paid	\$219,814.32
Operating Expenses	30,546.13

Expenses	250,360.45
----------	------------

Total Resources	\$ 68,732.10
January 1, 1941.	

Very truly yours,

ROBERT E. MILLS, Director.



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## ST. ELIZABETH'S HOSPITAL ANNUAL REPORT—1940

During the year 1940, there was an increase in hospitalization—service being extended to 10,016 patients, representing 81,941 days' care with an average stay of 8.18 days for each patient.

About 42% of the patients entering the hospital had some form of hospital insurance.

Of the total number admitted, 1526 were mothers who came to the hospital for the birth of their babies. The remainder was distributed throughout the various services offered.

There were 3,398 patients treated in the accident rooms; 6,046 treatments in the physiotherapy department—510 of this number having received treatments in the fever cabinet installed here in January, 1940. A total of 47,914 examinations were made in the clinical laboratory. The out-patient department, which was reopened in March, 1940, submitted the following report:

Surgical	352
Gynecological	69
Ear, Nose, Throat	342
Genito-Urinary	32
Rectal	3
Eye	10
Orthopedic	425
Tuberculosis	1,109
Obstetrical:	
Pre-natal	64
Post-partum	30
Medical	803
Pediatrics	24
Dermatology	53
Neurology	29
<b>Total Visits</b>	<b>3,345</b>
Patients	594
Laboratory Requisitions	927
X-Rays	110

During the past year, it was necessary to increase the number of beds in the hospital. Twenty-six beds were added eleven to the maternity department and fifteen in the women's surgical department. The capacity of the hospital is now 305 beds, including fifty bassinets.

In caring for the patients during

1940, there was an average of 1270 meals per day served.

15,975 pounds of laundry per week was washed, ironed and distributed; 2,648 tons of coal were burned.

In connection with our Dietary Department, a guest dining room was opened about a year ago. We find this more convenient than serving trays in the patients' rooms for their visitors. The meals are planned by the Dietitian and a selective menu is offered. This dining room also gives service to out-patients who are on special diets ordered by a doctor. 13,826 meals were served in the Coffee Shop. The report from the Sewing Room shows the following result of donated service to the hospital for 1940:

N. Y. A.	Pieces
New sewing	8,999
Mending	9,725
Cutting	6,289
Marking	20,410
Parish sewing:	
St. Patrick's	625
St. Columba	575
Sacred Heart	310
St. Dominic's	403
Immaculate	138
St. Brendon's	89
St. Rose, Girard	407
St. Joseph's	613
St. Edward's	951
St. Cyril	428
St. Ann's	90
Mrs. Sitzberger	576
<b>Total</b>	<b>5,005</b>

The women's Auxiliary Surgical Supply Committee packaged approximately eighty-five cases of gauze, or 56,666 small packages containing three pieces each. The Women's Auxiliary of St. Elizabeth Hospital has also undertaken the renovating of the infant nursery and delivery room suite. This work is now under way.

A service elevator was installed in the A wing. This necessitated extensive changes in the main kitchen and tray service rooms in each department of that wing. This work is now nearing completion.

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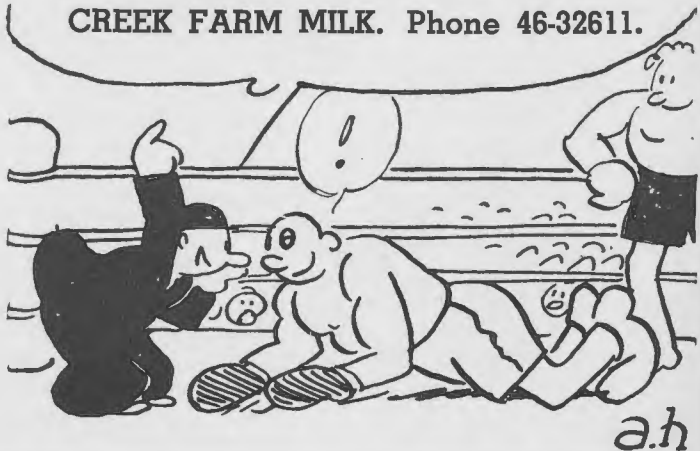
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# VENEREAL CLINIC REPORT 1940

To Dr. R. G. Mossman, Health Commissioner,  
City of Youngstown.

Dear Dr. Mossman:—We have the honor to submit to you the following  
Venereal Clinic Report for 1940:

No. of cases of chancroid treated. . . . .	2
No. of cases of chancroid—new. . . . .	2
Total Chancroid Clinic visits. . . . .	30
Cases referred to Pvt. M. D. . . . .	0
No. of cases hospitalized. . . . .	0
No. of urine tests made. . . . .	301
No. of urines tested for sugar. . . . .	301
No. of urines positive for sugar. . . . .	21
No. of urines negative for sugar. . . . .	280
No. of urines tested for albumin. . . . .	301
No. of urines positive for albumin. . . . .	18
No. of urines negative for albumin. . . . .	283
Other tests, specify, Micro. Exams. . . . .	988
Darkfield tests. . . . .	13
Public lectures. . . . .	47
Field visits. . . . .	621
Other service—	
Eye examinations. . . . .	55
Heart examinations. . . . .	100
Chest examinations. . . . .	100
No. of cases of syphilis released as cured or arrested. . . . .	23
No. of cases of G. C. released as cured or arrested. . . . .	42
Total clinic visits. . . . .	8985
Total cases. . . . .	1055

### Syphilis

No. of syphilis cases treated. . . . .	450
No. of syphilis cases—new. . . . .	165
No. of blood tests taken. . . . .	1022
No. of blood tests—positive. . . . .	427
No. of blood tests—negative. . . . .	595

Respectfully submitted,

CLAUDE B. NORRIS, M. D., Chief of Clinic and of Syphilis.

HENRI SCHMID, M. D., Chief of Urology.

No. of spinal punctures taken. . . . .	54
No. of spinal punctures—positive. . . . .	17
No. of spinal punctures—negative. . . . .	37
No. of syphilis cases hospitalized. . . . .	7
No. of syphilis cases referred to Pvt. M. D. . . . .	78
No. of syphilis clinic visits. . . . .	6495
No. of arsenicals given. . . . .	2308
No. of arsenical reaction. . . . .	1

### Gonorrhoea

No. of cases of G. C. treated. . . . .	258
No. of G. C. cases—new. . . . .	121
No. of smears, G. C. smears taken. . . . .	253
No. of smears—positive. . . . .	86
No. of smears—negative. . . . .	167
No. of G. C. cases hospitalized. . . . .	0
No. of G. C. cases referred to Pvt. M. D. . . . .	28
No. of complications. . . . .	4
Total G. C. clinic visits. . . . .	1945

### Personnel—Regular

Physicians. . . . .	2
Nurse. . . . .	1
Clerk. . . . .	1
Laboratory. . . . .	1
Orderly. . . . .	1
Janitress. . . . .	1

### Rotating Service

Physicians. . . . .	4
Nurses. . . . .	2
Consulting Physicians. . . . .	2
Total. . . . .	8

Announcing the Dinner Dance of the  
**Youngstown Society of Physicians' and Dentists'**  
**Secretaries**

**THURSDAY, FEBRUARY 13TH**

Seven-Thirty

At

**The Mahoning Valley Country Club**

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## SOCIETY BANQUET HONORS DR. WILLIAMS

### Doctors' Hungerford-A-Cartoons!

On Tuesday evening, January 21, 1941, at our Annual Banquet the Society paid tribute to Dr. David R. Williams, Girard, honor guest, who has just rounded out fifty years in the practice of medicine, all of it in this valley.

Dr. O. J. Walker, President, praising Dr. Williams for his distinguished and honorable career in medicine, introduced Dr. Paul J. Fuzy, who gave to Dr. Williams the accolade of the Society. Dr. Fuzy emphasized the need for the older "boys" amongst us, their wisdom gained in the crucible of experience, and their great advantage to younger men of the Profession who are wise enough to seek and accept their mature advice. He brought out that it was always Dr. Williams' way to sustain and support the young man in medicine. Dr. Fuzy told also, of many instances wherein Dr. Williams' earnestness and desire to learn were manifest, even to acquiring the art of version from young men.

Dr. Williams reply was most gracious. He expressed with deep emotion his appreciation of the event, and deprecated his own merits in accepting it.

An interesting feature of the entertainment was presented by a trio of students from Kent College. They gave several impersonations and a group of popular music numbers.

"Cy" Hungerford, distinguished as a Cartoonist, met the most sanguine expectations. Nobody could have suspected what a HUNGERFORD-A-Cartoons existed amongst us doctors. A pack of starved varmints in an arctic waste could hardly have pounced so avidly upon the juiciest carcass as did our medics land upon each cartoon as it was cast aside from the artist's easel. The speed was astonishing; the accuracy of "grab" was a thing to be admired—shoe cleats greatly injured the hands of this

writer, who also, still bears on his nucha the impress of taut knuckles (vulgarly called a "fist"), which successfully denied him possession of even one of the coveted prizes. That just goes to show that one should be a celebrity like Society President Walker, Dr. Williams, "Hi" Evans, State President Skipp, President Roosevelt, Hitler, Mussolini, or the Cartoonist himself. These individuals, at least the first four of them were given remarkably good cartoons of themselves—with nary-a-tussel to get 'em! The running conversational informality of the Speaker's address while doing the cartooning charmed his audience.

Dr. James Brown and his Social Committee and Dr. Evans and his Program Committee gave us a program of unusually high merit, for which the Society is grateful.

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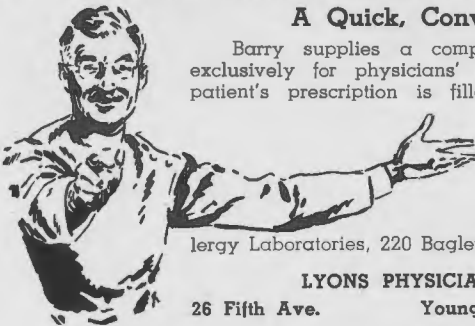
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## EXAMINATIONS FOR APPOINTMENTS IN THE MEDICAL CORPS OF THE U. S. NAVY

The Surgeon General of the Navy, Rear Admiral Ross T. McIntire, (MC), U. S. N., announced the next examination for appointments as commissioned officers in the Medical Department of the Navy will be held at all of the larger naval hospitals and at the Naval Medical Center, Washington, D. C., on May 12 to 15, inclusive, 1941. Applicants for appointment as Assistant Surgeon, effective approximately two months from date of examinations, may now request authorization to appear for examination. Requests for such authorization should reach this bureau prior to April 21, 1941.

Applicants for appointment as Assistant Surgeon are required to be citizens of the United States between the ages of 21 and 31, graduates of Class "A" medical schools, have had at least one year of intern training in a hospital accredited for intern training by the Council on Medical Education and Hospitals of the American Medical Association, and to meet the physical and other requirements for appointment.

The Medical Corps of the Navy is being increased in strength proportionate with the expanding Navy and U. S. Marine Corps. Service for medical officers is active professionally and attractive in assignments at sea, on shore duty, and on foreign shore stations. In the normal rotation of assignments every practicable consideration is given the officer's preference for the type of duty he desires. The Naval Medical School at the Naval Medical Center, Washington, D. C., offers a course of postgraduate instruction and instruction in those branches of medicine which apply particularly to naval service. Under normal conditions newly appointed officers are assigned to this course

upon their entry into the service or during their first few years of naval service.

Naval medical officers are encouraged to develop a specialty after they have completed their first cruise at sea. Shortly before completion of his sea duty, the Navy doctor may request special training in the Medical Department specialty in which he is interested. Such requests are acted upon by a special board in the Bureau of Medicine and Surgery and, if approved, the Navy doctor is sent to a hospital for training and experience in that specialty for one year. Upon completion of this training, he is assigned to postgraduate instruction at one of the many medical centers in the United States for a period up to one year after which, in-so-far as is practicable, he is retained in that type of duty. Some of the specialties in which qualifications may be obtained are: Surgery, Medicine; Otolaryngology; Laboratory; X-ray; Pathology; Public Health; Psychiatry; Deep-Sea Diving; Aviation Medicine (Flight Surgery); Gas Warfare, and Tropical Medicine. Several officers have been trained in research particularly applying to problems arising in submarine and aviation activities.

The naval service affords excellent opportunities for professional advancement. Medical officers receive the same pay and allowances as other officers of the Navy in corresponding ranks and the equivalent amount of service.

A circular of information for applicants for appointment as medical officers of the Navy, containing full information regarding physical requirements, professional examinations, rates of pay, and promotion and retirement data may be obtained by addressing the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

## NEWS and VIEWS

Dr. and Mrs. H. E. Chalker and family and Dr. and Mrs. L. G. Coe and family have returned from Hollywood, Florida, where they enjoyed a several weeks' holiday.

Dr. and Mrs. J. B. Kupec announce the birth of a son, Joseph Jr., in St. Elizabeth's Hospital on January 13th.

Dr. J. F. Nagle spent several days in Baltimore where he visited with Dr. Dean Lewis who has been ill for some time.

Dr. and Mrs. C. S. Lowendorf have returned from a two weeks' Southern Cruise. They spent several days in New Orleans where Dr. Lowendorf attended the annual meeting of the American Academy of Orthopedic Surgeons.

Dr. L. G. Coe has issued cards announcing that he has limited his practice to general surgery.

Dr. I. C. Smith, who is in charge of the fever therapy machine at St. Elizabeth's Hospital, presented a resume of his statistics and results for the year 1940. This paper was given at the January meeting of the Staff of the Hospital.

Dr. E. J. Wenaas is convalescing from a recent appendectomy.

Dr. William Maine has been appointed physician to the county jail and Dr. John Renner physician to the county home by the Mahoning County Commissioners.

Dr. W. D. Collier and G. B. Kramer attended the recent meeting of the Ohio Society for Clinical Pathologists in Cleveland.

Dr. and Mrs. J. D. Brown have recently moved into their new home on Mill Creek Drive. As neighbors he has Drs. F. S. Middleton, R. H. Middleton, D. M. Rothrock and J. L. Fisher.

Dr. and Mrs. L. J. Goldblatt have returned from a trip to New York and Atlantic City.

On January 1 the stork left a boy consigned to Dr. and Mrs. Densmore

Thomas of Niles, at the North Unit. On January 16 the stork returned leaving a girl at the North Unit for Dr. and Mrs. R. R. Morrall.

Dr. P. H. Leimbach of Greenford has been a "ham" (amateur radio operator) since 1932. His call letters are W8GVO.

Dr. Myron Steinberg was ordered to report to Camp Shelby, Miss., on January 8th. He is a captain in the Medical Reserve and is vice president of the Officers' Reserve Corps, Mahoning County Chapter.

Dr. and Mrs. C. S. Lowendorf took a boat trip to New Orleans. Dr. Lowendorf attended meetings of the Orthopedic Convention remaining for the Mardi-Gras.

Dr. S. R. Zoss presented a paper on Allergic Headache at a meeting of the Midwestern Forum on Allergy at Indianapolis, Indiana.

Dr. and Mrs. F. F. Piercy spent the New Year's holidays with their son and daughter-in-law, Dr. and Mrs. Robert Piercy, Rochester, N. Y.

### "The Bloodless Phlebotomist"

(A magazine published by Denver Chemical Mfg. Co.)

We have just received an advance copy of "The Bloodless Phlebotomist" Vol. VIII, No. 6, which is usually issued in 15 languages with a total circulation among members of the medical and allied professions throughout the world of 1,500,000 copies. This year, however, due to the War, it will be sent to members of the professions only in English, Spanish and Portuguese speaking countries outside of the War zone.

This little journal published by the Denver Chemical Manufacturing Company of New York is replete with interesting articles written by physicians who are located in different countries and while the purpose of the publication is to acquaint its medical readers with Antiphlogistine and Galatost, the physicians will find a number of items and illustrations which will excite their curiosity and interest.

If you do not receive a copy write to the Denver Chemical Mfg. Company, New York, who will place your name on their list. The journal will be supplied you free of all charges.



## FINDINGS FROM THE FIELD

### Our Biggest Little Enemies

(Pittsburgh Medical Bulletin)

Continuing the highlights from the New York Academy of Medicine's "Graduate Fortnight" on Infections, we learn that polio virus is found more frequently in intestinal contents than in nasal secretions.

There were 30,000 dog bites in New York City last year, and 76 rabid dogs were picked up in the borough of Brooklyn alone.

In the entire United States, 10,000 people were stupid enough to get smallpox in 1939.

A new type of short wave diathermy machine which permits voltages as high as 35,000 (ten to fifteen times potentials usually used) was exhibited. The success of this apparatus depends upon a series of intermittent exposures as brief as 1/17,000 of a second, alternating with a rest interval of 60/17,000 seconds. This enables relatively large voltages without the development of any damaging heat in the tissues. Spectacular results in many serious infections and inflammations are claimed for this machine.

It is easy to differentiate toxic and non-toxic staphylococci by the coagulase reaction; simply add a bit of culture to a few cc. of blood; toxic organisms will prevent coagulation.

Bacteriophage is still effective in combating staphylococcic septicemias; a herd of 300 cases recovered with this therapy. The agent is also useful in differentiating similar strains of typhoid or related organisms.

Many exhibits indicate some promise for subacute endocarditis. Most use sulfapyridine plus another agent such as heparin, diathermy, or triple typhoid vaccine intravenously.

Pneumonia has had its mortality cut from the thirties to around 8% by the sulfonamide compounds. Many "just a cold's" are recognized as definitely pneumonias if chest x-rays are studied. Fungous infections of the

lungs can produce disabling allergic reactions, and are easily cultured.

In undiagnosed colitis, the finding of specific cells in the stools often reveals the basic pathology. No cells point to no fundamental mucosal changes. Peritoneoscopy or abdominal puncture with examination of peritoneal fluid substitutes for some exploratories.

Norman R. Goldsmith, M.D.

### WOMAN'S AUXILIARY

(Pittsburgh Medical Bulletin)

#### The American Way of Life

The American Way of Life—we have heard these words repeated many times in the past few months. The minister from the pulpit, the lecturer before the forum, the politician in the crowded halls of assembly and the radical on the street corner all cry "we want the 'American Way of Life'." The news commentator, the editor, the author and the playwright all describe in glowing terms the origin, the essence and the strength of the American Way of Life. The stalwart old American cries, "preserve it." The educator proclaims, "improve it." The sallow-skinned skeptic shouts, "destroy it."

Just what is this American Way of Life that all men clamor about? Is it a half-baked idea of some impractical visionary? Is it a fantastic Utopia that some dictator has promised an enslaved people? Or is it a new belief that some writer has offered a floundering world? Could it be a politician's cry for unity and support?

The American Way of Life is none of these. It is an intangible something that can not be described in terms of cold logic. It is a state of being; "an open and a contrite heart" that feels and understands the struggles of man in his long trek for freedom. A way of life that can not be bought or sold across the political tables of nations.

To the east of this land of ours a

great storm of ideals is raging. It had its beginning in the minds of depraved, disgruntled and depressed men. These men were cheated by the powerful, regimented by the strong, and deprived of clear thinking by autocratic leaders. In Munich, in Rome, and in Moscow, these men of distorted vision began their deadly work. They sent a storm of hate, falsehood and persecution across the European continent. It gained in velocity until it reached the Isle of Britain; here lived a strong, free people with faith and love deeply rooted in their hearts. They held the storm in check, the fierceness of the wind was broken and the path of the gale divided. Did these people know the American Way of Life?

Three hundred and twenty years ago next month a little band of humble country folk, farmers, day laborers, school masters, seamstresses, store keepers, mothers, fathers and children, crossed a great uncharted sea and landed in a new and unexplored land.

"What sought they thus afar?

Bright jewels of the mine?

The wealth of seas, the spoils of war?

They sought a faith's pure shrine!"

"A faith's pure shrine" remained for them a shelter during a winter of cold, hunger, sickness and death. It gave them courage and strength to endure, guidance to form a perfect union of law and order, and infinite faith that this new land would bear abundance and from its substance they would find a better way of life for themselves and for all who came after them. "A faith's pure shrine," free from hate, selfishness and greed. A faith that makes men sacrifice all for the good of all. A faith that places duty to country above duty to self. A faith that exercises wealth to feed the needy. A faith with knowledge to set men free.

Women of the Allegheny County Medical Auxiliary, we will not be caught in the advancing wind currents of Europe's gale and hopelessly lost, if we keep alive in our hearts

"a faith's pure shrine," which is the American Way of Life.

Jane C. Murray.

### SPEAKERS' BUREAU

Here is a list of some of the speeches with the radio talks for the month of January.

#### Radio Program—WKBN

- Jan. 3, 1941—Dr. Frederick S. Coombs—Pneumonia.  
 Jan. 10, 1941—Dr. C. A. Gustafson—Pneumonia.  
 Jan. 17, 1941—Dr. Lewis K. Reed—The Common Cold.  
 Jan. 24, 1941—Dr. Ray Hall—Mastoids.  
 Jan. 31, 1941—Dr. T. K. Golden—Polyomyelitis.

#### Speeches

- Jan. 7, 1941—Dr. R. B. Poling—Socialized Medicine, for Da Capo Club.  
 Jan. 9, 1941—Dr. Frederick S. Coombs—Vitamins—Bancroft School.  
 Jan. 10, 1941—Dr. A. M. Rosenblum—Sulfanilamide and Its Derivatives, at the Lyceum Club.  
 Jan. 21, 1941—Dr. Morris Rosenblum for Parent Teachers Association at Parmelee School.  
 Jan. 28, 1941—Radio WKBN—Auspices of Youngstown Federation of Women's Clubs by Dr. C. A. Gustafson—Subject: Influenza.

Yours,

WM. M. SKIPP, M. D., Chairman.

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phragm is well designed and sturdily constructed. The Measured-Dose Applicator is convenient for jelly applications independently or in conjunction with the use of the diaphragm.

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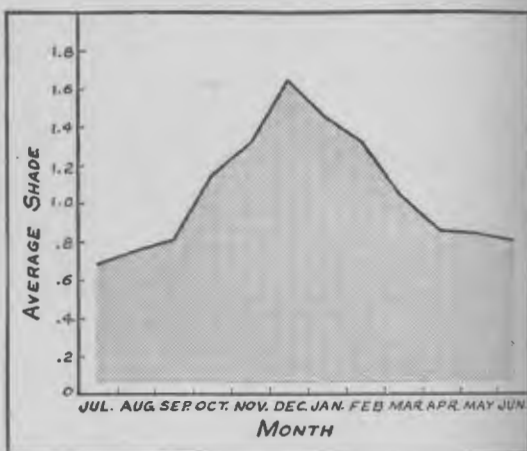
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VAGINAL JELLY and ORTHO DIAPHRAGMS

# WEATHER FORECAST— HEAVY SMOKE FALL

**S**MOKE exerts a definite influence on the weather at this season by reducing the amount of sunlight. Beginning in September there is a steady rise in atmospheric pollution until in December it becomes double that of midsummer, according to a recent report of a two-year study made by the U. S. Public Health Service in ten of the largest American cities, representing a population of millions. One of the most surprising findings was that there is no decrease in the dust content of the air either during or after a rain.



Average atmospheric pollution in 10 large American cities, 1931-1933. It is probable that conditions are similar in many smaller cities especially where soft coal is used and wind velocity is low.

## Winter Sunlight an Unreliable Antiricketic

Atmospheric pollution is but one of many forces militating against the therapeutic effects of ultraviolet rays in winter. Others, to name only a few, are cloudiness, precipitation and clothing. In winter, moreover, it is often impracticable to give sunbaths to infants during the very time they are most susceptible to rickets—the first six months of life.

## Dependable the Year 'Round OLEUM PERCOMORPHUM

The physician can dispel uncertainty in the treatment of rickets simply by prescribing a few drops of Oleum Percomorphum daily. Each gram supplies not less than 60,000 vitamin A units and 8,500 D units (U.S.P.). This maximum vitamin potency in minimum bulk gives Oleum Percomorphum outstanding usefulness for young and premature infants. Constant bioassay and special processing of this antiricketic assure the stated vitamin potency and low percentage of fatty acids. Supplied in 10 and 50 c.c. bottles and 10-drop capsules in boxes of 25 and 100.

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