

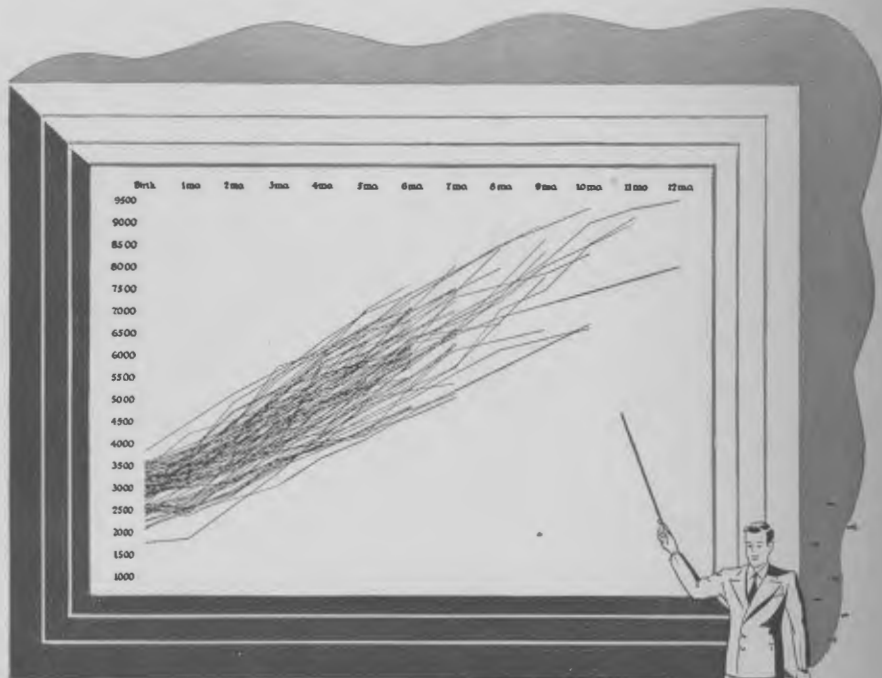


"The wind and the waves are always
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BULLETIN

of the
Mahoning
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Medical
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Vol. XI No. 10
October 1941



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Vol. XI—No. 10

CONTENTS

October, 1941

ADVERTISERS' PAGE	294
PRESIDENT'S PAGE	300
EDITORIAL	301
SOME RATIONALIZED THERAPEUTIC EXPERIENCES	303-304
EMPYEMA	304-306
NURSING EDUCATION	306
MEDICAL CRIER	307
WHAT IS THE INTERNE FOR ANYHOW?	310-311
EDITOR NOT LEAVING TOWN	311
THEOPHRASTUS BOMBASTUS	321
FINDINGS	313
DR. GALBREATH TO ADDRESS BUREAU LUNCHEON	323
NEWS	323
SECRETARY'S REPORT	324

ADVERTISERS' LIST

Patronize them—they make the
"Bulletin" possible

Baker Laboratories.....	322
Blair's Dry Cleaning.....	316
Buck, Dr. Maynard A.....	297
Central Square Garage.....	298
Cross Drug Store.....	298
Duncan Drug Co.....	321
Fair Oaks Villa.....	314
Francis, J. P. Agency.....	316
Giering's	320
Heberding's	295
Humphrey Drug Co.....	297
Infant Di-Dee Service.....	294
Isaly	302
Lustig's	318
Lyons Physician Supply Co.....	296-320
McKelvey, G. M.....	299
Mead-Johnson & Co.....	Cover
Mercer Sanitarium.....	318
Ortho Products	Cover
Renner's	298
Schmidt, Paul.....	320
Schwebel Baking Co.....	297
Scott Company.....	295
Similac	Cover
Strouss-Hirshberg's	296
Thornton	299
Truedley, H. H. & Co.....	316
Valley Drug Co.....	294
White Drug Co.....	314
Youngstown Printing Co.....	322
Youngstown Sanitary Milk.....	316
Youngstown Winery.....	320
Zemmer Co.....	299

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PRESIDENT'S PAGE

In times as perilous as the present, when the structure of civilization is tottering, when force and might seems to have gained the ascendancy over reason and right, when organized pressure groups force through their selfish demands in wanton disregard to public welfare, when the wolf packs of saboteurs and fifth columnists are abroad in the land, it is timely that sober-minded citizens are planning how best to meet the sudden disaster that might any time confront the community. Wrecks, explosions, riots, epidemics are more apt to occur in times such as these.

The American Red Cross through its Disaster Preparedness Committee has assumed the leadership in this laudable effort and with its background of experience in handling sudden catastrophic disasters, the public can feel assured that this community will be well prepared when and if such an emergency arises.

Such preparation includes plans for provisions of Industrial and Public Cooperation, Survey and Shelter, Registration and Information, Rescue and Transportation, Medical Aid, Supply of Human Necessities, Communication, Fund raising and Purchasing.

An important unit of this disaster plan is that for medical care. This includes the organization of emergency hospital facilities to supplement permanent hospitals when needed, together with their equipment of materials, nursing and professional staffs, orderlies, etc. In addition, provision must be made for field stations, transportation and first-aid teams of nurses and doctors.

In the near future the medical profession of Mahoning County will be called on to volunteer their services for call in the event of sudden emergency. Names, addresses and telephone numbers will be on file at the Red Cross headquarters. Those volunteering will be assigned to specific groups with duties outlined, so that all will be able on short notice to respond to a call and without confusion immediately go to work.

With the medical profession's well-known record of service on such occasions, I know Mahoning County will respond unanimously.

O. J. WALKER, M. D. PRESIDENT.

Editorial---

Here We Go

Summer is over! Already our gorgeous sun-tans are bleaching out. We're back in the harness,—ready for the Long Pull. Since harness may be used for pushing as well as pulling, the figure holds also for any Big Push.

Our first Autumn Meeting, September 16th, was a fine demonstration of our readiness to be up and at it. Dr. Milton Goldhamer drew an audience of about 250 doctors, and he amply justified their presence. He emphasized differentiation between those anemias calling for liver and those requiring iron, as basic in therapy. He covered his subject expertly but the problems of the blood and blood-forming organs justify many lectures, not one only. So great is the current interest in these questions that as many as four State and Special Societies have in recent months dealt with them in the form of symposia.

Speaking of Big Pushes, on October 30th, we are to hold our Autumn Postgraduate Day. As our guest we are to have one of the most distinguished clinical investigators in the United States, Dr. Tom Spies. So far as this writer knows, Dr. Spies tops the world in Professorships and that title, conferred upon him by three of the leading Medical Schools of the Country, is his on merit, because not only of what he HAS done but perhaps more because of what he IS NOW DOING.

Dr. Spies will discuss Nutritional problems, including Vitamins. Like nearly every really good thing, this vitamin thing cries out for de-bunking. Dr. Spies is no professional de-

bunker, but he knows what most of us don't; viz, when one of the vitamins is indicated and which one. Dr. Spies will clear up a lot of foggy practice along these lines.

We of the Mahoning County Medical Society not only invite, but we urge our professional colleagues from all our surroundings to come and be with us that day. It will be to your profit and our pleasure if you are present with us. We invite and urge also, all Nurses, our Corydon-Palmer Dental friends, our Dietitians, and Druggists to be with us. All sessions at the Youngstown Club.

Please understand there is to be no fee for attendance at any of the lectures. No fees at all. The dinner will be \$1.50 and it will be worth it, too, if it is what the Youngstown Club dinners always are. But you are under no obligation to take it. Eat at home if you wish, but be present at all discussions.

The first meeting will be held at 4:00 P. M. Then right after the dinner at 6:30, an open forum will follow. Dr. Spies wants this to be the best of all.

To that end, and for your convenience in helping make it Sho-Nuff good, use the blank space on page 309 for sending in questions. But you don't have to bother if it isn't handy—send on any kind of paper, questions or points you'd like discussed to Dr. John Noll, Secretary, 101 Lincoln Avenue, who will see that they get to Dr. Spies.

At all events we hope to be seen' you at 4:00 P. M. October 30th, at the Youngstown Club,—and then on through all the sessions.



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SOME RATIONALIZED THERAPEUTIC EXPERIENCES

By WILLIAM S. MIDDLETON, M. D.

(This valuable paper and that by Dr. Gale on Empyema was presented before our Postgraduate Assembly, April 30, 1941)

The accurate pharmacological study of drugs before their therapeutic application has been responsible for the substitution of rationalism for empiricism in therapy. Such controls should be encouraged by the general practitioner. Indeed, in all directions, physiological principals are dominating the practice of medicine. No thoughtful physician would control the management of cardiac decompensation without a thought of the physiological requirements of the myocardium (glucose, oxygen and insulin). The increased strength of the U. S. P. XI tincture of digitalis requires careful observation of the toxic as well as the therapeutic effect since the former in one-quarter of the patients receiving digitalis is so severe as to preclude the therapeutic objective.

Quinidine is a much abused drug. Contraindicating its use are the presence of embolism, thrombosis, extensive sclerosis or valvulitis, cardiac decompensation and cinchonism. Most of the failures in its use have arisen from ignorance of its true action and rate of action. It is a myocardial depressant. Since it is very rapidly absorbed and quickly eliminated, a schedule of two-hourly doses given day and night is recommended. Acetyl-beta-methylcholine is recommended for paroxysmal ventricular tachycardia. It should never be given intravenously.

The control of cardiac pain is a common indication for treatment. The nitrites are the drugs of choice for angina pectoris. In the event of coronary occlusion, papaverine may have distinct advantages where morphine fails. By and large, oxygen is the most effective agent for the relief of the pain of coronary occlusion. The mechanism of cardiac edema is primarily altered intravascular force.

Hypoproteinemia, B₁ avitaminosis and increased capillary permeability through anoxia may contribute. After modifying these fundamental factors as far as possible by diet, drugs and fluid restriction, xanthine and mercurial diuretics may be invoked.

The treatment of bronchial asthma presupposes a true approach to the underlying mechanism. In most general hospitals the impression grows that the simpler measures have been exhausted before the majority of asthmatics enter the hospital. Desensitization (or hyposensitization) applies to a certain portion of these patients, but the immediate challenge is the overwhelming respiratory distress of the subject. The sympathomimetic drugs on one hand and the parasympathetic inhibitors on the other are the first therapeutic suggestions. A forceful schedule of adrenalin administration is advised. Furthermore, gentle massage of the area of injection of adrenalin may repeat its action several times over a period of three hours after initial injection. Potassium iodide in full doses is sometimes helpful. Adjuncts for the treatment of the status asthmaticus include helium and oxygen inhalation, bronchoscopic aspiration and the support of the Drinker respirator.

The building-stones for erythropoiesis are iron, copper, cobalt, manganese, protein, oxygen, vitamin C and thyroxin. The intrinsic-extrinsic mechanism of Castle implies a dietary source of the extrinsic factor and a gastric source of the intrinsic factor. A maturation substance results from this interaction. The most common deficient or missing building-stone is iron and more recent studies have indicated the need for much larger doses of this element. Liver will control the vast majority of hypochromic, macrocytic anemias which in turn

depend upon a megaloblastic marrow from a maturation fault.

The recent growth in the knowledge of vitamin K and its relation to hemorrhagic tendencies in the newborn and the bleeding diathesis of obstructive jaundice and severe hepatic damage is one of the best examples of the value of coordinated research. Particular attention is called to the instability of the advantage gained in the presence of serious hepatic injury. Various naphthoquinones have replaced the natural sources of vitamin K in alfalfa, grasses, chestnut leaves and kale. One of the advantages of this new development is the water-solubility of the naphthoquinones and the ability to use the same parenterally or without bile salts by mouth.

The Holmgren-Meulengracht diet for the treatment of bleeding peptic ulcer is recommended as a logical approach to the serious problem. The experience of the Wisconsin General Hospital strongly favors this procedure over the so-called conservative methods of the past.

The bacteriostatic action of the sulfonamides has opened a new chapter in chemotherapy. Without exhausting the present range of their application certain of the adverse by-effects

are discussed. The administration of sulfapyridine well mixed with a fruit sauce has controlled much of the nausea and vomiting. Occasionally barbiturates and nicotinic acid are successful in this direction. The drug hyperpyrexia from sulfonamides disappears upon the withdrawal of the same. Discontinuance of sulfonamides and blood transfusions will combat the serious hemolytic anemia if recognized in time. The occurrence of jaundice or peripheral neuritis requires immediate removal of the offending drug. Methylene blue is recommended for the control of the cyanosis dependent upon methemoglobinemia. High fluid intake and alkalies are indicated for the prevention of renal injury, particularly from sulfapyridine.

A particular appeal is made for the logical application of sedative drugs. The barbiturates should be used only for their hypnotic and soporific effect. Salicylates, coal-tar derivatives and opiates are the drugs of choice for analgesia. Dilaudid is five to six times more powerful in the control of pain than morphine.

"Do not rashly use every new product of which the peripatetic siren sings."

EMPYEMA

By JOSEPH W. GALE, M. D.

Empyema or suppurative pleurisy may occur from a variety of causes which include trauma, mediastinitis, lung abscess, pericarditis, bronchiectasis, carcinoma of the lung with subdiaphragmatic abscess.

The two most common types of empyema encountered are:

1. That which is caused by the hemolytic streptococcus and which occurs as a complication of bronchopneumonia. This type of empyema is usually spoken of as the complete or non-adhering type. This is due to the virulency of the organism and also to the rapidity with which the pleural space is contaminated.

2. That which is caused by the pneumococcus. In this instance the complication is seldom recognized until after the crisis has occurred in the course of the pneumonia. In this type we are more apt to see the encysted, intralobar, apical or basal type. This in turn is probably due to the rapidity with which the infection is walled off and the prompt formation of pus.

Since the pleural effusion occurs very rapidly in case of bronchopneumonia, a different type of treatment must be instituted. The pleural effusion, although teeming with organisms, is not the chief cause of

the patient's distress. The primary disease is the pneumonia. Therefore, it should be treated first. During the course of the pneumonia aspiration or thoracentesis should be carried out at intervals of about two days. A portion of the first specimen should be sent to the laboratory to confirm the bacteriological picture. A test tube full of fluid should be kept on the foot of the bed and allowed to stand for 24 hours, at which time early in the disease one will note very little sediment in the bottom of the tube. As more aspirations are done this sediment will be noted to increase until finally at the end of 12-14 days the test tube will contain nothing but thick pus. During this period after the pus is thickening and finally completely localized, it is gratifying to note that the patient's temperature has gradually reduced by lysis, and that the dyspnea and cyanosis which were present at the beginning of the disease have disappeared. It is no longer in danger of death due to asphyxia brought about through a reduction in his vital capacity caused by the presence of the pneumonia. After the patient has been allowed another week or ten days to regain some of his strength and not until then should drainage be instituted.

This type of empyema is different from that which occurs in case of lobar pneumonia. As stated previously, the fluid is seldom recognized in lobar pneumonia until the crisis has passed and until the pleural infection has localized. In any event, drainage should not be instituted in either case until the patient has sufficiently recovered from his pneumonia to withstand the removal of a segment of rib for drainage. Drainage at this time will take care of the infection in the pleural space. The walls of the infected cavity will have become rigid and sealed off from the rest of the pleural cavity so that the entrance of air at atmospheric pressure will not cause a shift to occur in the

mediastinum. An opening in the chest wall should be made in the most dependent portion of the cavity. This in most instances is usually in the posterior axillary line. At the time of removal of the rib segment a small opening is made into the pleural space and air allowed to enter slowly to prevent tearing of the underlying protective adhesions. A piece of the pleura is excised for microscopic examination, following which the opening is enlarged sufficiently to admit the insertion of two drainage tubes at least 2 cm. in diameter. The patient is returned to his room and only the outside dressings are changed during the first 24 hours. At the end of this time the patient is turned on his good side, the cavity filled with warm saline to determine its size and the presence or absence of a bronchial fistula. If a fistula is present saline irrigations are continued; if not present, then irrigations of .5% sodium hypochlorite are used. The cavity is filled and the solution allowed to remain in contact with the tissue for 10 minutes, after which the fluid is drained out. Dry dressing is applied. These irrigations are given q.i.d. Dakin's solution is used because of its fibrinolytic and antiseptic properties. The cavity usually decreases in size quite rapidly during the first few days. The fibrin which harbors the infection separates from the cavity wall and the lung expands and obliterates the cavity through the formation of granulations at the periphery. The ordinary case heals in 6 to 8 weeks. Those with extremely large cavities will not heal for a longer period. The most common complications preventing healing are:

1. Inadequate drainage.
2. Foreign body.
3. Osteomyelitis of ribs.
4. Fibrosis of the underlying lung.
5. Bronchopleural fistula.
6. Tuberculosis.

The most common cause of the

unnecessarily high mortality encountered in empyema is due to premature drainage. One must constantly keep in mind that the pneumonia is the primary disease and that the pleural space should not be drained until the infection has walled itself off and occurs as a localized abscess.

Summary

1. Remember that empyema is not an emergency.

2. Drainage when instituted must be adequate and dependent.

3. Avoid all types of drainage until the primary lesion has subsided.

4. That empyema is not cured nor will it remain cured until the cavity has been sterilized and obliterated.

5. Prevent a negative nitrogen balance postoperatively by supplying an adequate diet.

NURSING EDUCATION

By J. P. H.

Why not train more nurses for ordinary hospital and clinical work? Why try to make nursing specialists and supernurses of most of the graduates? Who is going to do the ordinary nursing in the next twenty years? We need more good nurses as much as we need teachers of nursing. We need practical graduates of nursing schools not doctors of nursing theory.

The following are the words of Dr. Frank Lahey, president of the A. M. A., relative to nursing education in 1941:

"I have been fearful for a number of years," Dr. Lahey said, "that the trend in nursing is away from service to the patient and too much in the direction of higher education." Parenthetically, let us add that this is also true, to some extent, of medical training.

The registered nurse of today can choose among various fields of nursing work affording continuous employment and regular hours, such as public health and industrial nursing, or she can restrict her work to certain conditions or to special duty in hospitals. Caring for patients in their homes is undeniably the least attractive field of duty, and in times of stress the least efficient use of a limited number of nurses. Yet in spite

of the general appreciation of hospital care in illness and the provision of hospital insurance, need for home nursing still exists, and may even increase if hospital capacity becomes overtaxed in the impending national crisis.

A departure from the original purpose of nursing has been brought about by the advance in standards of education. Training for university degrees is equipping nurses for administrative work rather than for bedside duty. This is logical work for a few specialized institutions, but if the many hospitals adopt these standards, a branch of nursing must be established anew actually to care for the sick.

Nurses, like physicians, are engaged in a humane profession. A physician does not consider it beneath his dignity personally to carry out many procedures he does not relish, to watch far into the night over a patient critically ill at home, though his broken rest cannot be made up next day, and though the patient's appreciation does not outlast his peril. The nurse knows like situations, and the type of bedside nurse needed must survive.

If increasing higher educational standards develop only the nursing executive, we must still have nurses to give personal care to the sick.

THE MEDICAL CRIER

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

● October finds our Society plunged elbow deep into the work of the new season, and it promises to keep everyone busier than ever. Dr. Goldhammer's talk in September on the anemias and the need for proteins whets our appetites for the Tom Spies dinner on October 30 when we will get our fill of vitamins. Unfortunately the Bulletin comes out too soon to report the Pennsylvania State Convention at Pittsburgh, but we hope that many of our members attended and enjoyed it. Cleveland had an excellent program, too, last Thursday on the occasion of the Fifth District meeting. Staff meetings are starting, and pathological conferences take their share of interest. The Medical-Dental Bureau has started its monthly luncheons and plans to bring here some very interesting speakers. A class in public speaking has been formed for doctors only and will run for eighteen weeks during the winter. A bowling club is in the making and will start just as soon as the golfing season is over. It looks like the Doctors will have many opportunities to get together this winter.

● There is one important educational opportunity that is being neglected. There are many worth while medical and surgical motion pictures to be had at little expense which we should be seeing. Our regular Society programs are filled by excellent speakers and cannot be improved on by adding this feature. The hospital staff meetings are properly the place for local men to give papers reviewing the literature and telling of their experiences in their own work. If these films are to be brought here, there will have to be some other time selected which will not interfere with programs already established. The Doctor's time is already very much taken up, but those who have seen the recent color films

at the various Conventions know that they have a very definite place in medical education.

● When we were boys studying history it seemed to many of us that everything had happened and the world had become humdrum. Then came World War I and stirred everything up again. Now it is beginning to dawn on us that we are living in one of the most exciting periods of the world's history. We have come through the worst of depressions that made former panics seem trivial and now we are witnessing the march of a megalomaniac whose dream of world conquest dwarfs Napoleon and Alexander. Social changes taking place around us make us at times reel with vertigo. Everything that seemed established and secure is being shaken on its foundations. And in the papers the casual mention of the discovery of a few cases of the plague sounds like the roll of distant thunder. What an appropriate time now for a great epidemic to strike! The Four Horsemen are riding again, and they always ride together. War, Pestilence, Famine and Death, they ride side by side. We pride ourselves on our learning and our great discoveries, but how pitifully little we know!

—J. L. F.

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Dr. Spies

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DR. TOM D. SPIES

Present Hospital and Teaching Connections:

Director, Nutrition Clinic, Hillman Hospital, Birmingham, Alabama.
Associate Professor of Medicine, University of Cincinnati College of Medicine.
Professor of Medical Research, University of Texas School of Medicine.
Professor of Medical Research, University of Alabama School of Medicine.

Member of:

Council on Foods and Nutrition, American Medical Association.
Sub-committee on Nutrition, Division of Medical Sciences of the National Research Council.
Council for the Central Society for Clinical Research.
Committee on Nutritional Research, National Foundation for Infantile Paralysis, Inc.

TIME OF DAY?

First lecture at 4:00 P. M.

Dinner and open forum at 6:30 P. M.

(Dinner \$1.50. This is all you pay, as there is NO FEE for the lectures.)

Final lecture at 8:30 P. M.

SUBJECT:

The whole problem of Nutrition and the Vitamins is to be covered intensively.

Who's Invited?

Fellow physicians
Dentists

Nurses
Dieticians

Druggists

You are urged to write on the blank on opposite page (P. 309), any question or point on Nutrition and Vitamins that you may wish to hear Dr. Spies discuss, and hand or mail it to Dr. John Noll, Secretary, 101 Lincoln Avenue, Youngstown, Ohio.

The set up is:

November 18th, 1941—

DR. CLAUDE S. BECK

Professor Neurosurgery, Western Reserve University School
of Medicine, Cleveland, Ohio.

Subject:

Heart Disease Treated by Operation

Everybody knows something about Dr. Beck's remarkable results with surgery of the heart in such conditions as coronary obstruction. His work is most encouraging.



December 16th—ANNUAL MEETING



January 20th—Mack Sauer, newspaper man and author,—the great Historian who found the bunk in Bunker Hill.

Will Dr. Spies please answer or comment upon the following:

(Signature optional)

WHAT IS THE INTERNE FOR ANYHOW?

By COLIN R. CLARK, M. D.

(Delivered at the Interne Reunion of Youngstown Hospital, August 14, 1941)

This question has been heard, and maybe comes to mind often, taking the Staff as a whole, but not often to each one of us. But it is a question that deserves really thoughtful consideration.

We have all been Internes but maybe we forget some of the details of our experiences. Let the word Interne include the entire House Staff, and let's divide the question into two parts:—"What the Interne *Is For*," and "What the Interne *Is Not For*." From his own standpoint, he is here to learn, to add to his medical education. This by observation of and practice in the actual diagnosis and treatment of patients—human beings, in Hospital, disabled by illness or accidental injury, requiring diagnosis and treatment and human interest.

He learns something, much or little, from each one of us, by observation of our methods of diagnosis and treatment and by assisting, and by acting for us in carrying out suggested treatment.

They have all been well trained in Medical School but this is usually their first real contact with private practice they each expect to take up. Let's learn to teach, each in his own way.

From the standpoint of the Hospital, he is here for the sake of the patient. As in all factors of the Hospital, "The patient comes first," so the Hospital management takes on the very considerable expense of maintaining the House Staff for the benefit of our patients; and of the community. First, for the better service that we can render in diagnosis and treatment with their help; and second, assuring the community constantly improving quality of medical and surgical service to be rendered by the men so trained in each of its many departments.

From *our* standpoint, the Internes are in a way, very valuable extensions of our hands, and feet, and eyes and brains, in our care and treatment of our patients. Try to think of taking care of patients in our Hospitals without House-men, with every professional examination and treatment to be carried out by the attending, for both private and House patients.

Our obligation to the Interne Staff is to help him learn, not formally, they have had a lot of that, but in our daily contacts, by explanation and discussion and chiefly by example in our methods, care and interest.

I want to quote a sentence from the Autobiography of Chevalier Jackson, a very worth while volume. He is referring particularly to assistants, but it is of possible wider application, maybe to ourselves and the House Staff: "This attitude of mine is partly correlated with the objective of promulgating safe methods of bronchoscopy; but to and even greater extent it is the result of a feeling of the solemn obligation that rests on all of us to teach everything we know to the rising generation in order that they may carry on the work from where we are today."

Of course the Hospital and the Staff must require a very large amount of active service from the Interne—some of which may seem drudgery or unimportant; but in a rotating service such as ours, I do not know of anything that one is called on to do for patients that is not worth learning to do *well*.

"What the Interne *Is Not For*:" I think I will leave that to each one of us to answer to himself; but certainly he is not to be blamed for our own errors of omission or of commission and maybe not even for his own failures, if we have loaded on

(Continued on Page 311)

EDITOR NOT LEAVING TOWN!

It seems that last month's headline on the Editorial Page gave some people the wrong impression. Anyway, because of rumors, and some positive assertions, that I have left Youngstown for good, or that I am about to do so, several of my friends have insisted that I make this clear statement as to the matter:

I have not left Youngstown. Furthermore, I have no more idea as to when I shall do so, if ever, than you, gentle reader, have as to when you will depart from amongst us.

But, because of uncertainties as to all human life, mine included; because, also, of our desire to "hedge" against possible post-war conditions; and, finally, because we had and still have here in Youngstown, another comfortable place in which

to live, Mrs. Norris and I reasoned it out that an exchange of our home property for a property possessing a fairly safe income-producing outlook might be better for us, just "in case."

So we now have what we think is a mighty fine farm. Unexpectedly, the war has disturbed our plans as to labor, and this is causing us "right much" inconvenience just now. However, our friends who have visited us at the farm, think it is well-worth all the bother.

Mrs. Norris and our son Philip, hope to make it their summer home, and I intend to be there as much as I can, as often as I can.

Please drop by next summer,—and help pitch hay and feed the pigs.

CLAUDE B. NORRIS.

ONE ON BERT MILLIKIN

On September 11, the Mahoning County Medical Society held its annual picnic at the Millikin farm. About sixty-five men turned out for the afternoon of sports and dinner.

A surprise came when Jim Brown, chairman of the committee, announced the party was on the house.

The dinner of clam broth, clams, corn and chicken was delicious. The only criticism to be made is that it was so good that most of us ate twice as much as was prudently good for us.

Thanks, Bert Millikin, for a swell party and feed.

The attendance might have been better but for the somewhat inadequate directions. But those who got there had an enjoyable time. L. S. D.

RADIO BROADCASTS

August 1, Dr. Claude Norris—topic, "Look Out for Sunburn."

August 8, Dr. John R. Buchanan—topic, "Highway Hazards."

August 15, Dr. Wm. M. Neidus—topic, "The Hazards of Modern-Day Living."

August 20, Dr. Walter Tims—topic, "Importance of Physical Examination of Pre-School Children."

August 27, Dr. Wm. E. Maine—topic, "School Health Problems."

The following is the report on the Radio Program for September:

Sept. 3, 1941—Dr. John Rogers—topic, "Infantile Paralysis."

Sept. 10, 1941—Dr. David H. Levy—topic, "Infantile Paralysis."

Sept. 17, 1941—Dr. Samuel W. Weaver—topic, "Headaches."

Sept. 24, 1941—Dr. E. C. Goldcamp—topic, "My Baby Has Swallowed a Safety Pin."

W. M. SKIPP, Chairman
Lay Education Committee.

What Are Internes For Anyhow?

(Continued from Page 310)

him too much responsibility for his present state of preparation.

And now let us as Staff members, here and elsewhere, try and learn to teach these younger men all we know as we go along, and let's especially try hard to avoid ever setting an example of "How not to do it" in any part of the Hospital service.

THEOPHRASTUS BOMBASTUS

War. A world steeped in blood. Mass murder, hate and lies. The worst in the human race emerges and man's meanness overshadows the goodness that is inherent in man.

And yet, we need but look about us to find much goodness in the individual. Every day brings examples of love, sacrifice and striving toward the good and beautiful,—there must be hope for humanity.

Here are examples in a day's work.

Mrs. R. who owes a rather large bill brought in one dollar on account. With clocklike regularity she pays one dollar every two months. This dollar gives us more satisfaction than larger payments on other accounts, because we know that Mrs. R. is raising a fine large family on a small income and is doing her level best. The woman is honest and good.

J., an old junkman, has been collecting Indian relics for years. He has fitted out a barn as a museum and to this sanctum sanctorum only the few privileged have admittance. To talk to him one would think that his collection is unique and priceless. As a matter of fact it is an omnium gatherum of arrowheads and other rather ordinary relics. Nevertheless, it expresses the urge to get away from the hum-drum of life and the striving for better things.

L. S. labors in the steel mills for a living. He lives the life of a hermit in a suburban shack. He has reduced his personal needs to practically nothing, has no furniture, dresses shabbily, and probably misses a meal occasionally. What does he do with his wages? He raises flowers. He will spend twenty dollars for a rare dahlia tuber without flinching an eye, but will think twice before

spending a quarter for necessaries. Stop off to see his flowers and he will load you up with his best and rarest blooms and do it with a happy childlike smile. The man has found a meaning in life and real happiness.

T is a hard business man whose ethics are none too high. He will pull a fast deal when he can and is entirely unsentimental. Yet, for several years he has paid twenty dollars every month, board for an old saddle horse that he loves but never uses. There must be good in this man.

You would never suspect Mrs. B. of writing verse and rather good verse. She is apparently an average housewife who does her own work and looks after the family. Yet while doing kitchen drudgery her heart creates song. Self taught, some of her poems are good enough for any anthology. Here is a verse she recently composed while watching her father pass away.

Soul's Flight

It came as suddenly and still
As the stopping of a clock,
As the whisper of a breeze
Upon a hill.

The last breath so tired
That seemed to deplete,
The body of all its struggles—
To admit defeat.

Here in the hushed room
I look upon your face
So tired, dear, yet so at rest,
It seems to ease the aching heart
Within my breast.

And like the rustle of wings
Poised for flight
I felt your soul slip past me,
Into the night.

And so, with so many decent folks around us how can one despair of the future of our race?

FINDINGS FROM THE FIELD

Relationship Between Venereal Disease Control, the National Defense, and the Professional Service of Private Practitioners

(From U. S. Public Health Service)

Unity of purpose—the control of venereal disease—characterizes two recent statements by the medical profession and by Federal and State agencies.

The first statement is the "Resolution on the Venereal Disease Program" adopted by the House of Delegates of the American Medical Association in June, 1940. The second is "An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated."

"During the World War, venereal disease in the Army caused the loss of almost 7,000,000 days—equal to a full year's absence from duty for 19,000 men," Surgeon General Thomas Parran points out. "Infections among military personnel origi-

nate in the civilian communities. Recent experience indicates that the venereal disease rate in a given military command reflects the efficiency of the venereal disease control program in adjacent communities. The same is true for industrial defense concentrations.

"Effectively carried out," Doctor Parran emphasizes, "the 8-point cooperative program will contribute substantially to the physical fitness of men in the armed and industrial defense forces, and should be of far-reaching importance to the future control of venereal disease. But this must be a coöperative program between health officers, military authorities, police agencies, citizens—and private physicians.

"Recent statements and actions of the American Medical Association demonstrate that, as always, the physicians of the United States will rise to the obligations asked of them."

The Doctor Compares Socialism vs. Sociability

How social is socialism? The obvious answer seems to be: about as companionable as the socialists! In the recent past, socialism was perhaps farthest advanced in Germany, Austria, the Irish Free State, and the Scandinavian countries. In 1936 France came under the control of a socialist government for better or worse and Spain overthrew its semi-socialist government in favor of fascism.

Somehow the coöperative movement among peoples seems to revert to the old-fashioned practice of blood-letting as a cure-all, a practice discarded as inefficient, ineffective and outmoded years ago by the medical profession. Hence it has been with

some misgivings perhaps that physicians have watched the carefully fostered growth of socialism in this country. For physicians are really very sociable people. They get around among the folks quite a lot.

Among the people of this democracy the physicians circulate—among the friendly, sociable people riding in automobiles, laughing, dancing, going to church, voting in free elections, eating butter, drinking beer, arguing about any- and everything under the sun, listening to radios, attending prize fights, working to produce useful and beautiful things, living together in sociability. Among these people physicians move yet awhile.

And in their hearts they wonder



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about this thing called socialism, this coöperative movement which has produced all the fine things of life in modern Europe; the fine burning of books, the magnificent bombings of Ethiopians, the exquisite torturing and murder of Jews, the elegant collapse of France, the splendorous civil war in Spain, the sublime demolition of architectural landmarks in Britain, the esthetic conscription of labor, the graceful starvation of human beings, the imposing exile of human herds, the superb walling-in of the "begats" of Abraham.

And in their minds they ponder about this thing called socialism, this coöperative movement in this hemisphere which commences now to produce many things in America: Social Security, and guns and tanks; compulsory sickness insurance, and men marching in uniform in peacetime, and debt, and warplanes; the socialization of medicine, and warships, torpedoes, bombs; lease-lend bills and taxes for the happy folk to pay so that they can be more expeditiously socialized in the shadow of democracy.

How social is socialism? Your guess is as good as ours. You have eyes to see and ears to hear with.

Look in the open book of history; listen, and you will hear the dull tramp of marching feet.

(Cause? or effect?—Editor.)
—New York State Journal of Medicine.

Millions Needed For Research (Pittsburgh Medical Bulletin)

At the June meeting of the Harrisburg Academy of Medicine the guest speaker was Dr. Bernard I. Comroe, Chief of the Arthritic Clinic, University of Pennsylvania, who spoke on the subject "Some Practical Pointers in the Management of Arthritis."

Dr. Comroe regretted the fact that although arthritis is the oldest disease of which we have knowledge, although it is more prevalent than all the major diseases put together, not

more than one million dollars is available for research in this field as compared to one hundred million dollars available for research in tuberculosis alone. He ranked it as one of the most disabling diseases, dating back almost to the earliest history of man.

He classified arthritis as (1) those cases due to specific infectious origin as gonorrhea, etc., (2) those due to traumatism, (3) those due to rheumatic fever, (4) those of the proliferative type known as rheumatoid arthritis, (5) those of the degenerative type seen in the aged, known as hyperthropic osteoarthritis, (6) those due to gout, (7) those due to neurological disorders. He stressed the fact that 2 or 3% of all the arthritic cases were due to gout which may affect joints other than the metatarsophalangeal joints of the great toes. Tophi are not always present and X-ray findings are negative until after patient has had the gout for from 3 to 5 years. Its response to colchicine is fairly diagnostic.

For the treatment of rheumatoid arthritis Dr. Comroe gave the following outline:

1. Rest of the entire body. Absolute rest in bed is essential.
2. Rest of the mind. Relief from all worries.
3. Rest of the joints. The affected limbs should be put at physiological rest by means of splints or casts. There is no one diet to be used. If the patient is underweight he should be put on a high caloric diet with adequate vitamin content. The diet at all times should be a sensible one.

Physiotherapy should be resorted to. Heat and gentle massage are important. The affected joints themselves should be moved through as great a range of motion as possible without pain, three or four times daily.

The removal of points or foci of infection should be done as a gen-

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eral health measure and to decrease the possibility of recurrence of the arthritis. Sulfathiazole should be administered a day before and a day after such operative procedure is carried out, as a bacteremia almost invariably takes place.

Fever therapy benefits only about 10% of patients. Hence it is not to be recommended.

Foreign protein therapy such as milk injections or typhoid vaccine should be used only after the patient who has been improving has reached the stage of a standstill. This additional therapy may provide the impetus which will cause further improvement and well-being.

Vitamin D. This, in itself, is no more effective than if ordinary oleum percomorphum is used and hence not to be recommended.

Sulphur, after an adequate trial, has not lived up to its reputation. It does good through its non-specific stimulating action upon the leucocytes.

Bee Venom is also not to be recommended. On the basis of reports thus far made, neither the actual sting of the bee nor the injection of commercial bee venom would seem warranted in the treatment of rheumatoid arthritis.

Roentgen-ray therapy is of great value in rheumatoid arthritis of the spine. When this means is used early in the case we may expect as much as 90% cures in these cases. At least a great many cases of spinal rheumatoid arthritis will be materially benefited.

Chaulmoogra Oil. Up to the present time the results obtained by the use of this remedy are far from satisfying and hardly impressive. It probably is of little value.

Gold. Despite the many favorable reports accumulating, gold can hardly

be said to have as yet established itself as a necessary adjunct in the treatment of rheumatoid arthritis. It can be said that it is of benefit in the treatment of experimentally produced arthritis. About 1% of patients die and 40% get reactions from its use. These reactions last for months because the element is so slowly eliminated from the body. Agranulocytic angina and purpura do commonly occur. It is quite possible, however, that some preparation of gold that could be readily excreted might prove to be the ideal preparation in the treatment of rheumatoid arthritis. Of all the chemotherapeutic agents thus far advanced for the treatment of this condition it seems to hold the most promise. It does not produce marked or striking remissions as are sometimes seen in gonorrhoeal arthritis after one session of fever; but, on the other hand, gold does appear to inhibit the pathologic process or to stimulate the defense mechanism, and so to bring about a gradual improvement in the condition in the majority of cases.

—Dauphin Medical Academician.

Leave 'Em Where They Lie

Preamble

Series of instructions on First Aid following injuries on the highway—Leave

'Em Where They Lie

(Chicago Medical Society Bulletin,
June 14, 1941)

You, Mr. John Public, have, through the press and other sources of general information, been told many things and been taught much about public health, about contagious diseases and their prevention, about tuberculosis and cancer.

You have learned much in the prevention of disease, in how reasonably to take care of yourself and your family when trouble threatens or arrives.

You have been taught that wounds may become infected and to go to your doctor early; you have been

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

taught that a broken bone must be set; but you have not been taught what to do and why in the case of injury and emergency on the highway, where there is no one to whom to turn and you only have your own knowledge and ability to take care of such emergencies yourself.

The series of articles on the subject of highway accidents, describing each one in turn and telling you in each instance what and what not to do, is being published for your information only to help you help yourself or someone else—your wife, your mother, your child, your neighbor—in such an emergency when the dif-

ference between saving life or limb depends upon doing the proper thing at the right time. A single act, wisely done, is better than a hundred acts hurriedly done without reason.

Why are you told to "leave 'em lie?"

Because unless you have been taught what to do, you will do much more harm than good; because excitement, hurry, improper handling which often complicates matters seriously and rushing to a hospital or doctor increases shock tremendously and costs many lives.

Have the doctor or ambulance come to you and save lives.

TREATMENT OF COMMON INFECTIONS OF THE RESPIRATORY TRACT

Acetylsalicylic Acid, Acetphenetidin, and Amidopyrine Not Advised A Promising Influenza Immunizing Virus

(Pittsburgh Medical Bulletin)

The treatment of this group of infections of upper and lower respiratory areas is symptomatic and non-specific. Those patients who have mild cases of influenza or influenza-like disease are advised to go to bed or at least avoid close contact with healthy persons in order to eliminate as far as possible spread of disease. Those with moderately severe or severe infection are confined to bed and kept isolated in separate rooms or cubicles. Therapy is directed toward ameliorating those symptoms which are most troublesome. Codeine sulfate 0.03 to 0.06 gm. ($\frac{1}{2}$ -1 grain) by mouth as needed usually controls headache, backache, and generalized aching. An ice cap to the head is often comforting. The intense photophobia which frequently occurs is lessened by darkening the room or wearing dark glasses.

Since sweating is a common and often annoying symptom of the disease, acetylsalicylic acid, acetphenetidin, and aminopyrine are not given because of the diaphoresis they cause.

Cough which is frequently severe

and paroxysmal in type can be relieved by codeine sulfate and at times by inhalations of steam from a water vaporizer containing 1 dram (4 cc.) of tincture of benzoin. Pain in the abdomen or chest caused by the severe coughing can be made less annoying by the application of a snugly fitting muslin binder.

It is important to avoid strapping the chest with adhesive since this prevents frequent examination of the chest, resulting in failure to detect early signs of spread of disease or complications.

If cyanosis or dyspnea occur oxygen is beneficial and makes the patient more comfortable. Laxatives and enemata are employed if necessary to secure adequate elimination. The diet is unrestricted unless nausea or vomiting supervene. Fluids to amounts of two to three liters in twenty-four hours are given by mouth or in the form of five per cent. dextrose in physiological dextrose intravenously if nausea or vomiting make it necessary.

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membranes of the nose and throat by swabbing or applications causes discomfort and is not advised. The sense of dryness in the nose and throat may be lessened by a spray of physiological solution of sodium chloride or a gargle of a weak solution of sodium perborate. Nasal obstruction may be relieved by an aqueous spray containing a 1 per cent solution of ephedrine hydrochloride or epinephrine hydrochloride.

Chemotherapy with sulfonamide derivatives is ineffective in treating influenza or influenza-like infections regardless of the degree of severity. However, occasionally in the course of what appears to be an acute tracheo-bronchitis with atypical pneumonia there appears in the sputum a pneumococcus of type I, II, III, V, VII, VIII or XIV. Since these lower numbered types are infrequently found in healthy persons the possibility exists that they may become invasive in a patient who has severe infection of the respiratory tract.

In such a situation, particularly if the patient is over 50 years of age and has evidence of atypical pneumonia it is wise to give sulfathiazole in full therapeutic dosage for forty-eight hours. If no beneficial effect is noted in that time, the drug may be discontinued since the absence of a prompt response to an effective level of the drug in the blood suggests that the organism bears no etiologic significance.

In certain patients typical lobar pneumonia caused by one of the lower numbered types of pneumococci may develop during an attack of tracheo-bronchitis or atypical pneumonia. Such patients are promptly benefited by sulfathiazole or specific anti-pneumococcus serum.

Of greater importance than the symptomatic treatment of these infections is the problem of developing a method of increasing the immunity

of the population at large in order to prevent the wide spread epidemics which have occurred so frequently. Up to the present this has not been possible. Vaccines made with pneumococci, streptococci or other bacteria are useless. Since the discovery of Influenza A virus in 1933 it has been shown that several viruses can cause infections of this kind, clinically similar and differentiated only by serologic and biologic tests. These various viruses have different antigenic properties and present a wide discrepancy in immunologic constitution, so that the immunity resulting from infection with one may not offer protection for any other.

More recently it has been demonstrated that in animals the immunity arising from an infection produced by a combination of Influenza A virus and distemper virus produces a greater immunity against Influenza A virus than the immunity arising following infection with Influenza A virus alone. At present a vaccine is being prepared from distemper virus and Influenza A virus which is being used experimentally to immunize large groups of population here and abroad so that some knowledge may be gained of the value of its immunizing properties provided an epidemic caused by Influenza A virus occurs. The vaccine is not available for general use.

Jan. 21, 1941. W. Paul Havens,
M. D. Philadelphia.

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Dr. Galbreath To Address Medical-Dental Luncheon

The Medical-Dental Bureau announces that the regular October luncheon meeting will be held at the Tod Hotel on October 16th at noon sharp. The principal speaker will be Dr. Robert F. Galbreath, President of Westminster College, who will speak on "The Doctor's Position In The New Order." Dr. Galbreath is well known in Youngstown as an authority on economics and world trends, and his appearance is expected to draw a large attendance. Every physician and dentist is cordially invited to attend the luncheon without expense as the Bureau's guest to hear this important message. This courtesy is one of the Bureau's activities in assuming the leadership in economic affairs for the two professions.

The course in Public Speaking sponsored by the Bureau will start on Monday night, October 20th, and will run for eighteen weeks. The

class is limited to twenty and there are only two vacancies left. Anyone wishing to enter should call the Bureau at once and an application blank will be sent. Mr. Roy Fellers will be the instructor and his many alumni in the city will attest to the value of his teaching. Doctors are notoriously poor speakers and some of them can't even read aloud. Under the capable training of Mr. Fellers the average awkward speaker learns to stand at ease, to use his hands naturally, to think while on his feet, and to tell his thoughts in forceful language that impresses his hearers with his knowledge of the subject and his sincerity. It is planned to use the members of the class from time to time at the monthly luncheons where they will give 3-minute talks or introduce the main speakers. The Bureau has a number of other activities planned for the winter season which will be announced later.

SINCE LAST MONTH—

Dr. and Mrs. Gabriel DeCicco have moved into their new home at 454 West Midlothian Blvd.

Dr. and Mrs. McClintoch announce the birth of a daughter on September 24, 1941. Dr. McClintoch is the medical resident at Youngstown Hospital.

Dr. O. M. Lawton is in San Diego, Calif., where he is serving in the Naval Reserves as Lieutenant Commander in Naval Defense Medical Corps.

Dr. and Mrs. E. H. Nagel and their family have returned from a visit with relatives in Defiance, Ohio.

Lieutenants Bartz and Belinky have been assigned to Station Hospital, Corredidor Island, Fort Mills, P. I.

Dr. H. E. Patrick has announced the engagement of his daughter,

Winifred Helen, to David Gene Mackil, son of Mr. Joseph Mackil. The wedding will take place Saturday, October 11th.

Mary Louise Bierkamp, daughter of Dr. and Mrs. Frederick J. Bierkamp, and Lieut. Joseph Patrick Keogh, Jr., of the medical corps, United States Naval Reserve, stationed at the Great Lakes Naval Training Station, Great Lakes, Ill., will be married late in the fall.

Dr. H. Sherwood Warwick and Mrs. Bertella Lee Russell were married Saturday, August 30th, in Trinity Episcopal Church. Dr. Warwick is professor of history at the University of Louisville.

Dr. Charles Herbert Cronick announces the opening of offices at 220 Lincoln Avenue. Practice limited to Neurology and Neuropsychiatry.

Dr. Morrison Belmont announces

the opening of offices for the practice of surgery, specializing in diseases of the chest, at 19 Lincoln Avenue.

Dr. and Mrs. D. H. Smeltzer have returned from a motor trip to Durham, N. C., where they accompanied their sons, Dave and Jim Smeltzer, students at Duke University. Enroute they stopped at Washington, D. C., Annapolis, Ocean City and Williamsburg, Va., also stopping at Belle Nemus, Powhatan, Va., where they were overnight guests of Dr. and Mrs. Claude B. Norris at their southern plantation.

Dr. John Rogers won the cup in the golf playoff with Dr. Wm. Welsh. Dr. Rogers says he played no better than Dr. Welsh but won only because Dr. Welsh played worse than he did.

Dr. P. J. McOwen is in St. Elizabeth's Hospital. He is convalescing from a recent nephrolithotomy.

Dr. J. Heberding and Dr. J. T. Brackin attended the recent meeting of the American Roentgen Ray Society in Cincinnati.

Dr. L. S. Shensa was in Dayton at the Miami Valley Hospital for ten days where he attended special clinics on fever therapy.

At the September meeting of the Staff of St. Elizabeth's Hospital, Dr. E. H. Young read a paper on the Medical Aspects of Diseases of the Parathyroid Glands, and Dr. F. W. McNamara, the Surgical Aspects. Dr. W. D. Collier discussed the Pathology, and Dr. Saul Tamarkin presented a number of x-ray films illustrating the pathology usually attributed to disfunction of these glands.

Lieutenant Asher Randall has been transferred from Fayetteville, North Carolina, to the ordinance plant at Ravenna. He is serving as a resident physician under U. S. Army auspices.

Lieutenant and Mrs. S. R. Cafaro

were in the city for two weeks recently. Dr. Cafaro was on furlough from Camp Blanding, Florida.

Miss Margaret Dunn and Dr. Donald J. Birmingham were married September 3rd.

Miss Dunn is a graduate of Ursuline High School and Kent University and has been on the faculty of Wood St. School. She is a member of Delta Sigma Epsilon Sorority.

Dr. Birmingham recently went to Boston to take up his duties in the United States public health service at the United States Marine Hospital at Brighton Beach, Mass. He has been appointed to the reserve corps as assistant surgeon. Dr. Birmingham has just completed his internship at St. Elizabeth's Hospital. He is a graduate of South High School, John Carroll University and St. Louis University School of Medicine where he was a member of Alpha Omega Alpha, national honor medical society and Phi Rho Sigma, national medical fraternity.

From the Secretary

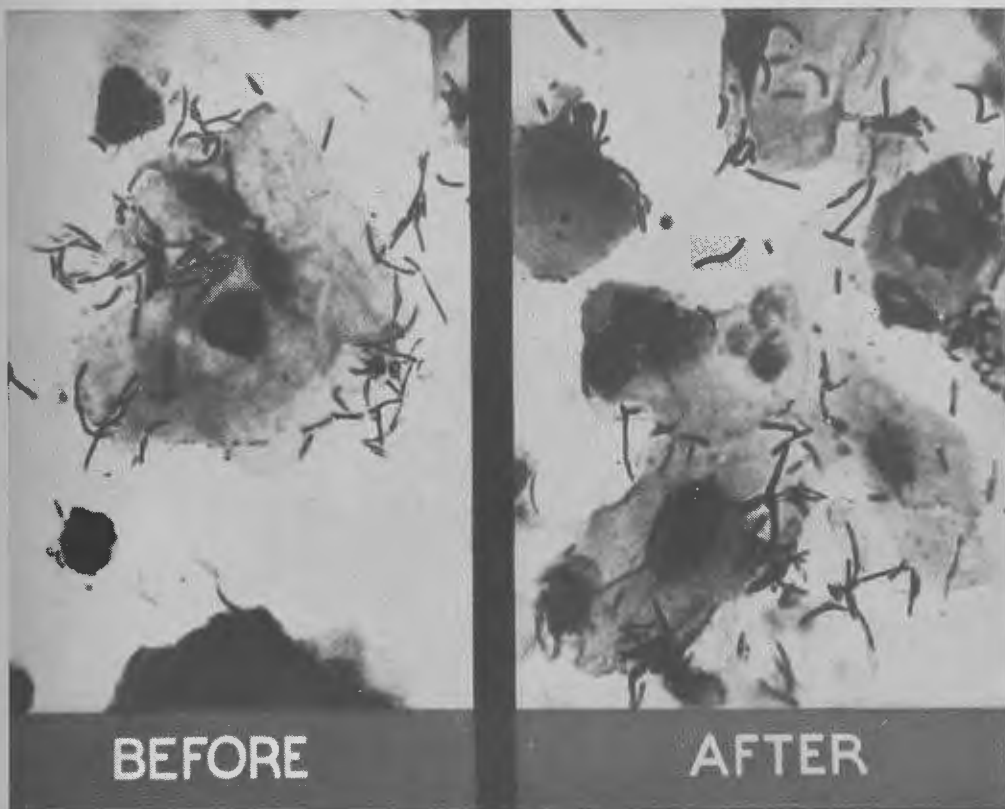
The last Council meeting of the Society was held at the office of the Secretary, 101 Lincoln Avenue, Monday, September 8th.

The regular monthly meeting was held at the Youngstown Club, Tuesday, September 16th. Our guest speaker was Dr. S. Milton Goldhamer, Ann Arbor, Michigan. His important and timely subject, "Diagnosis and Treatment of the Anemias" was enjoyed by all who were able to hear him.

We are now looking forward to the Autumn Postgraduate Lectures, to be held Thursday, October 30th, afternoon and evening. Our speaker for this occasion is well known to many of us, Dr. Tom D. Spies, and he has chosen a subject we are all interested in—Vitamins.

JOHN NOLL, SECRETARY

October



SPERMICIDAL...yet not germicidal

• A spermicidal agent should not only be effective in immobilizing sperm, but should not disturb resident bacteria which are responsible for the maintenance of proper vaginal flora. The above vaginal smears show that after continued treatment with Ortho-Gynol the Döderlein bacilli are present in normal concentration to control the desired acidity of the vagina. Physicians prescribe Ortho-Gynol because it is effective, non-irritating and dependable.

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IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

To combat rickets simply, inexpensively, effectively —

OLEUM PERCOMORPHUM

This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly*.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (U.S.P.) per gram. Supplied in 10 and 50 c.c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.

FOR GREATER ECONOMY, the 50 c.c. size of Oleum Percomorphum is now supplied with Mead's patented Vacap-Dropper. It keeps out dust, is spill-proof, unbreakable, and delivers a uniform drop. The 10 c.c. size of Oleum Percomorphum is still offered with the regulation type dropper.

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