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# BULLETIN

of the  
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Published monthly at 787 Wick Avenue, Youngstown, Ohio

Annual Subscription \$2.00

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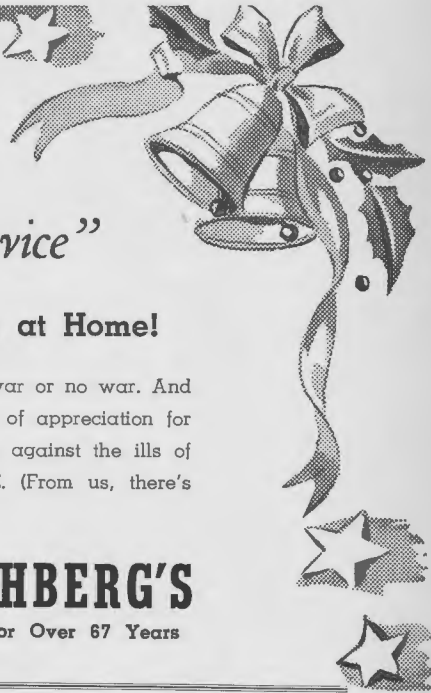
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## ACTING PRESIDENT'S PAGE

We are again nearing the end of a trying but successful year for our Society.

Many of your officers and committeemen have been called to the Colors and are serving your country and mine in other lands, but still we who remain on the home-front must remember they are doing this for us. We are the beneficiaries of what they are so nobly giving. So, may I repeat—we have a task to perform for them at home while they serve so honorably. Let's not let them down. They expect us (which they have a right) to give as good an account of ourselves as they are doing for the worthy cause they are fighting.

Officers are to be chosen who will have to do double duty. Think and choose wisely.

Your committees have functioned but many chairmen report they have found it harder to get aid and support from the membership because of the heavy load each doctor is carrying. But please remember, he the chairman, is as busy as you and needs your support. The work of caring for the public health is going to get heavier. If and when it does, remember there is also a duty to your profession, both at home and in service, thru your worthy and never-failing, always alert and willing Society.

Our membership in this organization is worth more today than ever before. Let's see that every duty, every promise we have made as an active, well organized Society is performed. It is our whole responsibility, not just a few. Let's keep the wheel's rolling. We have a patriotic duty here. Let's not be slackers.

Come to the next meeting which is election. Cast your vote so that the old and new officers can and will feel you are giving them whole-hearted support. This is your democratic duty to aid in the election of your officers.

WM. M. SKIPP, M. D.  
*Senior Censor, Acting President.*



# BULLETIN *of the* Mahoning County Medical Society

D E C E M B E R

1 9 4 2

## Editorials ---

### On A Certain Day In December

"And it came to pass in those days, that there went out a decree from Caesar Augustus, that all the world should be taxed.

"And all went to be taxed, every one into his own city.

"And Joseph: also went up from Galilee, out of the City of Nazareth, into Judea, unto the City of David, which is called Bethlehem; . . .

"To be taxed with Mary his espoused wife, being great with child.

"And so it was, that, while they were there, the days were accomplished that she should be delivered.

"And she brought forth her first born son, and wrapped him in swaddling clothes, and laid him in a manger; because there was no room for them in the inn." (St. Luke, Chapter 2.)

This simplest of all stories tells of a law-abiding, unquestioning, obedient man and woman, regardless of personal inconvenience, doing their duty as citizens. Nothing suggests unjust weight of their tax burden, nor that a loop-hole might provide immunity, at least from so severe a journey at such a time. Their country called them to a service they would not deny.

Today, in the very center of a struggle such as that Babe lived and died to prevent, men and women are again, and in that same spirit, trudging their weary way up to the City of David, which is called Bethlehem. The inn is crowded again. They sleep with only the comforts of Mary and Joseph.

Jesus came then, with a Divine Mission. The Sons of men and women of today came, too, with a divine mission. Just as the Babe of Bethlehem knew it not, nor indeed did

Mary and Joseph, so our boys little suspected nor did their parents dream, that their mission, like His, was to save the world. Like Him they will, if need be, give all. But, like Him, they will triumph over all evil.

### The Tempest

The teapot didn't hold much,—so not much of a geyser erupted! But for awhile it looked a bit as if we had landed on our—ears!

All is lovely again. We shall continue to hear good old "Jim-Mack's" inimitable stories, read Albert's classical handwriting on the blackboard, calling the boys to the phone,—enjoy the cheering libations that Paul so expertly dispenses, and feast upon Jim Stewart's and Charlie Small's culinary triumphs! Yes, Sir! We're going to stay at the Youngstown Club.

Why not say while at it that we owe a big slug of our progress as a Society to this fine meeting place and to the thousands of courtesies the whole working personnel has shown us through all the many years? We gratefully thank them, and we wish them all as Merry a Christmas as these sad times allow.

### Vale!

With this issue, my service as Editor ends.

With malice toward none, I have kept the faith. All I ask from my fellows is charity. I HAVE my reward.

After 10 years of service, my successor is due. I wish for him all the success I craved for myself.

May the Divine Father bless the Society in proportion to its merits as an agency of human service.

At this Christmas season may the God of nations grant mercy to our beloved country.

# CHRISTMAS GREETINGS



## THE ISALY DAIRY CO.

*December*

## Abstract of the Principles and Prevention and Treatment of Civilian Vesicant Chemical Warfare Casualties

By Dr. Leon Goldman

From the College of Medicine of the University of Cincinnati

(Delivered to the Society October 20, 1942. The two other papers will follow in an early issue.)

The ideal method of prevention, of course, is prevention from contact. This means one must be indoors during a gas attack with precautions about closing doors and windows, etc. If one is required officially to be out of doors during a gas attack he will be provided with official protection which includes:

1. Official gas mask
2. Anti-gas clothing with rubber boots or impregnated shoes and rubber gloves.

When these are not available effective protection against contact can be done by simple improvised materials such as:

1. For the head—umbrella, rubber cap, shower curtain, etc.
2. For the eyes—plastic type anti-gas goggles, close fitting goggles, underwater goggles or close fitting industrial goggles; in an emergency arm across the eyes.
3. For the respiratory tract—handkerchief soaked in baking soda solution, sodium hypochlorite solution, or plain water if either of these are not available.
4. For the body—heavy coat, rain coat, etc.
5. For the hands—heavy gloves, rubber, neoprene, etc.
6. For the feet—boots, galoshes.

It should be emphasized that the chemical warfare agents of the vesicant type will penetrate anything that air penetrates and that is the reason for advising such materials as indicated above. Because of the airtight enclosure of these materials heat regulation is seriously interfered with and this should be considered in regard to amount of activity to be done and type of individual assigned to this work.

The development of the vesicant

lesion depends to some degree on the concentration of the agent maintained on the surface of the skin, or the eyes, or the respiratory tract and even the gastro-enteric tract; then on the ease and depth of penetration and finally on the susceptibility of the individual. Prophylaxis to be effective must remove the agent before absorption to any depth occurs. This preventive treatment varies with the surface involved. For example, it is questionable whether any appreciable prophylaxis can be done to the eye after contact. For the skin one is allowed a certain time interval, but with a heavy concentration, immediate prophylaxis is desirable. Prophylaxis after contact includes the following methods:

1. Evaporation from the skin surface
2. Blotting up or absorption from the skin surface
3. Absorption and solvent action from the surface and from the glands of the skin
4. Hydrolysis
5. Chemical neutralization productive of either insoluble compounds or inactive compounds, or compounds of lesser vesicant action.

The shorter the latent period between contact and the development of the lesion the more severe the lesions are apt to be. After the lesions develop, many of the materials recommended as chemical prophylactic agents, such as the oxidizing agents, should not be used on the lesion.

The eye treatment should consist of very gentle irrigations by trained personnel and if the individual is not accustomed to irrigating the eyes it is better to dispense with this procedure. The eyes must not be ban-

daged. At present, none of the chemical agents recommended for cutaneous prophylaxis should be used in the eye. Pontocaine or butyn as the local anaesthetic may be used. It is recommended that the rest of the treatment be left to the ophthalmologist. The patient should be assured that in spite of the immediate difficulty with the eyes, there will be no permanent effects. This reassurance is necessary because some individuals with psychoneurotic tendencies will develop psychoneurotic eye symptoms. The degree of damage done to the eye will depend chiefly on the concentration of the agent and the area where the agent has been deposited.

The local treatment for the skin is similar to that of severe poison ivy dermatitis except that the chemical warfare lesions are much deeper and perhaps at times even more pruritic. Because of the tendency of the vesicles to continue to spread after the first twenty-four to forty-eight hours, crusting technics should not be begun too early. The lesions should be kept clean since they can be infected. Bland dressings such as wet dressings of diluted alum subacetate, sulfadiazine water emulsions, isoamyl salicylate, etc., may be used. When the crusting technic is to be used, such combinations as the tannic acid-silver nitrate mixtures may be employed in the approved fashion. Similar to burns, crusting technics should not be used on the face, feet, or genitalia. For lewisite lesions the peroxides are the preferred mixtures. In regard to the absorption of arsenic from lewisite, it is very unlikely that purely local therapy will serve to immobilize arsenic deposited in the local area, especially deep in the derma. When chance sampling of the urine shows more than 0.1 mg. of arsenic per liter of urine, systemic therapy in the form of fluids, biliary drainage, vitamins, or sodium or calcium thio-sulphate (value?) may be given. Anti-pruritic mixtures of various types should be used in the latter phases.

Because of the severe pruritus, secondary eczematization and pyoder-mias may ensue. If the general condition as regards, hemo-concentration and changes in serum proteins and the like warrants it, plasma may be given. If the lesions are dirty and question of infection is seriously considered, prophylactic sulfadiazine may be given. An effort should be made also to prevent psychoneurotic eye, respiratory and cutaneous reactions which would occur in certain individuals since civilian groups will certainly include such types.

In general then, the preventive treatment may be specific but the therapeutic routine is entirely symptomatic. As more information is obtained and released, many of these recommendations will be changed from time to time. If any new vesicant agents are used, in general the same prevention schemes will prevail.

Correct training programs, i. e. "gas discipline" will do much to reduce the number of casualties.

**Business Meeting**  
for  
**Election of Officers**

—  
**Tuesday, December 8**  
—

**YOUNGSTOWN CLUB**  
—

**Don't Fail to Attend**

## I AM AN AMERICAN

(Reprinted from an Editorial which appeared in the New York Times)

I am an American. I say those words with gratitude, faith and pride. Gratitude to the generations of hard-working and God-fearing men and women who came to this New World to make a home for freedom. Faith that the democracy they built will never die. Pride that my chance has come to show that I can defend their labor worthily.

I am an American. A little of every race and every nation went into the melting-pot that poured me. Europe is there, and a fragment of Africa, and some of Asia. I am all races and all tongues, all colors and all creeds. But I am an American because I have dreamt the dream of the founders of this democracy, and because I have a share in every act of faith that made their dream come true. Lincoln at Gettysburg spoke for me. Valley Forge was my Winter too. I knew Tom Paine and the Raleigh Tavern and the village green at Lexington. Old Hickory talked my language. Ethan Allen thundered in my name. Jefferson writing his statute for religious liberty wanted me to have a chance to worship God in my own way. The Pilgrim Fathers gave me a stubborn hope. Appomattox taught me charity. Boone showed me the Western trails. The pioneers who climbed the hills and crossed the great valleys found a country broad enough for men of every race to live in self-respect and friendship with their neighbors. It is not race or creed or color that makes an American. It is a decent regard for the rights of man and a healthy love of freedom.

I am an American. My home is a continent between two seas. On this continent I have helped to build the only way of life which I believe to be worth living. It is a friendly way of life, with room for the opinions of the man across the street. It is an honorable way of life, asking no

compromise with convictions. It is an eager way of life, forever pressing on to new experiments, new trials, new errors, another start and fresh achievement. It is a successful way of life, with the highest standard of material well-being and the broadest basis of popular education that the world has ever known. It is an alert way of life, on guard day and night against impairment of the rights that a free people cherish: the right to think for themselves and to vote as they please, to choose their own church, to read a free press, to name their own leaders in a free election; the right to discuss, to disagree, to try new roads, to make mistakes and to correct them; the right to be secure against the exercise of arbitrary power; the right to live their lives in their own way.

I am an American. I shall fight to defend my democracy against any combination of enemies that can be brought against it. I shall fight. And I shall win. For the reserves of moral strength as well as physical power are on my side. What is the meaning of the story of my country, if it does not teach me courage in a time of trial? What is the lesson of Valley Forge, if it does not rule out the word surrender? Lincoln and Jefferson stand with me in this fight. Washington still rides before my armies. Every truth I learned at my father's knee about the blessings of American freedom and independence has prepared me for this day and hour. Every humane and understanding act of statesmanship that made my people a united nation now arms for this test of strength. Every faith I hold and every liberty I cherish calls me into action to defend my own.

Into this battle I go willingly, with gratitude to the men and women who gave me what I have, with faith in what they built, with pride in my own purpose.

## Some Important Reminders Regarding Annual Dues and Selection of Officers and Committees

State Association 1943 Dues— State Association dues for 1943 for those not in military service will be \$7.00. These should be collected by local Secretary-Treasurers promptly so they can be certified to the State Association Headquarters Office on or before January 1, 1943. Membership in the Association is on a calendar year basis and a man's name cannot be entered on the membership roster for 1943 until his annual dues are received by the Columbus office. Don't jeopardize a physician's membership status in organized medicine by delaying in the forwarding of his dues. A blank to be used by Secretary-Treasurers in forwarding dues and certifying members for 1943 is enclosed for your convenience. More may be obtained on request.

Waiver of Dues for Those in Armed Forces — The Council has voted to continue the policy of waiving or rebating dues for members serving with the armed forces. Here are instructions on this:

1. The names of members of your society now in the Army or Navy and whose dues were waived or rebated in 1942 will be carried over automatically onto the 1943 membership roster. If any man who has been in service is discharged and returns to civilian practice, 1943 dues should be collected from him and forwarded to us as only those in active service are entitled to membership through waiver of dues. Check with us promptly if cases like this arise.

2. Any member of your society in 1942 who enters the Army or Navy after the first of the year is entitled to membership in 1943 without the payment of dues. His name will be entered on the membership roster as soon as we get an official waiver blank from you. (Some of the waiver blanks for 1943 are enclosed for your use. More will be furnished on request.) If a man pays his dues for

1943 and enters military service later in the year, his dues will be refunded upon receipt of a waiver blank from you. Please fill out the waiver blank completely—giving us all the information requested.

3. A physician accepted into your society as a new member who enters military service is entitled to waiver of State Association dues providing he was not eligible for membership prior to 1943 because he was in internship, residency or postgraduate work. Waiver blanks must be submitted by you on new members the same as on old members.

4. Physicians who were eligible for membership prior to 1943 but for reasons best known to them did not affiliate with your county society and the State Association or let their membership lapse are not entitled to membership in 1943 through waiver of dues even though they enter military service. Regular dues of \$7.00 must be collected from such physicians. In other words, physicians who have let their membership lapse or could have joined your society prior to 1943 but did not, are not entitled to membership through waiver of dues but must pay the regular \$7.00 dues.

If you have any questions as to the policy or procedure with respect to the waiving or rebating of dues, please get in touch with us promptly.

In voting physicians into active membership in your society be sure that they are licensed to practice in Ohio as that is a requirement for membership in the Ohio State Medical Association.

Selection of Officers and Committees for 1943 — Officers for 1943 should be elected by your society before the end of the year providing that is in accordance with your constitution and by-laws. Committees should be selected promptly—as soon as legally permitted.

Enclosed is a blank for reporting

to us the names of your officers and members of some important committees for 1943. We must have the names of your 1943 officers as soon as elected and the names of your committeemen as soon as available. Don't delay.

In these times of stress and strain, officers and committeemen should be selected carefully. In the first place, they should, if possible, be physicians who are ineligible, for one reason or another, for military service; secondly, they should be men who will work at organization activities. Medical societies must be kept alert and active in order to meet the many problems arising from the war. You can't have a good society if you do not

have good officers and committees.

Members of good judgment, courage and real interest must be named to your Committee on Medical Preparedness and your Legislative Committee. Your Preparedness Committee will have many new and complicated problems to deal with during the ensuing year. The State Legislature will meet in January 1943, so it is vital that each society have a good Legislative Committee. If committeemen are doing a good job now, they should be reappointed.

Don't pigeonhole the enclosed blank and forget about it. Please see that we get this report on time.

CHARLES S. NELSON,  
*Executive Secretary.*

## FROM OUR DOCTORS IN THE SERVICE

Dear Miss Herald:—

Well, here I am in (censored). Halfway between Hellfire and South Watt Street, as Jim Crow flies. Our post is on the shores of beautiful Lake (censored). From my window I can see many boats, large and small, including an aircraft carrier. The waterfront swarms with soldiers, sailors and their girl friends, who are the swarmiest of all.

The climate here is not unlike our own, as are the Flora and Fauna. The native population is made up of many tribes and colors, the whites predominating. South of the post there are some negroid peoples. These are quite tame and friendly. They have become somewhat civilized through contact with the white, although in the process they have also adopted some of their vices.

The whites and blacks usually live in peace, although there are occasional clashes, and as the blacks are greatly outnumbered, they get the worst of it. Though the blacks are nominally free, and equal to the

whites, actually they are subjugated and bossed by them.

The blacks have a penchant for wild tribal dances and shrill music. But their chief weakness is strong drink which is made by fermenting maize and other cereals. But in this they are not different from their native white brothers.

Among the whites themselves there are many divisions and classes, based on artificial criteria as property, pedigree, language, etc. They worship a variety of gods. So that, generally speaking, the prejudices, vices and customs are practically the same as at home. Interesting how human nature works the same everywhere!

Until recently, this colony was ruled by a foreigner, who by violence and brute force usurped power. He had the entire population terrorized, and rich and poor alike paid tribute. Those who refused were summarily executed. Somehow he got hold of several sawed-off shot-guns and used them very effectively. There were several mass executions and many sporadic killings during his reign. He disappeared suddenly and has not been seen or heard for several

years. It is rumored that he is now somewhere in the southern part of the United States.

The present ruler is different. He affects benignity and makes sweet sounding speeches. But it is rumored that in some respects he is worse than his predecessor. He has looted the colony as much, if not more, but has done it sanctimoniously and without violence. Accustomed as they have become to tyrannical and violent rule, the not too bright natives are glad that at least their lives, if not their purse, are now reasonably secure. They say that the present ruler is of Irish extraction, but that has never been confirmed.

There are many diversions here. In the evening we frequent some of the native haunts where alcoholic and other drinks are dispensed freely, though not free. Here one can see scantily clad dancing girls swirl in exotic and orgiastic dances to the tune of wild music.

There is a variety of fish here. My favorite sport is catching Lobster Thermidor. We do not spear them here, but use crepe suzettes for bait. South of the post herring is plentiful. Crabs were good too until the advent of Ung. Hydrargyri.

There are some quaint customs among the natives. To enumerate just a few:

It is impolite to make disparaging remarks to anyone about his wife or costume, however ridiculous they may be.

Polygamy is practiced but rarely, and that only by those who can afford it.

Belching after meals or at any other time is considered impolite, and when it happens, it is best to pass it off unnoticed.

Now a few words about my work. As in other army posts the day is spent in doing chores. We drill a little, do some paper work, but most of the time we practice medicine. Many rumors to contrary, medi-

cine in the army is modern and up to date. The stories of C. C. pills given to all patients routinely, and for all ailments, is just so much eye-wash. We don't even have C. C. pills. They must have used them up in the last war. Seriously, army medicine is no different from civilian, and you can bet your last dollar that the doctor who did good work in civilian life will continue it in the army, and vice versa. We read the medical literature, and one need never be behind the civilian in keeping up with new developments. In fact, we are more aware of changes in treatment, because we receive directives to that effect.

To be sure, we are somewhat handicapped. Supplies and equipment are slow in coming. But we must remember that the rapid expansion of the army has put an unprecedented demand for everything. So we learn to wait and be patient, both of which are not bad traits. Another thing we learn is to take orders and execute them. At first this is not easy. For a doctor who for years has had a lenient and indulgent boss, himself,—who went fishing or for a beer as the spirit moved him, it is not a bad thing. I confess that I was guilty of a bit of grumbling and was rebellious at first, but am getting over it. Orders are orders. And no matter what a man's grade is in the army, there is always someone above to give him orders.

The big thing to keep in mind, and constantly, is that each one of us is now working for a just boss, a good fellow who has done a great deal for us. I mean my Uncle Samuel. He is a good guy and deserves a good honest day's work every day. And as long as we do that, we can be reasonably happy in the army.

I enjoy reading the Bulletin. The letters from the brothers in arms interest me greatly. I envy some of the boys whose life is more adventurous than mine, but I presume

(Continued on Page 371)





# Honor Roll



## From Private Practice

- Capt. O. A. Axelson, Med. Det. 36, Army Inf. Regt., Army P. O. 253, Camp Pickett, Va.
- Capt. D. A. Belinky, Laurinburg-Maxton, N. C.
- Capt. Morrison Belmont, Med. Training Center, Air Ser. Command, Robins Field, Warner Robins, Ga.
- Lt. Barclay M. Brandmiller, Camp Edwards, Mass.
- Capt. P. L. Boyle, M. C., Am. Air Force, Officers Train. School, Miami Beach, Florida.
- Capt. J. R. Buchanan, M. C., Hendricks Field, Sebring, Fla.
- Major R. S. Cafaro, Sta. Hospital, Camp Blanding, Fla.
- Capt. Jos. Colla, M. C., Station Hospital, Camp Bowie, Texas.
- Capt. Fred S. Coombs, Technical Training School M. C., Madison, Wisc.
- Lieut. C. H. Cronick, Moody Field, Valdosta, Ga.
- Lieut. A. R. Cukerbaum, U. S. Naval Hospital, N. A. S., Corpus Christi, Texas.
- Capt. S. L. Davidow, Box 445, Room 117, Army Med. Center, Washington, D. C.
- Lieut. G. E. DeCicco, 532nd E. A. R., Med. Dept., Carrabelle, Florida.
- Major L. S. Deitchman, Army Air Training School, 720 Michigan Ave., Chicago, Ill.
- Capt. Samuel Epstein, Ft. Jackson (303 S. Saluda) Columbia, S. C.
- Lieut. Com. W. H. Evans, Great Lakes Naval Training Station, Chicago, Illinois.
- Lieut. B. I. Firestone, Camp Rucker, Alabama.
- Major S. D. Goldberg, M. C., Camp Davis, N. C.
- Capt. John S. Goldcamp, Ft. Benjamin Harrison, Indiana.
- Lieut. Comm. M. B. Goldstein, A-3-M. T. S., Newport, R. I.
- Capt. Raymond Hall, 32nd Station Hospital, Fort Benning, Columbus, Ga.
- Capt. H. E. Hathhorn, Station Hospital, Camp Adair, Corvallis, Oregon.
- Capt. Malcolm H. Hawk, M. C., Station Hospital, Camp Crowder, Mo.
- Capt. Herman H. Ipp, Station Hospital, San Antonio Aviation Cadet Center, San Antonio, Texas.
- Capt. P. M. Kaufman, Camp Rucker, 35th Sta. Hospital, Ala.
- Lieut. M. M. Kendall, 25th Service Group, Med. Div., Greenville Air Base, S. C.
- Lieut. J. P. Keogh, M. C., U.S.N.R., Aiea Heights, U. S. Naval Hospital, Pearl Harbor, T. H.
- Major J. E. L. Keyes, (Bushnell) General Hospital, Brigham, Utah.
- Lieut. S. J. Klatman, M. C., Seattle Port of Embarkation, Seattle, Wash.
- Capt. Herman A. Kling, 197 Station Hosp., Camp Breckenridge, Ky.
- Lt. Com. O. M. Lawton, U. S. S. Sumner, c/o Fleet Post Office, San Francisco, Calif.



## Honor Roll



- Lieut. J. B. Kupec, Plaza Hotel, Colorado Springs, Colo.  
 Capt. L. J. Malock, Station Hospital, Camp Chaffee, Arkansas.  
 Capt. A. C. Marinelli, M. C., Station Hospital, New Orleans Staging Area,  
 New Orleans, La.  
 Major P. R. McConnell, (No definite address).  
 Maj. W. D. McElroy, M.C.A.U.S., 32nd Station Hospital, Ft. Benning, Ga.  
 Capt. R. H. Middleton, Indiana Nat. Armory, Evansville, Indiana.  
 Capt. L. H. Moyer, 1st F. A. Bat., 6th Div., Ft. Leonard Wood, Mo.  
 Lt. Stanley Myers, M.C.U.S.N.R., c/o Postmaster General, San Francisco,  
 Calif.  
 Capt. M. W. Neidus, Camp Pickett, Va.  
 Major G. G. Nelson, M. C., 1570th Ser. Unit, Camp Breckenridge, Mor-  
 ganfield, Ky.  
 Major John Noll, Jr., Army Air Forces, Technical School, 720 S.  
 Michigan Blvd., Chicago, Ill.  
 Major R. E. Odom, (Camp Kearns) B P O E No. 85, Salt Lake City, Utah.  
 Major T. E. Patton, Med. Dept. Replacement Train. Center, Camp Grant,  
 Ill.  
 Capt. Asher Randall, Ravenna, Ohio.  
 Capt. L. K. Reed, M. C., Am. Air Force Off. Train. School, Miami Beach,  
 Florida.  
 Ass't Surgeon (Reserve) Harold J. Reese, U. S. Maritime Train. Station,  
 Manhattan Beach, N. Y.  
 Lieut. J. A. Renner, U. S. S. Albermarle, c-o Postmaster, N. Y. City.  
 Lieut. J. A. Rogers, 2108 E. 7th St., Apt. 5, Charlotte, N. C.  
 Capt. M. S. Rosenblum, Med. Training School, Robbins Field, Macon, Ga.  
 Capt. J. M. Russell, 80th Field Art. Bat., 6th Div., A. P. O. No. 6,  
 Nashville, Tenn.  
 Lieut. Samuel Schwebel, M. C. U. S. N., U. S. S. Kankakee, A. O. 39,  
 Postmaster, San Francisco.  
 Capt. C. W. Sears, 10th Unit Hospital, Camp Rucker, Ala.  
 Capt. J. L. Scarnecchia, B. T. C. No. 7, Haddon Hall, Atlantic City, N. J.  
 Lieut. L. S. Shensa, 4th Med. Bn., U. S. Army, Camp Gordon, Augusta, Ga.  
 Capt. Henry Sisek, M. C., Med. Det., 41st C. A., A. P. O. 952, c-o  
 Postmaster, San Francisco, Calif.  
 Major Ivan C. Smith, 1580th S. U. Station Hospital, Camp Campbell, Ky.  
 Passed Ass't Surgeon (Reserve) M. M. Szucs, Gallups Island, Mass.  
 Capt. Samuel Tamarkin, M. C., A. A. B., Columbia, S. C.  
 Lieut. W. J. Tims, (0-466186). The 10th A.D.G., Hq. A.P.O. 635,  
 c/o Postmaster, N. Y. City.  
 Lieut. C. C. Wales, M. C., 333rd Inf., 48th Div. Med. Det., Camp Howze,  
 Texas.  
 Capt. S. W. Weaver, M. C., Am. Air Force, Off. Train. School, Miami  
 Beach, Florida.  
 Capt. L. W. Weller, Station Hospital, Camp Wallace, Galveston, Texas.  
 Lieut. J. A. Welter, 83rd Med. Bat., Camp Beale, Calif.  
 Lieut. Com. H. S. Zeve, Naval Air Station, Trinidad, British West Indies.



# Honor Roll



## St. Elizabeth's Internes

Geo. L. Ambrecht	David D. Calucci	John T. Murphy
Andanto D. Amor	Edw. F. Hardman	Stephen W. Ondash
Nathan D. Belinky	Morris I. Heller	A. K. Phillips
Donald Birmingham	S. Kronenberg	J. J. Sofranec

## Youngstown Hospitals' Internes

W. Frederick Bartz	Richard P. Jahn	Frederick L. Schellhase
David E. Beynon	Louis R. Kent	Charles R. Sokol
Kenneth E. Camp	Wm. T. Krichbaum	Paul W. Sutor
Benj. G. Greene	Robert S. McClintock	Frederick R. Tingwald
W. E. Goodman	Donald A. Miller	Robt. E. Tfhantz
James Hamilton	Albert M. Mogg	Nevin R. Trimbur
Woodrow S. Hazel	Wm. S. Port, Dentist	R. W. Trotter
Herbert B. Hutt	Howard E. Possner, Jr.	Walter B. Webb
	Louis G. Ralston	

## St. Elizabeth's Hospital Nurses

Regina Aleksiejezyk	Catherine Holway	Catherine Pietra
Roselyn Block	Mary L. Kelley	Congetta Pietra
Eleanor Cassidy	*Mary Klaser (Deceased)	Ann Pintar
Hilda Cherasin	Mary Lubonovic	Mary Ribich
Miss Crogan	Clara McNeish	Rose Vartucci
Ann Dorsey	Theresa Magyar	Ethel Yavorsky
Catherine Doyle	Josephine Malito	Helen Zarnary
Virginia Frame	Margaret Meletic	Helen Zerovich
Ann Hassage	Shirley O'Hara	Mary Zirotf
Margaret M. Hogan	Alma Pepper	

\* Nurse Mary Klaser passed away July 15th at Billings Hospital in Fort Benjamin Harrison, Indiana.

## Youngstown Hospital Nurses

Ellen Andre	Mary Hovanec	M. Schnurrenberger
Ethel Baksa	Irene Janceski	Ruth Simmons
Mary Berkowitz	Agnes Keane	Mary Louise Smith
Suzanne Boehm	Katherine Keshock	Donna Stavich
Betty Boyer	Marietta Leidy	Stella Sulak
Florence Brooks	Frances Moyer	Mary Taddei
Ruth Burrage	Helen Ornin	Freda Theil
Margaret Davis	Dorothy Oswald	Ursula Thomas
Dorothy Dibble	Anglynnne Paulchell	Madaline Vranichich
Ethel Gonda	Edna May Ramsey	Jennie Zhuck
Elizabeth Heaslip	Ruth Reapsummer	

We are sending the Bulletin first class to our men in service and request that they acknowledge receipt of it. We at home will always be grateful to our Service Men for a word for the Bulletin. We hope to receive many more acknowledgments from the men of receipt of their Bulletin this month. We would welcome also a letter from our nurses.

CLAUDE B. NORRIS, Editor

Phone 37418

# ANNUAL ELECTION MEETING

Tuesday, December 8th

8:30 P. M.

YOUNGSTOWN CLUB

---

On December 8th the following officers are to be elected:

---

President-Elect

Secretary; incumbent Dr. Geo. M. McKelvey

Treasurer; incumbent Dr. Elmer Nagel

Delegate; incumbent Dr. Gordon Nelson  
(Term Expires)

Alternate Delegates: Dr. James B. Birch

Dr. P. J. McOwen

Dr. L. K. Reed

} (Terms Expire)

Representative of the Society on Associated  
Hospital Board; incumbent Dr. H. E. Patrick

---

Let come what may, our work must go on. No matter who is elected to what, this is your society. Come and Vote your choice.

**From Our Doctors In The Service**

(Continued from Page 366)

that most of us will see more action before this fracas is over.

You will pardon me if I make no predictions about the war or go into the technicalities of military strategy. I have left this entirely in the hands of the general staff, because, I am sure, they know more about it than I do. The only forecast I can venture is that the war will be over when hostilities cease.

Would like to go on a bit longer, but I am writing this during work hours on army time. I happen to be O. D. (officer of the day) it is two a. m. and a serious case of gold-bricking just came in and requires my undivided professional attention, so will have to close with kindest regards to yourself and the rest of the gentle and rough readers of the Bulletin,

I beg to remain,

"Incognito."

P. S.: For two coffee beans, cash on the barrel chest, Dr. Norris will, in strict military confidence, give you my name, and for two more beans, any kind, will tell you my secret whereabouts.

Editor's Note:—The above information will be found in this issue of the Bulletin at the bottom of Page 373.

\*

Lieut. Samuel Klatman, M. C.  
Seattle Port of Embarkation  
Seattle, Wash.  
Nov. 5, 1942

Dr. C. B. Norris,

Dear Claude Norris:

I have just recently returned from a 4 months trip to the Alaskan Area in which I hit several of our American Army outposts. I am full of the things that I have seen up there and enjoy telling the wonders to them but I fear that to do so would be detrimental and subject to censor-

ship. However, I would like to say that our soldiers are a fine bunch and good hard workers and are doing a swell job.

I have so many of the doctors that I want to write to back home that in the short space of time available, I expect to be out again soon, that it would be impossible to get around to all of them . . . I hope that you will make your columns in the BULLETIN that I may extend my greetings to all the members of our Society.

It has been my privilege to meet many doctors stationed in the Alaskan area, and they came from all parts of the United States, and these friendships are something that will remain with me long after my service in the Army has ended. Good medicine is practiced up there and regular Clinical Pathological and Staff meetings are held at specified intervals. I hope some day to send you an abstract of such a conference. The equipment is the best and the work is excellently done.

In case I do not get the opportunity later, I wish to take this opportunity to extend Season's Greetings to all the members of the Mahoning County Medical Society.

Fraternally yours,

Lt. Samuel Klatman.

\*

Medical Section 1570th S. U.  
Camp Breckenridge  
Morganfield, Ky.  
October 24th, 1942

Dear George:

Am getting the BULLETIN regularly and look forward to reading it every month. This is a great place. The food is good and quarters excellent. I think that those who have to stay at home are the heroes in this war. Thank you a lot for sending me the BULLETIN.

Sincerely,

Major G. G. Nelson.

A-3 N. T. S.  
Newport, R. I.  
Nov. 17th, 1942

Dear Miss Herald:

Will you please change my address for the Mahoning County Medical BULLETIN. I would appreciate it if you would send me the November issue.

Yours truly,

Lt. Comm. M. B. Goldstein, M. C.

\*

November 17th, 1942  
43 Woodvale Ave.  
Greenville, S. C.

Dear Miss Herald:

I was happy to read the BULLETIN which came to me in good time, and I thank you for seeing to it that it follows me around. It seems that it will not be necessary to send it to my Berlin address for a while, but, I shall let you know in due time; when you finally do send it there please send a copy to Mrs. Kendall as she likes to read it too.

I am now in the Medical Department of the 25th air service group, stationed out in the wild and woolly woods near the municipal airport in this very fair city of Greenville, S. C., which incidentally is the center of a very large glider training school.

Please give my best wishes to all the hard working doctors at home and with kindest regards to all, I remain,

Very sincerely yours,  
Lieut. M. M. Kendall.

\*

November 20, 1942  
2108 E. 7th St., Apt. 5  
Charlotte, N. C.

Dear Claude:

Just a much belated note to tell you that I enjoy reading of the happenings of the medical men at home and in the armed forces as you write about them in the BULLETIN.

Thanks for sending the BULLETIN and I hope it continues.

Capt. John A. Rogers.

\*

Medical Training Section  
Air Service Command,  
Robins Field, Warner Robins, Ga.  
Thursday, October 5th, 1942

Dear Mary:

We really enjoy receiving the BULLETIN. Happy to learn those holding down the fort at home are doing so much along defense programs. The chemical warfare program is good and I sincerely believe it would be to good advantage to all to have all the first aid practice at Casualty Stations that is possible.

This is really a grand place here. Both Capt. Rosenblum and I are very happy to be here. I'm supply officer and will probably be kept here for a while. Though any day the army may ship us around. We are busy every minute of the day, training enlisted men for supply platoons and air service depots.

Our hospital is growing daily as is the rest of this post. We have over 300 medical officers here and many of them, know about our Bulletin and enjoy reading it.

Kindest regards to all and my sincerest best wishes to you.

Capt. Morrison Belmont.

\*

Station Hospital  
Ft. Benjamin Harrison  
Indiana

Dear Miss Herald:

Have been receiving the BULLETINS regularly and wish to express my appreciation for them. All news is welcome from the old home town and it is good to hear what the other members are doing and where my fellow officers are stationed.

My regards to all the members of the Society.

Sincerely,  
Capt. John S. Goldcamp.

December

4th Medical Bn. U. S. Army  
Camp Gordon, Augusta, Ga.

Dear Miss Herald:

Thank you for the BULLETIN. It brings back fond memories of the time when I was practicing medicine in civilian life. However, there is an important job that must be finished first.

Keep the BULLETIN'S rolling.

Regards,

Lt. L. S. Shensa.

\*

c/o Dispensary,  
U. S. Naval Air Station  
Tuesday, Nov. 24th, 1942

Dear Claude:

It is a very pleasant event to receive the copy of the BULLETIN even though it is about six weeks old upon arrival here. I kept the September issue for two months hoping to see one of my fellow Medical Sailors, but gave up the idea a trifle soon as just a few days ago one of our Medical Colleagues visited with me for a few days and then departed. The following day the October issue arrived so I am now determined to keep all copies for the duration hoping to pass them on to someone who does not receive them.

Needless to say I enjoy reading them from cover to cover but regret that I cannot patronize the advertisers.

This is a very interesting spot, and I am having many unusual experiences, and seeing many varieties of life. To describe the population, customs and traditions of the Island is impossible in a letter but briefly I can tell you that it is truly "The Melting Pot" of the world today.

Here you find people of all races

and creed, mingling politically, socially, economically and in unrestrained free and frequent conjugal pleasures or is it recreational activities. In all these paths of life they seem to be prospering in spite of the tropical climate and the prevalence of disease. The perisian uniform is very conspicuous wherever you travel on the island and the owners of these uniforms are contributing liberally to the creation of a new race which one of the local newspaper owners told me confidentially that he only regrets very much, the fact that he will be much too old to enjoy the pleasures that will be inherent in this young but beautiful crop.

As a result of all the above situation, I am pre-occupied with the necessary idea of preventing an influx into the States of the Trinidad Type of Syphilis and Gonorrhoea. I have ample opportunity to observe the characteristics of these types and I assure you that the U. S. A. does not need any of them. If you think my job is trivial then the Atlantic Ocean is not as large as the Mahoning River. Among other duties are chief of the Urological service for the Navy and occasionally as consultant to some branches of the Army.

Most of the time I am so confused that driving on the left hand side of the road, swimming with Barracudas and Portuguese "Men of War," singing Calpso, making sick calls at sea, flying in various planes and inhaling the diverse odors emanating from all directions, that I can safely say that sane or insane my friends think I am happy.

With kindest regards to you and your family and to all my old friends in the Society and especially in Rotary.

Lt. Comm. H. S. Zeve.

The writer is Lou Deitchman and his Shangri La is Chicago.



## SUGAR FREE COUGH MIXTURE

### CONTAINS:

Benzyl Alcohol (1 minum to ounce)	
Ammonium Chloride	Tartar Emetic
Citric Acid	Bezoic Acid
Menthol	Saccharin
Oil Eucalyptus	Flavoring

An effective remedy of rich golden yellow color.

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# M c K E L V E Y ' S



**COMMITTEE REPORTS FOR THE YEAR 1942**

Due to many of our Committee Chairmen being in the service, we are unable to submit as usual their Annual Reports.

**Sub-Committee on Relief for 1942 up to October 31st****MEDICAL**

Total number of patients.....	2630	
Total number of office calls.....	1683	
Total number of house calls.....	947	
Total Medical Expense.....		\$ 6,783.50

**DENTAL**

Total number of patients.....	156	
Total Dental Expense.....		\$ 608.00

**DRUGS**

Total number of Rx.....	2717	
Total Drug Expense.....		\$ 3,495.89

**TONSILS**

Total number of patients.....	9	
Total Tonsil Expense.....		\$ 163.00

**OBSTETRICAL CASES**

Total number of cases.....	7	
Total Obstetrical Expense.....		\$ 140.00

**VENEREAL CASES**

Total number of treatments.....	500	
Total Venereal Expense.....		\$ 1,000.00

**X-RAY**

Number of patients.....	12	
X-Ray Expense .....		\$ 47.00

**FEE CASES**

Number of patients.....	4	
Fee Case Expense.....		\$ 110.00

**GRAND TOTAL MEDICAL EXPENSES.....** \$10,910.11

L. H. GETTY, M. D., Chairman.

**Annual Report of the Secretary**

The Mahoning County Medical Society at the end of the fiscal year 1942 has two hundred and thirty-one Active Members, twelve Non-Resident, six Honorary, two Associate and seven Interne Members. There are sixty-four of our members in active service and twelve Internes from St. Elizabeth's and twenty-five from both North and South Side Hospitals. The regular monthly

Council meetings were held each month during the year.

G. M. McKELVEY, M. D., Secretary.

**TREASURER****To members of the Society:**

Inserted in this Bulletin is a copy of the financial report as submitted by the auditor. I believe no further explanation of the Society's finances is necessary.

ELMER H. NAGEL, M. D., Treasurer.

**TAXES  
TAXES  
TAXES  
TAXES  
TAXES  
TAXES  
TAXES  
TAXES**

In ever increasing proportion. The 1942 Revenue Act constitutes the most gigantic tax burden levied upon the American people to date.

"Loose money" will become a lost expression in 1943. No criticisms intended by these words but a warning to all doctors that if he expects to be paid for past or present services his accounts should not be permitted to become **more than six months old.**

Many doctors realize that existing conditions warrant immediate action.

For the others we say . . . .

**Don't sacrifice collectible accounts  
through careless inactivity.**

**The Medical-Dental Bureau, Inc.**

1204 Central Tower Bldg.

J. L. PRICE, Executive Director

## RED CROSS HOME NURSING

By Mary P. Hall

Volunteer Chairman of Home Nursing, Mahoning Chapter A. R. C.

The American Red Cross has been a teacher in Home Nursing since 1914, when World War I was being fought in Europe. During the years directly following, interest in the course had a sky-rocketing increase with a National Enrollment of 90,000 men and women, who completed its course and received certificates.

Now we are in another war. National Health is the basis of our National War Effort. Mahoning County is our community, and our responsibility is to teach it the laws of health. These are: proper living, maintaining a normal body, being able to adjust our bodies and minds to the present environment, the knowledge to protect oneself from illness, and the simple care of illness in the home.

The Red Cross Home Nursing Course meets these needs. It teaches the women and home-makers in this community, the basic laws of health, as well as the care of the home for a normal family life. It teaches its students to recognize the early symptoms of illness and to call the doctor; to carry out his orders; to make the patient comfortable; and to be resourceful in using materials at hand. In detail it teaches the care of the expectant mother, of the infant through pre-school and school years, and stresses all preventive measures for the control or prevention of communicable diseases.

The Instructors for this course are our graduate nurses, some of whom are home-makers themselves, while others are actively engaged in their profession as Public Health Nurses. All have met the Red Cross Standards with their credentials, and are authorized by our National Organization to teach. In Mahoning County we have 106 instructors, all of whom are volunteering their time as a pat-

riotic and community service. Because few of our nurses have had training in practical methods of teaching, each month a staff meeting is held under the guidance of Mrs. Walter P. Canfield, who is the Chapter's full time Director of Home Nursing. Through lectures, given by outstanding representatives of pedagogy, all problems of presenting the courses to their classes are solved.

When the course is completed and the students have passed a satisfactory scoring, certificates are issued to them from Washington. Since last January, 271 classes, each composed of 20 eager women, have been and are being taught in Mahoning County. Reaching further in the community, we are teaching girls in the High Schools, who will be our future home-makers.

With the advent of World War II, the armed forces are calling our doctors and trained nurses to military hospitals and foreign bases. Those allowed to remain in the community are overburdened with increased responsibilities. Thus the Red Cross Home Nursing program is intensified and its importance becomes a prime factor in this and every community throughout the Country. At least one person in every home should avail herself of the opportunity for this instruction in preventive measures. The value is double, since it affects their own families and lessens the duties of the already overworked doctors and nurses.

The Mahoning Chapter of the American Red Cross, with Mrs. Fred M. Orr as its Chairman, considers Home Nursing one of its most important services in the National Defense Program. It is using every effort to reach the needs of the Allied Nations, so that Mahoning County will achieve its goal—Health.

## OVERLOOK SANITARIUM

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A beautifully located sanitarium, just fifteen miles from Youngstown, especially equipped for the care of psychoneurosis. Mental cases and alcoholics not admitted.

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Prescription Department

## SALUTE TO THE PARATROOPERS

Margaret Gutknecht Schumacher

The cavalry straddles its stirrups and saddles  
And gallops on deeds of defense;  
The sailors walk decks, and the tough Leathernecks  
Have jeeps they can park by their tents.

The pilots can sit between wings in the pit  
Of a plane and feel solid when there . . .  
But the paratroops are those daring groups,  
As free as the birds of the air.

Like birds of a feather, they're flocking together  
To swoop on the enemy's nests,  
They'll make saps of the Japs, when they land in their laps,  
And swiftly demolish the pests!

They're getting in practice to jump on the Axis,  
Wherever the need may arise,  
And the Axis will find that it's one jump behind,  
When paratroops swoop from the skies!

Like warriors from Mars or shooting stars,  
They streak to the earth on their jaunts,  
These men of the hour have more speed and power  
Than marvelous Superman flaunts.

Sir Newton once found that you really are bound  
To come down once you're up in the air,  
But the daredevil trooper, although he is super,  
Undoubtedly wonders just where.

He will light on a cactus, while getting in practice  
To light on the Axis, perhaps,  
Or jump on a steeple, amazing the people,  
While training to jump on the Japs.

For their parachutes take devious routes  
And They'll land upside down like as not,  
But when Uncle Sam needs their strategical deeds  
The paratroops swoop to the spot.

And the brave U. S. O., always ready to go  
Wherever her duty may call,  
Must share the umbrellas of daring young fellas,  
Who open them up as they fall!

So here's to the troops, who loop the loops,  
As gravity brings them to earth;  
They've plenty of pluck and we wish them luck . . .  
They really are proving their worth!

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## FINDINGS FROM THE FIELD

### Child T. B. Rate Low

(From Pennsylvania's Health, Sept., 1942)

In Chicago, a recent survey of 57,481 school children under 12 years of age, only nine cases of pulmonary disease were found. Of 1,681 deaths from pulmonary disease in Chicago during 1939 only 10 occurred in the age period four-twelve. Rates are of course higher in communities having a higher adult rate but as a rule it can be said that one case of active tuberculosis in a thousand examined is not a certainty.

Coming now to the high school group (13-18 years) we find a higher rate. Of 16,362 students in six high schools of New York City whose ages ranged between 10 and 24 years but of which only a few were under 14 or over 20 a survey discovered only 65 cases or a percentage of .35 of active clinically significant pulmonary tuberculosis. The proportion of white girls was as two to one and of Negro girls three to one, the latter being infected to the extent of 1.3 per cent. Similar rates have been found in Jersey City, Detroit, Chicago and Los Angeles. The highest rate was in Philadelphia, being four times that of any large city in 1937. Studies throughout the United States tell the same story, namely, that the rate of active tuberculosis even in high school students is much lower than in adults.

It appears, therefore, that a tuberculosis program should not concentrate on the grade school or the high school groups. Better results will be obtained by eradicating tuberculosis from adults from whom childhood tuberculosis comes and from whom school children generally acquire their reinfection.

Among adults there are several groups especially dangerous in spreading of tubercle bacilli and it is at these groups our efforts should be aimed.

Among these are Negroes in whom the mortality rate is three or four times that among whites throughout the United States, more than five times higher in Pennsylvania and even higher in the larger cities. In many localities a Negro population of five percent is responsible for 25 per cent-35 per cent of its active tuberculosis. Here is the most dangerous focus of infection in the population. Negroes are largely employed as food handlers in hotels and restaurants and as domestic servants. In the survey of Negroes in Pittsburgh where the tuberculosis rate is rather high, it was found that 77 per cent of the employable colored women are domestic servants. A family with children employing a servant with active tuberculosis, is exposed to the most potent and active spreader of the disease. Our program in Pennsylvania is now concentrating on the colored population. Next in order determined by morbidity, mortality and survey rates comes certain urban population foci, unskilled laborers and certain industrial trades, unemployed and low economic groups, school teachers, among whom we find a rather high rate, at times as high as two per cent among the personnel at State Teachers Colleges, and last, but very important, persons with suspicious symptoms referred to clinics by attending physicians and contacts of known cases of tuberculosis found as a result of epidemiologic and social service at our clinics and in the work of the Tuberculosis Societies in much of which the key factor is the visiting nurse.

The active, positive sputum case is the source of all tuberculosis. Every such case should be hospitalized or managed hygienically. The source of every case should be determined and contacts examined. This is the responsibility of the attending physi-

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cian. The medical profession has paid too much attention to the clinical aspects of tuberculosis and too little to its epidemiology. The success of a tuberculosis program depends largely on cooperation by the medical profession.

#### *"Hot Spots" Well Known*

An estimate of the situation based on well-known facts leads to the cold-blooded decision that a state or municipal tuberculosis program should not be directed toward the school child but toward the most dangerous sources of infection. These "hot spots" are well known. The grade and high school children are not one of these and surveys of them are unproductive and uneconomical comparatively speaking.

Yet organized surveys of school children will continue for certain psychological and sentimental reasons. School authorities will demand that school surveys be included in governmental health programs; parents will want their children examined even though every Negro in Pennsylvania has tuberculosis. Furthermore, a health survey of any kind and especially a tuberculosis survey has a high educational value. It brings the doctrines of preventive medicine into the home, the life center of population.

Public cooperation is the first essential in health administration when backed up by the family doctors.

It seems to me that the concentration on the highly infected groups as distinguished from school children presents an opportunity for a division of labor between the State Health Departments and the Tuberculosis Societies. Such a cooperative plan could be made to facilitate the work of the Tuberculosis Societies in the field of education, in social service, rehabilitation and school surveys could be closely tied with the major state activities and facilities.

#### *State Aids Physician*

But there is a larger and broader

program more suited to the requirements of the school child so far as tuberculosis is concerned. This is the practical application of the principles of preventive medicine from the ground up, that is, the family doctor and carried up through the various echelons of health administration in the recesses beyond the scope of private practice. The family doctor should guide the child through the school period. The facilities of the State Health Department are at his disposal for all cases unable to meet the cost of the necessary examinations. When an active case of tuberculosis comes under observation a survey of all contacts should start immediately. When the finger of tuberculosis points at a child or young adult either because of suspicious symptoms, because of contact with a known case, a physical examination with X-ray examination of the chest should be made. If no significant tuberculosis is found, a regime of periodic examinations should be instituted which means an X-ray examination of the chest at least every year. The State cannot undertake such a colossal diagnostic and follow-up program on its own account. It definitely belongs to the private practitioner to whom the State lends its facilities when required. In short the attending physician must be an epidemiologist if he is treating persons with contagious diseases.

Into such a tuberculosis program the school child fits. The State will lend its facilities and in the meantime will use its forces to eradicate tuberculosis where it is most prevalent among adults where we find the real source of infection of school children.

#### **G. C. Important**

Through education, prevention, early diagnosis, adequate treatment and follow-up, gonorrhoea can become a rare disease. In addition to individual therapy real gonorrhoea control requires an interest on the part of

the physician to place under treatment the individuals who are the source of the patient's infection as well as those to whom he may have transmitted it. The physician should impress upon the patient the need for cooperation during treatment, the importance of following up all sexual contacts, and the measures to be used in the prophylaxis of gonorrhea after a cure has been obtained.

*Sulfonamide Failures.*—In some persons the sulfonamide drugs reduce the activity of the disease and prevent its extension but fail to banish completely the objective symptoms. In a smaller number of persons such drugs exercise no beneficial effect whatever at the time of administration. That this failure to react favorably to the drugs is sometimes a transient state is shown by the fact that many such patients are quickly rendered symptom-free and even cured by a repeated course after a short rest from medication.

Those in whom these drugs fail to exert any curative influence and for whom prolonged hyperthermia is not available may often respond to older methods of local treatment.

*Choice of Sulfonamides.*—Today the outstanding drug for the treatment of gonorrhea is sulfathiazole. While there are others of seeming merit on the chemotherapeutic horizon they need not be considered here. If sulfathiazole is going to produce a cure it will do so within the first week of its adequate administration. An objection to a longer period of medication is the fact that most toxic symptoms occur after the first week of medication when more than the total optimum dosage (20 Gm.) has been administered continuously. The patient whose objective symptoms are not entirely banished within the first five days of adequate medication is a drug failure. Whether he will respond better after a week or more of rest can be determined only by a second course of medication.

## NEWS

Born to Dr. and Mrs. Walter Tims, Saturday, Nov. 7th, a son, Walter Jay Tims. Dr. Tims is somewhere in England serving with the Medical Division of the Army Air Corps.

Born to Dr. and Mrs. John J. McDonough, November 18th, a son.

Miss Agnes Welsh, a graduate of Youngstown Hospital School of Nursing, left November 20 for duty at Fort Knox, Ky., as an army nurse.

Captains L. K. Reed, P. L. Boyle and S. W. Weaver are attending Officers' Training School of the Technical Training Command at Miami Beach, Fla. They are undergoing a six-week course of military instruction and physical conditioning after which they will take over executive duties directing vital administrative and supply operations of the Army Air Forces.

Dr. and Mrs. L. G. Coe and family have recently moved into their new home on the Canfield Road.

Home recently on furloughs were the following: Capt. M. W. Neidus, Lieut. L. S. Shensa, Lieut. B. I. Firestone, Lieut. E. F. Hardman, Lieut. M. Conti, and Lieut. M. M. Kendall.

Dr. Francis J. Gambrel, a member of the intern staff of St. Elizabeth's Hospital was married Nov. 26th to Miss Josephine Fusco. Miss Fusco is a medical technician at the North Side Unit of Youngstown Hospital.

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\*Supplied only on the 50 c.c. size;  
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Remove both top and side caps. Wipe dropper tip. Place forefinger firmly over top opening and regulate rate of flow by varying the degree of pressure. Oleum Percomorphum is best measured into the child's tomato juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.

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