



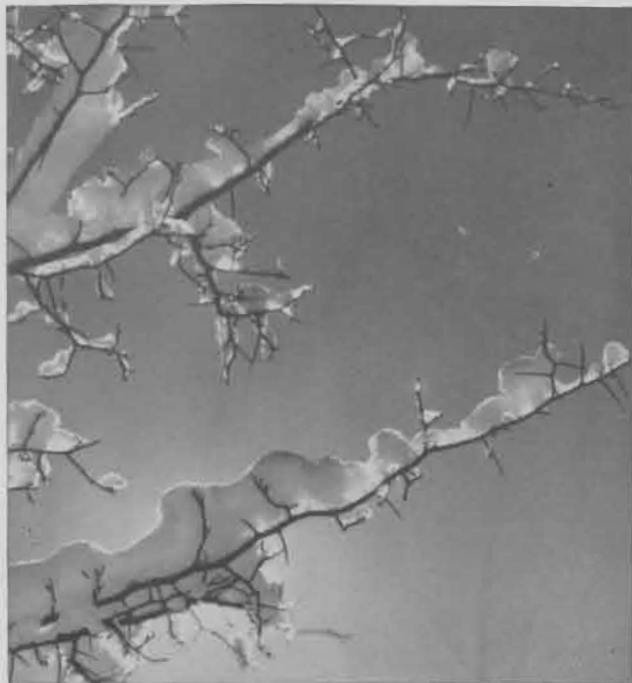
"The door of the physician should never be shut;
The door of the priest should always be open."
—HUGO.

BULLETIN

of the
Mahoning
County
Medical
Society

Vol. VIII No. 2
February 1938





WINTER'S BLOSSOMS

W. C. WEST

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MEDICAL CALENDAR

February 16—Meeting of the Sixth Councilor District to be held jointly with the regular February meeting of the Society, at Legion Post Auditorium, 34 W. Spring Street, Youngstown, Ohio.

March—Dr. M. Ed. Davis, University of Chicago—Lying In Hospital.

April 28—Postgraduate Day—The Lahey Clinic, Boston, Mass.

May—Dr. Paul White, Cardiologist, Massachusetts General Hospital.

June—Interne Competition with Case Presentations.

* * *

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Meetings of
SIXTH COUNCILOR DISTRICT
 and
THE MAHONING COUNTY MEDICAL SOCIETY

Wednesday,
 Afternoon and
 Evening
February 16,
 Youngstown



All members
 are urged
 to attend
 Both
 Sessions

WM. M. SKIPP, M. D.
 Sixth District Councilor

**104TH ANNIVERSARY OF OHIO STATE
 UNIVERSITY**

Founders' Day Program celebrating the 104th Anniversary of Ohio State University College of Medicine is announced for March 3, 4 and 5.

We regret that space will not permit printing the program. Just remember the dates—

March 3rd, 4th and 5th.

PRESIDENT'S PAGE

Several years ago, because of lack of funds, the hospitals closed the dispensaries. Shall they now be reopened?

The question may be approached from two angles:

First, the teaching phase. We all realize that to turn graduates from the four-year medical course directly into practice is not in keeping with our high standards of preparation. We agree that a general internship of at least one year is almost essential. The hospitals associated with medical schools simply cannot absorb even a majority of the new graduates. This means that well-managed hospitals must cooperate, in this respect, with the medical schools. Internships must give to the young physician all that is coming to him if he is to take a whole year out of his life for them. Any less is unfair. The out-patient department is an important element of his training. Not only is the young physician entitled to this additional training; we who are older are still students or ought to be. The other phase is the humanitarian side, and the matter of the public health.

But if the dispensaries do open, the hospitals owe the duty to the Profession, and equally to the public, to admit only as many as may be properly investigated and treated. Herding them in in large numbers is not the goal. Scientific investigation for correct diagnosis, and carefully conducted treatment, are the only means by which good teaching and good service are possible. We believe the hospital authorities are in perfect accord with this.

Needless to say, no one who is able to pay anything approaching a reasonable fee for medical service should be admitted. Those who are unable to pay such a fee, and yet may not be admitted because of inability to give them proper medical care, due to over-crowding, should be placed on Medical Relief, under the plan which the Society has operated for several years. These should be sent to the physicians of their own choosing, and the physician should be paid for his services as he has been under the Society's plan.

With the restrictions above outlined it is difficult to see any serious objections to reopening the dispensaries.

The Council and the officers must regard your officially expressed wishes as mandatory. Therefore, in the very near future, you will again be asked to go on record as to dispensaries.

CLAUDE B. NORRIS, M. D.



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POSTGRADUATE DAY—APRIL 28



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BULLETIN *of the*

Mahoning County Medical Society

F E B R U A R Y 1 9 3 8

STOP AND THINK

*Some ships sail East, and some sail West,
By the self-same winds that blow;
It is not the gales, but the set of their sails,
That determines which way they go.*

It seems to me that the most important question to confront the medical ship of state today is whether or not we have our sails set right.

Whether we wish it or not so called advanced civilization has brought with it many, many changes and with it of course have come many fine advances in medical education and practice. With all this one would expect that our ship would be sailing smoothly along its way, advancing daily nearer and nearer its goal of more perfect care of the sick. But now we find instead our ship beset by winds that are driving it first in one direction and then the other.

To right our course it seems to me that the many, many perplexing problems that face us today and our solutions of these problems present not only what the status of the practice of medicine will be today, but also what it will be in the future. No one will deny that the problems are here; the question is what are we going to do to set our sails right so that we will continue to travel in the right direction. It is therefore the purpose of this editorial to bring before you something that is needed very badly today by all of us in the practice of medicine, and **THAT IS TIME TO THINK**. No one will deny that we are rushing around to this meeting and that meeting, and have been for years, trying to acquire all the scientific knowledge that we could, both in hope of aiding ourselves and our patients, and somehow all this has not brought us into any unanimity as to just what is our besetting problem of the day.

No one is finding fault with scientific meetings or their purpose but we are proposing that it is time that we planned somewhere in our program for time to digest what we have heard and read. Not only would this greatly benefit each one of us, but is bound to benefit our patients. Besides this I feel that if each Doctor would really take the time out to think about all these problems that trouble us today, *and think he must*, for now as never before the medical ship of state must be guided by clear thinking if it is to set its sails right. Although most of us feel that we are a very small cog in the great machinery of American medicine, the decisions that are made today will affect all of us, both today and for years to come. So in solving our problems we are pleading for time to think, time to think with reason, unselfishness, honesty, sincerity and with clearness of vision, and above all to be honest with ourselves in our thinking so that these perplexing problems may be solved in such a manner as to be of real value to the medical profession, and patients of today and tomorrow. Again we say that the burning need today as far as the medical profession is concerned is not more meetings but time to think and digest the material that is from time to time presented to us and time to think concerning such vital problems as confront each of us daily. Thus into our hands is placed today a great responsibility in helping set the sails of the medical ship of state right. Think clearly—set the sails right.

*It is not the gales, but the set of the sails,
That determine which way we go.*

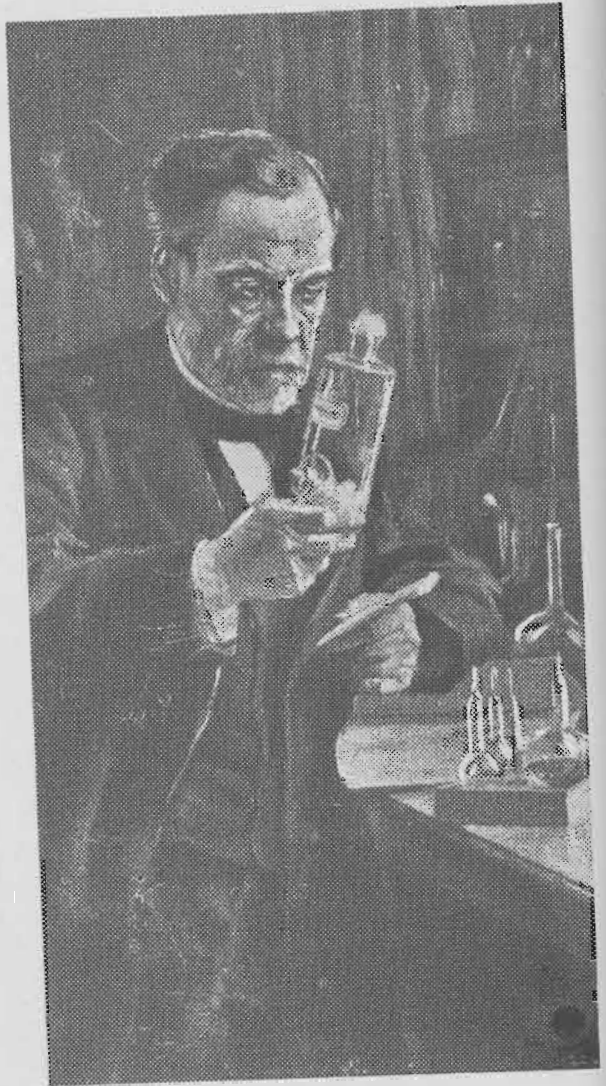
—EDITOR.

PASTEURIZATION Provides - - - That Greater Measure of Protection

If, for no other reason than this one contribution to the accomplishments of science and medicine, the name of Louis Pasteur, French Scientist of the Nineteenth Century, will live long in the annals of history.

Without either injuring the quality or in any way diminishing the nutritive value of milk, pasteurization provides the scientific instrument of protection against milk-borne disease . . . thereby making safe the one food found most essential to the highest health of the human race.

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ISALY'S

Dairy Specialists

FROM THE HEALTH DESK

By DR. F. E. MAHLA, ASSISTANT DIRECTOR OF HEALTH
OHIO STATE DEPARTMENT OF HEALTH

The Ohio Department of Health is organized and functions with a Director of Health and an Assistant Director. Both have executive and administrative duties. If, through illness or other causes, the Director is incapacitated, the Assistant Director acts as Director until the Director returns or his successor is appointed.

The Ohio law also provides that the Assistant Director shall be the Chief of the Division of Administration. It is not mandatory but, by custom, he is appointed and serves as Secretary of the Public Health Council. This appointment gives the Assistant Director power to administer oaths in all parts of the State so far as such exercise of power is incidental to the performance of his duties as Secretary of the Public Health Council.

The general administrative duties include handling of correspondence, personnel, publicity, printing, records and finances of the Department.

The Bureaus of Local Health Organization and Publicity function under the Chief of the Division of Administration. Ohio has been quite fortunate in that it has availed itself of the services of Dr. E. E. Huber, Surgeon of the U. S. Public Health Service, who has been loaned to the Department for one year or longer for the purpose of advising and assisting in carrying on local health organization work.

Among the numerous administrative duties are the many nuisance complaints that are received in the Department and each and every one is investigated through the local health departments. Many legal questions are presented to the Assistant Director and if these cannot be answered from previous decisions, they are referred to the Attorney General's Department for his opinion as to interpretation of the existing laws

pertaining to the question involved.

With the advent of Social Security, the administrative duties due to planning and administering have materially increased. Many new activities such as a much enlarged consulting nursing service has been provided as well as special nursing activities to eradicate trachoma. The State has been divided into eight districts with a consultant nurse in charge of each district. A dental bureau has been provided with its educational program and refresher courses for dentists and, through the Child Hygiene and Maternal Welfare Division, obstetric and pediatric refresher courses have been instituted for Ohio doctors, and also a number of other health educational activities. A nutrition service has been organized in some of the rural counties. An enlarged industrial hygiene and occupational disease program is in effect and an intensified effort is being made to eradicate syphilis as well as other communicable diseases and, in this connection, a course has been provided at Western Reserve University for training Ohio doctors in a better syphilis control program. Free arsenicals are provided physicians for treatment of cases and, in some of the rural counties, a small fee is being paid to physicians for this work. A milk sanitation consulting service is provided. A community sanitation program is in progress whereby thousands of sanitary privies have been built. A mine-sealing program is being carried on whereby acid wastes from openings of old abandoned mines are changed to harmless drainage. An increased engineering service is provided in which the approved plans for many new projects whereby Ohio has been furnished many new water filtration plants, new school houses, new public buildings, sewers and sewage disposal plants, swim-

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POSTGRADUATE DAY—APRIL 28

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W. W. RICHARDSON, M. D., Medical Director
Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.

ming pools and wayside parks. Many rural health departments have been assisted in augmenting their service to the community by training and furnishing qualified personnel in their health units. This Department has the facilities of the University of Michigan for training medical officers, public health nurses and sanitarians. Vital statistics record work has been materially increased on account of Social Security. The birth record is an absolute necessity in the application for old age pensions, aid to the dependent and crippled children and many other such activities. This Department is trying to impress Ohio physicians with the importance of promptly and properly reporting births, which is a moral and legal responsibility on their part. The same is true in reporting syphilis to the local health department. This has

thrown a tremendous load on our Laboratory, but this department has met the issue squarely so far and intends to continue to meet it. It might be interesting to Ohio physicians to know that our Laboratory is rapidly approaching an average of a thousand Wasserman, Kahn, Hinton and other blood tests daily. The Department is also cooperating with the Ohio Obstetrical Society in making an intensive study as to the cause of maternal deaths in Ohio. Of further service to Ohio physicians and hospitals is the training course that has been provided for health departments and hospitals in the training of personnel in the technique of pneumonia typing and pneumonia control.

The details of all of these various programs will be found in later articles.

Esculapius Mahoningi

Another columnist broke down in our last issue of the Bulletin and gave us the inside story of how he procured his title. Ah! But I do not feel in a confessing mood. After reading Dr. Louis Deitchman's biography of Aesculapius we learn the kind of man he really was—also the sex appeal of his grandfather Jupiter—there was a man! But I assure you that has nothing to do with Esculapius Mahoningi—that is, so far as I have traced my ancestry.

In gazing at the pictures of our past presidents and those that I know my mind kept wondering and thinking—"These are the past leaders of our Mahoning County Medical Society." "I wonder what kind of leaders they were?" When I saw how fine and stalwart most of them looked sitting at the annual banquet I tried to picture them as the leaders of their day. The leadership of man is usually governed by his character, qualities, and the time during which he served. Some gave the appearance

of being hard, stern, leaders; some gentle, easy going, who were guided more by the wish of the Society than their own personal thoughts.

A few of our past presidents are still very active in our Society proceedings. Some serving on important committees, some lending wise counsel to the younger men, and even one of these past monarchs served for two years as Editor of the Bulletin, a strenuous undertaking even for a younger man.

The type of leadership today in our Society is somewhat different than that of twenty years ago. It seems that the past few presidents are very much interested in the economic practice of medicine. Shall we call them the royal economists of medicine? Each period has its classified leaders, what the leaders of the future will be we do not know, it depends upon the problems that the Medical profession will face. What these will be, like everything else in the future, we can only surmise.

FOUR COMMON SKIN DISEASES

By E. HENRY JONES, M. D.

(Continued from our January issue)

Acne

Synonyms: Acne Vulgaris; Acne Simplex.

Definition: A chronic inflammatory disorder involving the sebaceous glands, characterized by the development of papules or pustules usually intermingled with comedones.

The face is the favorite site although the interscapular and sternal regions are frequently involved. Occasionally the shoulders also may be attacked and in rare instances the entire dorsal surface of the trunk may be affected.

While acne papules and pustules may occur on normal or dry skins in the majority of cases there exists also an oily seborrhoea. In consequence the skin appears relaxed, dark and greasy and many comedones commonly are present.

The lesions are usually papular at first and appear at irregular intervals. Later pustulation occurs and finally desiccation with more or less crusting. Many of the nodules disappear by absorption but a few may persist as sluggish subcutaneous masses. The degree of inflammation varies. In the milder cases the lesions may not go far beyond the comedone stage but usually they are polymorphic, each case presenting comedones commingled with papules, pustules and nodules in variable numbers.

Time will permit us to consider only the two types, Acne Simplex and Acne Indurata.

In acne simplex the lesions are superficial while in acne indurata they are deeply seated and may give rise to great disfigurement. This disfigurement is due to follicular destruction with resultant scar formation. The scars may be smooth, white, atrophic and slightly depressed or may be rough, irregular, hypertrophic and elevated. In the course of months or

years the disfigurement in these cases may be slightly lessened but as a rule it is permanent. The condition is often rebellious and obstinate, prone to relapses and recurrences. Perseverance in treatment is usually followed by a permanent cure, however, in the course of from 3 to 12 months. If untreated, the condition may disappear spontaneously after adult age is reached, but a considerable percentage of neglected cases persist well into middle life.

As to the cause of acne, while it is generally conceded that the exciting cause is microbic, certain predisposing factors are almost as important as the presence of the infecting agent itself. Over a long period of time consideration has been given four important predisposing factors:

- (a) Age.
- (b) Disorders of the alimentary tract.
- (c) Pelvic irritation.
- (d) Focal infections, particularly infections of teeth and tonsils.

Attention is now being drawn to the effect of hormones of the sex glands on acne. These will be considered under "treatment."

As recently as the October number (1937) of Archives of Dermatology and Syphilology one man has satisfied at least himself that the following is the true explanation of the cause of acne: "For the development of acne vulgaris the coexistence of two primary factors is necessary: No. 1 the hyperactivity of the para-sympathetic system with resultant hyper secretion of the sebaceous glands; and No. 2 insufficiency of arrectores pilorum and their inability to cope with abnormal secretion, with resultant stagnation of sebaceous matter in the glands. This insufficiency is found only in regions covered with lanugo. All other fac-

tors are of a secondary contributory nature."

The sensible theory as to cause I believe, in view of our present knowledge, is the following: It is essentially a disease of adolescence occurring at a period when the pilosebaceous system is in an active stage of development. Any chronic condition however, which tends to give rise to reflex flushing of the face, follicular congestion and atony of the skin, will finally lead to seborrhoea and the formation of comedones and ultimately to the development of acne lesions.

The microbacillus (bacillus acne) grows very freely in the excessive secretion of this seborrhoea and enters the neck of the patulous follicle. Acting here either mechanically or as a toxin it sets up irritation and the epithelium endeavors to deal with it in the way the epidermis always deals with foreign bodies, by encysting it with horny cells.

As regard the suppuration, many think it is due to the ordinary pyogenic staphylococci, for the following reasons: these organisms are invariably to be cultivated from the pus, smears made from the pus often show them contained within the leucocytes thus proving that they are not merely a surface contamination, and lastly, acne patients almost invariably show a low opsonic index to staphylococci. Vaccines made from this organism frequently exert a curative effect.

Treatment: Systemic treatment is essential in some cases of acne, local treatment in all. Digestive disturbances, constipation, and pelvic irritation particularly such as accompanies menstrual disturbances, constitute the most important predisposing factors. Focal infection should be sought out and cared for. Proper hygiene of the skin as supplied by water and suitable soap rather than by the radio barkers' list of useless so-called cleansing or nourishing creams is in order.

In cases showing any utero-ovarian disturbance the patient should be examined by a gynecologist before the treatment for acne is instituted. Constipation should be corrected.

Tonics may be employed if necessary to meet rational indications. The diet should be nutritious and plentiful in amount but only simple and easily digestible foods should be taken. Plain meats as lamb and beef, and also fowl seldom if ever are harmful. Of the various articles to be avoided, pork and all pork containing foods, pickles, cocoa, chocolate, nuts, all fried foods and excess of sweets and pasties are the principal ones. Excess of tea, coffee and alcohol are injurious as a rule.

Dr. Warthin, some years ago suggested the value of liver as a food in pustular acne and this has been proven, the benefit probably coming from the increased resistance to the bacterial infection. Stock vaccines are not of much value in acne. Auto-genous vaccines rate the highest in value. Locally, astringent lotions, as the various formulae of lotio alba, have their place in therapy after we have gotten rid of the products of suppuration.

Different symptoms and various stages call for re-adjustment of the various local remedial agents. Comedones must be removed by the method of choice of the attendant. A co-existing seborrhoea capitis calls for care of this also.

Ultra violet therapy and x-ray therapy by those trained in their use produce excellent results, but their potential dangers must also be borne in mind. Non-specific proteins, colloidal preparations as of manganese given intramuscularly also have their indications in therapy.

Thus far, the extremely logical and probably fundamentally sound idea of treating acne vulgaris endocrinologically has in the opinion of

good observers led to inconclusive or unsatisfactory results, particularly where the tendency has been to employ this form of therapy to the exclusion of the other important factors which I have mentioned. Further work is necessary in this important field before definite conclusions can be reached.

As to the treatment of acne with pregnancy urine extract (as antuitrin

—s) conflicting reports are available at present. Good reports are being sent in every mail to the physician from the offices of the manufacturers of these extracts, but in the opinion of the leading dermatologists these enthusiastic reports have not as yet been corroborated. We must remember that they have something to sell and we must keep the salt bag within our reach.

Shall Organized Medicine Assume Leadership

By DR. SAMUEL J. KLATMAN

During the past several years the medical profession has noted with increasing alarm the infringement by government and lay organizations into the fields of medicine. There has been formed from time to time insurance plans for the medical care of this and that group; lay organizations have been formed for the care and control of cancer, tuberculosis, and other diseases; these groups gaining the gratitude and support of the general public. Organized medicine has been content to sit back and watch these movements develop and gain momentum and when they have become firmly established to protest loudly. But the movements continue to grow and the protests are ignored.

It is high time that organized medicine cease its useless protesting and let her analyze the causes and reasons for the development of these movements. Once having done this let her take steps herself to do the work and in this way the need for outside interference will have been done away with.

It is my opinion that most health movements develop because there is a public demand for them. Lay organizations enter them either for the publicity or the monetary return. These lay organizations have been alert to

the public demand whereas organized medicine has not. Wouldn't it have been much better for organized medicine to have assumed the leadership and supplied the demand before others could do so?

One of the present public demands is the adequate care of indigent and low income groups. This, I believe, will be the ground work for the development of State Medicine which will gradually be expanded to include the entire population. If organized medicine were to meet this demand for the adequate medical care for the indigent and low income groups, the need for State Medicine would be destroyed.

Let me suggest that one way of meeting the public demand for an adequate care of the low income group is the establishment of physician controlled dispensaries. The medical profession would be greatly repaid by its teaching facilities and it would discourage outside organizations from entering the practice of medicine.

This question is a great concern of organized medicine and is certainly worthy of discussion and solution. Whether organized medicine assumes the leadership depends upon organized medicine.

STERILITY

By JAMES B. NELSON, M. D.

The word sterility has been used to connote a variety of meanings and with many modifying terms. While sterility implies an inability to conceive this is not sufficient to define it, for by the removal of certain obstacles the individual may be capable of impregnation. The use of the term in this manner also implies the woman's responsibility for sterility. Since in at least thirty per cent of the cases the fault rests with the husband we must suggest a definition which will make the husband and wife equally responsible. Such a definition has been offered by Meaker "Sterility is the inability to initiate the reproduction process on the part of a couple who have desired and attempted to do so for a year. Primary sterility denotes that conception has never occurred. In secondary sterility there may have been one or more pregnancies but further conception cannot be accomplished."

In the case of the childless couple the woman invariably accepts the blame, and it is she who consults the physician. Among some nationalities it constitutes a stigma for a woman not to have children. Such a woman approaches the physician in a spirit of humility, for her husband and relatives have stated their belief that something is amiss with the woman, and by their actions have demonstrated their displeasure for this state of affairs. It is not always easy to inform one who has so readily accepted a verdict, that her husband may be at fault and an investigation of her case will also include the investigation of her husband. If the cooperation of her husband is not obtained the investigation of the woman should proceed only to the point of a complete gynecological examination.

It is easier to determine the cause of sterility when one keeps in mind the several things that are necessary ordinarily for a normal pregnancy

to take place. (1) Healthy spermatozoa must be deposited in the vagina. (2) The spermatozoa must remain active and viable long enough to enable them to find their way through the uterus and into the oviducts. (3) A healthy ovum must be formed in the ovary capable of a journey through the tube to the point when it can be fertilized by the spermatozoa. (4) There must be no obstruction in the tube arresting the passage of the impregnated ovum into the uterine cavity. (5) In the uterus the impregnated ovum must find an endometrium suitable for nidation.

All of the above conditions are not absolutely necessary. Pregnancy has occurred when there was no penetration by the male organ showing that spermatozoa may pass from the external genitals into the fallopian tube. Several years after a local surgeon had performed a bilateral salpingectomy the patient returned in a most unpleasant frame of mind because she was pregnant. Although this surgeon always removes the interstitial portion of the tube in doing salpingectomy a reopening in the uterine wall occurred with the resulting pregnancy.

It is well as far as possible to carry out a definite plan of investigation in the childless couple. Every investigator should arrange his own plan and perform the steps of the investigation in the order he likes best. In any event two things are done. First a history is taken and second an examination is made.

A general history and a sexual history should be obtained from both husband and wife.

In the general history various items of real value may be found. Mumps seldom cause oophritis but a complicating orchitis is frequent. The general health during adolescence has much to do with the development of the reproductive sys-

tem. Poor health, scarlet fever, recurring tonsillitis, anaemia, malnutrition, etc., have an important influence on genital hypoplasia. Venereal diseases may decrease fertility to the point of complete sterility as a sequella of epididymitis or salpingitis.

In the sexual history we may learn if this is the first marriage for both. If not we will want to know the pregnancy record with the former mate. Inquiry will be made relative to the frequency of intercourse, degree of penetration, dyspareunia, and the use of douches after intercourse. An important thing to know is whether there was a voluntary period of sterility after marriage and if so the nature of the contraceptive measures used. We may find contraceptive devices were used for a time and we know that these devices, especially the cervical and intrauterine type, often lead to cervical and tubal infections.

The previous surgical history of the couple is also important. The husband may have had a bilateral operation for hydrocele or hernia with resulting damage to his testicle. His spermatic cords may even be tied off. In the surgical history of the wife we will especially wish to learn if there has been any operation for sterility, the nature of the operation and the date it was performed. An acute suppurative appendicitis may cause a sealing of the oviducts. Previous tubo ovarian operations for whatever reason usually damage the tubo-ovarian mechanism. This part of the history will be instructive to the physician, giving him the opportunity to meditate on the frequency with which women are subjected to needless and often harmful surgery.

Since there are no means for directly studying the ovum a careful history is taken for this is the best indirect measure we have for the estimation of a woman's development. Abnormalities of menstruation are usually the result of endocrine im-

balance. If, however, the irregularity has developed since marriage it is fairly safe to assume the acquisition of adnexal disease.

A general examination is to be made of both man and wife. A special examination will be made of the wife. In most cases the spermatozoa will require study and in many cases tubal patency tests will be required. Any special tests needed to complete the study of the case should be performed.

Following the general examination of the husband and the examination of his semen he may be dismissed unless there is indication of some condition requiring his reference to the proper source for special study. If the spermatozoa are found defective or dead then only enough additional time need be spent with the wife to complete her ordinary examination.

Not many have the knowledge of spermatozoa morphology required to recognize the fifty varieties which have been described, but it is comparatively easy to examine the semen in a satisfactory manner in nearly all cases. One who examines numerous fresh specimens is able to quickly estimate the number of spermatozoa per field. The determination of motility of the spermatozoa requires observation. Normally they are active, and travel across the field in a business like manner. The spermatozoa which are sluggish, travel in circles, change direction frequently and live in the hanging drop less than three hours are probably deficient. If over one-fourth of the sperms seem to be of this type a stained specimen should be made for further morphological study.

It makes little difference if the semen is a condom specimen or one obtained by the Huhner method provided the instructions for either test have been carefully carried out. The Huhner test is usually used for it is often possible to learn if the sperma-

tozoa have entered the cervical canal.

Assuming then that the spermatozoa are fertile we proceed with the further examination of the wife.

In her physical examination considerable information is gained simply by inspection. We observe if she is of the masculine, feminine, neuter or infantile type. The distribution of her hair and fat are noted. We look for flushing, perspiration, tremors and thyroid enlargement. During the course of the physical examination it is determined if there are any contraindications to pregnancy. If contraindications are present then obviously there is little use in the study of her sterility.

In the vaginal examination three things are to be looked for in particular. 1. Hypoplasia of the genital organs. 2. Evidence of present or past infections. 3. Chronic pelvic congestion.

Note if the vulva is developed to mature proportions and if the clitoris is of normal size, free or adherent. The introitus should admit two fingers without pain. Bartholin's glands and the urethra should be examined for evidence of an old gonorrhoeal infection. The vagina is examined as to the size of the vault, condition of the mucosa, type of discharge and constricting bands. Ascertain the size of the cervix, especially the length of the cervix when compared with the length of the fundus. In the infantile uterus the cervix is twice the length of the fundus whereas in the mature uterus the proportions are reversed. The size of the external os is noted and any endocervical secretion is examined microscopically. The relation of the cervix to the seminal pool is of some importance.

The position, size, consistency, contour, mobility and presence or absence of tenderness of the uterus and the presence or absence of fibroids are determined. When a uterus can be freely moved about without pain there is little likelihood of inflammatory

disease in the pelvis. There is however a type of chronic pelvic congestion when the uterus and adnexa are movable but painful. This congestion is the result of frequent sexual excitement without normal gratification. The condition seems to be nearly as frequent in the married as in those who are merely engaged.

The ovaries are palpated, if possible, in an attempt to learn their position, size, tenderness, and mobility. The utero sacral ligaments are palpated, for if they are thick and tender it is good evidence of cervical infection. If they are nodular and shot like to the touch they are without doubt the seat of an endometriosis.

The need for certain laboratory tests will be suggested as the study of the case progresses and a complete blood count and blood Wasserman examination will no doubt be done. A basal metabolism test is certainly required if there is any suspicion of thyroid disease. If pituitary disturbance is suspected then X-ray of the long bones, jaw and sella turcica is indicated. A sugar tolerance test may be of value. In the search for focal infections the usual procedures for the study of the teeth, gastrointestinal system and gall bladder are carried out.

A tubal patency test will be required in most cases if healthy spermatozoa have been found. The test is easily performed and relatively devoid of danger. Belladonna is given for a few days prior to the test to obtain relaxation. The test must not be done too close to the menstrual period or in the presence of infection. The intra-uterine pressure is watched carefully and never permitted to exceed two hundred millimeters of Hg. From the test we learn if the tubes are of normal patency, partly occluded, or completely obstructed.

If the above test is unsatisfactory for any reason salpingo-hysterography may be done, after the uterine injec-

tion of Lipiodal for the location of the tubal block can be accurately located by this method. The injection of iodized oil is advantageous in many cases, for it is often a curative measure and in more than one case occluded tubes have become patent after this treatment.

In a discussion of treatment attention may first be directed to some things which should not be done. These are procedures formerly nearly always done and still frequently done. It seems obvious that no form of treatment should be started until the case has received as much attention as has been outlined. There could of course be no objection to the dilatation of an intact hymen if this were discovered in the course of an examination. In fact further examination could well be postponed for a time awaiting results.

That which has been done most and is still being done is the D. and C. procedure. A cervix which will permit the passage of the normal menses should also permit the passage of the spermatozoa. The curetting of a hypoplastic or normal endometrium could accomplish nothing but harm. Thus the most frequent of procedures becomes the one least indicated.

It is true that on rare occasions the retroverted uterus may be the cause of sterility, for the cervix points so far forward it is not in contact with the seminal pool. This constitutes no reason for a suspension operation for as much good is accomplished by instructions in the position to assume during and after coitus as could be expected from any surgical procedure. If we consider a retroversion to be the cause of sterility, replacement can be done and a pessary worn long enough to correct the misplacement. When the uterus is retroverted and fixed by adhesions which usually involves the tubes and ovaries, surgery is permissible, for the tubes and

ovaries require replacement as well as the uterus.

The suturing of a stem pessary into a hypoplastic uterus will help to develop the uterus, but with a hypoplastic uterus there is usually a hypoplasia of the ovaries, and since there would be no effect on the ovaries by the use of this device, the procedure would be useless in sterility.

No operations on the cervix should be done unless there are very definite indications. Cervical operations often leave a scarred cervix, and the sterile woman has only had her chances for pregnancy the more decreased by operative procedures on the cervix.

The general treatment of sterility is applicable to both husband and wife. Vitamine E seems to aid fertility; therefore butter, meat, wheat, milk, spinach and lettuce should be included in the diet. The constitutional level should be raised as much as possible. Rest, exercise, weight, the use of alcohol, worries, etc., should all be considered, and the patient properly advised about the corrections needed in the particular case. Sexual rest increases the chances of conception, and the most likely time for conception to take place is from the tenth to the twentieth day after the period.

If dyspareunia is present the cure of a rigid hymen, vaginismus or vaginitis may be all that is required. If the dyspareunia is due to psychological or physiological causes, sex education may accomplish much.

Heat is indicated in chronic pelvic congestion. This may be obtained from hot douches, diathermy or Elliot treatments. While the Elliot treatment is the best way of applying heat to the pelvis, one should not wax too enthusiastic over the manufacturers' claims for this piece of equipment.

The PH of the vagina may receive some consideration but is of small importance under normal conditions,

for the spermatozoa have immediate access to the cervical canal, and are not apt to be damaged by the vaginal secretions.

Chronic cervicitis with or without erosion often causes the production of a type of mucus which plugs and mechanically blocks the ascent of the sperm. This condition requires no operation for it responds readily to the thermo-cautery or to chromic acid.

If in the tubal patency test, the tubes are found to be closed and they cannot be rendered patent by repeated injections of air or iodoized oil in conjunction with Elliot heat treatments, then the case should rest here. Despite the work done on tubal reconstruction, salpingostomy is successful in only about 10 per cent of the cases, even when done by the best of operators. In the successful cases one is simply preparing a field for abortions and ectopic pregnancies.

Uterine fibroids are not the cause of sterility, for fibroids and sterility are the effect of the same cause. Sometimes a woman previously sterile conceives after myomectomy, for a fibroid may be so situated as to cause obstruction to the entrance of the tube, and a submucous fibroid may hinder nidation. It does not seem that small harmless fibroids in other locations could cause sterility; therefore they need not be operated with the idea of correcting sterility. Small uterine fibroids are not a contraindication to pregnancy if this is greatly desired.

If there are menstrual disturbances showing some endocrine deficiency, good may be accomplished by the use of ovarian and pituitary hormones. Their effect will be measured by the improvement of the menstrual disorder. At present nothing definite could be promised with this type of treatment. Perhaps for a time amenorrhea could be corrected but

the bleeding caused may well be an ovulatory type of bleeding, and of no benefit to the sterile woman. From reports, more seems to have been accomplished in menstrual disturbances by the use of X-rays, and in cases of hypoplasia and hypofunction of the ovaries stimulating doses to the pituitary gland and the ovaries may be tried. The best results are obtained from glandular therapy when thyroid extract is used, and this should always be administered if the metabolic rate is low, and at times even when it is within normal limits.

There are a few groups in which artificial insemination has a field of usefulness. All other conditions must be normal except the ones to be mentioned. (1) Those cases of cervicitis in which treatment has been futile, and the cervical mucus acts as a mechanical obstruction to the ascent of the spermatozoa. (2) When anatomical or mechanical conditions permit complete penetration by the penis. (3) When a donor's spermatozoa are to be used.

In conclusion it may be said that a satisfactory study of sterility can be accomplished by the interested physician provided he has acquired experience in the various tests which must be performed before any treatment is undertaken. An effort should be made to correct every fault found in each mate.

The chief fault found in the male is a low constitutional level reflecting itself in infertile spermatozoa specimens, and in but few cases are local factors responsible. In the female the causes of sterility are usually local, and for the most part will be found to consist of mechanical obstructions and diseases of the cervix and tubes. If the knowledge we possess is properly applied the result will be the relief of many cases of sterility, and the prevention of much useless and harmful surgery.

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FEBRUARY MEETING

The February meeting of the Sixth Councilor District will be held jointly with the regular February meeting of the Mahoning County Medical Society on WEDNESDAY, FEBRUARY 16th, at the Legion Post Auditorium, 34 W. Spring St., Youngstown, Ohio.

The Councilor meeting will start at 3:30 P. M., following which there will be a dinner at the Legion Auditorium for \$1.00 per plate.

Directly following the dinner the meeting will be continued merging with the Mahoning County Medical Society Meeting at 8:30 P. M. The subject of the Councilor symposium will be "Industrial Medicine and Surgery other than Fractures." The subject of the County Meeting will be "Fractures."

The program of the Mahoning County Medical Society meeting will be as follows:

"Remarks on Treatment of Fractures"—Dr. R. R. Morrall

"The Treatment of Fractures of the Neck of the Femur"—
Dr. C. S. Lowendorf.

"The Treatment of Compression Fractures of the Vertebrae"—
Dr. T. K. Golden.

"The Treatment of Fracture-Dislocation of the Ankle"—Dr.
W. D. McElroy.

"The Treatment of Delayed Union by Drilling of the Fragments"—Dr. J. R. Buchanan.

All members of the Mahoning County Medical Society are invited to the afternoon and evening programs as members of the Sixth Councilor District of Ohio.

THE MEDICAL CRIER

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

• It was fine to have State President Alcorn and Executive Secretary Nelson with us last month at our Banquet. President Alcorn made the presentation speech when the gavels were distributed to the eighteen living past Presidents of this Society, and we were reminded of Dr. Alcorn's words of advice one time in Columbus when it came the Crier's turn to speak—"Make it short and snappy, son."

Secretary Nelson did a nice feat of memory in mentioning by name all our members active in State Medical affairs and telling what they were doing. To one who has to struggle with names it seemed remarkable and we wonder if he can do that everywhere he goes in the State. We would need to write the names on our cuff. Dinner clothes are handy that way. Which reminds us that when we got home from the banquet we found that someone had written on our shirt front. In ink, too.

• A certain amount of showmanship in medicine handled without flamboyancy is a good thing in developing practice and is not incompatible with a high degree of professional skill. It is handed down from the days when the doctor tried to drive the best pair of spanking bays in town. When he could lance a boil or plunge a trocar with such lightning skill and dexterity as to make his watchers gasp and some grow pale. Those who left great names to be remembered in Medicine had it and their performances in their clinics drew audiences from far and near, not only in proportion to their ability but also to their sense of the theatrical.

The dramatic quality of medical practice is well appreciated by impresarios of stage and screen (and often poorly handled by them) but the public is acutely conscious of it and expects the Doctor to play his part in the traditional manner. He

is expected to look well, to provide himself with a good stage setting in the form of car, office furnishings and equipment. His manner should be important though reserved and his conversation on a lofty plane as befits one who deals in destinies.

The spectacle of the Doctor casting himself into the breach and saving his patient in the nick of time from the yawning chasm is an ever popular theme played in thousands of homes and hospitals every day with the embellishments of blood counts, oxygen tanks, X-ray machines and glittering instruments. And in each act the Doctor must play the lead whether he realizes it or not, as he contends with his ancient enemy Disease. His success and fame are liable to depend as much on how he performs as on what he does.

• Why not have a hobby exhibit in one of the booths at our next Post-graduate Day meeting in April? We have material that might surprise you. The writer will provide antique furniture for an old-time doctor's library. Louis Deitchman could fill the bookshelves with rare old first editions dating back to Andreas Vesalius. Curtis could hang the walls with his fine old Currier and Ives prints. Mahrer could show his water colors and Baker his photography. Let us hear from you collectors of guns, glass, stamps and coins.

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February

WHY STUDY MEDICINE?

By CHARLES SCOFIELD, M. D.

There is only one paramount reason why, that is to care for sick and injured people. Whether or not we make any particular amount of money is quite a secondary matter.

Our good, our very good teachers never taught us anything about making money, they knew that if we did a good job of practicing medicine we would have an income sufficient for a good living and some so-called luxuries. Why have a lot of money? Perhaps to please some vain person who probably knows and cares very little about human beings. Perhaps trying to live up to or get into some silly social setup.

Now let us take a look at the G. P., the family doctor who tries and usually does a good job of taking care of his people. I feel strongly that he must help himself more by first being alert and keeping up his medical studies through County Society, P. G. days and visiting and working in hospitals. The medical journals help a lot, but so much in them is largely hokey. He should also assert himself more and keep charge of his patients—not to be just a clearing house for the various specialists. Further he should not allow his people to be referred from one specialist to another except through him and he is or should be very chary of the consultant who politely takes possession of his patient. The G. P. should take a more leading position in medical society affairs. The College of Physicians should take at least an equal position with the College of Surgeons in hospital supervision and other matters. The G. P. should demand and obtain a more just compensation for diagnosis of his surgical cases. He must do this himself, but the surgeons could help by such means as a frank common statement to the patient or his representative that the total fee is so much and that

so much goes to surgeon and so much to G. P. I do believe that this would help the G. P. to make a decent living so that he might not be too much harrassed by economic problems. I believe also that it would help prevent some medical racketeering of which we all should disapprove; such as giving "shots" where per mouth would do as well—in short let us be medical men, indeed, not too much business men.

The physician should be a family and personal adviser to his people on medical matters and other things. Very often the physician is the only well trained man they contact and he should protect and advise his people. The clergy have failed, I feel, badly in this and so have the legal profession and "business" men.

The medical profession must take the lead in controlling the so-called socialization of medical practice. Surely medical care is important to public health. So also are good food, clothing, shelter, etc. Let us socialize the furnishing of those and other things to the same extent as medical practice. Incidentally I believe that it might be a splendid idea to socialize or some-how supply a lot of jobs and let people buy their own medical care and other necessities.

Finally in these and at all times we should stand by and try to help the so-called common or working people. On them we all live. Now we must give them medical aid on credit or gratis if need be when it seems that their own leaders, their employers and perhaps even their government has let them down. If we do these things fairly well methinks (how I love that word!) many apparently serious problems will evaporate. We might even go so far as to show there was some justification for our having been born.

SECRETARY'S REPORT

January, 1938

The first Council meeting of the new year was held at the home of Dr. Claude B. Norris. The various committee chairmen were in attendance. They were requested to place before Council some anticipated plans for the ensuing year. Among the activities that were discussed were: the possibility of a weekly article in the *Vindicator* on health topics, which, however, is only being considered at the present time; plans for a post graduate course next fall; and a course in therapeutics. Plans to arrange for the Post Graduate Day were brought up and some thoughts provoked for its success. Aid to Dependent Children Fund was under discussion. The committee to help in the "Cancer Education Campaign" was authorized and the president appointed members of the society to serve thereon.

Members of the society may take notice that Council will have a stated meeting time each month, viz; the second Monday in each month at 9 P. M. This fixes the date, thus permitting all members an exact knowledge of the meeting time in case they wish to attend certain meetings.

The Annual Banquet was held at the Youngstown Club, January 18th, 1938. This was a unique occasion. At no time in the history of the society, which had its inception in the year 1872, had an idea like this been executed. It was remarkable to see these many past presidents who have so faithfully served the society in the past with great interest and ample ability. It is such men as these who have made this fine society what it is today, one of the few County Medical Societies attracting national attention. This does not just happen, but it must be built up over a long period of time, growing stronger and more outstanding as the years go by.

Dr. Norris commented on the

merits of these past presidents and read telegrams from various ones of them who could not attend.

Dr. Alcorn, the president of the Ohio State Medical Association, was a distinguished guest at the banquet. Each past president received a gavel with his own name engraved on it. This was given as an emblem for his service to the society. Dr. Alcorn honored the society by presenting these gavels to their respective owners.

Mr. Charles Nelson, Executive Secretary, was another important guest. He is ever active for the association's welfare and gave a brief talk to the assembly. He named members of our society who are aiding definitely the state association. Mr. George Saville, an associate of Mr. Nelson in his work for the state association, was another welcome guest.

The guest speaker for the evening was one Mr. Don McCole. He is a humorist of special talent and his efforts to entertain his audience were highly enjoyable. It seemed that nearly every phrase in his story telling provoked a burst of laughter. The Irish and the Scotch were made to bear the brunt of the fun-making. All in all, his hour of jokes delighted the audience all the way through, and that spells success for a humorist. Well done, Mr. McCole!

ROBERT B. POLING, M. D.

Secretary.

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February

THE COMMITTEES ARE BUSY!

Dr. Allsop and his Committee on Hospital Relations held an important meeting on Friday night, January 14th. Several important matters were considered, including the question of hospital prepayment plans. His Committee will be busy this year.

Dr. Elmer Nagel called his Membership and Attendance Committee together on Sunday, January 2nd. Active work may now be expected as a result of the deliberations of that Committee.

Dr. O. J. Walker and his Legislative Committee have met and discussed the numerous problems with which that Committee must deal. Cooperatively with the Committee of the Allied Professions, the Resolution recently adopted by the Society on Socialized Medicine in the District of Columbia is to be given increased significance. The "Allied" group represents the Palmer-Coryden Dental Society, the Retail Druggists' Association, the District Nurses' Association, and the two hospitals, in addition to the County Medical Society.

Br. Birch, Chairman of the Postgraduate Day Committee, Dr. Deitchman, of Publicity, Dr. Noll, of the Program, and Dr. Reilly, of the State Correspondent's, with their Committees met jointly on January 17th. Plans were set up for the efficient handling of Postgraduate Day, April 28th. That is one huge job, but these leaders and their valiant men know what to do and are doing.

Dr. Scofield held a meeting of his Committee, Public Health, on Thursday, January 27th. In cooperation with the Public Health Committee of the Chamber of Commerce, plans were made to conduct a community public health program during this year. The "quotes" from a letter from Dr. Scofield reveal that his Committee has "ideas":

"Among the things that I feel should be considered (any member

of the committee may of course present any matter he desires for consideration) are:

1. Request our County Society members to take or resume the roll of adviser on health and other matters to their families.

2. As a health measure to urge proper authorities to provide a better environment by way of better law enforcement for the protection of minors especially, so that they may have a more normal and healthy mental and civic outlook.

3. Our part in the control of communicable diseases.

4. Indigent deafness, conservation of vision.

5. Maternal welfare.

6. The problem of the mentally sick.

7. Sanitation.

8. Tuberculosis.

9. Venereal diseases.

10. To recommend that our County Society as a constructive part of any health program, take definite leadership in any medical care setup; that if socialization is undertaken we insist that it be applied to the same extent in the supplying of other necessities as it is to furnishing of medical care.

11. That we request health officers not to be misled by public clamor, as Bundesen of Chicago and others have been, in the matters of closing of school and courting the type of publicity that smacks of the demagogue."

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MEDICAL CARE

A survey of the number of sickness days, or the number of days off work or out of school has been completed by our government. This survey covered the industrial states of the North, the agricultural states of the West and the cotton-growing states of the South. It covered large cities, small towns and the rural sections of our country. Some three million families were interviewed. It was found that the greatest number of days of sickness, mild and severe, both acute and chronic are in families who are on relief. As the income increases, less sickness of confining nature is found and less days are lost from employment and school. Where there is poor housing, and a lack of proper food, clothing, and warmth, sickness and the severity of diseases increases.

The following conclusion can be reached: If the economic status of a family can be raised so that proper food, clothing, and shelter can be obtained, so that their bodily resistance is such that sickness does not attack, then the medical care will be less and this family will see that the proper medical care will be provided.

The Board of Trustees of the American Medical Association have adopted a resolution (A. M. A. Journal, January 15, 1938; Page 212) urging that State and County Societies take the lead in securing co-operation with all agencies interested in the care of the sick, particularly those of the indigent and low-income class. This is what the County Society has attempted to do in the past, and is more than willing to do at the present, but there are many problems and projects which are organized and fostered by lay organizations which have to do with the medical care of the indigent and low income groups. The County Society is not consulted, and members of the County Society, for their own advancement,

will sacrifice the profession as a whole and allow these organizations to make inroads into the practice of medicine, which is one type of Socialization.

The Resolution of the A. M. A. is good, but if the County Society is not informed of developments by its own members who are consulted, or are pushing projects which are encroaching on the practice of medicine, it can not co-operate nor even make a protest until after the project has been started.

A neighboring County Society has been confronted with this type of proposition, in that a national foundation has furnished money for the Socialization of Medicine, and all preparations for the functioning of a group to practice medicine was instituted before the County Society was consulted. Doctors were to be hired to take care of all types of sickness, including surgery. This will be furnished for a certain monthly amount to all families of the low-income group. The men consulted did not come to their County Society for advice but the society was finally informed in a round-about way and got an agreement with the lay organization that there would be no contract physicians and that free choice of physician would prevail. The fees are to be paid by the lay organization.

It is time the profession, through its Society, make formal protest to all types of organizations that are Socializing medicine under the guise of lack of medical care, prevention of disease and the high cost of medical care; that they should immediately cease the practice of medicine or give the profession complete charge of the management of such an organization. Members of the profession should be called to task for not bringing such matters to the attention of their Society for consideration.

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The Mahoning County Medical Society will be the guest of the Sixth District Society on February 16, 1938. A very nice program has been arranged, starting at 2:00 P. M., and ending with the County Society program that evening. The afternoon program will present a group of men from this county and the district dealing with accidents. The evening session will be in charge of our local

men on the subject of "Fractures."

The complete program will be sent to you by mail. Return the card early so that the Committee can arrange for your entertainment and comfort.

Come to the meeting. We need you. You will learn a lot from this combined session.

WM. M. SKIPP, M. D.

Councilor Sixth District.

NEWS ITEMS

By C. A. G.

Dr. John Keyes was guest speaker at the meeting of the Section on Ophthalmology of the college of physicians of Philadelphia on November 18th. He spoke on a comparative study of the Eyes of Hypertensive Persons and Animals with Persistent Experimental Hypertension.

Dr. Joseph Hall is recuperating nicely from a mastoid operation two weeks ago. He expects to be back to the office sometime next week.

Dr. Sam Schwebel is ill at home, however his office reports they expect him back to work around the first of February.

Dr. and Mrs. Morrall recently arrived in Florida via the Clipper Ship from Cuba.

Drs. A. J. Altdoerffer, H. Sisek, and Paul R. McConnell recently took a much needed vacation in the way of a Southern Cruise.

Dr. C. C. Stewart of Poland returned to his home from a month's illness in the hospital. He will be confined to his home for sometime.

Dr. J. C. Vance of Lowellville is wintering in Florida.

Dr. O. M. Lawton and family spent a delightful three weeks visiting South America, and several of the West Indies during the Christmas Holidays.

By S. T.

On Tuesday, December 7, the staff of the Youngstown Hospital Associa-

tion were the guests of the staff of the St. Elizabeth's Hospital to a scientific program followed by a luncheon at the hospital.

The program consisted of the following papers:

Thyro-cardiac Disease.....Dr. J. N. McCann
.....Dr. W. D. Collier
Coronary Artery Disease.....Dr. M. W. Neidus
.....Dr. R. B. Poling
Tachycardia.....
Ventricular Strain.....

After the program the doctors adjourned to the Nurses' dining room where a luncheon was given by the Sisters of the Hospital. Sixty members of the Youngstown Hospital staff and 45 members of the St. Elizabeth's staff attended the meeting.

At the annual meeting of the Staff of St. Elizabeth's Hospital on December 14, 1937, the following officers were elected: Chief of staff, Dr. F. W. McNamara; Vice chief of Staff, Dr. J. B. Nelson; Secretary-treasurer, Dr. Saul Tamarkin; Chief of Medical Service, Dr. A. M. Rosenblum; Chief of Surgical Service, Dr. J. M. Ranz; additional member of Executive committee, Dr. W. H. Evans.

The following doctors have been recently appointed to the associate staff of St. Elizabeth's Hospital: Doctors W. Maine, J. Herald, M. Szucs, M. Sunday, J. Renner and W. Z. Baker. Dr. R. V. Clifford has been appointed to the Junior Surgical Staff.

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POSTGRADUATE DAY—APRIL 28

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The Society expresses its heartfelt sympathy to Dr. J. B. Birch upon the death of his father.

The Society also expresses its deepest sympathy to Dr. P. J. Mahar upon the death of his father.

Dr. and Mrs. R. V. Clifford announce the birth of a baby girl at St. Elizabeth's Hospital on January 4th.

Dr. J. M. Ranz has been confined to his home for the past several weeks suffering from a diverticulitis of the colon. He is now at the Cleveland Clinic for observation and treatment.

Dr. B. B. McElhane presented a paper on Internal Fixation for Fractures of the Neck of the Femur and Doctors Sam Tamarkin, T. K. Golden and C. S. Lowendorf presented a Symposium on Internal Derangements of the Knee at the January regular meeting of the Staff of St. Elizabeth's Hospital.

A clinical program is presented in the Dispensary of St. Elizabeths' Hospital every Friday morning at 11 o'clock. All members of the Mahoning County Medical Society and the other doctors that might be interested are cordially invited to attend these meetings. The clinical programs are frequently combined with demonstrations of pathological specimens by Dr. Collier and X-ray films by Dr. Saul Tamarkin.

Dr. E. J. Reilly has been appointed health commissioner for the City of Campbell.

St. Elizabeth's Hospital announces the appointment of the following interns for the year 1938-1939: Doctors W. R. Agricolo and Paul W. Oakes, Western Reserve University; Dr. E. F. Hardman, Temple; Dr. A. S. Parker Jr., Georgetown; Doctors A. K. Phillipides and W. E. Sovik, Cincinnati; and Dr. J. J. Sofranec Jr., Loyola. Dr. S. Ondash, University of St. Louis will be resident in Surgery and Dr. G. Armbrrecht,

Western Reserve University, assistant resident in Surgery. Dr. H. Reese, University of Michigan, will be resident in Medicine.

Dr. Harry Goldblatt, Cleveland, and Dr. John E. L. Keyes contributed a report on "Experimental Hypertension, Studies of the Eyes" to the program of the XV International Ophthalmic Congress at Cairo, Egypt, December 7-14, 1937. The report was presented by Dr. Keyes as part of an official symposium on "Arterial Hypertension of the Retina."

Some Facts Which Should Be Told to Delinquent Members

In most counties there are physicians who have not as yet renewed their membership in their county society and State Association, and a few eligible physicians who have not affiliated with medical organization. PLEASE SEE THEM ABOUT THIS IMPORTANT MATTER AT ONCE.

Here are some very vital reasons (among others) why prompt payment of 1938 membership dues is imperative:

1. Unless a physician's 1938 dues are received at the Columbus headquarters office soon his name cannot be certified to the American Medical Association in time for classification as a member of medical organization in the new edition of the American Medical Directory. The new directory will go to press on or before March 1. This means certification must be made not later than February 15 or 20. The directory is used as a yardstick for the professional standing of physicians and no physician can afford to have his name appear in SMALL TYPE (non-member). Emphasize the importance of immediate payment of dues to all delinquents.

2. Professional liability insurance companies are becoming more and more insistent that their policyhold-

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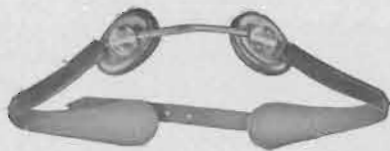
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ers maintain membership in medical organization. One large company which writes a large share of the professional liability insurance in Ohio is refusing to issue policies to non-members. Obviously, therefore, it is vital that physicians wanting coverage against malpractice suits keep in good standing in medical organization. Lapse of membership might become a technical basis for refusal on the part of a company to defend.

3. Physicians who have not paid their 1938 dues will not be entitled to the benefits and services of the state association and will not receive the Ohio State Medical Journal after February 15, 1938 and until such time as their 1938 dues are received at the State Headquarters Office. Names of non-members will be taken from The Journal mailing list after distribution of the February 1 issue. Names will be added as 1938 dues are received. Services of the State Headquarters Office will be restricted to members in good standing. We regret to have to make this announcement, but the By-Laws of the State Association leave no choice in the matter. Prompt payment of dues will make such action unnecessary.

The above is self-explanatory. There yet remain a few of our members who have not paid their dues. Please do not neglect this, but send in your check right away.

A GOOD IDEA

The question occurred to me, after reading the January issue of the Bulletin: How on earth is it possible? Here we are in the eighth year receiving one of the nicest, newsiest, peppiest Society publications you ever laid your eyes on. How come?

Of course, we hand it to the Editors, Business Managers, contributors, etc. But they don't carry it. The advertisers do that.

Several of these business firms have covered ads every issue for years. If

they were not honest and ethical the Bulletin wouldn't accept them.

When I get my Bulletin I usually take it home with me, my wife likes to read it, too! First, we read the readin'." Then I go from front to back and read *all* the advertisements. They're interesting. Try that for a few months and you'll do it every time. J. H. P.

(Editor's Note: J. H. P. hit the nail on the pate!)

Youngstown Society of Medical Technicians

By Miss Deitchman

As a result of a conference with members of Medical Technicians Organizations of other cities at the last State Hospital meeting, it was decided that some such organization would be of benefit to Youngstown.

Other neighboring cities, Akron and Cleveland, have had similar organizations for the past five years. The experience of their members has been such that their enthusiasm and pride in their organization was so contagious that those of us who spoke with them were most impatient to form a similar group.

On November second thirty-five clinical technicians of this city and surrounding towns met and outlined a constitution and by-laws conforming with those of the neighboring cities.

The group is to be known as the Youngstown Society of Medical Technicians.

The purpose of this organization is to bring into a group all medical technicians of this county and surrounding counties; to promote the art and science of laboratory procedure; to secure by frequent meeting, a full and frank interchange of views; to bring about intelligent unity and understanding in dealing with the problems of the Clinical Technicians; and to disseminate new and useful medical laboratory knowledge in serving the medical profession.

The following program has been



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POSTGRADUATE DAY—APRIL 28

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arranged for the season of 1937-1938.

December 2, 1937:

Dr. G. B. Kramer, Pathologist of Youngstown Hospital, "Theoretical and Basic Principles of the Wasserman Reaction."

January 6, 1938:

Dr. William D. Collier, Pathologist at St. Elizabeth's, "The Schilling Index."

February 10th, 1938—

Dr. Max Shauecker—Dover, Ohio Round Table Discussion

March 3, 1938:

Dr. R. B. Poling, "Terminology of Hematology and Maturation of Blood Cell."

March 31, 1938:

Dr. Russell Haden, Cleveland Clinic, "The Technic of a Blood Examination."

April 7, 1938:

Dr. Alfred Cukerbaum, "Allergy, As Pertaining to the Laboratory Technician."

May 5, 1938:

Banquet and Installation of Officers.

The first two meetings have proven the worth of the organization. The lectures by Doctors Kramer and Collier aroused a great deal of enthusiasm and evoked many worth while comments. The Society is indeed grateful to the speakers who have so kindly given of their time.

We believe that this organization will be of mutual benefit both to the technician and the medical profession.

New Committee Assignments

The president has appointed Dr. L. W. Weller to the Social Committee; Dr. J. H. Heeley to the Subcommittee on Economics; and Dr. Edward J. Reilly to the Public Health Committee.

Already the committees are busy.

Dr. Birch and the Postgraduate Committee are formulating plans for a huge "Day" on April 28. Dr. Allsop and the Hospital Relations Committee have several affairs of extreme importance under discussion; Dr. Nagel and the Membership and Attendance Committee are working up arrangements to bring everybody who is eligible to use the benefits from various classes of membership. Very encouraging, but not surprising!

From the Executive Secretary

Dear Dr. Norris:

Would you be kind enough to inform the membership of the Mahoning County Medical Society that Dr. Alcorn, Mr. Saville and I deeply appreciate the marvelous hospitality accorded us on the occasion of your annual banquet. We had a splendid time. The banquet was a big success. You and others responsible for that occasion deserve much credit. As usual, the Mahoning County Medical Society is in the lead.

With best wishes for a very successful year and assuring you that this office and I personally are always at your service, I am

Cordially yours,

CHARLES S. NELSON,

Executive Secretary.

From the State President

Dear Doctor Brown:

Please convey to the Mahoning County Medical Society my sincere thanks for a fine visit.

I want to compliment the members individually for the manifest interest they take in Medical Organization. It was a pleasure to be with you.

Don't forget to send me several bulletins.

Very truly yours,

J. B. ALCORN,

President.

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Thanks, Mr. Gutknecht!

The Mahoning County Medical Society has cause to be very grateful to Mr. William Gutknecht, and the Youngstown Arc Engraving Company, for stamping all our gavels for the Past Presidents. A very superb job of it they did, at not one cent of cost to the Society. We appreciate it.

Mechanically Minded

A young man of my acquaintance developed rectal symptoms which necessitated the services of a specialist. The examination took place at home and it was followed with intense interest by the family. The lubrication and introduction of the proctoscope was commented upon the next day by a brother, 9 years old, who explained to the neighbors that the doctor had called to oil Billy's motor.

—(Submitted by B. Barker Besson, M. D., Chicago, Ill.)

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	Number of Patients		Patient Days	
	1936	1937	1936	1937
Medical	1,107	1,246	15,646	13,401
Surgical	2,202	2,482	26,284	27,270
Obstetrical	750	1,026	6,052	7,571
New born	727	1,010	6,147	8,314
Pediatrics	684	877	7,026	7,892
Totals	5,470	6,641	61,155	64,448

Average number of days occupancy each patient—9.7.

Average number of patients per day—176.

	1936	1937
Total number of patients treated in Physio-Therapy Dept.....	3,779	5,476
Total number of patients treated in Emergency Dept.....	2,748	2,218
Total number of examinations in Laboratory.....	23,759	29,079
Total number of films taken in X-ray Dept.....	6,576	8,064
Total number of patients treated in X-ray Dept.....	688	880
Total number of Deaths.....	377	408
Total number of Autopsies.....	57	56

THE FIFTY-FIFTH ANNUAL REPORT OF THE YOUNGSTOWN HOSPITAL ASSOCIATION

For the year ending December 31, 1937

There were 9,909 patients admitted to the hospital, an increase of 1,367 over the previous year. The total number of operations was 5,899, an increase of about 500. There were 41,592 examinations made in the Laboratory, 4,538 treatments given in the Physiotherapy Department, 14,487 X-rays were taken and 6,896 treatments given in the X-ray Department. The average number of days for each patient was 11. There were 2,943 treatments given in the Emergency Department to patients not admitted to the hospital. The total number of days treatment given was 114,136; 1,126 babies were born in the hospital.

CASES:

	S.S.	N.S.	Total
Medical	1,328	1,024	2,352
Surgical	3,608	1,708	5,316
Labor	282	833	1,115
New born	289	837	1,126
	5,507	4,402	9,909

PATIENT DAYS:

Medical	11,772	12,865	24,637
Surgical	51,905	18,867	70,772
Labor	1,638	8,186	9,824
Newborn	1,386	7,517	8,903
	66,701	47,435	114,136

Average number of days for each patient:

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North Side—10.7.

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February

It Can Happen Here



Example of severe rickets in a sunny climate. Courtesy of E. H. Christopherson, M.D., San Diego, and of "California and Western Medicine."

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42° , where the average amount of fall and winter sunshine is equal to that in the major portion of the United States. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children. Rigid bioassays assure a uniform potency—100 times the vitamins A and D content of cod liver oil*. Oleum Percomorphum, moreover, is a natural product in which the vitamins are in the same ratio as in cod liver oil*.

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