

"Our course must be facts first, then  
policies based upon these facts, later."

(From Inaugural Address  
of *President B. J. Hein*)

# BULLETIN

of the  
Mahoning  
County  
Medical  
Society

Vol. VIII  
June

No. 6  
1938



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## PRESIDENT'S PAGE

### I. Youth Honors Age

Those of us who, no matter why, missed the Testimonial Dinner to Dr. Blott and his fellow Honorary Members, are unfortunate. We need the youth and we need the aged. The one is on the road, the other has arrived. The road of the young is partly a new road but partakes of the old; that traveled by the old is also partly of the new, and their experience is easily the equal in usefulness to the enthusiasm of the young. The world—and medicine—need both.

There was much of the lusty winter in those elder faces, frosty but kindly. They served us "when service sweat for duty, not for meed." Their devotion to medicine was equal to that of Orlando's servant, Adam, who said, "Master, go on, and I will follow thee to the last gasp, with truth and loyalty."

To Dr. Blott, honored as much for the quality as for the length of his service, and to his fellows of like distinction—Drs. Gibson, Welch, Whelan, Lindsay, and Arundel—the Society wishes what you have already, that which should be yours, "honor, love, obedience, troops of friends"—and many more happy years.

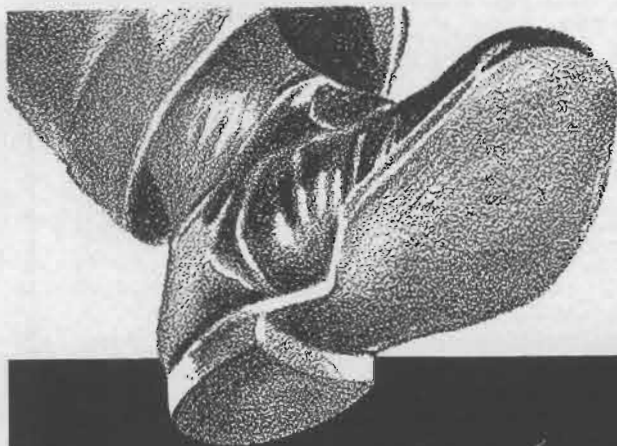
### II. The Survey

The survey now in progress, sponsored by the American Medical Association, supervised by our State Medical Association, and being done by our County Society, has but one dual purpose: The best welfare of the Medical Profession and of the community. It will be of value only in proportion to our sincere coöperation. How the information thus gathered may be applied, how effectively it may serve to solve any medical problems, are questions for the future. But just as in our daily work, a diagnosis, some determination of the etiology, and some estimation of the significance of contributing factors, are necessary before attempting treatment; so, also, are these considerations essential in the adjustment of such "pathology" as may be involved in giving our service to the people. It may possibly develop that there is really only a "fatigue" state, requiring just a little good wholesome rest, with our attention unselfishly given to our calling—to help people who suffer and to bring back the sick to health.

### III. Dispensaries

The returns of the questionnaire on the dispensary problem have been turned over to the Committee on Hospital Relations, Dr. Allsop, Chairman, for a careful study of the whole subject. The Committee has been requested to give due consideration to the comments and viewpoints of the members as revealed in their replies, and to report their recommendations to the Council, June 13th. The Council will study the Committee's recommendations, and will submit the question to the Society at the regular meeting, June 21st. This will be taken up following the scientific session. Whatever is right, whatever is best, is all that any of us wants. Let us deal with the problem in that spirit.

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N. T. E.

### ATTENTION MEMBERS

In the next few days you will receive from your Economics Committee a questionnaire to be filled out by you, but not signed. A post card will accompany this blank. After you have filled out the blank, sign the card and mail it at the same time you return the blank. All we want to know is *have you returned the blank.*

The questionnaire is coming from the A. M. A. as a part of the nationwide survey. The purpose is to determine, if possible, how and by whom the low income group as well as the indigent of our land is being cared for medically.

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## THERAPEUTIC CONSIDERATIONS IN RHEUMATOID ARTHRITIS

By MYRON H. STEINBERG, M. D.

The term "Rheumatoid Arthritis" is here used to designate a common form of acute and chronic non-suppurative arthritis, which is commonly polyarticular, symmetrical, and which has a tendency to cause ankylosis and deformity of the affected joints, which is usually, if not invariably, of infectious origin, and which is clearly not the result of trauma, gout, acute rheumatic fever, acute gonorrhoea, infectious granulomatous process, organic nervous disease, or hemorrhagic conditions.

### Etiology and Clinical Course of Rheumatoid Arthritis

Rheumatoid arthritis occurs in females, six to one, usually young adults, five percent of cases occurring between the ages of two and fourteen; 80 percent occurring between the ages of 15 and 35; and the remaining 15 percent occurring past 35. It usually occurs in thin, active, nervous, high strung, somewhat underweight individuals. These patients often show a circulatory derangement. They complain of cold feet in bed, pain when the weather changes, and show other evidences of loss of adaptability to changes in climate. Another important consideration is that of psychic trauma, more frequently referred to as mental stress.

The factor of infection has been, and still must be, considered with utmost importance. Frequently the onset is relatively sudden with temperature elevation and leukocytosis. However, some are insidious, and do not have fever and increased white blood count. The joints usually are acute at the beginning with marked tenderness and redness. There is an increase in the blood sedimentation rate. The agglutinin titre shows definite evidence of infection. The patient shows considerable debilitation,

usually some weight loss, and usually a decrease in the hemoglobin. There is not necessarily any relationship to a focus of infection, which may be present. Many authorities claim that focal infection plays no part as an etiological factor. Nevertheless, any infected area which is found should be treated or removed for the general well-being of the patient. The general condition must be improved, although correction of the focal infection may not be of any help in the arthritis.

No agreement has been reached as to the causative agent. Opinion is divided for the most part, with blame being placed to the streptococcus hemolyticus, virus infection, or the streptococcus viridans. The majority of evidence seems to favor the hemolytic streptococcus as the probable offender. When an acute joint is examined by means of an exploratory needle, the liquid withdrawn is sterile as is also the lymph and surrounding tissues. Therefore, the acute condition has never been proven to be a metastasis from a distant focus of infection. Recent work indicates that the acute joint may be an allergic condition. Experimentally, injection of horse serum can produce an acute arthritic phenomenon in laboratory animals. Consequently, the latest theory indicates that rheumatoid arthritis may be a condition of allergic sensitivity to the streptococcus hemolyticus. Positive proof in this direction is lacking.

Trauma has never been considered to be an etiological factor but does increase the severity of the symptoms. The patient with rheumatoid arthritis and a superimposed pregnancy usually feels better for the duration of the pregnancy, but the symptoms become much worse postpartum. Some workers believe that rheumatoid ar-



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thrititis should be a legal cause for abortion.

### Differential Diagnosis

The onset is usually acute but may be insidious. If acute, it is often impossible to differentiate it from acute rheumatic fever for at least six weeks. Acute rheumatic fever is considered to be a self-limited disease, all symptoms disappearing within six weeks. However, if the joints remain swollen and tender for more than six weeks, then one can make a definite diagnosis of rheumatoid arthritis. The inflammatory condition of the joints in acute rheumatic fever tends to migrate. This may occur in rheumatoid arthritis, but not nearly so frequently, the tendency being for the symptoms to remain at the original joints. Rheumatoid arthritis is characterized by *Ankylosis*. Anemia and malnutrition are also common findings. Overdieting often predisposes to anemia, and lowered resistance to infection.

It is also necessary to consider the following conditions: Secondary infectious arthritis, gonorrhoeal arthritis, gout, osteomyelitis, infantile scurvy, hereditary syphilis, hemophilic arthritis, and the erythema group with acute joint symptoms. A careful consideration of all the circumstances in the case will usually prevent error.

### Orthopedic Considerations

In the treatment of joints in rheumatoid arthritis, one must consider the situation to some extent from the orthopedic viewpoint. General medical care is imperative and must be instituted first and early. However, in addition to medication, the painful and swollen joint must be immobilized, probably best by means of a circular plaster cast in the position of election. Close observation must be made for the insidious onset of deformities. These are first evidenced by increased joint pain, muscle spasm, and the patient's desire to protect the joint. A firm mattress, fortified by a layer of boards to prevent sagging

of the body, is necessary. Pressure of the bed clothes should be avoided. Indifference to this often causes deviation from the correct position and increases pain. The Valverde or Ille cradle and vasculator are ideal in this situation.

In ambulatory patients, a complete orthopedic examination should be made with the patient in the nude. The normal weight-bearing line should be maintained. Foot deformity, knee flexion, hip flexion and adduction, and tilting pelvis must be prevented or corrected. Normal spine contour must be maintained. Flexion of the spine in sleep must be avoided. Careless posture must be corrected. Non-functional flexion of the elbows, wrists, fingers, or knees must be prevented.

### Laboratory Aids in Rheumatoid Arthritis

After a complete physical examination and search for foci of infection have been made, and the amount of disability has been determined, certain laboratory tests are indicated. These include blood sedimentation rate, blood uric acid, complete blood count, Wassermann, and a gonococcus complement-fixation test. The value of the sedimentation rate is great, both to determine the amount of infection present, and for comparison later on to determine the degree of improvement in the infection. The filament non-filament count may be of even greater assistance in evaluating the amount of infection present. The uric acid test is made to rule out the presence of gouty arthritis. The Wassermann is rarely of value, but the gonococcus fixation test is very important and reliable in ruling out a specific infection. X-rays of the joints most affected are helpful, and are most essential in determining the prognosis. Gastric analysis will show the presence of some degree of achlorhydria. The urine examination is not of much value. The glutinin and precipitin reactions are of interest but

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of little practical value. This also applies to the albumin-globulin ratio.

### Constitutional Treatment in Rheumatoid Arthritis

1. Thorough physical examination.
2. Rest—general (physical and mental), and local, especially when elevation of temperature is present.
3. Exercise and massage, carefully supervised for the:
  - (a) General tonic effect.
  - (b) Prevention and treatment of deformity.

(This may be started when the condition is improved, temperature is normal, and the sedimentation rate is lowered).
4. Removal of focal infection.
5. Heliotherapy (sunshine given judiciously).
6. Proper gastro-intestinal function:
  - (a) Adequate teeth for chewing.
  - (b) Well balanced diet.
  - (c) Hydrochloric acid when indicated.
  - (d) Proper bowel elimination.
7. Correction of postural defects (including weak feet).

As far as the diet is concerned, the patient should be fed well, given anything he desires, and should probably be given all vitamins in large amounts.

The teeth should be carefully examined. If granuloma is present, the tooth should be removed. A dead tooth without apparent infection need not necessarily be removed, except for the general well-being of the patient. Retained roots should be extracted. Dental cysts should be removed. Pyorrhea should be treated. The advisability of removing impacted wisdom teeth should be left to the judgment of the dental surgeon.

As for the tonsils, if there is a history of previous abscess, or if the tonsils look infected, they should be removed. However, the tonsils, in most cases, are not at fault. In chronically infected paranasal sinuses, it is probably advisable to merely build up the patient constitutionally.

Other foci of infection have not proven to be important and are best left alone. These include the gall-bladder, appendix, and colon.

A patient, who is very ill with rheumatoid arthritis, may be given small blood transfusions, consisting of 300 cc. to 500 cc. every three or four days for three or four times, with most remarkable results. This drops the sedimentation rate by increasing the blood albumin, and there is also an increase in the hemoglobin. Another method of blood transfusion, which has given very good results, is to give 100 cc. of citrated blood, three times a day for several days.

### Vaccine Therapy in Rheumatoid Arthritis

Many forms of vaccine therapy, both specific and non-specific, have been tried. A brief summary of accepted measures follows:

1. *Streptococcus Hemolyticus vaccine*: because the serum from patients with rheumatoid arthritis shows agglutinins in high titres for this organism.

2. *Stock organism*: because all hemolytic streptococcus organisms of human origin are related antigenetically.

3. *Filtrate*: because it contains the toxin of the organism as well as the products of bacterial disintegration.

4. *Intradermally*: because there is minimal constitutional reaction. There is more accuracy in gauging the dosage. The slower absorption tends to develop greater protective mechanisms.

The hemolytic streptococcus filtrate antigen is easily prepared according to the method used in the New York Postgraduate Hospital. A hemolytic streptococcus culture is taken and incubated in 50 cc. of beef broth for one week. It is then passed through a Berkfeld filter and placed in vials. (This must not be sterilized and no preservative is added). The filtrate keeps indefinitely if uncontaminated. The presence of contamination be-

comes evident when the otherwise clear fluid becomes cloudy. If the patient is sensitive to beef, proteose broth or asparagin broth may be used. Filtrate is given intradermally in small dosages beginning with .05 cc. and gradually increased weekly. After the fourth week, subcutaneous injections are given in addition, depending upon the tolerance of the patient. In an acute fulminating case, filtrate does harm. It is best used in the sluggish type of rheumatoid arthritis. Results obtained are excellent in a good percentage of cases, but many failures have been encountered.

### Drug Therapy

Salicylic acid derivatives, especially acetyl salicylic acid, are of considerable value. These drugs dilate the peripheral arterioles, are antipyretic, diaphoretic, and increase the elimination of uric acid from the blood, if present in excess. Cincophen and its derivatives often prove to be useful, neocincophen probably being the most satisfactory in this group. Iodides in minute dosage may be of value in regulating thyroid function, one drop of Lugol's daily being adequate. Desiccated thyroid is given in low B. M. R.'s. Iron is often useful since most patients have hypochromic anemia. Hydrochloric acid plus copper should be given for the achlorhydria. Other forms of therapy, of which there are legion, have proven to be of little value and will not be mentioned.

### Physical Therapy

When the early swelling appears at a joint, and definite diagnosis has been established, and there is only a moderate increase in the sedimentation rate, and little or no temperature elevation, physiotherapy may then be used purely as an adjuvant or tonic. Overtreatment can make the condition much more severe. Heat in the form of lamps may be used but only enough to cause a rise in temperature by mouth of  $\frac{1}{2}^{\circ}$  F. Hot baths may

be used to give a similar reaction. If any pain develops in the ensuing 24 hours, the amount of heat in future treatments must be reduced. Short wave or diathermy may aggravate the local pathology early. At this stage physical therapy is of little value.

In older infections, before deformity has occurred, and when the fusiform fingers and other swellings are present, heat, in the form of counter irritation, is of value. The initial heat should not cause more than  $1^{\circ}$  rise in temperature, the patient's temperature and pulse being taken every four hours. If nothing happens, then the temperature may be increased to a  $2^{\circ}$  rise. The patient, of course, is under medical treatment, and the drugs taken may effect the picture. Any change in medical treatment necessarily changes the heat reaction to a lower level. In mild reactions, the heat treatment may be repeated daily; in severe reactions, it should be given about every three days, usually  $102^{\circ}$  F. in a tub twice weekly is adequate. However, it is necessary to build up to this level and this takes from ten days to two months to do.

A very satisfactory and new development in the physical modalities of value in the efficient medical management of arthritis is the Whirlpool Bath. In using this method of hydrotherapy, the patient should be hospitalized, whether active or latent infection be present. The dosage in time and temperature must be carefully prescribed until the reactionary possibilities have been established. The patient is immersed in water at about  $100^{\circ}$  F. Within three to five minutes the water temperature is increased to  $104^{\circ}$  to  $106^{\circ}$ . After  $1^{\circ}$  rise in body temperature the water temperature is rapidly reduced to maintainance point for 5 to 15 minutes as tolerated. During this period a few gentle passive or active movements of the joints with hydro massage is recommended. Pain must be avoided; it may produce an infectious exacerbation. Subsequent treatment is given as discussed above.



Emotional upsets and overstrain may make conditions much worse.

Following the hydrotherapy the patient is given a gentle massage. Pain must never be produced, and joints must be avoided. The most desirable movements are Effleurage (stroking) and Petrisage (kneading). The movements must be in the direction of the venous flow. The general effect of massage consists of improved circulation, promotion of relaxation, prevention of muscle atrophy, and increase of muscle tone. The local effect is evidenced by diminished pain, increased function, resorption of effusion and detritus, and reduction of edema.

When flexion deformity and atrophy have occurred, and the sedimentation rate has become normal, an increased intensity of heat may flare up the symptoms. This may not occur until the second or third treatment. However, in general, the older the condition the better reactions are tolerated. When reactions do not occur, we need deal only with the residual deformity. Attempts are made to increase motion about the joints. Daily whirlpool baths with subsequent massage are of tremendous value. It may be necessary to administer a general anesthetic to break up the adhesions. In some cases, a quarter grain ( $\frac{1}{4}$  gr.) of morphine sulphate given weekly may relieve the spasm and be of tremendous value in assisting the physiotherapeutic processes. In general it must be remembered that there is considerable danger in producing increase in symptoms with injudicious use of physiotherapy.

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#### MAHONING COUNTY DOCTORS HONORED

The following doctors from our Society were honored by election and appointment to important responsibilities in the Ohio State Medical Association. Dr. John Noll, elected Chairman of the Medical Section; Dr. W. K. Allsop, Chairman of the Surgical Section; Dr. Wm. M. Skipp, Alternate Delegate to the A. M. A.; Dr. O. J. Walker, appointed member of the Resolutions Committee; Dr. W. K. Stewart, of the Nominations Committee and Dr. Claude B. Norris was re-appointed to the Committee on Scientific Work for the five-year term.

**GOLF MEET**

JULY 28, 1938

**SOUTHERN HILLS COUNTRY CLUB**

GOLF—1:30

DINNER—6:30

Prizes—Glory—Fame

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**ANNUAL PICNIC**

THURSDAY, SEPTEMBER 1, 1938

**MILLIKEN'S FARM**

(Same place as last year)

Eats—Corn—Chicken

All kinds of Sports

---

**START PLANNING NOW FOR  
DINNER—DANCE****OCTOBER 22**

· Details announced later.

SCIENTIFIC PROGRAM

---

THE MAHONING COUNTY MEDICAL SOCIETY

Presents

THE ANNUAL INTERNES' CONTEST

Tuesday Evening, June 21, 8:30

YOUNGSTOWN CLUB

---

Representing St. Elizabeth's Hospital

DR. HAROLD J. REESE

DR. GEORGE L. AMBRECHT

Representing Youngstown Hospital Association

DR. D. A. MILLER

DR. D. THOMAS

Judges, four of whom are members of the Society,  
will award prizes as follows:

First Prize—Fifteen Dollars

Second Prize—Ten Dollars

This is a meeting you cannot afford to miss.

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**IMPORTANT**

Immediately following the SCIENTIFIC SESSION the members will be asked to consider the question of DISPENSARIES and to decide officially as to the Society's attitude towards re-opening them.

EVERY MEMBER IS EARNESTLY  
REQUESTED TO BE PRESENT

## AN APPRECIATION

By EDWARD J. REILLY, M. D.

We have much speculation over whether the City or the Country is the better place to bring up our boys. I am biased in behalf of the Country. Dr. Nelson grew up there. It would be hard to imagine better surroundings for the development of a boy than those he had. Country life does not always have breadth; but it has depth. It is neither artificial, nor superficial, but is kept close to the realities. The streams run clear; the roads, the woods, the fields, the people—all are clean.

The Country Lad has a touch of poetry in his nature, which makes him long to gaze at the purple sunset and watch the evening stars. Whatever is grand and beautiful in form and color attracts him! It seems as though the rich green tints of the foliage and the delicate blossoms of the flowers come for him in the springtime and

in the autumn it is for him that the mountain sides are struck with crimson and with gold.

It seems impossible that any man could adequately describe James B. Nelson. I know that I cannot. He was big-hearted, saw clearly and felt strongly. He had a benign influence over all who came in contact with him. The Puritan severity of his convictions was tempered by the sweetness of a truly Christian charity.

The ways of Providence are often beyond our understanding; it seems that the world has need of the work he might have done.

I owe much to the inspiration and scholarly direction which he gave me.

The memory of the charm of his presence and his dignified devotion to the right will always abide with me.

*He was my friend,*

*May he rest in peace.*



James B. Nelson, M.D.

## OHIO STATE MEDICAL ASSOCIATION

By WM. M. SKIPP, M. D.

The Ohio State Medical Association which is a component part of the National Organization (A. M. A.) is made up of county societies of the State of Ohio. The County Society is represented by the best in the medical profession. The State and National Organizations belong to the membership at large. Neither can function unless the individual member does his part in the operation of the County Society. A well-balanced,

active and progressive Society co-operating fully with each Society of the District, and each district functioning with every other district, makes a very progressive and active State Association.

The State Association is yours. This has been said many times. It cannot go ahead unless you do your part. In many Societies there are members that are "topnotch" in the practice of medicine but will not give

of their time for an organization that aids them in making a living. There are members who are continuously pulling back and who feel their Society is going to "Pot" because they are not running it. They will say mean and ungentlemanly things about the individuals who are willing to give their time and worldly goods for the good of the cause. But if they are asked to aid in the workings of the Society they will say, "I do not want to have any part of that damned organization because the men that are running it are directing it straight to H——". These very men would not give of their time. At some time they have held important offices but never did anything but take the glory. They do not forget to bask in the sun when that Society forges forward and becomes recognized as a progressive organization; but it is not due to the part they have played except to be a kicking minority member.

Every organization has to have this minority group. It is the backward movement of this group that forces the active, interested members to go forward. Do not get discouraged. They will always be with you and will always say nasty, dirty things about you if you work. It is the active, younger men of our profession that your State organization is looking for. Get into the work. Bring your light from under the bushel. Do not be discouraged by the kickers.

The Ohio State Medical Association has just ended one of the most successful years in its history by total number of members, more active members, by more loyalty to the County and State Organization, by promoting a better feeling among ourselves.

*Here let it be said that we are having too many malpractice suits. Let it be remembered that no suit of this type can be started unless some member of our profession makes statements against a brother practitioner, or about his work. If he is willing to testify in court unfavorably toward a*

*doctor, remember he does not injure the man alone with his damaging evidence but the whole profession. Such men should be persuaded to cease such practice.*

The State, through its Speakers' Bureau, is making available better scientific programs in each County. If the County so desires, speakers will be furnished by Regional Post-graduate Courses. It brings men of high professional standing of our state to the busy practitioner.

The State Meeting of May 11, 12, 1938, was the best ever presented to the profession. The quality of the speakers was the highest that could be obtained. The attendance was the largest in its history.

To keep abreast of the times, we must have the latest in diagnosis and treatment, and your State Association is doing all that is possible to make it easy for you at little expense and as short a time as possible away from your practice. Material of interest to you is presented by men of authority in each specialty.

Your State Journal is the best in the land. It comes to you monthly with personal, social, economic and Society news as well as an array of scientific matter that is of educational interest to all of us.

Let us band together more closely for the common good. Let us see that no evil will come from any of us toward another by word or deed. We are all practitioners of a noble profession; we need each other and our County, State and National Organizations need each and every one of the profession who is worthy of membership.

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### Quite a Distance

Little Jimmie underwent a tonsillectomy and, unknown to him, was circumcised at the same time.

Upon recovering from the effects of ether, he weakly whispered to his mother, "Say, mom, I never knew tonsils had such long roots."

## IN MEMORIAM

James B. Nelson, M. D.

May 31, 1886—May 7, 1938

## SECRETARY'S REPORT

The Eleventh Postgraduate Day held April 28, 1938, is now history. It was one of the two largest medical meetings ever held in this county.

Speakers from the Lahey Clinic presented a series of papers that were educational, well presented and well received. Motion pictures in connection were a big aid in making clear what the essayist was discussing.

Council met May 19, 1938, when routine business was considered. Twelve of the fourteen Councilors were present.

Council appointed three members to the Advisory Committee: Dr. Wm. Evans, Dr. James B. Birch and Dr. E. R. Thomas, who will assist Judge Beckenbach and Mrs. Wendley (of the Court of Domestic Relations) in administering the "Aid to Dependent Children."

Among the things with which this Committee will deal are the providing of examinations for the children, assistance in determining the medical service needed, and providing regulations for subsequent medical care.

The vote on re-opening dispensaries was read and discussed.

The returned questionnaires were turned over to the Hospital Relations Committee for study and recommendations.

Delegates to the State Convention were instructed to present the following resolutions to the House of Delegates:

First; Physicians appointed to public offices should be recommended by the County Societies or the State Association.

Second; Re-present resolution of 1936 in regard to the recodification of the poor laws of the State.

Third; That physicians be reim-

bursed the same as hospitals in automobile accident cases.

The regular meeting of the Society was held on May 17, 1938, in honor of our Honorary Members: Drs. Blott, Whelan, Gibson, Arundel, Lindsay and Welch. The dinner was well attended. The history of medicine as practiced here 50 years ago was recited by Drs. Blott, Gibson and Arundel. Each of the Honor Guests received a Life Membership Certificate from the Society. Drs. Lindsay, Welch and Whelan were unable to attend.

Following the dinner Dr. Paul White, lecturer of the Harvard Medical School, Boston, delivered an instructive address on "Diagnosis and Treatment of Heart Disease." Dr. White is an unusually lucid and interesting speaker. We thank Dr. White for presenting this valuable address to our Society.

The Council has approved the applications for membership of the following:

Active Members: Dr. L. S. Shensa and Dr. Wm. E. Maine.

Associate Members: Dr. S. J. Raetz, Dr. H. C. Marsico, Dr. J. A. Rogers, Dr. R. S. Lupse, Dr. P. O. Heitzman, Dr. D. E. Sauer, Dr. D. A. Miller, Dr. J. R. Seesholtz, Dr. J. A. Ralston, Dr. F. L. Price, Dr. A. W. Welling, Dr. R. J. Starbuck, Dr. A. J. Fisher, Dr. A. F. Lippert, Dr. J. J. Redmond, Dr. Densmore Thomas, Dr. C. F. Wagner, Dr. E. C. Fowler, and Dr. Ralph W. Beede.

Unless objection in writing to any of these is filed with the Secretary before June 25th, they become members of the Society.

W. M. SKIPP, M.D., Secretary pro tem.

## THE MEDICAL CRIER

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

• Well, in another month a lot of internes will be spawned forth into this depression ridden world to try and make a living. Most of them, at least up until recently, have been concentrating their entire attention on getting an academic education—as if that were the ultimate goal, the consummation, the omega. Now they find that it is only the beginning, the tune-up of the motor before the take-off on the real flight. Some have plans for further study, some have a soft “berth” waiting for them; but most are faced with the necessity to make a decision as to how and where they shall start to meet competition’s impact and wrest their living from a sceptical, if not hostile, world. It is to this last group that these remarks are addressed.

Very few medical students are self-supporting, even during their internships. This means that for years you have been living off of some one else. This very fact, though unavoidable, has a vitiating influence on your self reliance. The tendency to continue to accept help must be met at once and defeated. It is time to stand on your own feet. It is time to start paying back. Try not to continue the borrowing.

Don’t be sorry if you must start in general practice. Those who obtain appointments leading directly to specialization are going to lose something very important to a complete education. They may learn more about the electrocardiograms but the general practitioner will know more about the hearts of people. Every doctor should roll up his sleeves and plunge into general practice before he thinks of specializing. If all specialists did so there would be a better appreciation of the general practitioner’s problems and there would be no split in the profession over questions of socialized medicine, free

clinics and fee splitting. By hard work you can earn your specialty and you will be better off for having done it the hard way.

And don’t worry about the rewards. Have sublime faith that they will come, as they are bound to in proportion to the kind of service you give. Take all comers, give freely of time and service while you have so much of them to spare. Don’t expect to get paid for everything you do. You might as well get over that idea sooner as later. Think first of the diagnosis, the treatment and the result, then of the pay. But insist that all those who are able shall pay something, lest they fail to appreciate the value of your work.

Meet people. Patients will come from your contacts everywhere—business, lodge, church, service club, Y, M. C. A. and country club. Let your attitude be friendly but not pushing. Establish a reputation for reliability by your everyday actions rather than talk. The best men of the profession may walk with kings but they never lose the common touch.

Do things yourself. Don’t become a reference bureau. Your hospital training has shown you how well certain specialists can handle certain cases, but remember they got that way by doing those things over and over. If you never do them you will never attain proficiency. But do not hesitate to call in help for conditions beyond your skill. Be conscientious to see that your patients get the good care they deserve.

Never stop studying. Join your Medical Society and attend the meetings, buy new books and take more Postgraduate work than you can afford. Serve on committees and learn to keep on good terms with your fellows. The competition is keen but it is friendly and mutually helpful. Your lives are bound up together, your success will help all doctors as

your disgrace will hurt them. Meet the competition by trying to improve your methods, rather than by running down the other fellow. Remember that yours is the finest profession on earth whose high standards will not permit you to do small deeds.

### NEWS ITEMS

#### Dr. Cukerbaum on Economics

Dr. A. R. Cukerbaum has been appointed to membership on the Subcommittee on Economics.

By S. Tamarkin

Doctors Herald, Shensa and E. H. Young presented a Symposium on Poisons at the May meeting of the Staff of St. Elizabeth's Hospital. After the meeting the Internes entertained the Staff at a smoker in their quarters. Most of the members participated in the various games of chance and consumed a large quantity of refreshments, both solid and liquid. A good time was had by all.

Dr. and Mrs. W. O. Mermis have departed for a six weeks automobile trip to the west coast. While in San Francisco Dr. Mermis plans to attend the annual meeting of the American Medical Association.

Dr. J. B. Kupec is on a fishing trip to Canada.

Dr. W. H. Evans attended the recent meeting of the American Rhinological, Laryngological and Otological Society in Atlantic City.

By C. A. G.

Dr. J. Allan Altdoerffer is back at work after a major operation at the North Side Hospital. During his convalescence he enjoyed a cruise to Kingston and the West Indies.

Dr. Sam Sedwitz is attending the State Exhibit at Columbus on Peripheral Vascular Diseases. Louis

Herrman's paper on Peripheral Vascular Diseases was discussed at the State Convention. On September 12, by invitation, he will present a paper on Peripheral Vascular Diseases before the American Congress of Physiotherapy. The meeting will be at the Palmer House in Chicago.

Dr. N. N. Meyer is in Florida taking a much needed vacation.

Dr. and Mrs. Gordon G. Nelson announce the birth of a baby girl on May 23. She will be called Judith. She is their second child.

Dr. G. B. Kramer is going to attend the A. M. A. Convention in California. He left June 1.

Dr. Earl Brant attended the graduation exercise of his son at Culver Military Academy first part of June.

Dr. Malcolm Hawk is on a six week western trip by auto. He also will attend the A. M. A. Convention.

Dr. John Noll attended the State Medical Convention at Columbus.

#### From Lahey Clinic Group

Dr. Claude B. Norris,  
Youngstown, Ohio.

Dear Dr. Norris:

It was good of you to write me so favorably about the Youngstown meeting.

May I take this opportunity of telling you how greatly I appreciated all the hospitality which you and your friends accorded us, and also to say it was a great pleasure to address your gathering which was obviously from all aspects a most attentive and interested one.

With kind regards,

Sincerely yours,

GILBERT HORRAX, The Lahey Clinic.



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## MEDICAL CARE AT THE CROSSROADS

(From The Bulletin of the Toledo Academy of Medicine)

*The article below is the text of an address delivered by Dr. Edward C. Wood, as an officially invited representative of the Westchester County Medical Society, before the Bronx County Medical Society on Wednesday evening, March 16, 1938. It is submitted, as have many articles in the past, with the hope that members of the Lucas County Medical Society will become aware that the medical profession has come to a turning point and that in order to avoid the wrong turn they must be prepared to add their individual abilities to concerted action by the Society.*

Throughout the history of the development of socialized or state medicine, the medical profession as a whole has steadfastly held that the old order of medical practice must be maintained and the established relationship between doctor and patient continued, the individual members of the profession providing care to the indigent where and when indicated. We are in agreement with this viewpoint, and we believe that the old order of medical practice and the established relationship between doctor and patient can be readily maintained under a proposal we shall later enunciate. We believe further, that this viewpoint could have been immeasurably enhanced had the American Medical Association taken the trouble to inform the public, in any really effective manner, of the medical reasons behind this position, and of the many tragic effects the intervention of government would have on medical practice, to say nothing of the immense cost to the public of providing socialized medical care. Instead, the organized profession, nationally, has in our opinion sublimely ignored public opinion which, if informed, would certainly not tolerate willingly a political degradation of medical practice. The adoption by some of our national officers of a distant, almost disdainful attitude toward the problem of the lack of medical care until recently at least, together with a persistent tendency to minimize the problem, has gradually and steadily alienated government officials and a goodly portion of the public press, and has alienated increasing numbers of its own dissatisfied members. The editor of the New York Times on March 8, 1938,

stated that "the Journal of the A. M. A. has never frankly admitted and refuses to recognize the existence of a problem of medical indigency . . . that the policy of the A. M. A. is a laissez-faire policy." The American Medical Association insists it has a vital interest in public health and in the provision of the best possible medical care to the sick. And yet a continuance of this attitude of evading and minimizing our problems will not only fail to protect and preserve the medical care rendered to this same public, but will on the contrary create a condition of affairs which is very likely to lower and cheapen the whole character and standard of medical practice.

It is high time, then, that the medical profession realize that government, lay officials, lay organizations and foundations all have a sincere interest in this problem of medical care—and it is high time we meet them half-way. How can we expect them to understand and appreciate the dangers inherent in, and our objections to socialized medicine unless we offer them clear explanation?

In Winchester, it is our opinion that ultimately public opinion will decide the issue and that already a considerable portion of the public seems to be in favor of state medicine, in fact, in favor of almost any scheme which holds promise to render medical service less expensive, and hence presumably more available. Early in 1937 our County Society formulated and transmitted to the State Society a resolution which urged the A. M. A. to establish a department of public relations whose duty it would be to obtain the most talented publicity counsel available in order

that the public might be kept constantly informed of the viewpoint of the medical profession nationally, and become cognizant of the profession's rebuttal to the proponents of socialized medicine, compulsory health insurance, etc. Although this resolution was not adopted by our own State Society—on June 8, 1937, it was introduced by the Michigan State Society, and approved by the House of Delegates of the A. M. A. at its annual meeting in Atlantic City. So far as we know, nothing further has been done by the Board of Trustees of the A. M. A. to carry out the clear sense of this resolution. It has been stated that to engage publicity counsel would subject the A. M. A. to taxation. If this be true, then let the A. M. A. pay the taxes, and let us have an end of the policy described as "laissez-faire."

#### Medical Welfare

During the period of the T. E. R. A. the Westchester County Society has spent much time and thought in studying the problem of welfare medical service, and has formulated and transmitted to the State Society a definite policy which has been adopted by the House of Delegates. This relief policy, if put into effect, would largely abolish the autocratic and humiliating aspects and circumstances inherent in the emergency rules and regulations of the T. E. R. A. We have emphasized and reiterated the vital importance of establishing sound precedent; we have stated plainly our conviction that whatever medical policies are adopted for the new permanent program of the State Department of Social Welfare will establish the precedents which will determine the type and character of welfare service by other states and very probably by the Federal Government. We feel that the principal cause for the dissatisfaction of welfare administrators and doctors with the present plan of welfare service in this state, is that organized medicine has had no voice in the administration of its medical

aspects which have been administered, evaluated and controlled almost entirely by lay welfare workers. Expressed very briefly, our Society believes that under the permanent program of the State Department of Social Welfare, medical welfare service should be under the direct control and supervision of the State and County Medical Societies, and the program for the provision of medical welfare services should, as far as possible, parallel the program now existing in Workmen's Compensation.

We believe that the American medical profession should immediately state its desire to cooperate actively in formulating social welfare programs, but with the clear-cut stipulation that it be permitted to control and supervise the medical aspects of all such programs. Certainly American medicine has the right to demand supervision of medical service of whatever nature. Supervision within the profession can be accomplished without government or lay intervention; attempted supervision outside the profession would mean the promulgation of endless rules and regulations, constant dissension and dissatisfaction and an eventual morass of red-tape which would defeat its own purpose.

If American medicine would firmly adopt the principle of insisting upon control and supervision of the medical aspects of all types of public medical service, then there would be established a precedent and a foundation upon which any plan or form of medical service to the public could be built. Once established, this principle would maintain the character and quality of medical care regardless of who paid the bills, whether it were government, insurance, health associations or individuals.

Our experience with various types of social medicine and insurance medicine such as the medical welfare policy of this State, and the newly developed medical policy under the Workmen's Compensation Law, has

convinced us that the primary cause of most of the difficulties encountered in administering such systems of medical care, has been a failure to properly distinguish between medical functions and social functions, and to provide for separate administration and responsibility for these two functions.

Early in January of this year the Westchester Society adopted a statement of four basic principles expressing the essence of the foregoing discussion, with the hope that within the ranks of organized medicine there might come a positive, logical and realistic statement of first principles upon which organized medicine nationally might take a united stand and assume the leadership in medical matters in which it must assume if it is not to lose control over its own destiny.

In summary, these four basic principles are as follows:

(1) Organized medicine should favor such programs as will make good medical care more readily available to the poor and to persons in the lower income groups under the same conditions of freedom and privacy as obtain for their more fortunate self-sustaining neighbors.

(2) Lay agencies should confine their functions to the non-medical aspects of any plans for that purpose.

(3) The medical aspects of such plans should be absolutely and solely under the control of the organized medical profession.

(4) These two functions, medical and non-medical, must be kept clearly inviolate and the status of the organized medical profession firmly established by suitable legislation.

A resolution embodying these principles has been communicated to every county medical society in New York State, and at the suggestion of the Council of the State Society these four principles will be presented by our delegates before the House of Delegates of the State Society for their consideration at the annual

meeting this spring.

#### Contract Practice

During the twelve months prior to July, 1937, with the improvement of general conditions and the consequent growth of apathy in the medical profession, it became apparent that an entirely new system of medical relief was being promoted by relief authorities in various parts of the state and in Westchester County, and this system was at that time endorsed by the State Conference of Mayors as being their recommended plan for furnishing medical welfare service. This is a contract scheme whereby a very limited number of physicians is engaged on salary for part or full-time service. Freedom of choice of physician is entirely obliterated from the system.

We are satisfied that this type of state contract medicine clearly violates some of the primary ethical principles which American medicine has sought to preserve through the depression years. It is not surprising, however, that this system should be favored by certain welfare workers and public officials whose chief interest is to deliver the greatest quantity of service for the smallest possible outlay of public funds and to maintain such service entirely under the control of the public authority.

Rapidly it became evident that we must oppose this new tendency; otherwise we might as well abandon all our efforts to improve medical service in any manner. Contract practice by the municipality is opposed not only because it is unethical and because its success is measured by the extent to which it further reduces the remuneration of the physician, but it is opposed because it is an elementary example of state medicine in its crudest political form.

From the standpoint of public policy, contract practice by the municipality inevitably establishes a political control over the medical practice it embraces; it establishes a type of service radically different and divorced

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from the private service available to the general population; it adulterates the direct legal liability of doctor to patient, the main protection of the individual against incompetence and negligence; it promotes pauperization of the people by its natural tendency to perpetuate political jobs and extend "free" services.

From the standpoint of medical policy, contract practice by the municipality cheapens medical service, viewing it as a commodity; it gives free rein to malingering, and produces a growing demand for attention to trivial conditions at the expense of adequate attention to serious conditions. It ignores the fact that free choice of physician has definite therapeutic value. In addition, the tendency is to give as little care as possible because of the lack of incentive, while in times of epidemic or more severe economic stress, the difficulty of obtaining proper medical care is further increased. Any economy claimed for this contract system is largely a mirage, since there is inevitable over-hospitalization. And finally, the great majority of physicians will not participate in it. In other words, contract practice by the municipality is thoroughly inimical and detrimental to the very public welfare it seeks to improve.

From the ethical standpoint, it is directly incompatible with the primary ethical principles which have maintained the professional status of the physicians, improved the effectiveness of his service, and protected the public against charlatany, incompetence and negligence, and participation compels the physician to violate his oath to uphold these ethical provisions.

#### "Voluntary Medical Expense Insurance"

At the present time in Westchester our Economic and Public Relations Committees are jointly studying the problem of medical care for the low-income groups. Although no detailed conclusions have been reached, these committees favor the principle of vol-

untary insurance to cover indemnity for medical expense for the persons in the lower-income groups, providing that the organized profession has some effective control over the medical aspects of any such plan. The Committees' first report to the Comitia Minora recommended that in view of the great popularity of the Associated Hospital Service Plan and in view of the current promotion of other insurance plans, it is more than ever desirable that the State Society prosecute with all possible speed whatever plan it may have for the establishment of a program of voluntary non-profit medical expense insurance, operated under the four basic principles enumerated above.

#### Judge Beckenbach Appoints

Coöperating enthusiastically with us, Judge H. P. Beckenbach, of the Court of Domestic Relations, has appointed the group of men whom our Society had recommended as the Medical Advisory Committee to the "Aid to Dependent Children" Authorities.

Believing it to be best in a truly democratic organization such as ours, to keep the power to act in all important matters in the hands of all the members, when reasonably possible, and, when so to do is not practicable to rest the responsibility with the largest available group of elected representatives, our President, Dr. Norris, asked the Council to name our representatives on this Committee. Those the Council named are: Drs. W. H. Evans, E. R. Thomas, and J. B. Birch.

The dentists have named Dr. Harry Zeve; and Dr. S. G. Patton will represent the County Public Health Service. Thus the Committee stands: Dr. Evans, Chairman; Drs. Thomas, Birch, Zeve, and Patton.

The work to be supervised by this group is important and is continuous. But the Committee is an excellent one, composed of able men who are interested in doing the job right.

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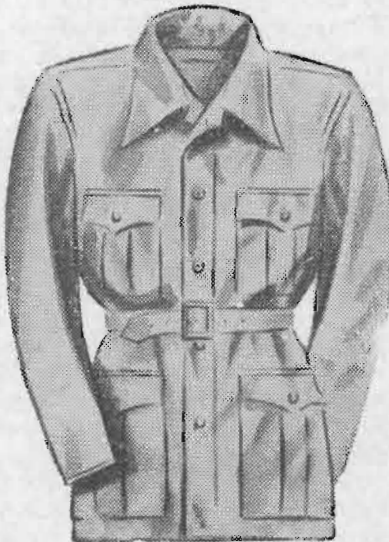
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## WHICH SHALL IT BE?

(In connection with the survey of "the prevailing need for medical and preventive medical care" now being undertaken by the Allegheny County Medical Society through its Committee on Medical Economics, we suggest careful reading of the following from "Minnesota Medicine," February, 1938, and reference to page 236, "Pittsburgh Medical Bulletin," March 12, 1938; also "Pennsylvania Medical Journal," September, 1937, page 1176.)

We hear much of the oncoming state or social medicine. Mark Twain said, "Everybody talks about the weather but no one does anything about it." So it is with state medicine. True, we discuss it in our medical meetings, appoint committees, etc., but we do little intrinsically to avert or lighten the blow. Remember, the appeal of the crippled child is universal and provocative. Medical neglect of children provides the most powerful argument for some form of social medicine. Let us look close to home. Some day a survey of your village or county will be made, with the startling disclosure that, for instance, only 5% of the children of school age have been vaccinated against smallpox and perhaps only 3 to 5% against diphtheria. Suddenly some public health organization will come in and clean up this situation. Or again, a survey will show a large percentage of children under weight, anemic, with dental caries and below normal standards. Someone will move in a diet kitchen and tell your countryside how to feed kids. Or again, an uplift association will get excited about some new idea for training in child health habits and, behold, a shepherdess to lead them. Or again, child delinquency will force the setting up of a psychiatric clinic.

It is my contention that the medical profession has the knowledge and equipment to care for these problems, but we must show interest and do

something about them. Of course, we need state medicine in an economic sense. There should be monetary help so that indigent parents may avail themselves of these aids and protections for their children, and to provide the laborer a living wage. But we do not need a bureaucratic treatment machine to run over the family physician, or reduce him to a clerkship. The choice may lie with us.—*Pittsburgh Medical Bulletin.*

## BOY SCOUTS

### Preparing for Big Circus June 21

For weeks, nearly 2000 Boy Scouts, Cubs and leaders have been practising and preparing for the Big Circus that Mahoning Valley Council will present at South High Stadium, Youngstown, Ohio, June 21st, at 8:00 P. M.

Ray Pugh, Circus promotion chairman, states that over 75 Troops of Scouts and 9 Cub Packs will participate; and that for two solid hours the spectators will be thrilled with a continuous succession of 80 fast-moving acts of skill, craftsmanship and woodcraft.

There will be clowns, Totos in their teens but born big-top troupers; there will be roping and riding and animal acts; camps will be pitched and broken in record time; pioneer bridges and signal towers will be built before your eyes; Indians will be on the march; drum and bugle corps will strut their stuff; camp fires will be lighted. It will be colorful. Take your eyes from the field for one minute and you'll miss something. Action every second—and every action a thrilling spectacle.

A huge public address system will announce and describe every event—and you will be amazed at the hundreds of marvelous things Scouts can do.

Paul Wick, President of the Mahoning Valley Council of Boy Scouts of America, assisted by Robert A. Manchester, Council Commissioner

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and Circus General Chairman have worked with Scout Executive K. L. Brown for several months laying the plans for this Big Circus.

In charge of the Circus activities are Sidney Moyer, Harry Burk, Wm. Hogg, Lloyd Wallis, and J. L. Hughes.

Tickets go on sale immediately for the Circus and can be secured from any Boy Scout in the Mahoning Valley Council—which embraces all of Mahoning County and parts of Trumbull and Portage, including the towns of Hubbard, Deerfield, and Palmyra.

### Speakers' Bureau Busy

May 12, Dr. Wm. D. Collier spoke at Columbus, Ohio, on "Uses and Abuses of Transfusion."

May 12, Dr. H. E. McClenahan spoke at Columbus, Ohio, on "Early Treatment and Care of Pregnancy."

May 27—Dr. Zook spoke to St. Columba's School and Jr. Columban Boys on "Disease."

May 27—Dr. D. H. Smeltzer spoke at Orville, Ohio, on "Mental Diseases."

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### The Summer-Time Use of Mead's Oleum Percomorphum

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## Pablum Breakfast Croquettes

Beat 3 eggs, season with salt, and add all the Pablum the eggs will hold (about 2 cupfuls). Form into flat cakes and fry in bacon fat or other fat until brown. Serve with syrup, honey or jelly.

## Pablum Salmon Croquettes

Mix 1 cup salmon with 1 cup Pablum and combine with 3 beaten eggs. Season, shape into cakes, and fry until brown. Serve with ketchup.

## Pablum Meat Patties

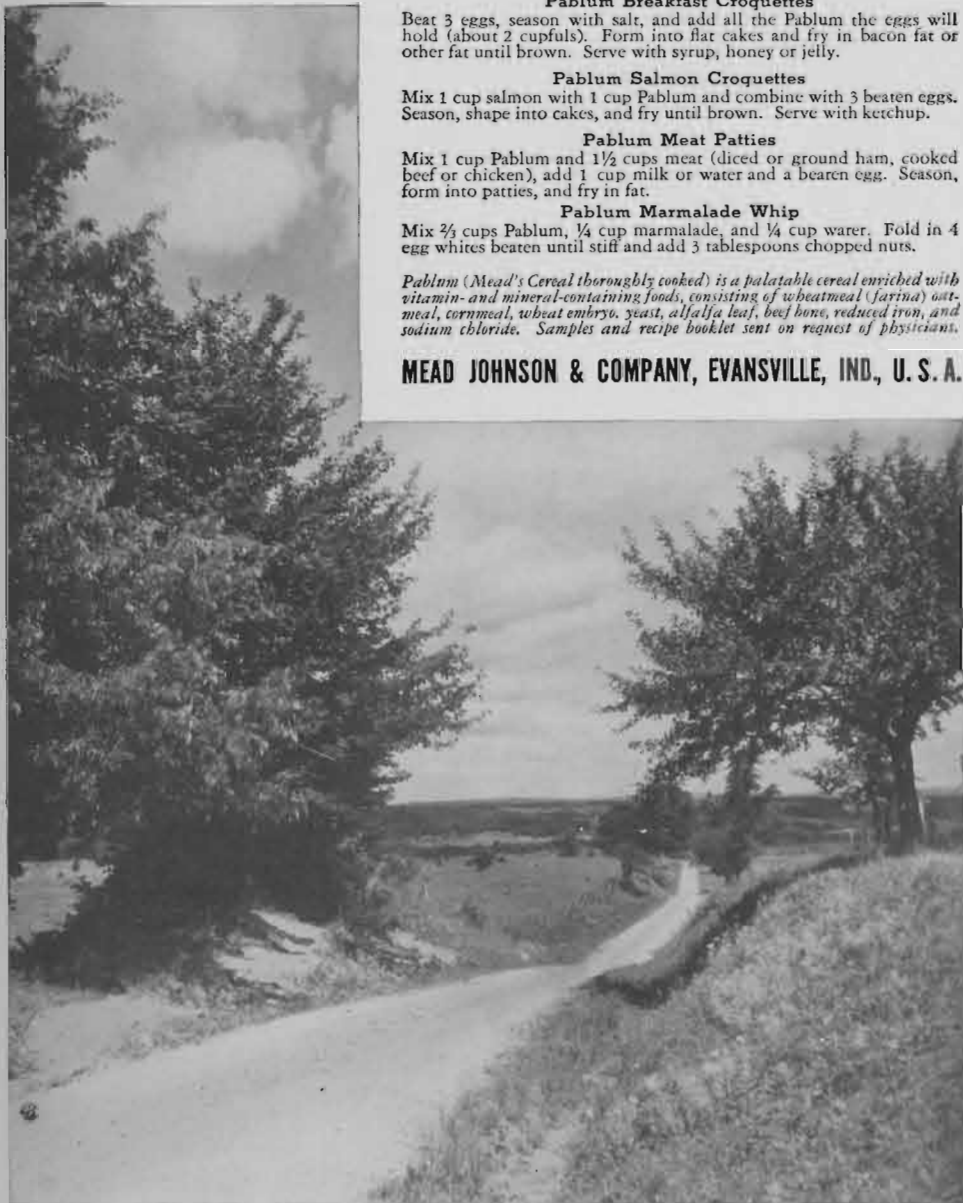
Mix 1 cup Pablum and 1½ cups meat (diced or ground ham, cooked beef or chicken), add 1 cup milk or water and a beaten egg. Season, form into patties, and fry in fat.

## Pablum Marmalade Whip

Mix ¾ cups Pablum, ¼ cup marmalade, and ¼ cup water. Fold in 4 egg whites beaten until stiff and add 3 tablespoons chopped nuts.

*Pablum (Mead's Cereal thoroughly cooked) is a palatable cereal enriched with vitamin- and mineral-containing foods, consisting of wheatmeal (farina) oatmeal, cornmeal, wheat embryo, yeast, alfalfa leaf, beef bone, reduced iron, and sodium chloride. Samples and recipe booklet sent on request of physicians.*

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1. "Treatment of Human Pellagra with Nicotinic Acid"—Fouts, Helmer, Lepovsky and Jukes; Proc. Soc. Exp. Biol. & Med.; 37:405: (Nov.) 1937.
2. "Relation of Nicotinic Acid and Nicotinic Acid Amide to "Canine Blacktongue"—Elvehjem, Madden, Strong and Wooley; Jrl. Amer. Chem. Soc. 59:1767: (Sept.) 1937.
3. "Therapeutic Administration of Nicotinic Acid in Human Beings During Health and Disease."—Spies, Cooper and Blankenhorn. (Read before the Central Society for Clinical Research, Chicago—Nov. 1937—To be published).
4. "Nicotinic Acid and the Pellagra Preventing ("P-P") Vitamin"—Harris; Chem. & Ind.; 56:1134: (Dec.) 1937.
5. "Pellagra Successfully Treated with Nicotinic Acid—A Case Report."—Smith, D. T., M.D.; Ruffin, Julian M., M.D.; and Smith, Susan Cower, M.A.; Jrl. A.M.A. 109:2054: (Dec. 18) 1937.
6. "Nicotinic Acid and Vitamin B<sub>3</sub>"—Dann, W. J.; Science; 86:616: (Dec. 31) 1937.
7. "Pellagra and Nicotinic Acid" An editorial—Jrl. A.M.A. 110:289: (Jan. 22) 1938.
8. "Relation of Nicotinic Acid to Human Pellagra," an editorial, Jrl. A.M.A., 109:1203: 1937 (Oct. 9).
9. "The Use of Nicotinic Acid in the Treatment of Pellagra"—Spies, Cooper and Blankenhorn; Jrl. A.M.A. 110:622:1938 (Feb. 26).

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