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Vol. VIII No. 7
July 1938

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- Sept. 20—Dr. Perrin H. Long, Johns Hopkins University—Sulfanilamide.
- Oct. 18—Dr. Bradley M. Patten, University of Michigan—Movies on Embryology.

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PRESIDENT'S PAGE

The June 21st meeting of the Society was a very important one. Besides hearing the excellent papers presented by the Internes, Drs. Ambrecht, Miller, Reese, and Thomas, all of which were of very high merit, the Society took two significant steps relative to Medical Service.

Under clearly specified conditions, the members approved the re-opening of the hospital dispensaries. In addition, the Society served notice upon the Community, and pledged, that if the people of Youngstown and Mahoning County will underwrite the essential expense, the Profession will see that the needy, not provided for otherwise, shall receive proper medical service.

That the Society did set up "conditions" under which the members approve the re-opening of dispensaries is tantamount to saying that the Society does not favor re-opening them without restrictions. The conditions stated in the Hospital Relations Committee's recommendations, and adopted by the Society, are fair, clear, and enforceable. They also suggest the nature of abuses to which the members object.

That these clinics could have been opened and manned even with a majority, a large majority, of the Society opposed, may be true. But to exercise authority or power arbitrarily does much harm, and in the end is self-defeating. Good leaders lead; they do not drive. It testifies to the high quality of our hospital leadership that they were most anxious to know the wishes of the Society and to cooperate with us. We believe that they will see that the plan adopted is carried out fully.

In all this, however, we should keep our thinking as clear as possible. Dispensaries financed by the community are socialized medicine no less than is the case under Relief wherein the individual physician is paid for his services from tax money. Furthermore, by no means are all the advantages to the patients found in "regimenting" them into dispensaries. Nevertheless, neither of these ways of taking care of a large group of the needy-sick is at present in effect, and we are confronted with conditions more urgent than any theory. The conditions call for action now, not at some time in the vague future.

Many people will insist that neither the Dispensary nor Relief (as now set up) solves the dilemma of that large group who are not indigent and yet are not affluent. Nevertheless our action does give part of the answer to those who believe that radical change is necessary in giving medical service. To our honorable, God-fearing fellow citizens whose only fault is that they lack the means to pay us, we again declare our willingness to do our part to ease their suffering and to bring them back to health.

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BULLETIN *of the*

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THIS CHANGING WORLD

I am sure that no one will doubt the statement that there has been many changes in this civilized world in the past twenty years, and we believe that these changes have come upon us so rapidly that we have not had time to evaluate them, whether they will be beneficial or detrimental to society as a whole in the future.

Now whether one wishes to argue whether these changes are or are not beneficial is really beside the point, because we must admit there are changes taking place daily, we must be willing to endeavor to see through the exterior of these changes into the heart of them, so that we will be able to cast our influences to the side which will be most beneficial to the greatest number of people in the future.

At our last Society meeting this statement was made to me by one of our members, which I am passing on to you, because I feel that basically if this rule were followed we would always be kept on the right side of things as far as the practice of medicine was concerned. The statement which was made to me was told to my colleague by one of his old professors. It is "the practice of medicine as a profession is a noble calling, the practice of medicine as a business is bound to be dirty business."

Let's analyze the above and try to find out if it holds anything for us in our present situation. Certainly no one will argue the fact, and it is a fact, that the profession of medicine has been known for years, by its work as one of the noblest of all the pro-

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fessions. Now, if in the past the doctors had not lived up to the nobility of their calling, you can be sure that people by their very nature would have held the medical profession in disrepute.

It does seem changes are being brought about in the medical profession, about which even the medical profession is divided as to what is the best policy for the future. Again it is not the fact whether we want changes or not, the world is not going to stand still, it is going to move forward.

The question therefore revolves itself around the problem that whether or not we as a medical profession are going to carry on our work as it was carried on by those before us; and by the very character of their work, have proven that it is a noble calling, or are we, because of an effort at self-preservation, going to throw our influence on the commercial side of the practice of medicine, thus making it a business and not a profession.

Even the good book teaches us that the laborer is worthy of his hire.

(Continued on Page 252)

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THE MEDICAL PROFESSION OF TOMORROW

By WM. M. SKIPP, M. D.

Some ten years ago a committee was formed from all walks of life to study the need of medical care to the American people. This committee spent something over a year of time and huge amounts of money to the end that the medical profession was condemned for not giving adequate medical care and that what was given was too expensive and too hard to obtain, that thousands of our people were not being cared for in the least. The reason for this lack of care was that fees were too high, because doctors were individualists working alone, all carrying a separate overhead, that institutions caring for the sick had forgotten their human ideals and prices were continuously mounting beyond the reach of the average citizen, but on investigation it is found that it is not the institutions or the medical attendant that caused the increase in cost but the patient himself by demanding more than he could pay for in the form of luxuries while a patient, also the cost of medical care does not compare to the unnecessary items that we Americans demand, such as: tobacco, candy, soft drinks, alcoholic beverages, cosmetics, etc.; the cost of these unnecessary luxuries to the individual is higher than the average cost of medical care per annum.

Again the cry that our people are not getting adequate and proper medical care may be correct but could this all be due to the lack of medical care. Has the thought never entered the brain of some of our medical reformers both lay and medical that if an individual does not have a dry and sanitary place to live, has neither coal or clothing, enough to keep him warm, food of the proper amount and quality, that he may be sick from this inadequacy and regardless of how much medical attention he receives he will still be sick. Let's give him a job so he can buy what he needs, and

he will provide medical care adequate to keep himself well and happy.

The medical profession is at the cross roads as it were. The signs point in two directions, one the old way of taking care of our people with the patient-doctor relationship which we want to have maintained; the doctor having a vital interest in all his patients, knowing their problem, improving himself to give better care to his patients, with the business side of medical care being in the background, to the point that his family is not properly fed or clothed. He gives of himself long hours so that his people will receive proper care. He is always available for whatever little whims his patients may demand.

Times have changed considerably, not with the family doctor in particular because he is still willing to do his part in caring for his poor, but due to economic stress there are more poor patients than he can properly care for without some outside aid. Again the people do not feel they want to pay for service received and are now looking for all ways of getting their medical care free, this has come about by the stress of the times and by our government giving the people everything without effort on their part, also the people have been told by lay press and lay writers that they should receive their medical care free, to which end the government is demanding that we foster such a method, whether good or bad; but this is our business and government has not taken over all business yet. It has set up certain restrictions that business now has to conform to, so why not medicine. We have been informed by government agents that we are not a privileged group and that we are agents of the government to be commanded as it sees fit.

We cannot lay the blame entirely at the door of the agencies mentioned but to certain groups of our own pro-



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fession. These men are demanding that the government subsidize the practice of medicine, underwrite institutions that aid in the treatment and prevention of disease, to such a point that the government is demanding that something be done with the high cost of medical care.

Certain groups of our younger men are demanding that they be given a living wage for services rendered and that they are not willing to work to build up a practice as in the past, in other words they say, "we do not want to starve as you have done," "we are entitled to more consideration than that." We should have a fixed income and then we are willing to work and care for what patients are sent or come to us. We will give them good service at less cost to the patient or the government in this manner.

With this picture of subsidized medicine staring us in the face it behooves every doctor who does not want some form of state medicine to give this some thought, take off a few minutes; realize that you will be a hireling. You will be working for a "political boss" who will tell you how many patients you will see, how much you will receive, and do not forget you will pay for it yourself with your taxes.

A personal demand should come from every practitioner of medicine that our national organization stop stalling and "passing the buck" and do something to avert the greatest catastrophe that is about to befall the American people, in that their forward marching Medical Profession is to be hindered and stopped in its progress.

It is not enough that we complain or sit on the side lines and grouch but we should also have some definite method whereby we can bridge the gap, whereby indigent people and the near-indigent group will be properly taken care of medically.

Will we allow the practice of medicine to be taken over as has been

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Dr. Walter K. Stewart

undertaken in other professions or businesses or will we control it ourselves. If a central operative clinic is set up and a group of doctors work out of that institution the number of men necessary will be less, the overhead less, but the individualism of the doctor lost, also the patient-doctor relationship will be destroyed but to certain individuals of our profession that is unnecessary and can be forfeited, because the patient receives better care under this plan.

Will it be an insurance form of medicine wherein the patient-doctor relationship is maintained, if so the government will have to use tax money to supply that amount necessary for the totally indigent and then the politician will demand that he fill all positions with political appointments, taking away the control from the medical profession.

Will it be a free clinic with the government subsidizing it with medical attendance receiving no remuneration? If so the politician will again demand control.

These are grave times and these problems are confronting us. What the answer is cannot be given at this time, but in the near future we are going to have to decide for we are going to get some form of governmental medicine, whether we like it or not.

Give it some thought. Devise a method whereby we can handle this problem, then let your ideas be known. Also remember we are all practicing medicine not just a few and it may be that one of those plans will take away every patient we have and that as such we are considered unfit to treat the patients that come to us.

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HISTORY AND CONTROL OF SYPHILIS*

By P. R. McCONNELL, M. D.

After delving into the history of syphilis I cannot bring myself to blame Europe for not wanting to pay their war debt. As you all know Columbus brought syphilis back from America to Spain, from whence it spread like wildfire to Italy, then to France and England via kings and commoners, lords and ladies, soldiers and camp followers. For that present I believe, we may still owe them money.

It is interesting to note that Columbus himself no doubt suffered from that malady. His life is a typical picture of an untreated luetic. His symptoms ranged from the febrile attacks of the secondary stage to auditory hallucinations of early cerebral syphilis to terminal cardiac failure, due to valvular disease.

In England Henry VIII, born two years after the return of Columbus, began to show manifestations of syphilis shortly after his marriage to Catherine of Aragon who bore him one stillborn child seven months after marriage, followed by three more still births, and finally a congenital luetic daughter, Bloody Mary—so on to his death which was due to cardiac failure.

So on down the line to one of our own late Presidents, who I believe suffered from cerebral syphilis—suspected anti-mortem by his grandiose ideas and I believe post-mortem by the pathologist. The above persons were mentioned not to remove the halo from their heads or sully their memories but to bring out the fact that it is estimated that 50% of the syphilis is contracted innocently.

What is Europe doing about this plague? As war and conquest caused the original widespread dissemination of this disease, so again this last war in Europe caused the prevalence of

*Presented at Staff Meeting of St. Elizabeth's Hospital, March 8, 1938.

MY DUTY?

Yes, I returned my A. M. A. Survey long ago to Dr. Walter K. Stewart.

syphilis to reach its peak in 1919 and 1920.

In 1919 Sweden reported 6,000 new cases while in 1934 500 new cases were reported. For the Scandinavian countries, i. e., Sweden, Norway, and Denmark, in 1934 they reported 2,000 cases, while for New York State alone there are 25,000 new cases annually. This remarkable result has been obtained by a few apparently simple rules, which are briefly as follows:

- (a) All cases must be reported.
- (b) All cases must take treatment.
- (c) Treatment must be available to all infected.
- (d) Patients needing it must be hospitalized.

England is handling the situation somewhat differently. Here the emphasis has been laid upon the abundance of good treatment which is free for all. However, there is no compulsion and a patient, or rather a syphilitic, does not have to take treatment. Even in England the number of new cases per year has been just cut in half since 1920.

What about United States with its half million new cases reported every year. Here in the land of plenty, the land of inside plumbing, and where every home has a two-car garage, there has been no diminution in the number of new cases reported each

year. Syphilis and its complications is the leading cause of death in the United States. Automobile accidents cause approximately 150,000 deaths per year while syphilis either kills or permanently disables about a half million per year. Syphilis causes five times more deaths than automobile accidents. It is at the present time more common than the measles and one hundred times more common than infantile paralysis.

Approximately 10% of all deaths from heart disease are due to syphilis and 10% of the insane persons suffer from syphilis. Syphilis is primarily a disease of youth; 50% are stricken before the age of 25, and about 60,000 babies are born each year with congenital lues; twice as many as all types in Denmark for examples.

Dr. Parran, Surgeon General, to whom I am indebted for this maze of statistics, is doing a wonderful work in making this country syphilis minded and is really endeavoring to coordinate syphilis and agencies for its eradication, or at least its control.

Syphilis in Youngstown: we have three approaches to the treatment of this condition here.

1. Private practice. Of course we all are well aware of the economic condition during this recession but may I repeat that it is perfectly proper to obtain the medication necessary for treatment from the state, even though these patients cannot pay at the present time and may later. All you have to do is to report the case to the local board of health either by name, initial, or number and include in your report a requisition for the necessary medication for a course of treatment. The medication will be sent direct to you from the state.

2. The clinic at the Municipal Hospital is for indigent patients who are not on relief. No patients on relief are treated by this clinic. Our health commissioner informs me that any men wanting their patients treated there may do so by sending them out with a note. And may I also add

Please co-operate by returning your A. M. A. Survey blank to Dr. Walter K. Stewart by the 15th.

that I have spoken to him about getting our younger men on service there and he has promised to see that this is done.

3. Patients on relief will be treated in the office of their private physician as before.

Just one thing more in conclusion. The Youngstown Board of Health reports that only 50% of the positive reports sent them by the State are returned by our physicians.

In conclusion:

(a) Columbus and his sailors accidentally contracted syphilis.

(b) They accidentally spread it all over Europe.

(c) 50% of syphilis is accidentally acquired.

(d) Danielessan in 1850 accidentally differentiated between the hard and soft chancre in his work on lepers.

(e) In 1776 John Hunter accidentally succeeded in befogging the knowledge and differentiation between the lues and gonorrhoea, by his classic self-inoculation experiment.

ANNUAL PICNIC

MILLIKEN'S FARM

THURSDAY, SEPT. 1, 1938

ALLERGY IN INTERNAL MEDICINE*

By R. E. POLING, M. D.

It is a foregone conclusion that allergic manifestations have a decided place in internal medicine. Some allergic reactions would seem to be independent of internal physiology or pathology, i. e., in cases of urticaria, hives, and eczema. Nevertheless, it is an alteration of the tissues of the body whether organic or somatic tissues, or the nervous system, in the presence of an excitant that gives rise to external evidence of the abnormal condition.

If we are convinced that diagnosis and treatment of certain phases of internal medicine depend on the knowledge of allergy, let us try to understand the underlying principles involved. This takes us at once into the field of immunology.

In order to obtain a clear picture of the reactions that take place as a response of the body tissues to atopen it is well to have an acquaintance with curable antibodies. The basis of the study of this is the anaphylactic reaction. Anaphylaxis is a term suggested by Richet, derived from the Greek word *ana*, meaning without, and *phylaxis*, meaning protection. Richet in 1898 first realized that hypersusceptibility depended on a previous injection of the specific substance and on an incubation period as a result of his experiments on dogs with eel serum and later with extracts of sea anemones. Further studies of such reactions in animals were made by Arthus in 1903, who first described edema, and local necrosis in rabbits at the sites of repeated injections of horse serum; Theobald Smith in 1904 and Otto in 1906, who found that guinea pigs became hypersensitive after injection of serum; by Rosenau and Anderson in 1906-1908, who further studied reactions in guinea

pigs from serum and other antigens; by Gay and Southard in 1907, who first produced passive anaphylaxis; in 1909 Auer and Lewis who carefully studied anaphylaxis death, and by Schultz in 1910, and Dale in 1913, who described the smooth muscle contraction in anaphylaxis. The term anaphylaxis usually refers to acute, violent reactions in man and especially to re-actions to foreign antigens in experimental animals. It is considered by many that allergy depends on phenomena which also gives rise to anaphylaxis and that the two terms should be considered as synonyms.

Allergy is therefore a synonym with anaphylaxis, protein, hypersensitiveness, hypersusceptibility, protein poisoning (atopy, hyperergy), and idiosyncrasy. The term allergen is used as identical with active substance excitant, anaphylactogen, idiotoxin or atopen. The term antibody is used as synonymous with allergen, reagin or sensitizing body.

Allergy then is a mechanism established in the tissues of the animal as a protective response from repeated exposures to a foreign substance.

It is well known that the allergic reactions in man and animals depends on the contractions of smooth muscle. It varies in different animals and in different localities in man. Thus the smooth muscle of the bronchi in guinea pigs; the arterioles in the lungs of rabbits, and the hepatic arteries of the dog, are involved during anaphylactic reactions.

In allergic shock nearly every organ, and tissue are probably involved and a marked disturbance in the sympathetic nervous system occurs. Any tissue which is repeatedly exposed to a foreign substance, especially in large amounts, holds the possibility of allergic reactivity. Since the arterial and periarterial tissues are commonly involved "The Arthus" phenomena

(Continued on Page 243)

*Presented at regular meeting of staff of St. Elizabeth's Hospital, June 13, 1938.



HADEN, RUSSELL, L., Graduate of the University of Virginia in arts and of the Johns Hopkins Medical School in medicine. Resident house officer, Johns Hopkins Hospital, 1915-16, associate in medicine, Henry Ford Hospital, Detroit, 1916-17; director of laboratories, same place, 1917-18 and 1919-21; assistant chief of medical service, Base Hospital, Camp Lee, Va., 1918-1919; associate professor of medicine, University of Kansas, 1921-23, professor of experimental medicine, same place, 1923-30; since 1930 head of division of medicine, Cleveland Clinic.

Member of Assn. of American Physicians, American Society for Clinical Investigation, American Assn. of Pathologists and Bacteriologists, American Clinical and Climatological Assn.; Central Society for Clinical Research; fellow of American College of Physicians.

Special interests have been focal infection, intestinal obstruction, diseases of the blood and arthritis.

Author of *Clinical Laboratory Methods, Dental Infection and Systemic Disease and Principles of Hematology.*

COLLINS, E. N., Graduate of the University of Chicago in arts and the Rush Medical College in medicine. Interne, Presbyterian Hospital, Chicago, in service of Dr. B. W. Sippy. Formerly in charge of gastro-intestinal radiology, Cleveland Clinic. Since 1935 in charge of section on gastro-intestinal diseases, Cleveland Clinic.

Member of Radiological Society of North America.



ERNSTENE, A. CARLTON, A. B., University of Iowa; M. D., University of Iowa. Interne Henry Ford Hospital, Detroit, 1925-26; Assistant Resident Physician, Thorndike Memorial Laboratory, Boston City Hospital, 1926-27; Resident Physician, Thorndike Memorial Laboratory, Boston City Hospital, 1927-28; Assistant in Medicine, Harvard Medical School, 1927-30; Instructor in Medicine, Harvard Medical School, 1930-32; since 1932 in charge of section on cardio-respiratory diseases, Cleveland Clinic.

Member of American Society for Clinical Investigation; American Clinical and Climatological Association; Central Society for Clinical Research.



The Fall course of clinical lectures will begin Wednesday evening, September 28, at 8:30, at the First Christian Church, Wick and Spring Street.

This year the course will be given by Dr. Russell L. Haden of the Cleveland Clinic and two of his associates, Dr. E. N. Collins and Dr. A. Carlton Ernstene.

The object of this course is to give Therapeutic discussion to some of the modern frequent diseases and is planned to be very practical. It is with pleasure that we announce this course with the titles of the lectures and hope it will meet with the approval of the membership.

September 28—

Drug Treatment of Heart Disease....A. Carlton Ernstene

October 5—

Management of Hypertension.....A. Carlton Ernstene

October 12—

Treatment of Anemia.....Russell L. Haden

October 19—

Treatment of Leukemia.....Russell L. Haden

October 26—

Treatment of Peptic Ulcer.....E. N. Collins

November 2—

Management of Disorders of the Colon.....E. N. Collins

November 9—

Treatment of Arthritis.....Russell L. Haden

November 16—

Treatment of Hemorrhagic Disease....Russell L. Haden

The Medical-Dental Bureau and Doctors' Secretaries' Banquet

'Twas June 14th in '38 at Southern Hills that the
 Following took place.
 Doctors Hayden and Fuzy our esteemed guests—
 Gave us sketches on some of the Bureau's most
 Recent conquests.
 Their enthusiastic, and inspiring words contributed
 Much towards a new deal—
 Which we secretaries shall surely try to fulfill.
 It's things like these friendly get-togethers,
 That creates a bond, united and strong—
 A group in unison helping each to do right
 In a more free expression, a more determined insight!

“And the night shall be filled with music,
 And the cares that infest the day,
 Shall fold their tents like Arabs,
 And silently steal away.”

Our program lent us humor, our participants wit galore—
 So now if I may—a resume of what has gone before,
 Picture yourself in a studio—
 Station Y.M.B.D. to be exact,
 Stage curtains, soft lights and music,
 Can you get a picture of that?

Our clever Medical-Dental Band was the encore of the evening
 With Bud Fisher the leader and pianist we had more fun
 He and his men our hearts just won.
 He that you see with a banjo on his knee is none other
 Than Sober Eddie Bailey.
 Sim Simmerly, Harry Zeve, Smilin' Sammy Farkes and Tubby Kerr
 Did right well, I'm hear to tell,
 With violins so symphonic,
 And likewise Luke Reed with Sax supreme gave forth melodious notes,
 And Hermie Kling the drums did bing with clever and hot deft strokes.

We had an accordionist,
 And a magician,
 And girls who really could sing,
 They did their best and evidently passed the test
 For the applause made the building ring.

A one-act play—"Consolation"—given by a cast of five,
 Was presented with such talent that the characters
 Themselves were surprised,
 And as a grand finale with donations we had obtained
 We gave out lovely prizes to those whose lucky number claimed.

The names of those who so generously gave you shall read here
 Just below,
 And to all those herein we wish to express
 Our heart-felt gratitude for helping our first Annual Banquet
 To be such a success.

Donors: Whites, People's, Hockstad, Benita Drug, Weinberger's, Jones, Humphrey, Livingston's, Lustig's, Blair Dry Cleaning, Golden Age, Lyons, Treudley, James & Weaver.

Committee: Gertrude Flynn, Chairman; Naomi Belinky, Gwyneira Brown, Mae Craig, Elizabeth Hayden, Naomi Jones, Alice Larson, Florence Pennell, Martha Smith, Margaret Snyder, Olga Westerburg, Blanche Zabel.

—BLANCHE ZABEL.

July

Allergy In Internal Medicine

(Continued from Page 239)

may occur in the various organs. In man the region of the body that is involved is known by the term of Shock Tissue. In bronchial asthma it is the bronchial tubes that are involved in reaction; in rhinitis, the nasal mucosa; in intestinal reactions the colon is frequently involved; in eczema, the skin; in urticaria, the skin; in all contact dermatitis, the skin; in migraine, the central nervous system.

The kidneys are involved in cases of essential hematuria; the blood is involved in cases of paroxysmal hemoglobinuria.

The clinical symptoms in allergy depend on the state of shock tissue. The degree of susceptibility of shock tissue is important. Reagins may be in the patient's system for years without producing symptoms. Then all at once symptoms may appear, as when one begins with a sudden attack of asthma without previous warning, or the appearance of hay fever attack without previous warning.

A case history will represent this phenomenon.

The patient contracted a cold about 18 months ago. She began suddenly to wheeze and went into a paroxysmal asthmatic attack. She coughed and lost her breath. Sat in a chair a great part of the time. Was better relieved when sitting up. The mucous discharge from the nares was profuse. The nasal passages were tight and obstructed. Nasal therapy gave relief for only a short time.

Physical examination showed the patient relatively free of pathology in all systems. The chief findings were moderately thickened lung hilus, and pale mucosa of the nose and throat.

Skin tests indicated a sensitivity to dust, feathers and other inhalants. In addition, she was sensitive to some foods.

The treatment consisted of establishing a dust-free regime with desensitization to dust by the use of the extract hypodermically; allergic coverings were used for the mattress and pillows.

The results of this therapy were prompt and effective. The patient has gained weight, is happy and has a feeling of well being.

Such prompt relief is not enjoyed by a large percentage of asthmatics. Therapy in asthmatics is worth an earnest trial, however. Even partial relief is welcomed in this distressing condition.

SECRETARY'S REPORT

The regular monthly meeting of the Council was held Monday, June 13th. Council meetings are held the second Monday preceding the regular monthly meeting. All members should be interested in the proceedings of Council and attend, the time is 9:00 P. M.

The Hospital Relations Committee, through its Chairman Dr. W. K. Allsop, presented recommendations for the reopening of the Hospital Dispensaries. Read an analysis of the plan on page 247.

The regular monthly meeting of the Society was held June 21st at the Youngstown Club and was the last meeting until September.

The program by Internes from both hospitals was well presented and enjoyed by all. For details see page 252.

The Housing Committee reported investigation has been made in regard to "Owning Our Own Home." To date, if such a project were undertaken it would be just a headache to the Society because of the cost of maintenance after acquiring the home.

WM. M. SKIPP, M. D.,
Secretary Pro-Tem.

ON MEDICATED BASEBALL

One sultry June afternoon, we were daydreaming. "Strike three!", "He's out!", snapped the radio announcer. We were entranced in the radio's thrilling description of a big league slugfest. Suddenly it occurred to us that we, here in Youngstown, could have our own big league baseball. It could be in the nature of an annual feature between the staffs of the two hospitals.



The question then arose as to whether a sufficient number of local medicos would be interested. If there was, then a contest of this nature could result in barrels of fun and good fellowship.

Why not have the entertainment committees of each hospital ask their respective members, in one way or another, if they would be interested and willing to play?

We would suggest that the game be the feature of the annual picnic given by the Mahoning County Medical Society. A further suggestion is to the effect that the game should be of the indoor-outdoor variety. This means, of course, that a regulation "soft ball" would be used. This would be easier on the hands, and there would probably be less chance for injury.

Let's have some prompt action on this. It would be a lot of fun to have a real athletic contest between the two staffs. We believe that once such a series would be started, it would be automatically continued by popular demand from year to year. M. H. S.

ANNUAL REPORT OF THE M. AND C. SOCIETY

JULY 1, 1938

To the Members of the Medical and Convivial Society, or, in the Short and Terse Saying of, "T'll Be Going to Hell Backwards" Clark, the Sewing Circle:

Your self-appointed auditor and secretary wishes to render a report for the first six months of the year 1938. As an auditor, it is apparent that, as in the game we play, I am not a huge success; because I am unable to give an exact balance, or better, to make the accounts balance. But that may be somewhat the fault of the occasional bankers who would wilfully conceal facts to baffle the waters of perfect understanding. Be that as it may, and I shall not belabor the matter, other than to remark that there are those whom I hold suspect of such practices, leaving names out but yet holding proof of my contention, it appears that the losers equal the winners in number and the money losses equal the winnings.

But it is evident that there are those who, while resenting the helpful advices of their brethren, yet well might avail themselves of it. Here again I shall mention no names; the evidence tells all.

We might digress for a moment from pointing morals, however, and, on the evidence, report the following news notes gleaned from the "Eureka" News.

Dr. Rosenblum, on the facts submitted, will probably NOT go to the Thousand Islands this summer; at least NOT on the hard earned dollars of his friends.

Dr. Osborne, it is reported, has recently "Jacked-up" his collection bureau.

It is rumored that there will be a general shake-up in the White Drug Co., due to bad income reports for the first six months of 1938. Eh, Ralph?

Dr. C. R. Clark, it is reported, is taking a very pessimistic attitude to all things occurring in the New Deal regime. (It certainly is a "New Deal" when he is found to be in the "Lost" column.)

Going to more pleasurable things in life:

It is apparent that the new store front on a certain well known North Side business establishment is not being paid for of earned income. Eh, Tom?

South American flying trips are expensive, and must be paid for. There is no other way about it. Eh, Bill?

When young Doctors, with growing families, and homes to pay for, need money these days, the old prosaic method of earning it is no longer fashionable. There are other ways and means. Eh, Wenaas?

The discrepancy in accounts is somewhat squared by the contributions of the occasional outsider. On the whole, we rather welcome them, endeavoring, of course, to see that they pay for their entertainment. Messrs. Powers and Farrell both proved to be perfect gentlemen.

The appended statistical table tells all.

<i>In the Red</i>	
A. M. R.	\$ 4.60
H. M. G.	21.20
R. P. W.	26.75
C. R. C.	22.80
Outsiders	15.90

<i>In the Black</i>	
Tom	6.95
H. W. E.	17.70
E. F. W.	26.75
*H. E. P.	47.55

*Dr. Patrick left July 1st for a month's vacation in Michigan.

CHAIRMAN BIRCH WRITES

The Society's attention has been called to certain things that developed at the Postgraduate meeting.

I

Regrets

First—Display space is available for our Bulletin advertisers at no cost. "They come first." If there is any space left it can be bought by concerns who do not advertise. This space is costly and not always available. Postgraduate Day some competitors of our exhibitors came onto the floor and made themselves at home among the visiting doctors—but they did not think enough of us to present an exhibit. One does not anticipate such things and of course the situation is difficult to handle at the particular moment. We are learning by experience and we propose to make constructive use of what happens and intend to deal drastically with unfairness.

Second—One of our best advertisers called attention to a beautiful and costly exhibit. Only a little better than 100 registered at this booth. Have we been negligent and paid too little attention to our exhibits?

The only prescription for such regrettable errors is to Play Ball with our advertisers—show them we value their friendship.

II

From the June, 1938, Summit County Bulletin

"From the inauguration of the postgraduate days in Youngstown our members have attended in large numbers, nearly 30 of them this year. At our postgraduate day in 1936 it was one. In 1937 it was one. Our meetings are unsurpassed for quality of programs and speakers and the convenient quarters in which they are held. Our visitors have informed us that nowhere in their experience have meetings been as efficiently and nicely managed as have ours. The attendance of one from Youngstown is very poor reciprocity from that city."

The above speaks for itself, and is absolutely true. No better friends than our Summit County neighbors could ever be desired.

Their meetings are of the highest scientific worth, and we must not neglect them. To do so is to deny ourselves the comradeship of one of the finest groups of medical men to be found anywhere and is, also, to suffer the loss of real scientific opportunity. If we are to receive the support of our neighbors we must give ours to them.

JAMES B. BIRCH, M. D., Chairman Postgraduate Committee.

ANALYSIS OF HOSPITAL DISPENSARY PLAN:

At the business session, following the Scientific Program of our regular meeting, June 21, the question of reopening the dispensaries was brought before the members, in accordance with previous announcements.

Discussion was predicated upon the report of the Hospital Relations Committee, which was presented by the Chairman of the Committee, Dr. W. K. Allsop, and which read as follows:

"The Hospital Relations Committee recommends to the Council and Members of the Mahoning County Medical Society, the reopening of the hospital free dispensaries under the following conditions:

1. "That the dispensary shall not interfere in any way with the present relief plan. Patients on relief will not be admitted except upon request of their attending physician and then, for diagnostic purposes only.

2. "Admit only patients that are on a mere sustenance level.

3. "Patients shall be admitted by the following methods:

a) "Patients may be admitted by a request in the form of writing from their attending physician.

b) "By direct application to the Director of the dispensary, when the patient has no attending physician.

c) "All patients, including Groups A and B, shall be investigated as to their financial circumstances by an investigator, who shall report to the Medical Director of the dispensary. The Medical Director, who must be a member of the Mahoning County Medical Society, shall then determine the patient's eligibility for admittance to the dispensary.

4. "The conduct of the dispensaries shall be under the direction and supervision of the Dispensary Committee of the respective staffs of the hospitals."

After considerable discussion, the Society adopted the report of the

Hospital Relations Committee, and thereby approved the recommendations contained therein.

Salient points of these recommendations are:

(1) That the dispensaries are to be absolutely free. No charge for any service in the dispensaries may be made within the spirit of these recommendations. This is right. Certainly "sustenance level" means no more than enough to "sustain" the individual or family.

(2) The present relief plan is not to be disturbed. This, too, is right. From the beginning, Medical Service has been accepted as an integral part of the benefits included in the relief of the destitute. However, the Society favors the use of the dispensaries for the aid of the physician in charge of such patients in diagnosis. Limited to this purpose alone, as must be the case under the conditions adopted, such an arrangement will be helpful to physician and patient alike, without any loss of revenue by the physician.

(3) The services of dispensaries must be limited to those "on a mere sustenance level" of income. This point, it is the duty of the Dispensary Committees of the two hospitals to define. A definition, simple and workable, is easily possible. The hospitals in one important city have set up this formula: To be classed as on "sustenance level": a single person \$12.50 per week; married but no other dependents, \$15.00 per week; for one additional dependent, add \$2.00 per week; for each additional dependent add \$1.50 per week.

Of course, all rules must be subject to discretionary modification to meet exceptional situations. But some basis for guidance must be provided.

(4) All patients having a family physician are required to present a written request from the family physician as a condition precedent to admission. Those not having a family

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physician may make direct application to the Director of the Dispensary. Any sound and fair use of these provisions rests upon the faithful and efficient operation of two most important points:

(a) All groups, whether those who may be referred by their physicians or who make direct application, must be investigated as to their financial circumstances.

(b) *The Investigator only investigates and reports the facts to the Director of the Dispensary. The value and standing of the Investigator in no way depends upon the number of patients admitted. His or her value rests solely upon the accuracy of the facts which he or she brings before the Director.*

If the hospitals are to keep faith with the spirit of the Committee's recommendations, it is absolutely essential that competent and cooperative investigators shall be on the job at all times, and from the very beginning. *No doctor should be expected to work gratis for anyone who is able to pay a reasonable fee for medical service. Therefore, no patient has any moral right to object to revealing his economic status if he seeks free treatment.*

(5) The plan is predicated upon the continuous use of a Medical Director of the dispensary, "who must be a member of the Mahoning County Medical Society." Some objected to this, believing that the Director will have a thankless job which he will not perform very well. Members who took this view believed it best to require all applicants to bring a letter of reference from an attending physician. That phase was fully presented but it seemed to be the consensus of opinion that the Director would function better. After all, no plan will work entirely automatically. Some sacrifice is necessary. Any man who serves as Director should have good judgment and a sense of responsibility to all concerned; namely, the Medical Profession, the hospitals, and the pa-

tient. If the Director fails to do his duty, then *a duty falls upon each of us of the Society to go directly to him with the matter at issue.* If he fails to correct some growing abuse of the Dispensary privileges, then the member should lay his complaint before the Society. *Above all, do not coddle and nurse a grouse about something that you regard as wrong. Watch until you feel that you are right, then go to the people concerned first, before saying a word about it to anybody else. Failing to get results go straight to the Society or to the Council and demand a show-down.*

(6) In the very nature of our local situation it was necessary to leave the direction and supervision of dispensaries to the Dispensary Committee of each hospital. But this means that here again members of the Mahoning County Medical Society will be in charge. The men so in charge are ardent believers in the plan submitted by the Hospital Relations Committee and adopted by the Society. They have long been identified with the Profession in positions of leadership, and it seems unthinkable that they would break faith with the Society or permit it to be done.

The Society took still another important step. It passed a motion to the effect that "The Citizens of Mahoning County and Youngstown hereby have the promise and the pledge of our members that, if the said citizens will supply the necessary place, facilities, and equipment for doing the work, we as a Profession, individually and collectively, will see that any man, woman, or child within our midst, who has no available resources, and is unable to obtain such, with which to pay for medical services, shall receive such services when and as needed, regardless of any question of compensation therefor."

This has always been true, and the motion only proclaims it. But it is a complete and final refutation of any demand for fundamental change in our mode of rendering medical service.

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Just between us—the way Thornton's do up shirts is really something . . . just like that new store look!

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THE MEDICAL CRIER

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

● At Washington and Lee University there is an unwritten law that everyone speaks to everyone else. At the end of the college year students are all acquainted not only with each other, but a considerable number of townspeople. If you think this a good custom, try practicing it at the Society meetings. No need to run away at once after the meeting, either. Much good fellowship is enjoyed afterwards, playing pool or cards or sitting around the convivial table.

● In Cleveland they are viewing with alarm the increase in cost of professional liability insurance. Numbers of the doctors are deserting the old established companies for newer ones who offer lower premium rates. It is the old Crier's opinion that it is best to stick with a *fighting* company even if the cost is more, for the following reasons: 1) They are specialists in professional insurance; 2) They will fight rather than pay "nuisance values"; 3) They are interested in preventing suits; 4) They do not drop you if you have the misfortune to need their services.

● When Schmelling found out his transverse processes were fractured he went right out and got "plastered." He was so bad they had to put him in a straight jacket for six weeks. Good fracture treatment.

● Don't miss reading "The Yearling." It is an everlasting tribute to America's literary taste that a book like this can be number one in sales without a salacious word, a marital triangle, or even a love story. It is a splendid tale, beautifully told and depicts a very fine relationship between father and son.

● In Dayton they had to open the dispensaries due to popular demand. So the Public Relations Committee of the Medical Society tackled the problem. The plan they worked out is similar to ours with one exception.

GOLF MEET

July 28, 1938

Southern Hills Country Club

Having three hospitals, they have a central admitting bureau located at the downtown Medical Society headquarters and under Medical Society control. Here all patients desiring to enter the dispensary of any of the hospitals must be investigated to determine their financial status. Relief cases are not accepted but are taken care of on a relief setup similar to ours. Only the subsistence level individual referred by his physician is admitted. This plan avoids duplication of social workers and investigators in the various hospitals.

● They say Dave Hausser was called out to PWA Project No. L 220 6 A 19 F 63 because a man died on the job. When Dave got there the foreman had been called away and the coroner had to wait around until quitting time to find out which one was dead!

J. L. F.

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THIS CHANGING WORLD

(Continued from Page 231)

I am sure that no one will doubt this statement, or its necessity in this changing economic world, and no doubt there has been times when the doctors have underrated themselves in regard to the fees asked for in certain work that has been done by them.

Somehow it is a great responsibility whether one wishes to accept it or not, we have a very serious problem about which we are the sole protectors, and that is the future of the practice of medicine as it is handed to those who follow in our footsteps.

In this world things are going to change constantly, we must strive to choose that course which will not only be beneficial to the medical profession of today, but also the medical profession of tomorrow, and their patients. Shall we pass on to those who follow us a heritage of a noble profession or a commercialized practice of medicine.

THE INTERNES' CONTEST

Dr. Densmore Thomas (winnah No. 1), Dr. Don A. Miller (winnah No. 2), Dr. Harold J. Reese, and Dr. George L. Ambrecht, recently had the honor, and it is an honor, of causing more puckered brows than the Society has seen in a long time. These doctors are the Interne contestants who presented papers to the Society June 21st.

All the papers dealt with case records. The judges were instructed to consider: (a) manner of presentation; (b) the completeness of the work-up of the case; (c) the significance and teaching-value of the case itself. Most of the emphasis was to be given to the first two points. The judges were: Dr. R. E. Whelan, Chairman; Drs. F. W. McNamara, C. R. Clark,

John Heberding, A. E. Brant, and Mr. George Madtes.

Two prizes were offered, one of \$15.00, the other of \$10.00. Dr. Thomas received first prize for his paper on "Trichiniasis." The second prize went to Dr. Miller, who reported a case of "Stab Wound to the Left Side of the Chest." Dr. Reese's subject was, "Cardio-Vascular-Renal Cerebral Disease"; and Dr. Ambrecht discussed a case of "Ovarian Pregnancy."

To say that the judges of this contest were confronted with a very difficult problem is to indulge no empty gesture in behalf of the two men who did not receive cash prizes. Scientific excellence characterized all four papers, and in that respect no judges could have differentiated favorably towards any one paper. The decision was reached on delivery alone. Both Drs. Thomas and Miller had thoroughly memorized their papers, and being thus released from their manuscripts their delivery was more forceful.

Letter of Appreciation

June 26, 1938

Dear Dr. Norris,

The flowers sent by the Medical Society arrived today. They are very lovely and Malcolm appreciated them so much.

He is much better. The doctors say it is now just a matter of time and quiet before he will be as good as new.

We both appreciate your good wishes, and wish to thank you for your thoughtfulness.

Sincerely,

MARGARET L. HAWK.

July

NEWS ITEMS

By S. T.

Dr. John Renner has returned from the Postgraduate School of the University of Pennsylvania where he spent about one year in Surgery.

Drs. R. E. Odom, R. B. Poling, E. J. Wenaas, and S. R. Zoss as guest speakers, presented a series of papers on Allergy at the June meeting of the Staff of St. Elizabeth's Hospital.

Dr. E. H. Young has returned from a two weeks special course in Internal Medicine at the New York Postgraduate Hospital.

Dr. Poling is still convalescing from that bad appendix. He has just returned from a sojourn at Virginia Beach and expects to be back on the job August 1st.

Our heartiest congratulations and best wishes to Dr. William Neidus and Miss Ruth Hutchison who were united in marriage on June 30th. They are now on their honeymoon in New York City.

Dr. Martin Conti has returned from Bellview Hospital in New York where he took a special two weeks course in Surgery.

By C. A. G.

Dr. Malcolm Hawk is still in the California Hospital at Los Angeles. He went out to attend the meeting of the American Medical Association. He got an attack of appendicitis and was operated. He had an uneventful convalescence until he got an embolus to the lung on the sixth day. He was in a very critical condition for several days. He will leave the hospital on July 9, and will return to Youngstown about September 1.

Dr. R. G. Mossman left this week for Canada and will be gone for a month.

Dr. Samuel J. Klatman is to be congratulated on the excellent way in which he has arranged the new library at the South Side unit. Drop in some time and see how very fine it is.

Dr. Herman H. Ipp is out of the city for two weeks on vacation.

Dr. Raymond A. Hall spent the Fourth of July vacationing at Geneva-on-the-Lake.

Dr. Paul J. Fuzy will go to Boston for further postgraduate study this month.

Dr. William John Holmes has an article in the July issue of the *Ohio State Medical Journal*, "The Eye-grounds in Mental Disturbances." Dr. Holmes is an associate member of society, practicing at Warren. Work limited to eye.

Dr. Joseph Keogh is back after two years postgraduate work in New York. He will be Dr. Allsop's surgical assistant and will also do chest surgery.

Dr. Louis S. Deitchman had an article in *Ohio State Medical Bulletin* last month, "Proceedings of General Society of 1829." Historical.

Dr. A. Earl Brant—Honey Harbor, Georgian Bay, Canada. Three weeks. Fishing.

Dr. E. C. Goldcamp—Bobcaygeon, Canada, until July 14. Fishing and vacationing.

Dr. and Mrs. Wendell Bennett—Bell Haven, on Lake Erie. Two weeks; vacationing.

Dr. Sam Weaver—South Hills, Virginia, for the holiday—Fourth of July.

Dr. W. K. Allsop will go to Canada for vacation the latter part of July.

Dr. John R. Buchanan—Iowa University, 10 days, clinics, at University; Chicago Orthopedic Society for two days.

Dr. Myron H. Strinberg recently returned from New York City, where he took postgraduate work in Arthritis and in Peripheral Vascular Diseases.

Dr. M. E. Conti left June 15 for Belleville Hospital, New York City,

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GOLF MEET

July 28, 1938

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for a postoperative course in Surgery. He expects to return in July.

Dr. John A. Rogers has moved his office from Lincoln Avenue to Southern Boulevard.

Dr. Morris Deitchman was in was in Philadelphia over the holidays.

New Internes at Youngstown Hospital are all here.

Dr. Herbert Hutt, Med. College, State of Carolina.

Dr. John Emory Haller, Med. College, State of Carolina.

Dr. Myron S. Owen, Western Reserve.

Dr. Albert Louis Williamson, Kansas University.

Dr. Fred Lewis Ringwald, State University of Iowa.

Dr. John Howard Thomas, Ohio State.

Dr. Kenneth Eugene Bennett, University of Cincinnati.

Dr. Paul D. Hahn, Ohio State.

At the recent San Francisco meeting of the A. M. A., Dr. John Keyes in collaboration with Dr. Harry Goldblatt of Western Reserve University, Cleveland, presented a paper before the Section on Ophthalmology and had an exhibit in the Scientific Section. The subject of the paper and the scientific exhibit was Vascular Changes in the Eyes in Experimental Hypertension.

THE FAMILY DOCTOR

Our family doctor, we knew him well! To our father's house he came often, and with his coming he brought hope and courage. Dark might be the night, but he lightened it with his presence. We trusted him and he never failed us.

Now, according to Dr. Hugh Cabot, he has outlived his usefulness. With the dawn of a new era he has become antiquated and outmoded. To quote the daily press, "Modern scientific developments in medicine," Dr. Cabot stated, "have made the general practitioner a thing of the past, for medicine has become so highly specialized that no individual can master

it." And this is said in spite of the fact that the general practitioner today takes care of 80 to 90 per cent of the cases of illness. It is only the remaining 20 to 10 per cent who require the services of a specialist.

Is it not time for a defender of the general practitioner to step forth? Men who are sheltered and nurtured in large institutions do not speak for him. These men cannot understand the broad general problems of medicine. Why, some of these men haven't made a night call in years! Nor have they allowed any interference with their afternoon golf.

Following Dr. Cabot's reasoning to its final conclusion means each family would have a dozen doctors instead of one: a surgeon, an internist, a urologist, an obstetrician, a dermatologist, and so on. All the family need do is diagnose its own illnesses and accordingly tie themselves to the respective specialists. As simple as that!

With one bold stroke Dr. Cabot solves the question — although he doesn't realize it, the need will be for more doctors instead of fewer.

It is indeed gratifying to know that at least the doctor will not share the same fate with the little pigs and that fifth row of plowed under cotton!—*Milwaukee Medical Times*.

Summer Diarrhea In Babies

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonfuls of a thin paste of Casec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

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July

Are the Neuritic Symptoms of Pregnancy *due to a deficiency* *of vitamins B₁ and G?*

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B₁, complicated by symptoms which may be traced to shortage of vitamin G. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminoses B and G.

Dried brewers' yeast, as it is far richer than any other food in vitamins B₁ and G, is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B₁ to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

Need for Vitamins B and G in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs supplements of vitamins B₁ and G, from 3 to 5 times the normal requirement. Tarr and McNeile report that the physical, mental, and emotional status of 120 pregnant and lactating women receiving Mead's Brewers Yeast and other foods high in vitamin B was superior to that of a control group of 116 women.



Since the management of polyneuritis of pregnancy is difficult at best, it would appear logical to supply those dietary substances which may safeguard against it. One of the richest and most convenient sources of the anti-neuritic factors, vitamins B₁ and G, is Mead's Brewers Yeast Tablets. Consisting of nonviable yeast, they offer not less than 25 International vitamin B₁ units and 42 Sherman vitamin G units per gram.

Supplied in bottles of 250 and 1,000 tablets, also in 6-oz. bottles of powder.

How closely do you modify?



PHYSICIANS prescribe little unmodified cows' milk for feeding young infants for the good reason that the composition of cows' milk differs widely from that of human milk. As you know, most young infants cannot tolerate whole cows' milk.

It is possible to modify cows' milk in the home kitchen, but the extent of modification is limited. Under kitchen conditions one may prepare a formula in which the percentage of protein and carbohydrate, to some extent, approach those of human milk, but it is still far from being an adaptation to breast milk, particularly from the qualitative side. In addition, such mixtures contain decidedly less of the important food constituent, fat.

Why not go further in your modification? Why not prescribe S. M. A. which is modified under technical control to the point where its physical and chemical constants are essentially similar to breast milk?

S. M. A. resembles breast milk not only in

percentages of protein, carbohydrates, fat, and ash, but also in the chemical constants of the fat and in physical properties. In prescribing S. M. A. you know that even the buffer curve, the hydrogen ion concentration, electrical conductivity, and depression of the freezing point are almost identical with those of breast milk.

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