



"The skill of the physician shall lift up
his head: and in the sight of great men
he shall be in admiration."
Apocrypha: Ecclesiasticus; XXXVIII.1-3

BULLETIN

of the
Mahoning
County
Medical
Society

Vol. XI No. 7
July 1941



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PRESIDENT'S PAGE

What the future holds in store for us probably there is no one wise enough in America to-day to foresee. Time was when we listened with more or less respect to the advice of men prominent in political, commercial, industrial and professional circles. Time was when most of us thought we were planning wisely for the future security of ourselves and families.

Now all is chaos and confusion throughout the world. World forces, powerful and mysterious, are threatening our peace and security, reshaping our destiny, menacing our very lives.

America as we have known it is being rapidly prepared to meet the coming storm. All too few of us, I fear, realize how dark and menacing are the clouds that are about to engulf us.

To all of us in the medical profession the America we have known has been mighty kind. Most of us started with nothing but a rugged constitution and the will to forge ahead. Our country afforded us the opportunity and anything we have made of that opportunity we owe to her. Anything we can do to help in her hour of travail we are in duty bound to do.

Already the membership of the Mahoning County Medical Society has united in a grand display of team-work in examining the Selective Service Men. The response has been practically unanimous, whole-hearted and unselfish, upholding the finest traditions of the profession. To their everlasting shame, a few members have been too busy chasing their own rainbows to realize their obligations of citizenship.

To date we have been asked to contribute relatively little to our country's defense efforts. But soon we will all be called on to render a larger and larger share of our stewardship.

As medical men, those who are physically able will be called to the colors—those who are left behind will have to take on a larger responsibility in the work at home.

As loyal citizens we will be required to return a larger share of our earnings in taxes. Wise men will be putting aside something from month to month to meet the tripled or even quadrupled tax. Any who have anything left over, will buy defense bonds rather than new luxuries.

As patriotic Americans, no matter what has been our past political convictions, we will now all unite under our elected leadership in an all-out defense effort to the end, that we may save our country from the fate that has already befallen so many independent, freedom loving nations throughout the world.

O. J. WALKER, M. D., *President.*

BULLETIN *of the* Mahoning County Medical Society

J U L Y

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Editorials---

Interns Splendid!

The Interns, Drs. D. J. Birmingham and Andrew G. Lasichak of St. Elizabeth's Hospital, and Drs. Ben Green and W. T. Krichbaum of the Youngstown Hospital, delivered papers before the Society on Tuesday evening, June 17th. Each paper was just right. They must have been keenly delightful to their instructors, members of their respective Hospital Staffs. Equally their performances justified pride upon the part of each participant.

Dr. Birmingham discussed Hemolytic Jaundice; Dr. Lasichak, Diverticulitis of the Colon; Dr. Green's subject was paroxysmal Ventricular Tachycardia; and Dr. Krichbaum dealt with the Diagnosis and Treatment of Obstruction of the Small Intestine.

Begun several years ago, largely as an experiment, our Interns, year after year have demonstrated the usefulness of their efforts to the Society as well as to themselves.

This Is Play Season

Doctors, of all people, ought to play when playtime comes. They ought to play together as much as possible. If we could look down into the sanctuary of our neighbor's heart we should certainly find it filled with much of what is in our own hearts.

It will be fine if we will carry that thought with us and seek all opportunities for getting together during the next few months. Begin this month, and *Let Down!*

Hoobler Was Pretty Good—But?

Mr. Williamson presented the following resolution and moved its adoption:

WHEREAS, Mr. W. H. Hoobler has completed two years as a member of the Board of Trustees of Mahoning Tuberculosis Sanatorium; and

WHEREAS, during such term he was a loyal and enthusiastic trustee, interested in every phase of the work of stamping out tuberculosis; and

WHEREAS, it is the opinion of the other members of the board that the loss of his services is a loss to the Sanatorium and to the community and is to be regretted,

NOW, THEREFORE, be it resolved:—That this board go on record in expressing its full appreciation of his services while a member of the Board of Trustees; assuring him that his judgment was always sought, his loyalty appreciated and that his earnest counsel will live and be acted upon many times in the future for the good of the Sanatorium, so that, while he may be absent in person, his influence will live on and the work of the Sanatorium increased for his having been a member of the Board,

BE IT FURTHER RESOLVED: That the members of the Board, keeping a happy remembrance of his counsel and work, extend to him their best wishes for a happy, useful and prosperous future; and that a copy of this resolution be spread upon the minutes of this meeting and a copy be sent to Mr. Hoobler.

The motion to adopt was duly seconded by Mr. Burgstaller and unanimously carried on vote. The president then declared the resolution adopted.

(Strange, isn't it, that one whose work was so excellent wasn't reappointed? We can't imagine that politics could possibly have entered the picture! Oh, no! —Editor.)



MODERN HOME OF PRIZE WINNING PRODUCTS

Whatever measure of success has come to the Isaly Dairy Company and its Stores is due, primarily, to the high quality of Isaly Dairy Products. This enviable record is evidenced in the fact that more prizes were awarded to The Isaly Dairy Company at the 1940 Ohio State Fair than to any other dairy organization. These prizes included the coveted Blue (first) Ribbon for Isaly's Vitamin D Milk, and Second Prizes for Isaly's Standard Milk and Isaly's Pasteurized Cream. This was in addition to a First Prize for Isaly's Cream awarded in 1939. These Prize Ribbons are proudly displayed in the lobby of Isaly's modern, new Youngstown plant building.

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LECTURE ANSWERS PERSONAL HEALTH QUERIES OF MANY

Dr. William A. O'Brien Describes Problems Met in "Meeting Middle Age"

The following article by Dr. Wm. A. O'Brien on "Meeting Middle Age" is a masterpiece of scientific presentation of facts to a lay group. It was presented as the final number of a series of lectures to members of Sigma Xi Fraternity at the University of Minnesota. Scientific, accurate and erudite may safely characterize the address and these attributes merit a reprinting of this scholarly effort.

Many of the salient truths in the article may be emphasized again. The past thirty years has been the period when the average span of life has increased from 25 to 65 years, or close to that figure. The important factors in this time to enhance longevity have been: 1. The public health program in control of contagious diseases; 2. Safety campaigns; 3. absence of prolonged epidemics, famines, and wars; 4. immunization, sanitation and enlightened public opinion; 5. curative medicine over diseases such as pneumonia, diabetes, anemias, and infections.

These have been responsible for the great increase in those who reach and live through middle life. The process of aging is well explained. Aging begins at birth with atrophy of the umbilical veins, and continues with atrophy of the thymus gland in early infancy. Altered gastric juice with types of digestive failure is frequent after 20. Arterio sclerosis develops early in man. Skeletal aging is manifest in the brittleness of bones, decrease in height, shortness of step and other characteristics. Skin changes are common with age. The skin becomes thinner, the elastic tissue wrinkles, and prominent tiny blood vessels are present. The hair falls out, the toe nails become thicker, colored spots and warty growths are common.

Aging of the endocrines are manifest as menopause or prostatic hypertrophy. The circulatory system shows among other processes, loss of elasticity of the arteries, sclerosis with consequent hypertension and often coronary sclerosis. Those who are not hypertensive tend to have a smaller heart than in earlier years. This is in keeping with the loss of weight elsewhere in the body. Ability of the heart to respond to extra effort declines with age.

These processes are clearly explained in the article, and in addition social and spiritual relationships come in for inspiring as well as practical discussion. We feel that physicians who read the article will be well repaid.

—J. PAUL H.

Dr. O'Brien's Address:

Middle age is that period which follows adolescence and precedes the prime of life. During the past decade there has been a great deal of interest in this span of years because of the social, economic, and health problems it presents. Society has never known a period in which so many persons of middle life have survived. Although there is no definite time in years which can be characterized as middle life, for purposes of discussion, the years from 25 to 65 have been selected. The number of people now alive in this age group make up 42 per cent of our population.

The conditions responsible for the great increase in population between 25 and 65 are the success of the public health program in the control of contagious disease, the partial success of the safety campaign, the absence of prolonged epidemics, wars and famines. The progress in public health in the last three decades is nothing short of phenomenal. The following example will illustrate this point. In Duluth in 1900, the aver-

age at death was 27 years; in 1937 in was 59 years. In 1900, 24 per cent of the deaths occurred in the first year of life and only 4 per cent after 75 years of age. In 1937, only 5 per cent of the deaths occurred in the first year of life and 25 per cent after 75 years of age. These are not exceptional figures, for similar conditions prevail throughout the country as a whole, and in the West Central states in particular.

In 1900 tuberculosis was the first cause of death; today in its place we find heart disease. In 1911 in one reported series of deaths from tuberculosis the rate was 225 per 100,000; in 1930 it had dropped to 81, and in 1940 it was 44 per 100,000. All of the contagious diseases of childhood have become less important causes of death, namely, measles, scarlet fever, whooping cough, diphtheria, and diarrhea and enteritis.

Methods which have been employed to bring about these changes are sanitation, immunization, and the development of an enlightened public opinion which has made cooperation possible. As a result of these changes, the average age at time of death is between 60 and 65 years, depending upon the study which is quoted. In all instances, the life expectancy for women is greater than that of men. Even though the birth rate has declined, the number of persons in middle life continues to increase, because during the past 20 years curative medicine has made remarkable forward strides in the management of such diseases as pneumonia, diabetes, anemia, infections, care of mothers and their babies. There have also been increases in efficiency of curative medicine in the diseases of late life, especially those which require surgical treatment.

Someone has said that middle life is the time to prepare for old age, for already many of the aging processes have started in the body. To

many persons this is as depressing as the prospect of developing certain diseases of a degenerative nature which cannot be prevented or treated as were the infections of earlier life. The larger group of persons in middle life are also producing a social and economic problem, but my remarks will be limited to the health problems of this period. When families were larger and the interest in the child was great, practically all preventive and curative medicine was concentrated on this time of life. Now, with the development of very satisfactory programs for children, equally great attention is being devoted to middle age. A specialty in medicine called "geriatrics" to correspond with pediatrics has been seriously considered. Most of the information concerning health problems of this time of life is now available, although it is doubtful that a specialty will develop. Few persons would be willing to consult a physician with such an obvious title, and furthermore the health problems of this period cover the entire field of medicine.

Must Look Ahead to Health

After a person has reached maturity, he should take an interest in the health problems which lie ahead. Some are in the immediate future, while others are far ahead. Aging of the body cannot be avoided. It is called senescence to distinguish it from senility which is a disease process. Most of the unpleasant effects of senility can be avoided if they are understood. The constant adjustment we must make to the effects the passing years have upon our health is a necessity, for when we cease to make this adjustment, it may be said that old age has arrived. Senility is the result of inability of the individual to adjust to changing conditions in his environment. This inability may be due to cumulative aging processes or to the presence of debilitating disease.

It can be readily seen that this is not a matter of years. An athlete may be through at 25 to 30 with the roar of the crowd still in his ears. On the other hand, a judge on the bench may still turn a sensitive ear to social change and be able to keep abreast of progress even though the calendar years of his life may have reached 80. Public health can prolong life. A good heredity guarantees postponement of the fatal day to advanced years, but it is the individual who can continue to live and defer prime by the way in which he adjusts to changing conditions not only in his body but in his environment.

Aging starts at birth. Certain organs no longer needed involute and practically disappear; that is, the vessels in the umbilical cord, the connection between the aorta and the pulmonary artery, and the opening between the two sides of the heart. Later, other organs age, notably the thymus. During childhood, lymphoid tissue such as the tonsils and adenoids become smaller. There are even the telltale aging signs in the aorta of arteriosclerosis, or hardening of the arteries, which is to come later.

Digestive System's Aging

Aging in the digestive system is very definite. After the age of 20, production of hydrochloric acid in the stomach of both sexes markedly declines. The condition is well developed at 40, while at 60 nearly $\frac{1}{3}$ of people have no acid in their stomachs. In most instances this does not interfere with digestion because of compensations. On the other hand, these aging changes predispose to certain diseases of the stomach, notably, pernicious anemia and cancer. Even the secretion of saliva declines with the years. In a small boy it is abundant as evidenced by the constant desire to spit. The difficulty of the elderly in chewing dry bread is not only due to lack of teeth but also to a lack of saliva. In advanced years

the liver becomes smaller, which decreases its safety factor, as during early life the power of the liver to regenerate itself after injury or disease is great. The small intestine apparently does not change much except for shrinkage of lymphoid tissue.

Constipation is not necessarily an accompaniment of old age. Constipation is a habit problem largely induced by cathartics. Thirty-one per cent of a group of 1,032 college students complained of constipation, while thirty-one per cent of 824 persons above 80 also complained of constipation. The only evidence that there is weakening of the colon is the development of sac like protrusions along its course. This apparently does not interfere with function but may produce complications if the sacs become infected (diverticulitis).

Aging in the urinary system is largely a problem of aging of the arteries of the kidney. The kidney contains a large reserve (approximately 75 per cent more functioning tissue than is needed in health), so that destruction of large amounts may occur without harming the individual. Most of the urinary tract problems are related to obstruction in the bladder from prostatic enlargement in the male.

In the skeleton, aging changes are associated with change in texture and loss of calcium. This results in decrease in height, and certain deformities because of the lighter, weaker bones. The bones in advancing years fracture easily, which accounts for many home and traffic accidents. There is change in shape and appearance of the jaw bone with the loss of the teeth. Muscles lose their elasticity, and ligaments become less elastic which accounts for some of the stiffness of the aged. As the process develops, the middle aged notice more and more difficulty in keeping up with younger people. Even the gait changes, the length of the step

is shortened, the feet are shuffled and held wide apart to give a greater base of support, and the trunk leans forward.

Aging in the skin is one of the most notable features of advancing years. Skin has been well studied because of its accessibility and because most people have an interest in delaying aging change as long as possible. The skin becomes thinner, the hair falls out or becomes grey, and the toe nails become thick. The loss of elastic tissue causes the skin to wrinkle. An associated factor is loss of fat. Colored spots, warty growths, and thickenings are all aging signs. The development of prominent tiny blood vessels is noticeable. As a general rule, aging in the blond skin occurs more rapidly than in the brunette. Drying of the skin may be altered by the application of grease. There is also a tendency for skin temperatures to show more decided differences and chilliness and cold skin to develop.

The endocrine glands show aging changes chiefly through diminution in size. Studies of functional differences are incomplete. Instability in the nervous system is part of the aging process, and most of the endocrine glands are under nervous control. The best observations have been made in the ovaries. At the menopause there is decrease in ovarian secretion. The menopause may be induced by operation or x-ray treatment. Aside from a few disturbing symptoms, no real difficulty develops. Some women feel the need of sex hormones at this time, and modern physicians supply them. They are not effective by mouth and must be given by hypodermic injection. They act as temporary substitutes while the body is adjusting itself. Often after the menopause, both physical and sex adjustment are improved. While aging in the female is fairly definite in character, similar changes in the male are less well-defined. It is difficult to associate the changes in the

male with hormones. Live sperm are formed in over half the men in the 60's and 70's. It does not indicate that fertility is possible because of varying emotional and environmental conditions. The only insistant aging change in the male is enlargement of the prostate gland which occurs in large numbers at or about the age of 60.

Personality changes with advancing years are similar to other transitions which take place between infancy and childhood, childhood and adolescence, and adolescence and maturity. The changes which take place are all reversible processes. This is also true of the change from maturity to old age. Before extreme old age is reached, lack of ability to learn, impairment of memory for recent events, and marked increase for intolerance and conservatism are escapable developments. Many of the sex personality changes of later years are not due to bodily changes but to complex social and environmental problems largely concerned with frustration.

Symptoms associated with aging of the nervous system may appear early in life. They may take place independently of hardening of the arteries in the brain. It is probable that they represent selective aging of certain parts of the brain rather than interference with the blood supply. It is very difficult to be certain that aging as it affects the nervous system is exclusively physiological or exclusively pathological.

The eye has a normal life span which actually exceeds that of the body as a whole. There is, however, a steady decrease of efficiency even in so-called normal eyes. Visual acuity starts declining at 20 and is well-developed at 40-45. Presbyopia or loss of the power to accommodate for near vision then occurs. All the structures of the eye show regressive changes. But the conditions which interfere with sight are all due to disease.

Impaired hearing for high pitched sounds occurs so frequently in old people that it must be considered a normal accompaniment of age (from high "C" up). The majority of elderly people hear below high "C" as well as anyone else. There may be slight impairment for low tones, but bone conduction is usually lost before air conduction. The condition has been described as slight to moderate nerve denseness. The cause of the change is not known other than the atrophy which appears to be present.

The heart and circulation show changes incident to advance in years. Although high blood pressure may be observed in youth, the disease becomes increasingly frequent with advancing years; high blood pressure, however, is not normal at any time of life. The old adage that your blood pressure should be 100 plus your years expressed an average but not a desirable condition. With advancing years the arteries lose their elastic structure and harden. The heart does not enlarge with age. Excessive enlargement may be due to disease. The large heavy development of earlier years is replaced by a heart of lighter weight which is more nearly in line with the older individual. Although it is possible to maintain heart efficiency at a high level, the ability to respond to extra effort declines with advancing years. In old age the heart is smaller.

Why Your Wind Is Poor

The lungs have a tendency to lose their elasticity with advancing years. Part of the shortness of breath of middle and late life is due to this cause, part to the circulatory-respiratory imbalance, and part to fat. The elastic loss in the lungs involves all structures and is responsible for some of the difficulties with certain infections, e. g. bronchitis. Studies in vital capacity of the lungs in advancing years indicate general diminution. The inelasticity of the chest wall is also an associated factor.

The preceding changes are all characteristic of aging. It will be noted that they develop at different times in different organs. There is no uniform development according to age or sex. There is marked variation between individuals of the same group. The inherited factor in family groups makes for a certain amount of uniformity, but even this is not constant. There is no time of life when everyone can be said to be old, middle aged, or young. It is true that in certain age periods the majority of changes are of one type or another. There has been much discussion as to whether these changes are the result of natural changes of wear and tear, whether they are due to disease, e. g. infections, or whether they are due to faulty diets. It may be true that some of these conditions are contributory, but aging is characteristic of all species, and man is not an exception.

Although the average age at time of death has increased, there has been no change in individual longevity. The number of persons living past the age of 100 years is still small. Many authors quote the Biblical prophecy of three score and ten as the average age for the human species. It is perfectly obvious that many die prematurely of wear and tear processes. Modern medical science can prolong these lives. It is debatable that any information that we now possess would help us live beyond the ages now attained even by the majority of our people. The matter of heredity is important in living to an advanced age. There is an axiom that, barring accidents and communicable disease, each of us will live out the expectancy of our group. Heredity is such a variable factor in the individual's life as compared with his group's that it is not wise to make plans on this basis.

In addition to the problems incident to senescence, sickness intervenes and brings with it new problems of middle and late life. These are of

two types: those which disable and those which destroy life. Sometimes, the same condition does both. The disabling illnesses in order of their frequency are as follows: rheumatism (arthritis), heart disease, hardening of the arteries, high blood pressure, hay fever, asthma, hernia, hemorrhoids, varicose veins, nephritis, and nervous and mental diseases. On a basis of number of days lost from work or other gainful occupation, the order of frequency is nervous and mental disease, rheumatism, heart disease, arteriosclerosis, high blood pressure, tuberculosis, cancer, nephritis, disease of female organs, hay fever and asthma, disease of gall bladder and liver.

Diseases that Cause Invalidism

The greatest number of invalids are to be found in sufferers from nervous and mental diseases, heart disease, tuberculosis, arteriosclerosis, high blood pressure, diabetes, nephritis, asthma, cancer and diseases of female organs. These listings are based upon a study of some 8,000 families including 2,800,000 persons in 83 cities and 23 rural areas in 19 states, 1935-1936. The first cause of death in the United States is heart disease, with cancer second. The next two causes, arteriosclerosis (high blood pressure) and nephritis, should be grouped with heart diseases into one class, as diseases of the heart and arteries. The importance of wear and tear on the circulation is obvious, as only a certain number of cases of heart disease are due to infection (rheumatic fever). Tuberculosis is to be followed by diabetes. Diseases of the nervous and mental type, gall bladder and liver, male genito-urinary organs, and ulcers follow. These listings demonstrate several facts. Many disorders of middle and late life are disabling but not fatal. The majority of these can be corrected by proper medical treatment, e. g., hayfever, asthma, hernia, hemorrhoids, varicose veins, gall bladder disease, and so

forth. The important lessons that have been learned in regard to these problems are that we have underestimated the ability of the elderly to stand surgical treatment.

Other causes of disability and death can be prevented—nervous and mental disease and tuberculosis. Others can be managed with the cooperation of the patient and should not seriously interfere with happiness—diabetes and ulcer of stomach and duodenum. Cancer occupies a unique position in that it is the only degenerative disease which may be cured. This depends upon proper treatment of an accessible growth. Information now at hand would enable us to cure one-third of all the cancers which develop if the patient received the type of treatment mentioned above.

Rheumatism, or arthritis, remains a great problem. It is not a cause of death but is our most disabling disease. The management of a patient with rheumatism or arthritis is a long-time process but one which is satisfactory in a considerable number of cases. The disease is self-limited and tends to get well. The prevention of deformity is one of the important features of management. This survey leaves diseases of the heart and arteries as our most fatal illness. Some people reason that we have to die of something, as old age never causes death. The great problem in heart disease is to teach people how to live. It usually lasts for years and the heart does not fail until the advanced stages of the disease. The ability of patients with heart disease to live within their resources is the lesson which must be learned.

Must Understand the Process

As we grow older, we must understand what is happening. The physical changes have been described. Many of the problems of middle and late life are mental in origin. Worry over the possible presence of a serious disease, death of our friends, aging of

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- Thursday, September 11th
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our associates, social separation from younger individuals, changes of weight, loss of good looks, inability to do as much as formerly, quick retaliation when the laws of hygiene are violated, insomnia, and so forth. One of the most difficult problems of an aging individual is to make the proper adjustment. At any time of life, emotional instability is most often due to trying to be someone else. We day dream and become unhappy because we cannot be satisfied with ourselves as we are. Middle aged and elderly people cannot be younger people. In many ways, they have superior traits, unattainable in their younger years. There are certain prices we must pay for these, and we should be willing to do so.

It is impossible to fight the changes. We should understand them and make the necessary adjustments. An examination from time to time by a physician will give assurance as to the condition of our bodies. We should cultivate our gifts and find a useful place in society. An understanding of our conflicts is necessary. Although medical science has not made the progress in controlling the diseases of middle and late life that it has for the younger years, our physical heredity will help in determining our years of usefulness. Barring accidental illness and injury, each person will live out a predetermined span of years.

Does Exercise Help?

We have no proof that physical activity prolongs life. Many of the slower animals (turtle) live longer than the more active ones (birds). College athletes do not have as favorable a life expectancy as winners of Phi Beta Kappa keys. This does not mean that we should be lethargic in our habits. Active people who live within their resources (physical) lead the most useful lives. Much of the hurry and bustle that we see about us is misdirected energy expenditure and has a tendency to increase degenera-

tive changes. I do not know of any form of violent physical activity which is beneficial to the aging body. Those who exercise should do so in moderation, and we should be extremely careful not to become excessively fatigued. The average middle aged man cannot compete with his younger brothers and should recognize this fact and live accordingly.

At 40, underweight is preferable. Every extra inch on our waist line shortens our years accordingly. There are occasional exceptions to this rule, but, as a group, overweight individuals menace their life expectancy. To reduce, one should not starve or exercise. A scientifically balanced diet utilizes the fat of the body in weight reduction. If weight is excessive, a physician should be consulted. If average over-weight is present, the elimination of eating between meals, seconds, fatty foods with some restriction of the carbohydrates is all that is necessary. Sedentary people are usually overweight, and violent exercise is contraindicated. It usually increases the appetite and makes weight reduction more difficult. The diet of the middle aged should contain a liberal amount of protein, minerals, and vitamins, but a smaller portion of fats and sugars.

Some Sun Should Help

Moderate exposure to the sun is helpful. It causes us to relax and rest. Ultraviolet irradiation is not as necessary as in our younger years. In the aging skin, excessive exposure may produce cancerous changes. Care must be taken during extremely hot weather to avoid harmful effects of heat rays. There is no special virtue in fresh air; it makes us comfortable but does not have any other healthful effect. Sleeping with the windows open is not necessary, we have been told, as most people confuse this with sleeping in a cold room. Our bedrooms should be comfortable.

Everyone should learn to relax no matter what the age. If we have

acquired this useful habit when we were younger, it will serve us in good stead in middle life. It is never too late to learn. Insomnia is an important problem after forty. We should train ourselves to go to bed at a fairly regular hour ("Late to bed and late to rise" is just as true as "Early to bed and early to rise.") Insomnia is not a disease and has never caused serious health injury. The commonest cause is worry over previous experiences with insomnia. Drugs should not be taken to induce sleep, as the distracted person is a poor judge of the amount to take. Many deaths result from failure to recognize this limitation.

Bathing has social value, not health value. Extremely cold baths produce rapid circulatory changes and should be avoided. Jumping out of bed in the morning and taking a cold plunge before we are awake is purposeless. As fatigue gradually produces a feeling of sleepiness, so the reverse process occurs in the morning, as we gradually awaken. Periodic physical examinations help to discover early changes of disease and to allay fears. Modern medicine knows of no particular age at which medical or surgical treatment cannot be carried out. Good teeth help digestion. A clean body is a personal and social asset.

More Religion Needed

Adherence to religion is a logical procedure for right thinking individuals. The loss of interest in religion in our youth is in accord with the mental reactions of that period. Middle age people should not return to religion because of fear of death, but rather because of the fact that they will find most of their mental hygiene problems solved in this way. The cardinal principles of the practice of good mental hygiene are unselfishness, self-reliance, broadmindedness, and optimism (note their religious derivation). Many middle aged people fear death. Physicians know that without exception death

is painless. We should use our days in worrying about our social usefulness rather than our inevitable end.

FROM THE SECRETARY

The regular meeting of the Council of the Mahoning County Medical Society was held June 9, 1941, at the office of the Secretary. The following names were acted upon favorably by the Council for Active Membership in the Society:

Dr. Charles Frederick Wagner
Dr. John Tudor Brackin, Jr.

Unless objection in writing is filed with the Secretary within 15 days, they become members.

The regular meeting of the Society was held at the Youngstown Club Tuesday, June 17, 1941. This meeting was the Annual Internes' Contest, two from St. Elizabeth's Hospital and two from Youngstown Hospital participating. The following papers were very ably presented: "Diverticulitis of the Colon" by Dr. A. G. Lasichak, St. Elizabeth's Hospital.

"Diagnosis and Treatment of Small Intestinal Obstruction" by Dr. W. T. Krichbaum, Youngstown Hospital.

"Hemolytic Jaundice" by Dr. D. J. Birmingham, St. Elizabeth's Hospital.

"Tachycardia" by Dr. B. G. Green, Youngstown Hospital.

JOHN NOLL, M. D., Secretary.

RADIO TALKS

The following is the report on the Radio Program for June, 1941:

WKBN

June 16, 1941—Dr. E. C. Baker,
Topic, Cancer can be cured.

June 13, 1941—Dr. S. J. Tamarkin,
Topic, Are you afraid?

June 20, 1941—Dr. Gordon Nelson,
Topic, Cancer in women.

June 27, 1941—Dr. B. M. Bowman,
Topic, Cancer in men.

THE MEDICAL CRIER

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

Something ought to be done about the general public. Not morally, physically, nor mentally—so far as I know they are plugging along pretty well on those lines—but socially. Socially they are impossible. I mean the particular sample of female general public that gets you off in a corner and wants to tell you what Dr. Spiffem said about her gallstones. Or the one who wants your candid opinion on whether Dr. Farinks is qualified to take out Junior's tonsils, or the one who wants to get a little free advice about that pain right here that shoots up into his neck and down his left arm.

At any social gathering you'll see the doctors gradually herd together. Maybe it's common interest, maybe it's friendship, but I think it's just self defense. There ought to be a law to make the G. Public leave the doctors alone. In the first place, they don't talk our language. If you mention the diastolic pressure, they say "What does diastolic mean, Doctor?" and there's an hour shot to pieces. A few Sunday's ago I heard Dr. O. L. Reid talk over the radio on the subject "Blood is thicker than water, but language is thicker than blood." In his masterly way he developed the basis of the bond which exists between English speaking peoples. So it is with the doctors, the engineers, the lawyers and merchants. They just naturally gravitate together where the jargon which is second nature to them is understood.

There are many who say that we ought to educate the public more and that we should explain things fully to our patients. Maybe so, but public education is a hard job and a little medical knowledge is a double edged sword. Many are frightened by talks about cancer and syphilis. They develop phobias and go around wiping their silverware in restaurants. And

as for explaining everything fully to your patient, that is the best way I know of to get in trouble. They couldn't repeat the explanation ten minutes later and you are bound to be misquoted.

Another thing the G. Public loves is to start a fight among doctors. Some innocent-eyed young thing tells you that Dr. Grave said you were all wet about her goitre. Maybe he never knew you had treated her for goitre, but you didn't know that, so you explode and say, "Why I know more about goitre than that old fossil ever heard of," and the fight is on. Some patients even think they will get better care if the doctors argue and fight over them, and they are suspicious of a consultation where there seems to be too much agreement. They don't know how often a tactful consultant can straighten out the diagnosis or treatment of a case with no feelings hurt and the patient benefited. The worst managed case I know of have been ones where there were too many doctors quarreling and jealous of their prestige. Remember when King George had empyema?

Then there is the sample of G. Public who knows all about medicine. He reads De Kruif, Popular Science, and Time and keeps up on the latest stuff. He is always saying "What do you think of this five-day cure?" and "Why don't you spray all these kiddies' noses so they won't get paralysis?" He doesn't know the difference between a seronegative primary and a gastro-intestinal portal of entry but that doesn't daunt him. He wants to impress you. The only thing you can do is disappear as gracefully as possible and get over where the other doctors are.

Last of all is the common gossip. She is interested in private lives and is always figuring out eternal triangles. She tells how you behaved on

that football trip. If you give your Secretary a lift home she is bound to see you. She knows what you operated on Mrs. Salpinx for, and how much you charged the Lodestones. She knows why the Offem's don't call you any more and so does everyone in the Beauty Parlor. But she doesn't mean any harm, it's just human interest.

Now the moral of my piece is this: Our only protection is in sticking together. Don't get excited about what some patient says another doctor said and never let your hair down in public!

—J. L. F.

THE MEDICAL-DENTAL BUREAU ELECTS OFFICERS

The Seventh Annual Meeting of The Medical-Dental Bureau was held at the Tod Hotel, Thursday evening, June 26th. The business meeting was preceded by a dinner which was enjoyed by the largest turn-out to ever attend an Annual Meeting. The Medical-Dental Ensemble entertained the guests only as that group can do.

A short business session was held followed by comments from Dr. Fisher on the Annual Report. To succeed Dr. W. H. Hayden, Dr. H. E. Hathhorn and Dr. R. B. Poling as Board Members the following were elected to three year terms, Dr. L. S. Deitchman, Dr. L. D. Osborne and Dr. W. M. Skipp.

The new Board, at the conclusion of the meeting re-elected Dr. J. L. Fisher as President, Dr. W. J. McCarthy as Vice President, Dr. L. G. Coe as Secretary, and Dr. L. D. Osborne as Treasurer for the coming year.

Bureau Manager Honored At Convention

At the third annual convention of the National Association of Medical-Dental Bureaus held at Columbus June 11 to 13th, Mr. J. L. Price of the Youngstown Medical-Dental Bu-

reau was elected Secretary-Treasurer of the national organization. Mr. Stanley R. Mauck of the Columbus Bureau, whom many of the local doctors had the pleasure of meeting when he addressed the luncheon meeting here last March, was elected President. Ralph F. Weber of the Milwaukee Medical Business Bureau was elected Vice-President.

The honor conferred on Mr. Price was a signal one and reflects the standing of the Youngstown Bureau in the national organization. Sixty Bureaus were represented from all parts of the country, all of them either operated by or endorsed by their County Medical Societies. The Youngstown delegation consisted of five members from the Bureau personnel. Mr. Price participated in the Symposium on Bureau Development, contributing a paper on "Cooperation Of The Bureau With The Doctor's Secretary." In the Collection Clinic, Mr. Thomas Hutch who manages the collection department gave an excellent talk on "Outguessing The Debtor." Dr. Jonathan Forman, editor of the Ohio State Medical Journal, was the principal speaker at the banquet, giving an inspiring address on "The Place Of The Medical Bureau In Serving The Profession."

The next convention will be held in Kansas City. During the year Mr. Price will have charge of the publication of the monthly Bulletin of the Association.

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TWO YEARS AFTER! Another Milestone for A. M. A.

By Claude B. Norris, M. D.

At the sound of his gavel, Dr. H. H. Shoulders, speaker, on Friday afternoon, June 5th, closed the 1941 session of the House of Delegates of the A. M. A. With it, quite incidentally, ended the service as a delegate of the writer hereof.

A review of the past three sessions of the House compels the conclusion that no profession has more reason to be proud of its chosen representatives than we, the rank and file, of American Medicine. The carefulness with which all problems are considered, the fairness and consideration accorded to every member, the efficiency of those who toil through the mass of work to be done, the statesman-like grasp of questions profoundly important to us and to our country—these things merit our unstinted applause.

The A. M. A. is a vast machine. It has many parts. Such a huge organization is awesome to the novice. But when set out so that one can see its varying functions so closely coordinated, it becomes simple, direct, and honest. Realizing of course that all things human lack perfection, one fails to find a single basic fault. One must accord to our national body the highest admiration. To him who views a large piece of machinery, this little lever, that tiny spring, another idling bit of a piston, often seems superfluous—might just as well take the thing off. But take it away and this snaps, that jams, that little oiler doesn't work and—bingo! The whole mighty business is "shot"—and great damage results. That's the A. M. A.

But this huge structure didn't spring full-grown out of the forehead of Jupiter. It came about through the planning of men of brains and patience. To these men, we of the rank and file—the "little shots"—owe more than we can ever repay.

The writer feels that he can make such statements as these, now, strictly on his own, inasmuch as it will hardly be said that he has "swung around to gain favors," since he has voluntarily removed himself from that category, as the following shows:

May 20, 1941

Mr. Charles S. Nelson,
Executive Secretary,
The Ohio State Medical Ass'n.,
1005 Hartman Theatre Bldg.,
Columbus, Ohio.

Dear Mr. Nelson:

Will you be so kind as to communicate the following to the House of Delegates of the State Association, at their coming meeting?

To the House of Delegates:

I write you this with profound appreciation of the honor which you did me two years ago in electing me to the House of Delegates of the American Medical Association. However, in my opinion, it is always best to combine in the individual so honored both merit, as to the honor, and exceptional ability to serve the welfare of our Profession. After weighing the situation most carefully, I am convinced that I should, therefore, ask you to nominate and elect Dr. William M. Skipp, our faithful outgoing president, to succeed me in this responsibility.

Accept, please, my expression of high regard for your body, and my gratitude for your past favors.

Sincerely yours,

CLAUDE B. NORRIS, M. D.

The writer feels just as the above shows. He feels, also, that the Ohio House of Delegates did well to permit him to "dictate his successor." Bill Skipp is a worker, and he will be heard from.

It would be closing this too soon, however, if a few of those "men of

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brains and patience" were not mentioned. Naturally and unavoidably, space compels the omission of many more deserving names than can possibly be included. A few must suffice.

There are those of the Headquarters office in Chicago, Dr. Olin West, Secretary and General Manager; Dr. Morris Fishbein, Editor; Dr. Herman Kretschmer, Treasurer; Dr. R. G. Leland, in charge of Medical Economics, and many more of their fellow workers.

Then, as Dr. Fishbein pointed out two years ago, we are blessed with a devoted, tireless, and intelligent Board of Trustees. For many years these nine men, motivated only by the spirit of service, have wrestled with tedious and delicate tasks, many of them loaded with dynamite—with "Binary-an-explosion!" This body soon will be increased to eleven, to be elected for terms of five years, and to be eligible to re-election only once.

This step accords with the suggestions made by this writer in the *Bulletin* (June, 1939) two years ago. Could this writer possibly flatter himself that it was not entirely coincidental that the fact that his arguments then used were essentially those now used again in favor of an amendment to the by-laws to effect this change?

We must be democratic in spirit and practice, as well as in form. To that end, the Board should, in this writer's opinion, be enlarged to fifteen. Of these, five should be elected from a "grouping" of the various sections of the A. M. A. The other ten should be chosen as nearly as possible from all the different parts of the nation, for terms of three years; and no one should be eligible for continuous service to exceed nine years. ("Well, of *all the brass!*" some guy will say, for a fellow who no longer is ANYTHING, to be telling the

A. M. A. what they ought to do! Go on, Buddy,—I'm still a Fellow of the A. M. A.)

Added to the fine work is that performed by the various standing Committees, "Councils," as they are called. The special, but continuing Committees do a great service. Just now Dr. Irvin Abell and his Preparedness Committee deserve special commendation.

Gratifying, also, was the fact that at the Cleveland Session, 168 of the possible 175 members of the House of Delegates listened, asked questions, thrashed over many "puzzlers"—did their honest best to serve their constituents constructively. These men are just like us all—generally very honest, often very dumb, at times very boring. Sometimes they are childish in seeking to be seen and heard, and one now and then, is a wee bit ambitious to "get" this or that more or less distinct "honor". But three annual sessions only were quite enough to make this writer realize that our leaders, such as Van Etten, Lahey, Shoulders, Rankin, Walter Donaldson, Cullen (whose address everybody should read), are capable and earnest and their followers worthy of respect and confidence.

Yes, indeed! Some "impressions" of two years ago are "convictions" today. West and Fishbein still wield great influence—because their grasp of affairs compels others to accept their to-be-expected better-based judgment. They love their prestige and position because these are but outer expressions of the approval of their fellows, and they enjoy the emoluments because they earn them and like the rest of us, they must make a living. And—they are, with all their alert efficiency, so very human!

Without the least possible personal axe-to-grind—this writer says the A. M. A. is OKAY!

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THE HIGH COST OF AN M. D.

By J. L. PRICE

A discussion recently regarding the purveyors of medicine tended to solidify the writer's views that an entirely too large percentage of our populace do not have a just valuation of the skilled services of those who have taken the pledge of the old Greek Physician. More than a few patients continue to mumble over the cost of medical care. These mumblings may be actuated by subversive propaganda, by lack of education concerning the factors involved in the size of a physician's fee or both. They do not consider that other items constitute 70% of every medical dollar spent, i. e., hospitalization, nursing, medicines, dental care, etc., 30% therefore applies only to the physician's fee. Even on this phase their views are distorted. They do not know the cost of acquiring an M. D. Nor do they realize the cost of acquiring new learning necessitated by the constant changing of medical knowledge in all its phases. They forget they are benefited by such changes and by their receptive mind to the *new* in medicine. They are blind to the profession's search for new ideas and the M. D.'s judgment as to their worth and the correct applications. The patient who becomes the beneficiary of a better service should be made to understand the reason for increased fees. As the patient is helped physically, so should the doctor be helped economically. He has a right to expect a more just compensation.

By way of enlightenment as to why the physicians' and surgeons' fee was not what my discussant chose to call exorbitant, I attempted to explain the cost of a medical education. As a matter of fact I believe all professional men tend to overlook the investment they have as an M. D.

A few statistics which were a result of an A. M. A. survey several years ago, show the *average* physi-

cians' school days represent an investment of close to \$12,000.00. This includes pre-medical and medical training, personal expenses, tuition, various scholastic costs and finally equipping an average office so that a shingle might be displayed. Also during a doctor's lean years while he is applying himself to building a clientele his lay contemporaries are already earning an income. Then the difference in his earnings and theirs should be added to the \$12,000, and the total represents his investment. If this total, whatever it is, had been invested at a conservative 4%, a period of 20 years hence would mean a nice estate for his old age. Not many are able to produce results like that over the short term of expectancy given to the more productive years of a professional man's life.

But, I am told, a dollar buys much more in the commercial field than does my dollar in the professional field. To class the setting of professional fees with modern commercial price making is an impossibility because it lacks the fundamental elements upon which prices in the commercial world must be based.

What a difference the public present in these modern times, over the patients of years ago. Then they had implicit faith in his ability to relieve them from physical distress. Now the public must know, within the limits of their training, the cause of disease and its prevention. There has been a trend away from the mystery which formerly surrounded medical practice. This has been due to the efforts of the medical profession but the indifference of the public make education difficult. It is my belief that it becomes the duty of organized medicine however, to continue this education so that criticism of the physician's charges may be curbed to some extent at least.

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plete cure for these mumblings would be presumptuous. However, there are many arguments that can be used to

strengthen his case whenever conversation turns to the "High Cost of an M. D." Use them all.

SINCE LAST MONTH—

Miss Jean Elizabeth Morrall, daughter of Dr. and Mrs. Ralph R. Morrall, and Dr. Walter Edward Meub, Jr., son of Mr. and Mrs. Walter Edward Meub, were married at First Presbyterian Church on June 28.

Dr. Donald Rothrock is going to Westport, Pa., to spend the week end of July 4. Mrs. Rothrock had been there for a week visiting her father.

Dr. and Mrs. Wendell H. Bennett have gone to Boston, Mass., where Dr. Bennett is taking a post-graduate course in internal medicine at Harvard University.

Dr. and Mrs. F. W. McNamara were in Philadelphia where Dr. McNamara attended the reunion of his class at Jefferson Medical College commencement.

Dr. and Mrs. James D. Brown spent a short vacation at Old Point Comfort, Virginia.

Dr. Charles A. Gustafson spent one week in Chicago attending post-graduate clinics at Rush Medical School.

Dr. and Mrs. Walter B. Webb announce the birth of a son, Richard Crafts, on June 23 at North Unit of Youngstown Hospital.

Dr. and Mrs. Herman H. Ipp announce the birth of a daughter, Jane Martha, June 28th, North Side Unit. Dr. Ipp's expects to enter the service, Kelly Field, Texas, July 15.

The following fellows from the Mahoning County Medical Society attended the sessions of the A. M. A. in Cleveland:

C. M. Askue, John R. Buchanan, Edgar C. Baker, H. S. Banninga,

J. B. Birch, Harmon E. Blott, James D. Brown, O. D. Brungard, John U. Buchanan, William H. Bunn, Colin R. Clark, Leland G. Coe, Wm. D. Collier, Frederick S. Coombs, Alfred R. Cukerbaum, Gabriel E. DeCicco, Morris Deitchman, B. J. Dreiling, Armin E. Elsaesser, J. L. Fisher, Paul J. Fuzy, L. H. Getty, T. Kernan Golden, Marvin B. Goldstein, C. A. Gustafson, J. Paul Harvey, William F. Hatcher, H. E. Hathorn, O. W. Haulman, Chas. D. Hauser, John Heberding, J. K. Herald, Herman Ipp, W. L. Jones, Joseph P. Keogh, E. E. Kirkwood, S. J. Klatman, M. J. Kocialek, Gabriel B. Kramer.

John S. Lewis, Jr., C. S. Lowendorf, Paul J. Mahar, M. P. Mahrer, A. Marinelli, J. N. McCann, P. R. McConnell, W. D. McElroy, P. J. McOwen, Andrew W. Miglets, F. F. Monroe, A. C. Montani, D. E. Montgomery, R. R. Morrall, Robert M. Morrison, Stanley A. Myers, Edward C. Mylott, E. H. Nagel, J. F. Nagle, Gordon G. Nelson, Dean A. Nesbit, Claude B. Norris, Robert E. Odom, G. A. Parillo, F. F. Piercy, R. B. Poling, Jos. M. Ranz, Clara Raven, Lewis K. Reed, Harold J. Reese, Joseph Rosenfeld, Morris S. Rosenblum, Donald M. Rothrock, Henri Schmid, Samuel Schwebel, Samuel H. Sedwitz, Wm. M. Skipp, Walter K. Stewart, Michael J. Sunday, Murrill M. Szucs, Saul J. Tamarkin, Walter J. Tims, Craig C. Wales, O. J. Walker, Samuel W. Weaver, Lawrence W. Weller, E. J. Wenaas, Milton M. Yarmy, Herman S. Zeve, S. R. Zoss.

The annual ex-interns day and staff picnic of St. Elizabeth's Hospital was held on Thursday, June 19th. The days activities began with

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a scientific program in the morning. This consisted of some movies on "Otoscopy in Inflammations," papers on the "Management of Pre-Eclampsia," by Drs. P. L. Boyle and A. J. Brandt, "Treatment of Heart Failure" by Dr. M. W. Neidus and "Fascial Repair of Inguinal Hernia," by Lieut. S. W. Ondash. A complimentary luncheon was given by the hospital authorities at 12:30 P. M. At the close of the luncheon hour diplomas were presented to the departing interns and residents. The members then adjourned to the Youngstown Country Club where golf and other sports were enjoyed. Dinner at 7:00 P. M. was followed by cards and other indoor sports.

St. Elizabeth's Hospital announces the appointment of the following Residents and Interns: John Richard Ross, Johnston F. Osborne, C. Edward Pichette, Donald J. Birmingham, Sanford Kronenberg, Vincent G. Herman and Peter Marcuse.

Drs. B. Firestone and J. Nagle read papers on "The Use of Sulphan-

ilimid Preparations in Medicine and Surgery" at the June meeting of the staff of St. Elizabeth's Hospital. Dr. R. E. Odom discussed the use of drug in E. E. N. T., Dr. C. S. Lowendorf its use in Orthopedics, and Dr. P. R. McConnell its use in Urology.

Dr. A. C. Montani has moved his offices from 285 E. Federal St. to the Keith-Albee Building.

Dr. A. M. Rosenblum entertained the staff of St. Elizabeth's Hospital at his home on Saturday, June 14th.

Dr. W. H. Evans has for the past month been in California. While there he attended the meeting of the American Laryngological Rhinological and Otological Society in Los Angeles. From there he went to San Francisco and Salt Lake City. He is expected home July 7th.

Dr. M. P. Mahrer has returned from Harvard University where he has taken a course in Surgical Technique held once a year under the personal guidance of Dr. Elliot Cutler.

Examinations for Appointments in the Medical Corps of the U. S. Navy

The Surgeon General of the Navy, Rear Admiral Ross T. McIntire, (MC), U. S. Navy, announces the following schedule for examinations for appointments in the Medical Corps of the United States Navy:

Acting Assistant Surgeon for intern training:

October 6 to 9, 1941, inclusive.

January 5 to 9, 1942, inclusive.

Assistant Surgeon:

August 11 to 15, 1941, inclusive.

October 6 to 9, 1941, inclusive.

January 5 to 9, 1942, inclusive.

Examinations will be held at all of the larger Naval Hospitals and at the Naval Medical Center, Washington, D. C. Applications for authorization to take the examination must be in the Bureau of Medicine and

Surgery three weeks prior to the date of the examination. Application forms for these examinations will be forwarded by the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., upon request.

Applicants for appointment as Acting Assistant Surgeon for intern training are required to be citizens of the United States of over 21 but less than 32 years of age, members of the junior or senior classes in class "A" medical schools, and to meet the physical and other requirements for appointment.

Applicants for appointment as Assistant Surgeon are required to be citizens of the United States of over 21 but less than 32 years of age, graduates of class "A" medical schools, to have had at least one year of intern training in a hospital ac-

credited for intern training by the Council on Medical Education and Hospitals of the American Medical Association, and to meet the physical and other requirements for appointment.

Acting Assistant Surgeons for intern training are assigned to United States Naval Hospitals which have been accredited for intern training by the Council on Medical Education and Hospitals of the American Medical Association, and after they have completed twelve months of intern training may, if they so desire, apply for appointment as Assistant Surgeon in the regular Navy.

Medical Officers of the Navy are encouraged to develop a specialty and if their interest in the selected specialty warrants, these officers are assigned to postgraduate instruction in the larger Naval Hospitals, the Naval Medical Center, Washington, D. C., and at civilian medical centers. Some of the specialties in which

medical officers may seek qualification are: Surgery, Medicine, Ophthalmology, X-ray, Laboratory; Pathology, Public Health, Psychiatry, Deep-Sea Diving, Aviation Medicine (Flight Surgery), Gas Warfare, Tropical Medicine, Medical Research, Otolaryngology, etc.

A circular of information for applicants for appointment as medical officers in the United States Navy as Acting Assistant Surgeon for intern training and as Assistant Surgeon, Lieutenant (junior grade), Medical Corps, U. S. Navy, which contains full information regarding physical requirements, professional examination, rates of pay, and promotion and retirement data, may be obtained by addressing a communication to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

A. B. DAVIDSON,
Captain (MC), U. S. Navy,
District Medical Officer,
Ninth Naval Dist., Great Lakes, Ill.

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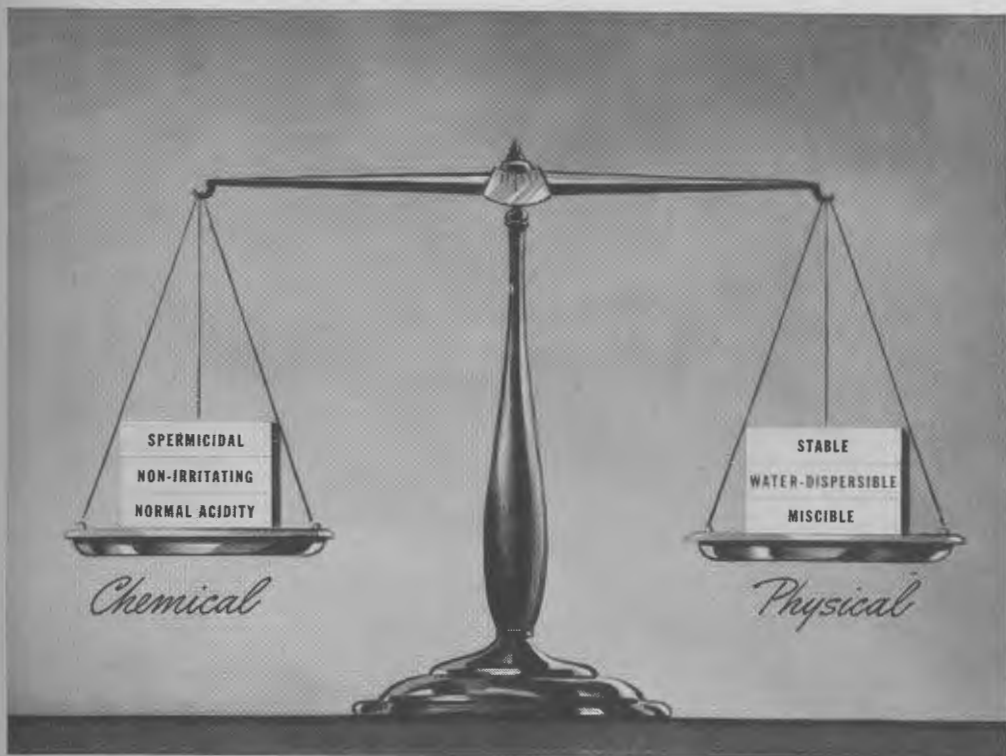
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