



"Nine-tenths of wisdom is being  
wise in time."

—Theodore Roosevelt.

# BULLETIN

of the  
Mahoning  
County  
Medical  
Society



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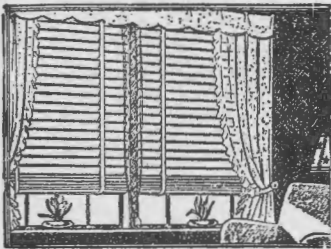
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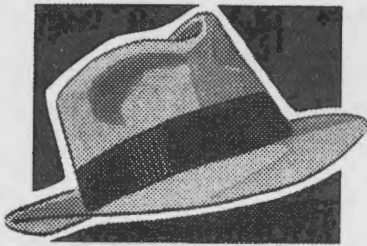
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## PRESIDENT'S PAGE

Most of us can recall the time, not so many years ago, when the chief function, in fact about the only function, of our County Medical Society was the presentation of scientific programs for its members. Today the Mahoning County Medical Society is serving its members in an ever increasing field of usefulness. The County Medical Society now is the fountain head of the educational, social, economic and political life of its members. But were we to concern ourselves with self interests alone, we would shirk one of our most important responsibilities.

I think we can all be proud of the fact that for the past many years, the Mahoning County Medical Society has taken an active interest in community affairs, furnishing leadership and giving sound and impartial advice, especially in matters pertaining to health.

The Westchester (N. Y.) Medical Bulletin in a recent editorial has well stated our position when it said: "It has ever been our avowed and consistent theory that the true interests of the medical profession and of the public exactly coincide; and the converse of this proposition has been none the less dominant in our thinking—that the genuine public interest is and must continue to be the primary interest of the medical profession."

Realizing that the Mahoning County Medical Society represents, not a section or a group, but all of the physicians of the community, more and more, civic, religious, welfare and political organizations are asking the Society for counsel and advice on health and medical matters.

Furthermore, our status for community service has been enormously strengthened by the cordial relationship that has been established with those other organizations whose work in the health field is so closely tied up with medical practice. The fine attendance and the intense interest shown in the recent lectures by Dr. Spies on the Vitamin Problem is a good evidence of this relationship. And what groups of our community could have been a more fertile field in which to plant Dr. Spies' message?

Recently the Red Cross has asked us to help organize its Disaster Preparedness effort and through the leadership of our Public Health Committee, the Mahoning County Nutrition Council has been started.

Those of you who have not already done so are urged to read Dick Aszling's article in the October number of the Ohio State Medical Journal entitled "How to organize a Community Health Education Program." It is full of suggestions for rendering service to our community.

Activity on our Medical Care Plan has ceased during the past few months due to it being studied in conjunction with other plans by the State Medical Association. This does not mean that Mahoning County physicians

(Continued on Page 338)

*November*

## Editorial---

### The "Obvious" May Not Be The Truth

Recently a statement of the selective service boards of the nation summarized the causes of rejection of the number of rejectees, and the percentages for each of the causes. Those rejected were shown to be about 50% of all those examined.

The public press quickly played up that startling fact. Prominent people pronounced it "something terrible." The public probably by now believes we are a nation of decadent youth,—that physical inferiority is the pilot sign of American Young Folks.

Germany doubtless thinks we are a pitiful lot, to be liquidated when she gets around to it. But this is not the 1920's. In that idiotic decade it was popular to accept for ourselves the charge of both moral and physical debasement. We are still not all we should be perhaps, but we know very well that neither are we wholly what we should not be.

Grant that we need physical correction, political medicine now and at any other time, is not the remedy.

But let us look at the picture. The selective service report itemized causes for rejection as follows:

Dental defects, 188,000 cases, 20.9 per cent.

Defective eyes, 123,000 cases, 13.7 per cent.

Cardiovascular diseases, 96,000 cases, 10.6 per cent.

Musculoskeletal defects, 61,000 cases, 6.8 per cent.

Veneral diseases, 57,000 cases, 6.3 per cent.

Mental and nervous diseases, 57,000 cases, 6.3 per cent.

Hernia, 56,000 cases, 5.2 per cent.

Defects of ears, 41,000 cases, 4.6 per cent.

Defects of feet, 36,000 cases, 4.0 per cent.

Defective lungs, including tuberculosis, 26,000 cases, 2.9 per cent.

Miscellaneous, 159,000 cases, 17.7 per cent.

It is perfectly evident that the vast preponderance of these objections are for minor and easily corrected defects. Negligence, such as we are all guilty of, is responsible for nearly all of it; not poverty; not lack of skilled medical and dental service.

It is true that many of those rejected can do and are doing as hard manual labor over as long hours as will ever be required of our soldiers, except in extreme emergencies, and only at rare intervals; in most cases not at all.

The explanation just now is that we are aiming at building the finest army in the world. To that end we are taking only the cream of the crop.

It is fine for us to pursue that ideal of the best. But, let us not jump at erroneous conclusions because of it. Like many other perfectly obvious situations, they are not the true situation.



## PROGRESS in the Dairy Industry

Rapid strides, during the past few years, have been made in the modernization of methods and equipment for the greater protection of milk and cream products.

This increased margin of safety has made it possible for Isaly's and other large dairy distributors operating milk routes, to eliminate Sunday delivery. Such a step, inaugurated in Canton, Akron, Mansfield, Columbus and many other nearby cities a year ago, has worked out very successfully. This movement is in keeping with the government's conservation of oil and gas program and at the same time provides definitely better working conditions for employees.

# ISALY'S

Dairy Specialists

## POSTGRADUATE REVIEWS

(Outlines of Some of the Addresses Given Before the Society April 30, 1941)

### Endocrine Therapy In General Practice

By E. L. Severinghaus

The time and intensity relations of thyroid action furnish definite reasons for qualifying the plan of treatment of hypothyroidism. The details of management of hypoparathyroid tetany and of osteitis fibrosa cystica are based on an understanding of the kidney's difficulty in excretion of phosphorus and the resultant disturbance in serum calcium concentration. The management of adrenal cortex deficiency has been very much improved as a consequence of finding active extracts of the adrenal cortex which can be used hypodermically and now for maintenance of many cases orally. A reduction of obesity is often improved by an understanding of the mechanism for using sugar and the production of hypoglycemic hunger between meals. The stimulation of growth in children with retarded gains in stature depends on using active pituitary extracts standardized by their ability to make animals grow. It is necessary to be certain that the epiphyses have not yet united with the diaphyses of the long bones. Pituitary gonadotropic extract therapy for stimulation of patients with retarded or incomplete maturity is possible but must be used with an understanding of the reciprocal relationship between the gonad and the pituitary. When the ovaries have become exhausted and the climacteric approaches, a symptom complex develops which is called menopause syndrome. This is to be treated by the use of all estrogen which may be injected or used orally and which will give relief from symptoms if the dosage is adequate. Therapy is conducted by maintaining relief from symptoms, gradually reducing the dose to the vanishing point, after which no more therapy is needed.

### Morbidity Accompanying The Therapy of Pain

By Dr. Ralph M. Waters

Experimental evidence was presented, supporting the contention that the functions which maintain normal respiratory exchange are disturbed by the drugs commonly used to relieve pain.

Certain responsibilities of the physician who administers such drugs were emphasized.

1. Care in selection and individualization of dosage.

2. Intelligent management of patients depressed either by drugs, or illness, or injury to prevent and correct inadequate respiratory exchange through the use of—

- a. Artificial airways.
- b. Mechanical means of enhancing exchange.
- c. "Stir-up" routine every hour for patients during periods of depression.
- d. Clearing the tracheo-bronchial tree of accumulated secretions and contamination.
- e. Oxygen therapy.

### The Service of Anesthesiology In The Modern Hospital

Remarks tended to show that anesthesiology service has been able to justify its existence through the performance of many helpful aids to the other departments in the modern hospital.

In addition to furnishing safe and satisfactory anesthesia during the routine as well as the more complicated modern surgical procedures, the anesthetist can be helpful in other ways.

1. Care of respiratory emergencies.
2. Care of circulatory emergencies.
3. Gas therapy.
4. Intravenous therapy.
5. Certain diagnostic and therapeutic procedures.

Cooperation with all the other departments, including the hospital management, has been found, in some institutions, complete justification for the existence of a department of

anesthesia. In institutions where it is in operation over a period of years, such a plan has brought benefit, economy and satisfaction to patients, staff members and hospital administrators.

## VITAMIN VICTIMS VINDICATED

Dr. Tom Spies of Cincinnati and points south, who has more titles and appointments than a general has medals, punctured many a false notion about Vitamins when he appeared before the Mahoning County Medical Society on October 30th. The occasion was the Annual Fall Post graduate Lectures which were attended by over three hundred physicians, dentists, druggists, dieticians and hospital officials.

Although a national authority on nutrition and vitamins, Dr. Spies was willing to admit freely there was a great deal he did not know about vitamins and their action. He is one of a great army of research men who are groping their way along through uncharted fields. One of the greatest handicaps in the study of vitamins is the lack of laboratory tests to measure quantitatively the amount or concentration of any given vitamin in the tissues. Even the most reliable test of all, the Biophotometer test for Vitamin A must be interpreted with careful clinical judgment. It is very unusual to find a deficiency of one single vitamin without the lack of many others, yet Dr. Spies said that the diagnosis should be made accurately and the necessary vitamin or vitamins prescribed for clinical signs of deficiency rather than just on suspicion. He disliked the term B Complex but could supply no better name, since it is a complex group made up of many factors.

Dr. Spies stressed the importance of a well balanced diet as the best source of vitamins. Diets which are deficient in vitamins are bound to be deficient in other important substances such as proteins and minerals and these deficiencies cannot be

made up by taking vitamin concentrates. The more that wheat is milled and refined, the more vitamin it loses. More whole wheat should be used in bread and cereals. Milk was mentioned as a natural source of vitamins and methods of preventing their deterioration were described. Methods of preserving vitamin B in fresh vegetables during cooking were given and should be known by every housewife. A very palatable formula of brewer's yeast in peanut butter was mentioned as a good method for supplying B Complex. The role of Nicotine Acid in reducing the nausea and depression caused by sulfonamides was discussed, and it was shown that the sickness caused by deep X-Ray therapy could be prevented by giving 100 mg. of Nicotine Acid and 10 mg. of Thiamine Chloride before the treatment.

When confronted with a patient presenting clinical signs of vitamin deficiency, it behooves the attending physician to go beyond the mere fact of the deficiency and find out the reason for its existence. The final diagnosis may prove to be carcinoma of the intestinal tract, chronic alcoholism, food faddism or plain poverty. Dr. Spies answered many questions after the dinner and the interest shown in his talk was so keen that many of the audience would have liked to ask more.

The program and social committee are to be commended for the fine arrangements for this successful meeting in which such a large crowd was handled so smoothly. Although all our programs have been of very high type, Dr. Spies' appearance makes a bright spot in any series.

J.L.F.

November

## THE MEDICAL CRIER

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

A Doctor's bag is an interesting thing. Nothing expresses his personality more than its appearance, its contents and their arrangement. You can tell more about a doctor by looking in his bag than you can by quizzing him for an hour. How many of them have a shabby, battered appearance,—all slouched down and gaping open to reveal a roll of exposed cotton and instruments! How often the interior is a confused jumble of things thrown in to be located again by pawing and searching! When such a bag is opened at the patient's bedside it speaks loudly of the last case visited, and gives rise to thoughts of germs and contagion.

The doctor's bag should be a model of neatness and efficiency. It goes everywhere with him day and night. It is his traveling office. It must contain all the essential things to care for all the routine cases as well as the emergencies that he meets. Unlike the plumber, the doctor never tells his patients to wait while he gets more tools to do the job. He is expected to have them whether the case is one of poisoning, fractured bones or childbirth. When Morris Fishbein told the Committee on Costs of Medical Care that ninety-five per cent of human ills could be taken care of out of the doctor's bag, he never spoke truer words!

When the doctor's bag is packed neatly, with gauze and cotton in clean containers, thermometers in sterilizing solution, bandages in their sealed containers, bottles bright and clean (with labels on them), the patient gets the idea that this was done especially for him. Happy is the doctor who has the gift of making each patient think he is that doctor's most important case. Many a doctor owes his popularity to the possession of

this fortunate faculty. He seldom talks about others he is treating, his interest and solicitude are all for the case in hand and his bag never shows traces of the last case visited.

A strange thing about a doctor's bag is that it never seems large enough. Things are always being added to its contents and seldom does anything seem unimportant enough to leave out. Like the camel, it groans and stretches and bears it up to a certain point, then comes the breaking point and a revision has to be made. A good plan is to carry three bags in the car. First, a general medical bag with antiseptics, cotton, gauze, thermometers, gloves, Sphygmomanometer, hemacytometer, lights for throat and ears, medicine case, prescription blanks, dressing instruments and sterile syringes. Second, an emergency bag with stomach tube, burn dressings, splints, suture material, instruments, catheters and bandages. Third, an obstetrics bag which should always be ready even though the doctor's maternity cases all go to the hospital. It will come in mighty handy for uterine bleeding. It is a whole lot better if one can control the bleeding before transporting the patient.

At least once a week the doctor should take everything out of his bag and repack it. You will be surprised at what you find there. A small boy's pockets are practically an empty void in comparison with the junk accumulated. Don't let anyone else pack your bag for you. Keep a list of essential things and check against it. Remember it is your symbol of service and by your bag they shall know you!

J.L.F.

---

POSITION WANTED—As secretary or Doctor's assistant—2 years hospital training—10 years office experience. Phone 39832.

## PRESIDENT'S PAGE

(Continued from Page 332)

have lost interest in, or have dropped the plan. In the light of the results of physical examinations of draftees, in which approximately 1/3 of our young men were found physically handicapped, now more than ever, it is necessary that the medical profession assume active leadership in finding a way to correct this lack of use of our medical facilities and knowledge. By virtue of the deepening world crisis, complete medical care for our residents at the bottom of the economic ladder has become a national necessity.

Yes, in the words of the Ohio State Medical Association's Journal, "There are many new responsibilities confronting the medical profession; many new functions for it to perform." May we so measure up to these demands for service to the community by giving of our fund of medical knowledge, not for selfish advancement, but rather in the best interest of the public welfare, to the end that "these services earn for the Society its truest and most important assets—namely, public esteem, public confidence and appreciation of, the aims and purposes of medical organization."

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

### *To An Old Skull*

They should have left you buried years ago  
 When you still had a name; what your life meant  
 No one can tell. Those eager men intent  
 Awhile upon your contour, now can know  
 No more than you had known; nor did the slow  
 And painful course which they pursued prevent  
 Their going after you in your descent  
 Into a nameless past. But you still show  
 Your naked teeth as if a mirthless grin  
 Was all your life had found with which to mock  
 What seemed to you the fruitless ways of man:  
 That this alone remained while all within  
 Had gone to mix again with air and rock  
 In that oblivious mass where it began.

—WARREN DEWEESE COY.

*Editor's Note: We are greatly pleased to have Dr. Coy's promise to supply us more of these "nuggets"!*



## DR. DONALDSON COMING TO BUREAU LUNCHEON

The monthly luncheon meeting of the Medical-Dental Bureau on Nov. 13th will have as its guest speaker Dr. Walter F. Donaldson of Pittsburgh who is well known in Youngstown as the Editor of the Pittsburgh Medical Bulletin. In addition to his Editorial duties, Dr. Donaldson is Secretary of the Medical Society of the State of Pennsylvania and a member of the Judicial Council of the American Medical Association.

The subject of Dr. Donaldson's address will be "Medical Statesmanship," in which he will review the part played by the American Medical Association in national affairs. Following the address there will be a question and answer period. It is expected that there will be much interest shown and questions asked about the recent A.M.A. trial in Washington. Dr. Donaldson was present during the entire trial and will no doubt be able to tell many interesting sidelights if properly urged. In his address he plans to review the A.M.A. activities in the defense emergency. The luncheon will be complimentary to members and their friends. It will be given at the Tod Hotel at noon and will let out promptly at 1:30 P. M.

### Surgical Movies in Color to be Shown

After the noon luncheon of the Medical-Dental Bureau on November 13, motion pictures will be shown. The films to be shown at this meeting are "Low Cervical Caesarian Section" and "Joint Debridement in Arthritis." The Bureau is planning to bring more films of general medical and dental interest for future meetings.

### Doctor's Speaking Class Going Strong

The class in public speaking sponsored by the Bureau has had two meetings and will continue until March 1942. Sessions are held every Monday night at the Y.M.C.A. af-

ter office hours. There is still room for a few more doctors who would like to acquire poise when called upon to say a few well chosen words. Mr. Roy Fellers is the capable instructor.

## A DOCTOR

*Dedicated to one who has served the sick for fifty years.*

Just a quiet small town doctor,  
Making calls in wind and rain,  
Through the winter and the summer,  
On both town and country lane.

Ever cheerful in the sickroom,  
Spreading sunshine, hope and health,  
Battling sickness with his knowledge,  
Courage is his inner wealth!

Ever ready with his satchel,  
Glad to answer any call,  
Through the summer and the winter,  
Flowering spring or chilly fall.  
Like a haven is his wisdom,  
To the weak, the poor, the old,  
Giving comfort to the stricken,  
Whose great thanks surpasses gold.

Through the night and early morning,  
Still his vigil he would keep,  
To preserve that life so fragile,  
And to raise it from the deep.

Never has he asked for GLORY  
DUTY is his daily plight,  
God will give him FAME ETERNAL,  
In a glorious heavenly light.

—JANE O'BRYAN.

**And now in November—**

**Specifically, November 18th—**

## **Dr. Claude S. Beck**

**Professor Neurosurgery, Western Reserve University School of  
Medicine, Cleveland, Ohio**



Dr. Beck is Neurosurgeon of University Hospitals and Cleveland City Hospital. He is a member of the American Surgical Association; Society for Clinical Surgery; American Association for Thoracic Surgery; and American Heart Association.

### **Heart Diseases Treated by Operation**

Everybody knows something about Dr. Beck's remarkable results with surgery of the heart in such conditions as coronary obstruction. His work is most encouraging. His address he says, "Will be based upon extensive experience, both in the research laboratory and in the Clinic."

This is to be another of a long and ever-lengthening series of events in our Society's progress, of which we are very proud. Our colleagues from other Societies are most cordially welcome.



**Tuesday Evening, November 18, 1941**

**YOUNGSTOWN CLUB**

## **Next Month--**

**ANNUAL MEETING**

**ELECTION OF OFFICERS**

**December 16th**

**YOUNGSTOWN CLUB**

---

## **Then--**

**January 20th, 1942**

**YOUNGSTOWN CLUB**

**MACK SAUER, the man**

**"with a cold"—i.e. a Cold, precise, peculiar, but by-no-means  
perfunctory, punch to what he says. BE NOT deceived; BE  
THERE to hear him.**

## THE BRIGHTER SIDE

By Damon Runyon

*(Here's an article sent to the Editor by Esther Hamilton: Mr. Runyon is strong for us; so is Esther.)*

The next time you see your doctor, feel sorry for him. He is the most neglected of all citizens, though no one will deny that he is the most valuable.

He is expected to be first in the aid and comfort of the people in time of epidemic and disaster and first in caring for the sick and hurt at all times, regardless of compensation. He must be the first to answer the call of his government to war to risk his life in trying to salvage the wrecks of battle.

And in return the Government does nothing for him from an economic standpoint. The doctor is denied the benefits of Social Security and similar protections which the Government provides for most of its citizens. No regulations on wages and hours or working conditions apply to him. No provision is made for his future. The doctor is the stepchild of our national family as far as the Government is concerned.

He does not have the safeguards with which the members of nearly all other professions surround themselves. He has no union, no other organization designed for anything more than the exchange of scientific ideas, no association for mutual benefits of a material nature. If you asked a doctor why his profession does not form a sort of a guild and join the C. I. O. or the A. F. of L. and take steps to protect the interests of the doctors generally, he would be so shaken at the very thought that he would have to write a prescription for his own nerves.

WE CAN JUST imagine the stir an organization of that nature would

create throughout the land. There would be a great outcry, indeed, if the doctors decided they needed a union to better the conditions of their profession, say with reference to hours and compensation and pensions and working conditions in hospitals and elsewhere and to regulate the amount of service they render the public free of charge and to bring about a little more promptness in the settlement of bills among patients able to pay. It would be quite a spectacle to see a committee of distinguished union doctors picketing the premises of some notorious non-payer of medical fees.

But of course you will never see such an organization. The code of the profession requires that the doctor demean himself more rigidly than the rest of us in every way. It requires that he carry on with reference only to the ethics and the dignity of his calling and with no thought of his own welfare. Still, we think it is an unfair and unreasonable situation when the butcher and the baker are raising their prices on the doctor and the Government raising his taxes and he is expected to go along on his old scale.

It never occurred to us to wonder what becomes of superannuated doctors until the other night when we were gabbing with Dr. Leo Michel, a well known New York physician, and asked him if the medical profession has a home or other method of retirement for its aged and infirm. Then we learned that we had accidentally touched one of Dr. Michel's soft spots. It seems that he and other doctors have long been advocating a national home.

There is a small home in New York State accommodating perhaps half a dozen members, which is wholly inadequate. What Dr. Michel

and his associates want is a large institution worthy of a profession that numbers 250,000 members in the United States. They think the doctors themselves should establish the home though we believe it could appropriately come from the Government which expects so much of its doctors and does so little for them.

If we could ease ourself into Congress we would introduce a bill providing for the building and maintenance of a fine home for the old doctors, not on the order of an eleemosynary institution, but more like an elegant club to which retirement would be in the nature of high honor and a reward for public service. We would provide that club not only with all the creature comforts but with every facility that money can buy to enable the old doctors to continue any studies and medical experiments they desired.

And we guarantee that out of the wealth of slightly antique but still workable brains and out of the experience we would have gathered there, free from the burdens of non-paying patients, we would enrich the world of science with valuable discoveries. One important finding would be worth the cost of the whole shooting match. We think the M. D.'s should give serious consideration to Runyon for Congress.

#### Lay Education Committee

Following is the report of the Radio Program and speeches for October, 1941.

October 1, 1941—WKBN—Dr. George M. McKelvey, topic, "Stomach Aches and Cathartics."

October 8, 1941—WKBN—Dr. Joseph F. Nagle, topic, "Stomach Ache."

October 15, 1941—WKBN—Dr.

1941

James D. Brown, topic, "What a Broken Bone Really Means."

October 22, 1941—WKBN—Dr. C. A. Gustafson, topic, "Fall Health Hazards."

October 29, 1941—WKBN—Dr. Paul J. Mahar, topic, "The Common Cold."

#### Speeches:

Oct. 22nd—Dr. Claude Norris, "Public Health and Defense," before the Ohio Wesleyan alumnae. Also on the special tax levy for the County Tuberculosis Hospital before the Rotary Club, Oct. 29.

October 27—Dr. Wm. M. Skipp, "Endocrine Glands," Chi Epsilon Club.

W. M. SKIPP, M. D. CHAIRMAN.

#### From The Secretary

The regular Council meeting was held at the office of the Secretary on Monday, October 13. The following names were approved for membership in the Society.

#### *Active Membership*

Dr. John Harold Smith of Sebring, Ohio.

Dr. William E. Sovik of Campbell, Ohio.

Dr. James Henry Wallace of Youngstown, Ohio.

#### *Interne Membership*

Dr. Charles Herbert Cronick of Youngstown, Ohio.

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

JOHN NOLL, M. D.  
Secretary.

## SINCE LAST MONTH

Dr. and Mrs. Barclay M. Brandmiller, announce the birth of a daughter at North Side unit, Youngstown Hospital, Saturday, October 25th.

Dr. and Mrs. J. T. Brachin, announce the birth of Twins, October 25th.

Dr. Eleanor Payne Cheydlleur announces the opening of offices at 2009 Hillman St. Practice limited to obstetrics and diseases of children.

Dr. and Mrs. Edward H. Hake enjoyed a motor trip to Boston and toured New England.

Dr. and Mrs. C. R. Clark were registered at Chalfonte-Hadden Hall, Atlantic City, Oct. 11.

Dr. and Mrs. Joseph Rosenfeld spent the week of October 11th in New York City where they were guests at Hotel Gotham.

Dr. and Mrs. J. N. McCann spent a week in Minneapolis, Minn., Dr. McCann attending the International Medical Assembly.

Dr. and Mrs. Herman S. Zeve recently enjoyed a motor trip to Williamsburg, Va., and Philadelphia.

Dr. E. E. Kirkwood was guest speaker at the Y's Men Club dinner at the Y.M.C.A. Thursday, October 16th.

Dr. and Mrs. James L. Fisher and Dr. and Mrs. D. H. Smeltzer visited their sons, Dave and Jim Smeltzer and James L. Fisher, Jr., all Duke University students. Dr. Fisher and Dr. Smeltzer attended a three-day medical session at Duke University Hospital.

Dr. Claude B. Norris spoke at a meeting of Ohio Wesleyan University (Monnett Club), October 19th, his subject, "Public Health and National Defense."

Dr. and Mrs. Gordon Nelson and

daughter, Judy, and Dr. J. Clair Vance flew to Minneapolis, Minnesota, October 11th. Dr. Nelson and Dr. Vance attended the post-graduate Inter-State Medical Assembly.

Mary Louise Bierkamp and Dr. Jos. P. Keogh, Jr., j. g., of the United States Naval Reserve medical corps, were married Saturday, October 26th. Mrs. Keogh is the daughter of Dr. and Mrs. Frederick J. Bierkamp.

Dr. Carl H. Campbell, Canfield, visited Dr. McCurdy at the latter's home at East St. Johnsbury, Vermont, in September. Dr. McCurdy (our "Sid") told Dr. Campbell (our "Carl") that he misses us terribly and that he just dotes on our Bulletin.

Dr. R. B. Poling presented a paper on the use of Vitamins in Medicine and Dr. H. E. Chalker on their use in Surgery at the October meeting of the staff of St. Elizabeth's Hospital.

Dr. and Mrs. T. K. Golden and Dr. and Mrs. J. J. Wasilko attended the Notre Dame-Army football game in New York City.

Dr. and Mrs. E. H. Young have returned from a one week eastern trip. While in Norfolk they were permitted a tour of the U. S. Naval Yards. They saw the aircraft carrier "Illustrious" and several other vessels that had seen active duty in the war.

Drs. David Levy, J. N. McCann, M. W. Neidus, Gordon Nelson and J. C. Vance attended the Interstate Post-Graduate Medical Assembly in Minneapolis, Minn.

Dr. and Mrs. P. J. McOwen have gone to California for a six weeks stay.

Dr. and Mrs. B. J. Dreiling have returned from a ten days vacation in New York City.

## ABOUT US

On divers occasions precedent hereof, the Editor hath belabored me that I divert those of you who may read herein away from mean and earthy and narrow horizons and bid thee cast thy gaze abroad from the mountain tops. (In other words, to get up out of the mud!) This I was loath to do because forsooth *entre nous* my own feet abideth also much in wet earth. My reflections, therefore, led me to shun for a very long time such a situation.

But the promise of him that no divulgement shall be procurable even by the most prying leadeth me on. Such faith me thinks in fellow mortal resteth not upon experience, but let worst come to worst, verily it behooveth me to aver that I care not one of the least of the little damns. Thus and in spirit most trustful proceedeth I. What booteth it if Doctors gain the whole world and loseth their own souls! I'll bite; what booteth it?

Of the harassments of him whose efforts are Esculopian in tenor if not in effect, perhaps the greatest is fear. And this is no plagiarism of the National Chief.

Fear persecuteth medicos, maketh them to do over-much or under little. Fear haunteth their waking hours and tormenteth their dreams. It sufficeth not that the goblins be vapor and devoid of substance. 'Tis the scourge of the beginner that he may never achieve; of him midway that he shall fail of recognition; of the aged that his authorship of mal-venture shall become known, and he held to account.

Fear that his patients per chance may die from, not inspite of, his ministrations, abideth ever with the man who would heal; fear that him whom he healeth will render words in payment therefor rather than in "wads" whereby he may replenish his depleted stores of gauze and groceries. Fear, also, for his children, that he

be called upon to bail them out of the hoosegow and to pay damages for loss of automobile and limb if not for maiming and killing. Fear, too, of competitors, whose sole aim is survival but through similar fear hitteth below the belt. Fear of his government, because there ariseth ever and anon charges that compatriots go wanting medical care in the midst of plenty of medical skill. Indeed, so doth this fear beset him that he cryeth out constantly that he is better, aye much better than very very good!

So, this poor man joineth with his fellows to form Medical Societies, wherein and whereby he may meet and discourse with those of the same bewilderments. He organizeth widely and proclaimeth where all and sundry may know that thus ariseth media for the dissemination of lore useful in the service of the afflicted. He getteth office therein; or failing, hateth them that do, or envieth them, and discusseth adversely all efforts good and bad. And presseth on with such fierceness that nullifieth much that may be good as done and because done by him that prevaieth over him. Him, also the winner hateth or at least loveth not, even though by much protest the reverse he proclaimeth. Ergo, much that be substantial is dissipated.

None-the-less, and over-weighing it all, progress is made. Thus the wandering Galens falter and fumble, until cometh a GREAT CRISIS. Whenas it seemeth that mercy and goodness none seeth in another, the great awakener ariseth. And what be THAT CRISIS?

COMMON DANGER, like to engulf everyone. Then putteth each his shoulder to the wheel!

THAT CRISIS be upon us today—and

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*Sic Semper*



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## FINDINGS FROM THE FIELD

### MEDICAL PREPAREDNESS FOR THE PRESENT WAR

By J. P. H.

Comments by Dr. Evarts A. Graham are worth repeating here:

A great deal has been said about the lack of preparedness of those who went into the last war. This time we are easing into the war, presumably; anyway, steps are being taken to avoid many blunders which were made in the last war by a total lack of preparedness. In 1916 the National Research Council was organized at the request of President Wilson in order to have a body to whom appeals could be made for assistance in all kinds of scientific problems. One division is the division of medical science. There is one in chemistry, one in engineering, and so on. This organization has been kept going since the last war.

When the present war in Europe became active last May, the surgeons-general appealed to the National Research Council in regard to various problems concerned with the preparation of the medical corps of the army and navy and public health service for another war, if it should be impending. As a result of that request, various committees were set up.

There are two bodies which are interested in developing a program of medical defense. One is the division of medical sciences of the National Research Council; the other is a committee appointed by the President on medical and health activities. The latter committee is one of five members, consisting of, ex-officio, the three surgeons-general and of the chairman of the division of medical sciences, Dr. Lewis Weed, and a fifth member at large, Dr. Irvin Abell, who acts as chairman. The committee on health activities recently, unfortunately, has been subordinated to the federal security agency of which Mr. McNutt is the

general coordinator. This committee has concerned itself largely with what might be called the social aspects of medicine, problems concerned with the care of the civilian population in case of emergency, problems of epidemiology, and so on.

The various committees of the National Research Council are engaged for the most part in two lines of work. One is the investigation of various problems, the undertaking of research of various kinds. The other problem is, working with the A. M. A., the cataloging of doctors who answered the A. M. A. questionnaire, in order to decide into what categories the various doctors would best fit. This latter job in itself has been a large one.

In order to avoid a lot of the perplexities of the last war, it was felt it would be necessary to have a set of manuals prepared which would be very elementary but would bring up to date the knowledge which exists about certain fields of medicine and surgery. One of these manuals was prepared on the subject of first-aid treatment of all kinds. It is being printed and will be distributed to every medical officer. In addition there are to be more comprehensive manuals dealing particularly with regional surgical problems, for example, one on head injuries, one on injuries of the chest, and so on. Some are in press and others are about to go to press.

I am not going into the organization of the medical corps of the army. It does not differ essentially from that existing at the time of the last war. I imagine what everybody is most interested in knowing are the answers to two questions. Almost every doctor is interested in knowing what is to be done about the medical student. England ran short of doctors

 **TIME THIEVES***A Long Time Ago . . .*

Seneca, the old philosopher said,

"There is nothing we can properly call our own, except our time and our experience, yet always someone is cheating us out of it."

Poor Seneca, how right he would be, even today. If a man borrows money there must be security and it is only reasonable that we expect him to pay it back. If we are robbed of our belongings there are laws for the punishment of the thief, but many who are helping themselves to **your** time and experience repose smugly in the belief they owe you nothing.

We wish we could truthfully say that a **new** type of collection service was being offered by the Bureau's collection division, but we can't. We can say, however, that a **better** type exists to properly combat these "time thieves."

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J. L. PRICE, Mgr.

and sent an emergency call to the United States. Also, allusion was made to the fact that medical students were sent back from combatant forces and made to go on with their medical instruction. In spite of all that, there was an enormous shortage of doctors in England after the war was over because of the large number of casualties that had occurred in the British medical corps.

Having learned that lesson, in England, Canada, and Australia, not only are medical students not subject to the draft but they are not being allowed to enlist. Despite all of that, our government so far has not taken any definite steps to conserve the supply of doctors for the future. Judging by what occurred in the last war, one can say almost certainly we shall have to send to England, American doctors. There is every evidence that will happen. If we have to send over to England a considerable number of our doctors, if we have to supply a large army of our own with medical officers, also a fairly large navy, if we take out of medical schools the medical students, where are we going to be three or four years from now? We are likely to be in a position where we shall have to ask England please send us doctors. The kettle is boiling in Washington in regard to this matter but there has been no definite evidence there is going to be any particular recognition of the fact that regardless of all other considerations, medical students ought to be deferred indefinitely.

A little may be said about the needs of the army itself. There are about 15,000 men in the reserve corps. A large number of them are not suitable for active service because of age, physical condition, dependents, importance of position, and various other reasons. Where is the army going to get 4,300 men essential for its requirements. I do not know where those men are going to be ob-

tained. Your guess is as good as mine but they are going to be obtained. The situation is complicated still further by the fact they are expected to serve only one year. You can see that in another year the situation will be still more acute because there will have to be supplied considerably more than 4,300 for the needs of the army in the following year. If we get into actual hostilities or get into a psychological state of being at war, doubtless there will be plenty of volunteers to fill gaps in the medical corps of the army and navy. If we do not get into actual hostilities this emergency is going to be a very acute one.

The question is often asked what provisions are being made for the training of those men who are in the army now—I mean for additional professional training. Those who remember the last war recall that courses of instruction were set up for reserve officers in various professional activities. Up to the present time such courses have not been set up for two good reasons. One is that the doctors in active service cannot be spared because the service is undermanned. The second reason is civilian doctors cannot be called out from their practice and made to go somewhere for a month or six weeks of training, very well; certainly that could not be done without compensation of some sort, and at the present time there are no funds for compensation for the training of the civilian doctors.

Of course if we get into active war, the reserve corps will expand rapidly and those in the reserve corps will go into the army and receive various courses of instruction. The committees of the research council in conjunction with representatives of the Surgeons-generals of army and navy have arranged for a number of such courses in various centers throughout the United States, and when the proper time arises these

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courses can be set in motion without difficulty. There is now a course of instruction in orthopedic surgery being given at Walter Reed Hospital. Aside from that, there are no others going on.

In the twenty-odd years which have elapsed since the last war, there has been enormous progress made in medicine, and many problems which had to be faced in the last war will not have to be faced in this war. One of the striking things of the last war was the evidence of conquest of typhoid fever. In the present war the problem of tetanus seems to be non-existent because of routine administration of tetanus toxoid; there has been virtually no tetanus in those armies which have used the toxoid. Again, the use of sulfanilamid and derivatives perhaps will make a tremendous difference in the course of some infections. Various blood substitutes make it possible to get plas-

ma at the front easily, and many men who died from the effects of hemorrhage in the last war will undoubtedly be saved in the coming war.

I may add, however, that new problems have arisen. There is the airplane. Mechanical ingenuity has outstripped physiological knowledge. When you think of an airplane going 300 miles an hour suddenly making a turn you can realize the terrific force put upon the men in that plane.

With the airplane also there are tremendous effects which come with a change in altitude. Modern airplanes can gain altitude at the rate of a mile a minute. Efforts are being made to make certain the aviator does not get "the bends."

An interesting feature of the work of the committee is the consideration of suggestions made. Some are important, some are ridiculously funny. It is well to have a central clearing house for the suggestions.

## RADIO TALK GIVEN FOR EDUCATIONAL COMMITTEE THE TUNE UP

(Advice we doctors need as much as anybody.—Editor)

By Maurice I. Kaplan, M. D.

Are you going to make a long motor trip? If so, your first thought will be about your automobile. If you are a handyman you will start tuning up the motor; you will check up on the carburetor; you will test the ignition system and look over the tires. The oil pump of course will receive your careful attention. If you are too busy, or better still, if you are going to take a real long trip you will prefer to have an expert tune up your car. You will then take your car over to your favorite repair man and say, "George, I am planning a long trip. See if the old jalopy will take it. Check and tune her up properly. I am going on a long trip you know so the old buggy has to be O.K." You will ask for this tuning up because you know that breakdowns on the road far from gar-

ages or repair shops not only delay your trip and take the pleasure out of your vacation, but are quite expensive. What you want to do is to prevent these expensive and exasperating delays. You know from your own experience and from the experience of your friends, that there is nothing that will take more fun out of your motor trip than a breakdown, miles from nowhere.

How about yourself, your own machine? Do you give your living mechanism the same attention, care and consideration that you give the inanimate metal make up of your motor car? Do you go to your doctor and say, "Doctor, I am planning a long and exhausting motor trip which will keep me at the wheel for hours. I am going places where the altitude will be changed, from down

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a valley to up on a high mountain. Doctor do you think that this pump of mine can take it? Do you think I can stand the constant grind for days. Do you think, Doctor, that I am physically fit for such a trip?" No, of course you do not. You take your health for granted. Yes, indeed, that is the trouble with most of us. We just take our well-being for granted. Good health is a gift of the Gods, but do we treasure it, do we care for it, do we watch over it as we would any other treasure? No sir, we do not. We keep going on all six or eight cylinders until there is a breakdown and the breakdown does not usually take place at a convenient time. This breakdown comes on as a rule when you are in the midst of a big business deal or when you are all tied up with work, piled up high head over heels. You have not had any check-ups; you have failed to go to your expert mechanic who is your doctor to look you over. You have neglected a tune up of the most important machine you possess.

Your heart, your lungs, your eyes, or your nerves cannot be replaced once they have lost their proper functioning ability. Your heart is not entirely unlike your carburetor, nor your nervous system unlike your ignition system, nor your lungs unlike the intake manifold in your car. They cannot be replaced with new ones. Yet there is a similarity—you can check up on them. You can put them in proper tuning if you look after them, just as you must have an expert check on your car, so must you have your doctor check upon yourself, the most precious machine in the world, and the only one you can, or ever will have.

If your car wears out, or if you do not like the model you now own, you can trade it in for a new one. Not so with your body. Once it is given you, it is up to you to keep it in proper condition as long as you can. This is directly up to you. This you can do by regular tune ups.

When a car is new it needs only occasional mechanical attention. When it gets older the care it requires is in direct ratio to its use and abuse, especially its abuse. A fairly new car can be quite old looking if abused, regardless of its actual age, while on the other hand a rather old car may perform and look like a new one. That depends upon its use or abuse. So it is with you. A person may be young in years yet old in looks and actions and the reverse may be true. A person may be old in years and still be young as far as his body activities are concerned. The end results will tell on you depending upon the treatment you have afforded your body capacities. If you have failed to do things in moderation, time will tell. If you have failed to check up on some weak spots here or there as the case may be, time will tell. If there is a let-down somewhere in your physical make-up, a check in time will prevent greater damage later on. This is up to you. Breakdowns may be prevented to a certain degree depending on the regularity of your tune ups, by your physician.

The older you get the closer you must watch the various systems in your body, your circulatory system especially, that is your heart. Your heart, which is the master pump of your circulatory system must be always functioning properly to keep you in the best of health. At the first sign of the oil pump in your car going wrong, you take your car to your mechanic. So should it be with the first sign of your own pump, your heart, going wrong. You must visit your expert mechanic, your doctor.

Your doctor is trained for such work and it is much easier for him to prevent a disease than it is to cure you of one that you have already acquired. It is upon you who are driving a car that the welfare of many people depends. As much upon your physical condition as upon the phys-

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ical condition of your brakes. Can you picture to yourself driving a beautiful streamlined automobile with an excellent 100 horsepower motor humming along a highway, weaving in and out of traffic with no brakes or poorly working brakes? You would not dare take the chances. Traffic is much too heavy for such a dangerous combination. It is just not done or many would suffer the consequences, let alone the property damage that may ensue.

If you drive your car at great speed over prolonged periods, it will need more frequent overhauls. You must give the engine more frequent attention than if you were driving more slowly and more carefully. Then, too, if you have been in the habit of running your automobile at a steady, rather slow rate of speed, you would not dare open it up wide suddenly, for if you do, you are certain something will go wrong. Your body, which has been going along at the same constant rate cannot stand the strain of a sudden week end burst of energy.

Did you ever hear of a boxer, wrestler or ballplayer or any other athlete jumping into the ring or track or ball diamond without first conditioning himself, without first going through a period of regular intensive training? Have you noticed at a ball game when a new pitcher goes into a game he first takes a few warm-up throws. That is, of course, after he has been warming up out in the bull-pen. Then again, this ball player is keeping himself in trim at all times even if he does not play in regular games. These men are constantly in training and have a regular coach with them who guides them in their regular exercises. They also have a doctor with them who watches over every little move they make. The doctor is always on hand to advise the proper care of the bodies of these athletes. Why? Because each player

must be at his best. If a muscle is strained or pulled he must give it a rest. He must see that it is at its best for the strenuous task the player has before him.

A business man whose sole physical exercise during the entire week consists of nothing more strenuous than pushing a pencil across a paper, or sitting behind a desk, goes to a Sunday picnic, plays ball and slides home like a baseball star; wins a race like a crack miler or swims fifty yards like an Olympian champion, or at least tries to do it that way; then the inevitable is sure to happen. His pump goes on the fritz in a few months or so and unfinished business remains unfinished. Dad, try to remember that you are not as you were when you were twenty or thirty. Do not try to show your son that you can still out-pitch anyone, or out-swim your neighbor as you used to do when in your prime. Time takes its toll and one must be conditioned to do strenuous outbursts of activities. Why do we doctors have so many injury cases on Mondays, or days following vacations or holidays? Why are there so many accidents on the roads on Sunday evening or on the days following holidays, or even on week days in the twilight hours? The answer is: Those at the wheel are tired and their mental faculties do not work as quickly and as clearly as when they are fresh and not tired. It is the extra strain upon your system that drains the stored-up energy. One should not work or play until he is overtired. That is when the greatest strain is put upon the various parts of your body, especially the heart. You might as well try to get more power, energy or work out of a tired horse pulling a load up a hill by whipping him. He will make a sudden burst, but not for long, the strain will tell.

The mind is willing but the body refuses to follow suit. One's life is valued very little until he sees it be-

ginning to slip. **PREVENT THE SLIPPING**, by regular tune ups.

The doctor who examines you periodically can be compared to the efficiency engineer in your factory. In order to produce efficiently, your factory must be well organized. Your doctor's job is to instruct you how to organize yourself properly for the work you do. He will advise you as to the required frequency of examinations and will tell you what is best to do during the intervals between them.

Make your visits to the doctor regularly and consistent with your working hours. The character and frequency of the examinations the doctor will make depends upon your age, your habits, and your occupation. The more hazardous and the more trying your work is, the oftener should be your visits.

Have some consideration for the driver of your car. Remember your brakes—watch your week-end energy

s spurts—don't open the throttle too wide. Your doctor will advise you when to slow up. Have yourself examined at regular intervals; follow the instructions and **PREVENT THE SLIPPING. TUNE-UP.**

—Pittsburgh Medical Bulletin.

### Poor Old "Sam"

(Bulletin Lawrence County (Pa.) Med. Society)

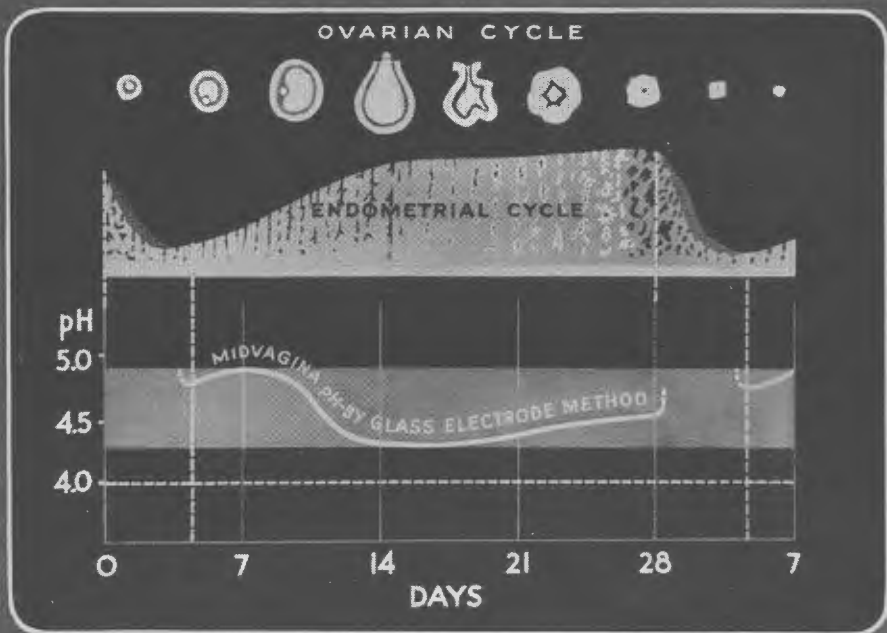
In one of his recent articles "Believe-It-or-Not" Ripley states "the human spine can stand the pulling strength of four horses—two at each end—without tearing a single vertebra apart." Four mighty horses can't do the trick! However, we know plenty of two-legged jackasses who claim to be able to shove these friendly vertebra around with only their thumbs and fingers plus the imagination of their patients. What a show of strength; and what an exhibition of ignorance! In view of the present-day practices our old friend Samson must have been a weakling. Even at that what a spine-thumber he would have made.

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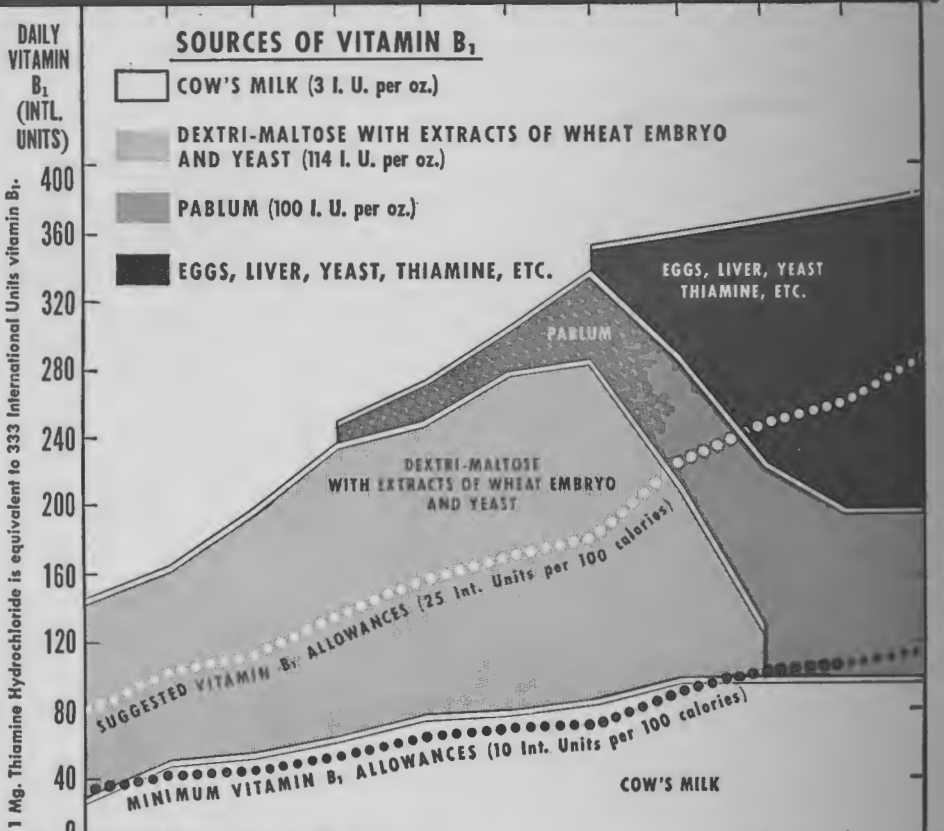
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AGE, Mos. 1/4	1	2	3	4	5	6	9	12	18	24
WEIGHT, Lbs. 7	9	10	12	14	15	16	20	22	23	25
MILK, Oz. 10	16	18	21	25	26	28	32	32	32	32
DEXTRI-MALTOSE WITH EXTRACTS OF WHEAT EMBRYO AND YEAST, Oz. 1	1	1 1/4	1 1/2	1 1/2	1 3/4	1 3/4	1			
PABLUM, Oz. 0	0	0	1/8	1/4	1/4	1/2	3/4	1	1	1

This chart visualizes the important amounts of vitamin B<sub>1</sub> the growing infant obtains from supplementary foods when "Dextri-Maltose With Extracts of Wheat Embryo and Yeast" is used as a carbohydrate modifier of cow's milk, and when "Pabulum" is used as a cereal feeding. In addition, these two products supply the entire vitamin B complex (including riboflavin and nicotinic acid) as well as significant amounts of iron.

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