

BULLETIN

of the
Mahoning County
Medical Society



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February, 1935

Volume 5

Number 2



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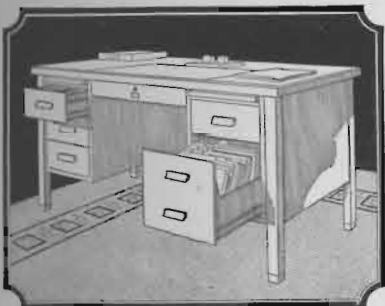
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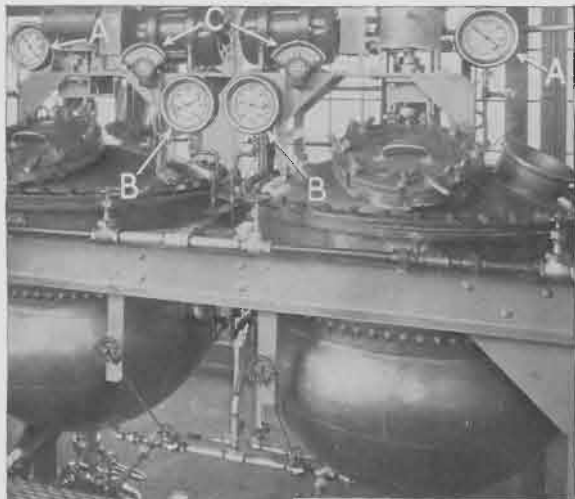
If you instruct ten different mothers, "Cook baby's cereal thus and so," there will be ten different results.

HOME-COOKED cereal is seldom a uniform product . . . because of many uncontrolled factors. The cook, for instance, rarely measures the cereal and the liquid accurately. Nor does she time the cooking carefully. Even if she does, the intensity of the heat varies. Further, the degree of evaporation differs.

Even the type of utensil is a factor. Cooking cereal in a double boiler is likely to cause a surface "skin" to form that is even less digestible than raw starch, Carman *et al* find from digestibility

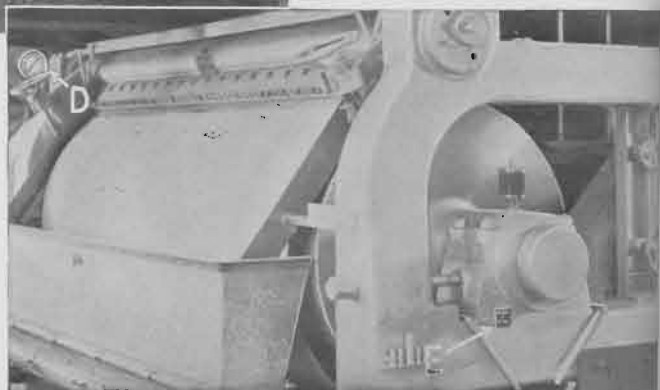
studies *in vitro* of breakfast cereals. They also report that single-boiler cooking for more than 15 minutes actually "decreases digestibility because of the formation of lumps produced by too rapid evaporation of water." This clumping is unavoidable without a condenser and with ordinary household utensils.

Pablum*, in contrast, is manufactured by a patented process and precision methods which insure a thoroughly cooked and uniform cereal. This is substantiated by *in vitro* studies of Ross and Burrill, which show that the starch of Pablum without additional cooking is more rapidly digested than that of oatmeal, farina, cornmeal, or whole wheat cooked 4 hours in a double boiler.



Left—Two double-jacket cookers in which Pablum is steam-cooked under rigid control. Live steam of uniform pressure and temperature flows into the cookers and displaces air above the cereal thus preventing oxidation and affording protection to vitamins and flavor. A unique paddle-knife constantly agitates the mixture so that a fresh surface is constantly presented to the steam. Note three gauges used in controlling cooking: (A) gauges maintaining uniform steam pressure in tops of cookers; (B) gauges regulating steam pressure in surrounding jackets; (C) thermometers for control of temperature (control of steam pressure and of temperature are both essential).

Right—One of many drum dryers used in the manufacture of Pablum. After the cereal mixture is steam-cooked it is dropped between revolving steam-heated rollers which roll and dry it in a uniform layer of material. Gauge (D) is used as a check on the steam pressure within the drums. Distance between them is maintained within thousandths of an inch by means of a micrometer plate (E).



*Pablum (Mead's Cereal pre-cooked) is a palatable cereal enriched with vitamin and mineral containing foods, consisting of wheatmeal, oatmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast and sodium chloride. Patent pending.

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From the October, 1934, issue of
COUNTRY GENTLEMAN
 We quote the following excerpts:

"* * * * * As a result, in all the breed associations, there has been a sudden and surging turning toward the herd test type of record to get the true picture of individuals and the herd for lactation-after-lactation and over the lifetime.

"No place can facts be found better to substantiate such beliefs than in the most excellent herd of pedigree Jersey cattle belonging to **MRS. JOHN HEBERDING, OF CANFIELD, OHIO.** Recently this herd has completed the very high record, in the official herd test of the American Jersey Cattle Club, of 617.5 pounds of butterfat in 11,278 pounds of milk, breaking all herd records for the Jersey breed.

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*Mr. Roemer is a Colorado breeder of pedigree Guernseys.
 (Bold type is ours.)

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 Annual Subscription, \$2.00.

Vol. V, No. 2.

CONTENTS

February, 1935

PRESIDENT'S PAGE	40
WASHINGTON (EDITORIAL)	41
SECRETARY'S REPORT	42
MEDICAL FACTS	<i>J. G. B.</i> 43
OPINIONS OF OTHERS	
VIRCHOW	<i>William Bartlett, M. D.</i> 44
IMPORTANT MEDICAL-HOSPITAL LEGISLATION	<i>O. J. Walker, M. D.</i> 45
ANNUAL REPORT OF THE	
YOUNGSTOWN HOSPITAL ASSOCIATION	<i>B. W. Stewart</i> 46
ECTOPIC PREGNANCY (Concluding)	<i>J. Allen Altdoerffer, M. D.</i> 47
DR. HAROLD J. BEARD	48
CYNANCHE TRACHEALIS	<i>Louis S. Deitchman, M. D.</i> 51
MISCELLANEOUS ITEMS	

Pages will be numbered consecutively this year to make references
in Bound Volume more convenient.

SAVE YOUR BULLETINS FOR BINDING

PRESIDENT'S PAGE

The BULLETIN this year is being mailed to the Secretary of every County Medical Society in the State of Ohio. This issue contains such important news that I hope it will be read carefully and passed along to the Officers and Legislative Committees of each Society. The important news I refer to is the bill which will be introduced into the State Legislature by the Ohio Hospital Association during the present session.

This bill will revolutionize the method of rendering medical care to the indigent sick. In its present wording it seems so nearly perfect from the standpoint of the patient, the public, and those rendering the service, that every doctor should be familiar with its provisions and do his utmost to secure its enactment without changes which would destroy the principles it lays down. The details of the bill will be discussed elsewhere, but it will not be amiss to mention some of the high spots.

First, the care of the indigent sick is taken out of the hands of the poor authorities and placed under control of the Health Department where it should be. The Health Commissioner of each district is required to be a licensed physician (which not quite all are now), and among his other duties is the supervision of the medical care of the poor of his district.

Indigency is defined, and any indigent person may call the physician of his choice, who may render the proper service whether in the home, the office, or the hospital. The method of providing funds for payment of such service is provided in the bill. Arrangements for hospitalization and the requirements for acceptable hospitals are set forth. The admission of a patient into the hospital does not terminate the liability of the health district to pay the physician in attendance nor prevent the patient from his choice of physician unless the rules of the hospital are violated.

The care of crippled children, the tuberculous, and victims of automobile accidents, is not included in the bill as these are provided for by law elsewhere.

Those of us who have been concerned about the medical relief of the indigent when the Federal Emergency Relief Act shall be terminated, as it soon will be, will find the answer in this bill if it is adopted. Here is a plan for service to the poor which fulfills the requirements of the American Medical Association. The principle of free choice is maintained. The responsibility for the character of the medical service is borne by the profession, and the confidential relationship between patient and physician is retained. It includes within its scope all the qualified physicians who wish to give service.

If you feel that the responsibility for medical relief for those unable to pay rests upon society at large rather than on the Medical Profession alone; if you feel that such patients are entitled to efficient, sympathetic, and confidential care; if you feel that free choice and the patient-physician relationship should be maintained whether in the office, the home, or the hospital—*then let your opinion be known. Let it be known to your State Council and to your district Councillor. Let it be known to the State Senators and Representatives in your district.* Let the members of the Ohio Hospital Association know you approve of their efforts. Here is a piece of legislation worth fighting for. Its passage may mean the difference between orderliness and chaos in rendering medical treatment to a large portion of the population of Ohio.

JAMES L. FISHER.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

F E B R U A R Y 1 9 3 5

WASHINGTON

Your attention is called to the article, "Cynanche Trachealis," by Dr. Louis S. Deitchman (first instalment). Besides its high literary merit, it places new emphasis upon the majestic, but quite human, Washington.

The life of "The Father of His Country" exemplifies nothing more clearly than solid common sense. He was no extremist. He was neither "left wing" (except to England) nor "right wing" (except to demagogues of his own time.) He declared that extremists are sometimes useful people, but more often they are irritating pests. His "Letters and Recollections" (Doubleday, Doran & Co.), show that this great man found no conflict between careful husbandry and public duty.

Without destroying what has proved good, were he alive today he would thrust out that which is out-moded, useless, or harmful—regardless of the halo of age-old usage. He would have a twin-8, not a two-horse hack! This he would do in medical affairs, were he a physician, no less than in political matters as a statesman.

Washington conceivably would point out to the proper authorities that the doctor spends 7 to 10 expensive years in direct preparation for medical service; that his office is no longer in a pair of saddle bags but in a down-town business building, and is full of costly equipment which is constantly becoming obsolete and must be replaced. He might emphasize that, due to an avalanche of immigration to meet the vast artificially increased need for labor, growing out of the demands of the Great War; the large over-expansion of the facilities of production to meet those unprecedented demands; the installation of machines, with their uncanny as well as admirable capacity to replace human labor; and the sudden drying up of the demand for this labor, partly from the failure of markets and partly from mechanization, this has resulted: Today, instead of 3 to 5 per cent. being our load of pure charity, the figure is practically 30 per cent.—along with less ability to pay the doctor's normal fee on the part of the rest of the population. *Washington* was practical!

SECRETARY'S REPORT

Council meeting was held January 4, 1935, in conjunction with the Chairmen of the newly appointed committees. This meeting was in the home of the President, Dr. J. L. Fisher. The President asked for expression from the councillors present as to his newly appointed committees and then asked for suggestions from the Chairmen of the committees as to the work that is to be carried on this year. Also, he asked the Chairmen to co-operate to the fullest for the good of the Society. He thanked each Chairman for accepting his appointment, and requested that they bring their unsolved problems to Council. Such problems as may not be properly disposed of by this body will be taken to the floor of the Society for decision.

Council meeting was held January 22, 1935, for the purpose of discussing several economic problems, and the Society as a whole was invited to take part. Some 40 members of the society were present at this session and expressed their views freely. The new Hospital and Medical Bill for the hospital and medical care of the indigent, fixing responsibility in the health authorities for payment of the physician whether the patient is in or out of the hospital, was discussed. This bill is being sponsored by the Ohio Hospital Association. It was suggested that the bill be presented to the Society as a whole for its acceptance or rejection.

The Medical Economics Committee raised the question as to whether it should continue its plan of classification of physicians in the FERA, which includes all specialists and general practitioners. Some of the general practitioners had raised the question as to whether they would be allowed to do minor surgical operations,

as general practitioners. The Council, with the sanction and approval of the other members present, instructed the Committee to continue as before, and in special problems to use their own best judgment.

The next question raised dealt with the situation soon to arise, when the Federal government returns the indigent back to the local subdivision for care. The following motion was passed: "That the present Medical-Economics Committee continue under the new set-up and that this Committee be empowered to negotiate with the new State Director of Relief, to arrange a fee schedule to be based on the fee schedule of the Industrial Commission of Ohio, and to include compensation to physicians for care of indigent patients in the hospital."

The Annual Banquet of the Mahoning County Medical Society was held in Youngstown Club, January 17, 1935. The guest speaker was Dr. Geo. H. Hendon, Professor of Surgery, University of Louisville. The Entertainment Committee did an exceptionally good job. Present were 180 members and guests. They were well entertained, both with a delightful meal and then by a wonderful address by Dr. Hendon on "The Continuous Intravenous in the Treatment of Duodenal Ulcer."

Membership

The following men have been passed by the Censors and Council: Dr. Leon J. Malock, 914 Glenwood Avenue; Dr. Paul S. Williams, Hubbard, Ohio; Thomas Kernan Golden, 403 Central Tower; and Dr. Enrico Di Iorio, 280 E. Federal Street. If there are any objections to these becoming members of our Society, kindly communicate in writing to this office within 15 days after the publication of this notice.

WM. M. SKIPP, *Secretary.*

February

MEDICAL FACTS

By J. G. B.

In a case of influenzal meningitis reported from the Massachusetts General Hospital the smears from the spinal fluid showed no organisms at first, but after the fluid had stood in the warm laboratory overnight the smears revealed 30 to 40 typical influenza bacilli in each field. This procedure will be used routinely, since a diagnosis can be made 24 hours before culture reports are available.

* * *

Ward and Fothergill, of Boston, report 10 recoveries in a series of 90 cases of influenzal meningitis treated with a serum they have been working on for some time. Previously serum therapy has been ineffective in influenzal as well as in streptococcus and pneumococcus meningitis.

* * *

Speaking of new treatments—McCullagh, biochemist at the Cleveland Clinic, has prepared a substance ("Inhibin") which, when given orally, bids fair to do away with prostatectomy.

* * *

Tumors lying in the anterior part of the chest are probably dermoids or teratomas; in the posterior part—neuromas, gangliomas or sarcomas.

* * *

A small amount of barium mixed with petrolagar may be safely given to a patient with a certain degree of intestinal obstruction. If no petrolagar is added there is danger of causing a complete obstruction.

* * *

According to T. B. Mallory, tuberculosis of the intestinal tract without any active tuberculosis in the chest is fairly common.

* * *

A case of colloid adenocarcinoma of the rectum with metastases has recently been reported in a 12-year old child. The same group of men report a case of an 85-year old woman with jaundice, who had a carcinoma of the

head of the pancreas. A preoperative diagnosis of gall stones was made because she was "too old for malignancy."

* * *

According to the new teaching, Banti's disease or so-called splenic anemia is the result of thrombophlebitis of the splenic vein. The circulatory obstruction is the main factor in producing the enormous spleen. Collateral circulation develops with eventual rupture from the varices.

* * *

Other possible portals of entry of the pneumococcus into the blood stream, besides the lungs, are the ears, the sinuses, the throat, and the bile ducts.

* * *

Be very careful about making the diagnosis of psychoneurosis in a patient over 40 who has not shown symptoms of neurasthenia before.

* * *

Carcinoma of the pancreas may cause lower back pain.

* * *

Colicky pain in a female patient may be due to the uterus trying to expel a fibroid within its cavity.

* * *

E. Ross Mintz of Boston says: "Total hematuria, contrary to orthodox teaching does not necessarily mean bleeding from the kidney. Vesical lesions show it likewise."

* * *

As a general rule persons with a renal or vesical neoplasm lose weight only when the disease has advanced to some degree. In a series of 185 cases with renal growth seen at the Cleveland Clinic the average duration of the illness before the patients were brought in was 19 months.

* * *

"I hold the maxim no less applicable to public than to private affairs, that honesty is always the best policy."
—George Washington.

OPINIONS OF OTHERS

Virchow

By WILLARD BARTLETT, M. D.

(From Weekly Bulletin of the St. Louis Medical Society, January 18, 1935. The article is quoted only in part.—Editor.)

As this subject [Virchow, personal side] has developed, I feel it has outgrown its title in a way. The historical side, the broader side, I intend to acquaint you with; his life and times and the contacts he made, have rather pushed the personal impression side of it into the background.

When you consider how many distinguished names are coupled with the development of modern medicine, it might come somewhat as a surprise for me to tell you that three men only have established an absolutely new era in the course of medical history. Leonardo da Vinci, not a doctor at all but an artist and an architect, drew the human figure and published his drawings in a book which stimulated Vesalius to develop into a man who has been termed the father of anatomy.

Physiology was born in 1628 when Harvey discovered the circulation of the blood. These things developed slowly. It was known that the blood circulates before Harvey, but Harvey gets the credit for establishing it.

Then we go from 1628 to 1847 when Virchow by his discovery and demonstration that all animal cells (or plant cells, for that matter) develop out of pre-existing cells, laid the foundation for the development of medicine as far as his study of tissues are concerned, particularly pathological tissues.

Virchow was born in a tiny village, Shivelbein, in Pomerania, with nothing in his heritage to warrant what he became. To the university at the age of 18, graduating at 22; joined the Berlin faculty at 26 in a minor capacity, not as a pathologist but as an internal medical man.

At 27 he joined the Wurzburg faculty. This was in 1848 when many physicians were driven out of Prussia. When he was 35, the distinction he had gained at Wurzburg led to the capitulation of Berlin which invited the revolutionist back to Berlin. We now come to some of the points in his many-sided career. He was elected to the Berlin council at 40, to the lower house of parliament at 41; organized the sanitary corps of the Prussian Army at 49, and took it to Paris, then under siege, in 1870.

Again his versatility. After the war he designed the chain of Berlin city hospitals. He designed absolutely the whole sanitary system of Berlin. At 58 he accompanied the great explorer Schlieemann to Troy, not only as an archeologist, but as physician to the party. Then he entered the upper house at 59. He became the most bitter opponent the Iron Chancellor, Bismarck, had in Berlin. By the time he was 64 he had with his own hands prepared 17,000 specimens, put them into jars, put in fluid, written the labels.

On my first visit to the institute I saw a little man hurrying along, a man in a threadbare suit of clothes whom I took to be the *diener*. I asked him if he knew where I could find the professor. Yes, he said, the professor would be glad to see me. I followed him into a little room where he took off his coat and hat. "Now," he said, "you are in the presence of the professor."

IMPORTANT MEDICAL-HOSPITAL LEGISLATION

By O. J. WALKER, M. D., Chairman, Legislative Committee

The Ohio Hospital Association is introducing into the present session of the Ohio legislature a bill which revises and clarifies the laws pertaining to the rendering of medical and surgical care and hospital service to the indigent, transferring the administration of such functions from the township trustees and other poor relief authorities to the local *health* authorities, where it rightfully belongs.

Those parts of the bill affecting the physician and medical practice have been written at the suggestion of the Council of the Ohio State Medical Association and can be summarized as follows: (1) The right of free choice by the indigent patient of his own physician; (2) Provision for payment to the physician for medical service rendered to the needy, whether such service is rendered in the home, office, or hospital; (3) Provision for payment of reasonable fees as agreed upon by the local health commission or local board of health; (4) Provision for insuring an adequate increased budget for the health administration to care for the enlarged functions of the local health district; (5) Provision that all health commissioners must be physicians in good standing in their profession.

The most serious opposition to this legislation has come from the University of Cincinnati and Western Reserve Medical departments, who have raised the objection that it will destroy the teaching clinics of those hospitals affiliated with medical schools. This objection is probably more mythical than real, as provision in the bill is made to take care of the teaching hospitals. The chief provision to which they object is the "*free choice of physician by the indigent patient.*" As this opposition is coming chiefly

from full time salaried men of these institutions, it would appear that these teachers are not aware of, or in sympathy with, the economic and social problems confronting the physicians actually practicing medicine.

This bill, if passed, will simplify the work of the commission recently elected to study and foster a revision of our county government, insofar as the care of the needy poor is concerned. It further sets up, on a permanent basis, practically the same plan under which the emergency medical relief has been operating during the past year. Furthermore, it recognizes the principle which has been repeatedly propounded by the American Medical Association and the Ohio State Medical Association, namely, that care of the needy sick is the responsibility of society as a whole and not the responsibility of any one class of individuals. This principle has been recognized by President Roosevelt and the Federal government in the work of the emergency relief administration. This legislation is, therefore, a step forward and is in keeping with the prevailing sentiment of the times. It deserves the support of every physician and layman interested in the welfare and care of the needy poor.

The Diphtheria Campaign

The information given below will give you an idea of the work done in accordance with Ordinance No. 38430 in connection with the Diphtheria Immunization Program:

Total doses Toxoid given out.	1717
Total Immunizations reported.	1047
Indigent cases	687
Private cases	360
Amount owing doctors (687 x .50) \$343.50	
Number of doctors reporting.	86
Number of doctors reporting indigents. 71	

H. E. McCLENAHAN, M. D.

ANNUAL REPORT OF THE YOUNGSTOWN HOSPITAL ASSOCIATION

By B. W. STEWART, Superintendent

Year Ending December 31st, 1924. (52nd Year—Founded 1882)

During the year 7,089 patients were admitted to the hospital, an increase of 611, or approximately 10%, over the previous year. The total number of patient-days was 97,230, an increase of 16,023 days. The average number of patients per day at South Side was 195, at North Side 71. Number of operations was 5,553. There were 29,788 examinations made in the laboratory; 5,170 treatments were given in the physiotherapy department; 7,336 x-ray pictures were taken, and 1,853 treatments were given in the x-ray departments. Only two clinics were open in the out-patient department, tuberculosis and orthopedic. Each of these was open one day each week and furnished 4,130 treatments to 969 tubercular patients, and 968 orthopedic cases.

The table shows the increase in the patient days over the previous year:

	SOUTH SIDE		NORTH SIDE	
	1924	1923	1924	1923
Medical	11,838	9,100	5,717	4,383
Surgical	56,571	51,526	12,153	12,117
Labor	1,583	1,700	4,177	3,848
Newborn	1,277	1,467	3,914	3,710
	71,269	63,793	25,961	24,052

The public library distributed books on Tuesdays and Fridays at the North Side, and Mondays and Thursdays at the South Side. 21,846 books and magazines were distributed. This service is greatly appreciated by patients, nurses, and employees.

The average number of days occupancy for each patient was 14 days at South Side and 10½ at North Side. This was an increase of 2 days at South Side and a decrease of 1/2 day at North Side, compared with the previous year.

The number of autopsies was 123, which was 28% of the deaths.

Cash collected during the year increased 26%; earnings increased

17½%; and the cost of operating the hospital increased 21½% over the previous year.

Hospitals have secured exemption from the 3% Sales Tax on the following items:

Drugs and Chemicals: To be used within the hospital or distributed to patients being treated in the out-patient department and clinics.

Anaesthesia Department: Ether, chloroform, anaesthesia gases.

Food: All foods.

Professional Supplies: Adhesive, surgical cotton, cellulose cotton products, gauze and bandages, suture material, plaster paris, stockinette, sheet wadding, crinoline, sputum cups, x-ray films and supplies, laboratory supplies, orthopedic appliances, dental supplies. Under this exemption, hospitals will not be allowed to sell any of these items to any one except patients, for use in the hospital only.

Hospitals are classified as consumers on other items, and will have to pay the 3% tax when purchasing the following items: Furnishings, equipment, housekeeping supplies, office supplies, engineering supplies, uniforms, and other items in the store room which can be sterilized and used in the care of more than one patient.

Dr. Morris Fishbein Speaks at Canton

On February 27th, at 6:30 P. M., physicians of Canton invite their Mahoning County professional colleagues to meet with them at the Onesta Hotel. The honor guest of the occasion is Dr. Morris Fishbein. Dinner will be *a la Carte*.

Dr. Fishbein will give a public address at 8:15. This latter meeting will be held in the Church across the street from the Palace Theatre, 600 N. Market Street, Canton.

ECTOPIC PREGNANCY

By J. ALLEN ALTDOERFFER, M. D.

*(Continued from January)***Treatment**

Not one operation for ectopic pregnancy was done in America before 1759. From 1759 to 1846, 6 laparotomies were done, all in advanced cases, as early rupture had not yet been recognized. About 1850, immediate laparotomy was advocated, but the first operation for early tubal rupture was not performed until 1883. Immediate operative intervention became the recognized treatment, but the philosophy of this type of treatment received a blow in 1907 when the theory that shock, not hemorrhage, was the cause of death, and, if shock were treated, the patient would react, and operation, if necessary, could safely be performed after reaction took place. Today, ruptured ectopic pregnancy is an emergency, and immediate laparotomy with concomitant treatment of shock and hemorrhage is the rule, although an occasional surgeon prefers to observe his patients, to determine whether they are gaining or losing ground.

In this series all but 3 cases were treated by early laparotomy. One of these left the hospital against her physician's advice. The second was exsanguinated on admission and died before operation could be performed. The third entered the hospital in poor condition, with a somewhat obscure history and findings. Supportive treatment was given but the patient did not react favorably and went on to a fatal issue.

The table shows the primary operative procedure and concomitant operations.

No accurate account was kept of the ovaries removed, but in all cases of unilateral salpingectomy, the ovary on the affected side was sacrificed. In almost every case of bilateral salpingectomy, the ovary on the unaffected side was retained.

TABLE

<i>Primary Operations</i>	
Bilateral Salpingectomy	52
Right Salpingectomy	71
Left Salpingectomy	66
Pan Hysterectomy	4
Suture of Cornua.....	2
Enucleation of Right Intraligamentous Pregnancy and Right Salpingectomy	1
Unoperated	3
<i>Concomitant Operations</i>	
Appendectomy	67
Myomectomy	4
Repair of Cervix	3
Perineorrhaphy	2
Biopsy of Cervix.....	2
Posterior Colpotomy.....	2
Removal of Parovarian Cyst.....	1
Drainage Diverticular Abscess.....	1
Excision and Suture of both Cornua, following rupture in attempted crim- inal abortion	1
	83

In addition to immediate abdominal section, active treatment of shock and hemorrhage is essential. Shock may be controlled by external heat and retention of all the blood possible in the great vessels of the head and trunk by means of a modified Trendelenberg position and firm bandaging of the extremities. Caffein, strychnine, atropine, digitalis, or coramine may be of value if cardiac failure seems imminent. Immediate replacement of the lost blood by transfusion, during or immediately following operation is the method of choice in treating the acute anemia. If donors are not available, an auto-transfusion of the free blood in the abdomen may be done. This procedure is done by citrating the free blood as it is removed from the abdominal cavity, removing clots by straining through several thicknesses of gauze, and reintroducing into the blood stream via the cubital vein. Failing this, normal saline or 5 per cent. glucose solution may be given intravenously, using between 500 and 1,200 c. c., according to the
(Turn the Page)

DR. HAROLD J. BEARD

With inexpressible sorrow we record for the Profession the passing of Dr. Harold Beard, at 9:00 o'clock a. m., January 30th. To his family and to his intimate dear ones, we, the entire Profession of Mahoning County, would, if only we could, convey our infinite sympathy.

No man more radiated the vital joy of living than Harold Beard. We respected him because he compelled our respect; we loved him because he was irresistibly lovable. We shall miss him!

ECTOPIC (From page 47)

blood lost, remembering that too much fluid may inundate the vascular tree and lead to acute cardiac dilatation and pulmonary edema. Supplemental use of normal saline by proctoclysis or hypodermoclysis until the blood volume has returned to normal is then indicated.

During convalescence iron should be administered to assist nature in blood regeneration. The ferrous salts are preferable to the ferric salts because of the very much smaller dosage required.

Although no abdominal pregnancies were present in this series the plan of marsupialization of the placenta or manual removal with packing of the oozing placental site has been superseded by removal of the fetus, ligation of the cord close to the placenta, and closing the abdomen without drainage, leaving the placenta behind for nature to absorb. Excellent results are reported by this plan of attack and is championed by Cornell, of Chicago, who has seen 10 advanced abdominal pregnancies.

Mortality

Parry, in 1876, collected 500 cases with 386 deaths, nearly 80 per cent.

mortality. Schumann collected 169 cases, admitted to the various Philadelphia hospitals in 1918, of whom 13 or 7.7 per cent. died. P. F. Williams reported 147 cases with 4 deaths, a mortality of 2.7 per cent.

In this series of 196 cases there were 10 deaths, a gross mortality rate of 5.1 per cent. Of these, 7 died of hemorrhage and shock. Two of these 7 died soon after admission to the hospital, before operation could be performed. One died of peritonitis in 4 days. This case was infected before operation. One died of pulmonary embolus on the fourth post-operative day and one died of a coronary embolus on the seventh post-operative day. Both patients were doing nicely until stricken by an embolism. Subtracting these 2 cases of embolism gives a corrected mortality of 8, or 4.1 per cent., a figure comparing more than favorably with reports from other sections of the country.

—◆—

"In proportion as the structure of a government gives force to public opinion it is essential that public opinion should be enlightened."—*George Washington.*

This Month

DR. GEO. DRAPER

Professor Clinical Medicine, Columbia University

SUBJECT

“The Emotional Factor in the Problems
of Internal Medicine”

Tuesday, February 12th, 8:30 P. M.

YOUNGSTOWN CLUB

DR. GEORGE DRAPER

Since 1912, Dr. Draper has been on the teaching staff of the Medical Department of the College of Physicians and Surgeons of Columbia University. He is, also, a member of the Attending Staff of Presbyterian Hospital, New York. Eminent as a writer and teacher, he appreciates also the practical and useful in every day practice. You will be greatly pleased when you hear Dr. Draper.

MARCH

DR. R. H. JAFFIE

Director of Laboratories, Cook County Hospital

THE LAW-MEDIC "MIX"

On March 7th, 1935, at 6:30 P. M., at the Youngstown Club, the "Laws" and the "Medics" are once more to get together around the BANQUET TABLE.

Those whose good fortune it was to attend the last of these meetings of the two professions, held June 27th, 1933, will need no urging to attend. You will recall Mr. F. Rollin Hahn, for the lawyers, and Dr. Edwin A. Hamilton, for the medical contingent. Both gentlemen gave us solid substance to reflect upon, and that much of it went "home" is revealed in frequent allusions heard since then to what was said by those speakers. In addition, and equally important, was the "good time" and fellowship of the two groups together.

This year the Committees, including Dr. D. H. Smeltzer and Dr. M. H. Bachman, and Mr. Russell Mock, are making careful plans to see that the meeting shall be an unusually interesting and worth-while affair. Individual announcements will be mailed later. But don't forget to save that date—March 7th!

Postgraduate Day

MAYO GROUP

April 25, 1935

Our Society is preparing to handle the largest crowd in "Postgraduate Day" history. Details to be published soon. Old friends are to appreciate us more than ever before; and to their swelling ranks we expect to add many new names and faces!

CYNANCHE TRACHEALIS

(From the Diary of a Student of Physic.)

By LOUIS S. DEITCHMAN, M. D.

DEC. 11, 1799.—Up at sun-rise. Partaking of a hasty break-fast, at once proceeded with my homeward Journey; the roads being well nigh impassable, the Journey will consume more time than anticipated. Impatient though I am to arrive home, I must, none the less, halt at Mount Vernon to pay my respects to General Washington, my late father's friend & companion in arms.

The arduousness of the Journey is augmented by the depressing sights along the road, so many are the instances of malignant & pestilential diseases. The frosts wch destroy the autumnal miasmata, have this year been delayed; the summer was marked by an abundance of intestinal diseases of excessive violence, more prevalent among infants & children, in wch the disorder is frequently accompanied by fatal termination. Malignant Cynanche Trachealis, an epidemic & highly fatal throat affection of children, has been rampant. Bilious Fever, Black Vomit, Small-Pox & other pestilences carried off many. The terror of pestilence invades every bosom. Oh, Lord! How long will the unhappy dread of contagion continue to distress mankind?

Thinking of this & other matters, I began to fret over my impending inaugural dissertation for the degree in Physic & Surgery. Unthinkingly, I chose to present & defend the topic, "On the Domestick Origin of Pestilential Epidemic Diseases," a subject wch has plagued more learned & wiser heads than mine, & bids to remain unsolved for many years to come, the difficulty lying in the multiplicity of opinions. I should have known this, & it serves me right for having the presuming vanity of hoping to contribute something new to the present muddle. Would that I had chosen, instead, the topic, "On

the Use of Nitric Acid In the Treatment of Lues Venerea," as I had originally intended to do.

It is clear that the proponents of the domestick theory of the origin of pestilential diseases appear to have much evidence to prove their contention. For instance, Dr. Chas. Caldwell, in a brilliant oration delivered last year before the Philadelphia Academy of Medicine, (wch I had the good fortune of hearing), very heatedly endeavoured to expose the blindness & folly wch so generally lead mankind to imagine pestilential diseases imported from abroad. He considers them as the offspring of our own country, due to the coincidence of a *peculiar constitution of the atmosphere*, possibly depending on noxious matter exhaled from the bowels of the earth, by earthquakes & volcanoes, or any other operations of subterraneous fires. That such a general constitution has prevailed in the United States, he proves by the number of insects wch have appeared for some years past, particularly the Hessian fly, grass-hoppers & Muscetoës. The most frequent source of local infection he supposes to be the *putrefaction of organised bodies*. Thus he makes Small-Pox, Meazles, Syphilis &c., &c., the results of peculiar modifications of putrefaction.

I am apprehensive, on mature reflection, that Dr. Caldwell violates the probabilities, as I am more inclined to agree with those who are of the opinion that diseases possess a *specific contagion* & character, permanently fixed, & are the result of *vitiating animal secretions*, & depend for their propagation upon the existing stock of virus (whatever that may be) for their dissemination over the globe. The phenomena of Cow-Pox seem to prove this view-point.

(Next Page)

Dr. Rush, my professor of the Institutes of Medicine, is also a strong proponent of the domestick theory, & to such an extent that he resigned from the College of Physicians because that body had issued a statement that Yellow Fever is imported into the city by ships. When lecturing upon the origin of Malignant Bilious or Yellow Fever, he said that it was the offspring of *putrid vegetable & animal exhalations* in all countries; & in Philadelphia, he assigns the following forces: The docks, the foul air of the ships, the common sewers & gutters, the dirty cellars & yards, privies, putrefying masses of excrementitious matter suffered to lie in the vicinage of the city, & impure pump water. He also mentioned the matter of insects & their abundance in the times of epidemics. Yet, oddly enough, professor Rush belittles the notion that Yellow Fever is contagious, & when I attempted to point out to him his conflicting views, he cut me off with some sharp words. But a regard for the truth compells me to observe that Dr. Rush is a man of extremely strong convictions & brooks no contradiction from any one, much less from students.

Again, Drs. Thomas Condie & Richard Folwell think that *putrid matter may be converted into pestilential matter*, by certain chemical changes in *fluids perspired* from the skin of human bodies & remaining for long in their garments, & in the *alvine & urinary discharges*, whether kept in chambers or thrown into holes in the earth, & in many instances in their stomach & intestines themselves, whence poisons may be ejected by vomition & in the stools.

These & many other theories & arguments pro & contra do not help to clarify my own notions. Be that as it may, whether the great prevalence of epidemic & pestilential diseases be due to a general insalubrity of the atmosphere, to specific conta-

gion, or to putrid animal & vegetable exhalations, these three being the most acceptable theories, the fact is evident, from epidemics of Yellow Fever wch almost desolated Philadelphia in the months of Sept., Oct., & Nov., last, & similar epidemics in Boston, New-York, Wilmington, Federal City &c. &c., that these forces wch are responsible for the pestilences of the past few years, have not yet expended themselves, & continue to shew uncommonly unfavorable virulence, & the hiding place from whence they spring may never be found.

Thinking in this melancholick vein, & mindful of the circumstances that ere long I shall myself be thrown into the practice of physic & surgery, & assume the labours & responsibilities inherent in the profession, I was getting on, noting a considerable amount of desolation & neglect on the farms & plantations along the road-side. Toward noon the atmosphere began to clear & I was now approaching the hills of Mt. Vernon, the plantation of General Washington. Here, in sharp contrast to what I have noted before, every thing was in fine order, the roads were better mended, the fields surrounded by sturdy fences, & what domestick animals were encountered, appeared well nourished & thriving.

Soon I was nearing the fine mansion house, & it was my extreme good fortune to find Gen. Washington in the company of Dr. James Craick, with whom he was just returning from a sick visit to one of the servants on the plantation. Not having seen each other since I was of a tender age, when my late father & I were not infrequent visitors at Mt. Vernon, the General did not recognise me, but when I made myself known, he seemed genuinely pleased & gave me a very complaisant reception. He personally took me in charge &

shewed me to my chamber, above stairs, & with great solicitude for all my wants, he asked me to rest a bit & make myself ready for dinner.

The sight of the good General filled me with a mixed feeling of gladness & melancholy; so much have the forces of decay acted upon him since I last saw him, about twelve years ago. He has aged a great deal & has suffered a marked decay of some of his faculties, viz. His hearing is imperfect as is his eyesight, & he has a perceptible tremour, though he still carries himself with a youthful & vigorous erectness & much grace. I hearkened me back to the days when the General was in his full vigour & the possessor of astonishing muscular strength. Many is the time when I saw him crack nuts between his thumb & forefinger, & on one occasion, without great exertion, he bent a horse-shoe with his hands. Even now his step is firm & elastic, & his frame is well padded with muscles. Altogether the General, with his six feet & 2 or 3 inches in stature, is still quite a man. His bones & joints are large as are his hands & feet, & his shoulders are wide. His head is small & well shaped; his face is long rather than broad; the nose is pronounced & straight rather than large; his eyes are widely separated & overhung by a heavy brow. His mouth is large & generally firmly closed; his features are regular & placid, with the muscles of the face under perfect control. He has a pleasing, benevolent though commanding countenance, a general goodness appearing in his looks. The General is remarkably dignified in his manner, & his movements & gait still retain their soldierly air.

Having rested & refreshed myself by a laving, soon the General's black body servant, Christopher, came to my chamber (about three o'clock) to announce that dinner was about to be served. I changed cloathes & des-

cended to the spacious chamber where the household was already assembled. Here every thing was sett off with a peculiar taste, neat & plain. Mrs. Washington received me very kindly & graciously. She still bore abundant signs of her former comeliness. The large table was generously sett for an assembly much larger than those present, the General remarking that this was an unusually quiet dinner, due, undoubtedly, to the inclemency of the weather. This I knew to be the case, as the General & Mrs. Washington were widely reputed for their unbounded hospitality. This evening, Dr. Craik, apparently a frequent beneficiary of their hospitality & very close friend of the family, & myself were the only guests.

The dinner was abundant & tasty, consisting of a small roasted pigg, fish, roasted fowles, pease, lettuce, artichokes, puddings, tarts, &c., &c. The General ate heartily, though sparingly, shewing a particular fondness for the fish. He drank moderately, taking four or five glasses of Madeira wine, one small glass of punch, & a draught of beer. He declined the dessert dishes, but shewed a special fondness for honey & nuts, of the last he ate a quantity after dinner. The conversation was lively though dignified, the General having turned it to my late father & the campaigns in wch they fought together with him & Dr. Craick. Then several matters of publick concern were discussed, particularly the present difficulty with our former ally France & the possibility of a war with that Nation. Dr. Craick enquired after the health of some of the Phila. doctors, many of whom were his friends. Throughout the repast I was made much at ease & no restraint or awkwardness were felt by any one.

Dinner over, the General begged to be excused, pleading the necessity of writing letters, & asking me to make

(Next Page)

free with whatever hospitality the household could afford. Dr. Craick & myself retired to smoke & we spent some time in pleasaunt discourse on medical topicks. The doctor was in a communicative & reminiscient mood. He spoke of his early struggles, of the hardships of obtaining a medical education & experience, & the difficulties of practise when he was young, as contrasted with the ease of practising in the present day. He particularly stressed the comparative uselessness of medical education unless accompanied by a long experience in practise. With these remarks I was not etirely unfamiliar, having heard similar advice & admonitions from other older practitioners, these usually made in a tone of benevolent condescension, wch they like to assume to us, their younger & green colleagues. Though charity directs me to condone this attitude of theirs, I cannot help feeling a certain degree of resentment, as it impresses me as an assumption that youth & ignorance are necessary concomitants, wch is no more true than that old age & wisdom must go hand in hand. So, while the saying of the ancients, *experientia docet*, is largely true, I cannot regard antiquity, *per se*, as guarantee of wisdom, & with all due deference for the experience of the older practitioners, I cannot refrain from noting in them a tendency toward dogmatism & inelasticity of mind, wch militates against progress, & Dr. Craick, I regret, is not an exception to the general rule.

Dr. Craick, it appears, received his education in Scotland, of wch country he was a native. He came to Virginia & served with Gen. Washington on Braddock's expedition; he also served throughout the War of Independence, being Director-General of the hospital at Yorktown at the time of the surrender of Cornwallis. After the War he settled in practise in Maryland, but removed to Mt. Vernon at

the General's instigation, & is the family attendant, & seems to be on friendly & intimate terms with the General & Mrs Washington. It was evident that he took pains to try to keep himself informed on the progress in our art & was a reader of medical publications, being particularly impressed with our nev Bulletin "The Medical Repository."

About six O'clock our pleasaunt company was augmented by the arrival of Dr. Augustus Brown, of Port Tobacco, another friend of the family, who happened to be in these parts on a medical errand. This having been announced to the General, he joined us. The conversation now assumed a pleasaunt degree of animation, being aided by a bottle of Champagne wine, wch the General ordered, but of wch he himself drank sparingly. He took a free share in the discussion of medical matters upon wch he appeared to be well informed. I was particularly gratified to hear him remark that it is to the honour of the present age that an acquaintance with the elements of physic & its auxiliary branches of knowledge is becoming much more popular & more widely disseminated than formerly. If this acquaintance should be enlarged, he said, by stripping the science still more of its technical jargon & mysterious mummerly, the advantages would be incalculable. I consider this a wise observation.

The conversation having turned on the effect of heredity upon the physical constitution, & Dr. Brown expressing his belief in the hereditary predisposition of some people to certain types of disease, the General chose to controvert him &, by way of argument, enumerated several members of his family who were subject to lung disease, also several who died of pulmonary consumption, yet he himself, though a frequent victim of illness, enjoyed total exemption from pulmonic maladies. And to my not

inconsiderable pleasure, he enumerated most of the illnesses wch he suffered, resorting to his keen memory & with the aid of some Journals wch he has been keeping for many years. I shall attempt to record them *verbatim et seriatim*, being a fair example to shew that even the strongest constitutions, hardy enough to encounter & undergo the most severe physical trials, such as General Washington had of necessity to undergo in the various campaigns, may yet be the victim of frequent & serious illnesses.

What diseases of childhood he suffered, he does not remember, the first disease recalled was an ague & fever, about 1748, when the General was but 16.

Item. In 1751, while on a journey to Barbadoes, he went to dine with a friend (with great reluctance, as the small-pox was in the family); A fortnight later he was strongly attacked with the small-pox, wch lasted about a month, & evidences of wch he is carrying on his face for life.

Item. Shortly after his return from Barbadoes, he was taken with a violent pleurisy, wch reduced him very low. I might indulge in the conjecture that this sickness, if known in detail, would tend to support Dr. Brown's contention about hereditary predisposition.

Item. During the Braddock march he was seized with violent fevers & pain in the head, wch continued for 9-10 days. He attributes his mending to the General's (Braddock's) absolutely ordering the physicians to give him Dr. James' powder. (Gen. W. considers this one of the most excellent medicines in the world, Sic!) for it gave him immediate ease and removed the fever & other complaints in four days time. This illness was too violent to suffer him to ride & he had to resort to a covered wagon for transportation. But even in this he could not continue far &

had to be left on the road, as the doctors considered that his life would be endangered if he persevered in attempts to get on. The sickness appeared to have continued for some weeks & reduced him extremely.

Item. On toward the end of 1757 he was seized with a violent attack of dysentery & fever, wch compelled him to leave the army & retire to Mt. Vernon. Here, (reading from his Journal, I am attempting to write this verbatim), "After three months of this illness I am not able to return to my command, my disorder at times returning obstinately upon me, in spite of the efforts of all the sons of Aesculapius hitherto consulted. I have been reduced to great extremity & have much reason to apprehend an approaching decay." He then jokingly remarked that the progress of the decay was terminated by no less a physician than the future Mrs. Washington, for it is on this journey that he met & wooed the widow Custis.

Item. In 1761 he had a severe attack of River Fever, necessitating a sojourn of some weeks at Warm Springs. After arriving there, the indisposition seemed to increase, several relapses taking place & progressing to an extent most alarming. At this time he fell into a very low & dangerous state & was almost convinced that the grim King was about to master his utmost efforts.

Item. In 1786, the old enemy ague reappeared, although during the revolution he was wonderfully exempt from illness.

Item. In 1787 rheumatick complaints began, wch followed him for months & recurred with annoying frequency. At this jointure in the conversation the General also mentioned that he had defective teeth & inflamed gums wch gave him much pain & annoyance, for many years, until he had them all pulled. This brought to my mind some remarks

(Next Page)

made by Dr. Rush in wch he tried to establish a relationship between decayed teeth & certain forms of inflammatory disease (I must remember to make my own observations on this whenever I can). I told of Dr. Rush's supposition & the conversation turned on him, but I was extremely mortified at the coolness & reserve wch momentarily settled upon the General. Unwittingly I touched upon an unpleasaunt topick, wch now confirms in my mind the rumours that there was an ancient grudge between Dr. Rush & the General. The story goes that early in the War Dr. Rush desired to obtain the directorship of the hospitals, wch position was being held by Dr. Shippen. Dr. Rush instigated attacks against Dr. Shippen, wch nearly resulted in Dr. Shippen's removal. Dr. R. was even accused of becoming so malignant as to write anonymous, abusive letters about General Washington. Perceiving that I had touched upon a sore spot, we hastened to direct the conversation into other channels.

Item. During the presidency the General had a severe & dangerous case of Anthrax, so malignant as to threaten mortification, & for several days his life was despaired of. During this illness Dr. Bard of New York never quit his bed side, for wch the General is still very grateful.

Item. In 1794 the General had a cancer excised by Dr. Tate. At this jointure I was tempted to shew the General that this very fact was proof of transmissibility of hereditary tendencies to certain diseases, it being well known that his mother died of a malignant cancer of the breast, but the dictates of good breeding made me forbear, although, I must confess that I could not refrain from an internal chuckle.

Item. Only last year he had a fever wch required numerous doses of Bark, deprived him of 20 lbs. in weight, troy, & debilitated him for

a considerable time. Be it said to the General's credit, that he enumerated these illnesses briefly, without entering into the recounting of morbid details, a trait wch I have noted in a preponderating majority of people, the wealth of detail usually being in inverse ratio to their sense of fitness of material for conversation.

The hour now having drawn toward nine O'clock, the General begged to be excused from participating in further conversation or the supper wch was being served, & retired, as was his wont, at this hour. Before retiring he bade me once more welcome, & invited me to ride about the plantation with him on the morrow, providing that I was willing to rise at sun-up; this invitation I cheerily accepted, & making my excuses to the company, likewise retired to my chamber to rest & to set down the multitudinous impressions of the day in my diary, as has been my custom for a number of years.

(To Be Continued)

MEDICO-LEGAL

By D. H. S.

Expert Opinion

Whatever comes to the senses of an individual he may relate, providing he has direct knowledge and it is not foreign to the issue. Facts may be presented to a witness from which he draws an expert opinion. Two questions are now presented to the court. 1. Is this a matter upon which an expert opinion can be drawn? 2. Is this witness an expert?

In order to establish a witness as an expert, preliminary evidence must be offered to show his qualifications. It is then for the court and not the jury to decide whether this individual is an expert.

Expert opinion may be introduced on any subject, if in the judgment of the court, will be made clearer by its introduction. (*Turn to Page 61*)

YOUNGSTOWN HOSPITAL STAFF-STUDIES

By FREDERICK S. COOMBS, JR., M. D.

The multiplicity of symptoms of Gee's disease and the methods of treatment were discussed at the regular monthly meeting of the Youngstown Hospital Staff January 8, by Dr. Ralph R. Morrall, chief of the orthopedic service.

Dr. Morrall traced the history of the disease and pointed out that it was very similar to intestinal sprue and coeliac disease. He illustrated his talk with the presentation of a case admitted on the orthopedic service last summer because of bone deformities.

The outstanding symptoms are loss of calcium from bones; gastro-intestinal symptoms, especially steatorrhea; nervousness; tetany; and anemia. Treatment consists of low fat diet, no enemata, calcium lactate and vitamin D, iron, and liver. Dr. Morrall pointed out that parathormone was practically useless because it further depletes bone of its calcium, while cod liver oil also was a detriment in that it increases the steatorrhea and makes impossible the absorption of carbohydrates from the gastro-intestinal tract.

Dr. W. D. McElroy, also of the orthopedic service, presented a paper on dislocations and fractures of the

elbow region at the same meeting.

* * *

A study of the effects on blood pressure of intravenous infusions and blood transfusions is now in progress at the South Side Unit of Youngstown Hospital, as the result of a discussion of bleeding in peptic ulcer cases treated with intravenous fluids.

Such a case was presented at the pathological conference January 18. The question was raised by members of the staff as to the amount of increase in blood pressure following such treatment. No satisfactory answers could be given and a co-operative study was decided upon.

At the same conference a departure was made from the regular routine by showing a clinical case from one of the wards. The patient was diagnosed as a pituitary tumor which had progressed so far that operative interference was deemed inadvisable. Discussion centered around the possibility of operation.

A case of gelatinous carcinoma of the colon was presented the week previously.

The conferences are held at 11:30 A. M., each Friday, in the Stewart House classroom. They end promptly at 12:30 P. M.

HEALTH NEWS

By H. A. K.

Forecasting our health problems at this time of the year, the spotlight centers on the acute infectious diseases of respiratory mode of entrance. We all are seeing many cases of influenza and streptococcal nasopharyngitis. Already, in Ohio, influenza deaths for the first nine months of 1934 numbered 922.

Scarlet fever increased rapidly in December, to twice to three times the norm for the year. Measles and

chicken pox also jumped to 4 times the ordinary high.

Pneumonia cases and deaths begin to increase at the first of the year and reach their peaks in March. We find the greatest number of deaths in children under the age of six years and among those of advanced years. In the former group it is more tragic and often preventable by prevention of the spread of colds to children, and

(Next Page)

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VALENTINE DAY February 14

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early care of the child when it is attacked. Why can we not protect the child against pneumonia, as we are doing against diphtheria, by vaccine treatment in the fall of the year? Pneumonia death rate in 1934 exceeded that of the previous year in our own state.

In 1934 not one case of small pox appeared in the City of Youngstown. Is this not evidence enough of the effectiveness of vaccination, especially after the outbreak we experienced just the year before?

* * *

Let me give you a "tip"; it might save you some money. See that you get your birth certificates in on time. The law provides for a fine of twenty-five dollars for delinquency. Births must be reported within ten days after date, and 46% have been coming in late. If this situation continues the law will be enforced here as it is being enforced in Pennsylvania.

DOCTORS, ASSISTANTS TO GET TOGETHER

Mr. McGhee, Executive Director of The Medical-Dental Bureau, is planning a dinner meeting for the doctors' secretaries and nursing assistants, to be held sometime the latter part of this month or early in March. In addition to the enjoyment of the occasion, which will be enhanced by a very significant "playlet," many subjects of importance to all concerned will be discussed. This meeting is not to be confined to the assistants of members of The Medical-Dental Bureau. It is hoped that all physicians' secretaries and office assistants will attend. They will receive practical information which will be extremely helpful, both to them and to their employers.

"The basis of our political system is the right of the people to make and to alter their constitutions of government."—*George Washington.*

February

THREE-IN-ONE!

On January 8th, 1935, Dr. D. H. Smeltzer addressed the Canteen Club of the American Legion, at noon; at 2:30 p. m., he spoke to the Mothers' Club of Garfield School; and he "polished" off the evening by appearing before the Hiram Club. His subject was, "Neurological Diseases." Pretty smooth, and no (s)kidding!

NURSING ACTIVITIES

At the annual meeting of District No. 3, held January 9th, the following officers were elected:

President, Miss Mary Edna Boyd, E. Liverpool Hospital; Vice President, Miss Nell Robinson, E. Liverpool Hospital; 2nd Vice Pres., Miss Dorothy Windley, Youngstown Hospital; Secretary, Miss Florence Boyd, Youngstown Hospital; Treasurer, Mrs. Catherine Walsh, Youngstown Hospital; Trustees, Miss Mary Drohan, St. Elizabeth's Hospital, and Miss Jane Latimer, Public Health, Warren, Ohio.

* * *

St. Elizabeth's Hospital Alumnae, January 8th, elected Miss Mary Scully to the presidency, and Youngstown Hospital Alumnae, January 14, re-elected Miss Gladys Harris to serve another year as president.

* * *

Dr. C. E. A. Winslow, professor of Public Health at Yale University, presented an article in the current issue of *Modern Hospital*, concerning possibilities for improving the excellence of hospital service. His first suggestion was the adoption of some form of group insurance to cover hospital costs. The next suggestion is pertinent to the nursing situation and is quoted below.

"The second immediate practical problem which seems to me to confront the hospital is the placing of nursing schools on a sound basis. The
(Next Page)

THREE**TWO****SIX****TWO****SIX****3-2626****C. L. THOMPSON'S****Invalid Coach****Fruits and Vegetables Contain Pro-Vitamin A**

Eating sufficient quantities of vegetables that normally contain appreciable amounts of Vitamin A activity is an excellent way to obtain this vitamin.

Fruits and vegetables contain only Pro-Vitamin A (Carotene) ($C_{40}H_{56}$). If a patient is deficient in this as a result of faulty diet, it seems logical to supply the missing Pro-Vitamin A, if possible.

This can be done by prescribing Smaco Carotene (Pro-Vitamin A). S. M. A. Corporation offers Carotene (Pro-Vitamin A) in a vegetable oil vehicle, in capsule and liquid forms, alone and in combination with Vitamin D concentrate. These products are accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

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report of the Committee on the Grading of Nursing Schools offers in my judgment irresistible proof that the present system is basically unsound and that the remedy lies along two lines—the replacement to a considerable degree of student nurses by graduate nurses and the placing of training schools under independent boards of managers interested primarily in education. The present system seems to me to be grossly unfair to the student nurse and it is working real damage to the public as a whole. One of the chief duties of the hospital is to escape from the unfortunate situation which is manifest at present.”

—◆—
WE ARE GRATEFUL!

Cleveland, O., Jan. 3, 1935.

. . . We always look forward to receiving the Mahoning County Bulletin, which we consider one of the most readable and attractive that comes to our office.

Cordially yours,

H. VANY, CALDWELL,
Executive Secretary.

* * *

Toledo, O., Jan. 10, 1935.

. . . I very much enjoy reading your publication and very often find interesting articles for reprint in our Bulletin. If on the other hand you find anything of interest in our humble publication, we have been of mutual service.

Very truly yours,

H. C. GERBER, JR.,
Executive Secretary.

* * *

Des Moines, Iowa, Jan. 18, 1935.

. . . I find your Bulletin unique in many ways and am always interested in reading it for information and for ideas. . .

Sincerely yours,

EDWIN M. KINGERY,
Executive Secretary.

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

MEDICAL CLEANINGS

By S. J. T.

The scientific program at the February meeting of the staff of St. Elizabeth's Hospital consisted of a symposium on Diabetes. Papers were presented by Drs. J. B. Birch, M. W. Neidus and J. F. Nagle. The February meeting of the staff will be held on the 12th. Several papers on thyroid disease will be presented.

Dr. and Mrs. P. J. McOwen are again the proud parents of a baby boy, born December 15, at St. Elizabeth's Hospital.

By F. S. C.

Dr. Stanley Myers, resident physician at Youngstown Hospital last year, was a visitor in Youngstown several weeks ago. Dr. Myers has just completed his service at the Memorial Hospital for the study of cancer in New York City. He is now at the Massachusetts Eye and Ear Infirmary, Boston.

Dr. H. E. Welch is still confined to his home, and will welcome any and all visitors.

Word comes from Boston that Dr. Samuel Weaver is now serving as Resident-Surgeon on the Neuro-Surgical Division of Boston City Hospital, under Dr. Tracy Putnam and Dr. Munroe in Brain Surgery.

MEDICO-LEGAL (From p. 56)

Scientific books are not admitted as expert evidence, although used by the expert in forming his opinion. They can be used in cross-examination.

Expert opinion is met ordinarily by contrary opinions of other experts. The usual way of getting an expert opinion is by asking a hypothetical question.

—◆—
"Citizens, either by birth or choice, of a common country, that country has a right to concentrate your affections."—*George Washington*.
—◆—

Vitamin Advertising and the Mead Johnson Policy

The present spectacle of vitamin advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the use of vitamin products.

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For Nervous and Mild Mental Disorders.
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YOUNGSTOWN, OHIO

B. M. SAYS!

Mr. Henry, of the Brothers Advertising Company, who handles the S. M. A. advertising, was a guest at the annual banquet. We will be seeing him again in April. A good fellow, so get acquainted at the S. M. A. booth Post-graduate day, if you don't already know him.

* * *

Have you seen the new elevator at the Central Square Garage? They will let you see it free when you park your car. You might be able to get a ride if you try.

* * *

Don't forget that the advertisers make the Bulletin possible. Patronize the advertisers and tell them why. Send your patients to reliable druggists to get reliable products. Anything advertised in the Bulletin is of highest quality.

* * *

Ralph White is moving his downtown store from 37 North Phelps to

259 West Federal Street. The opening will probably have taken place by the time you read this. We hope the new location will be successful.

* * *

Tony Laeri had a picture of a checker game in the store that attracted considerable attention. It was a puzzler until you figured it out, then of course, it was easy. He took it down because it drew too many crowds.

“Whatever other by-products it may have had, the Calvinistic theology of puritanism trained the New England mind to think—no mean achievement anywhere.”—*James Truslow Adams.*

* * *

A gay young man - about - town bought his sweetie a brassiere for a Christmas present. She returned it the next day with a note indicating that she would rather have the cash because she was flat busted.—*Phoenix Flame.*

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in percentages of carbohydrate, protein, fat and total salts (ash) content, and why even the chemical and physical constants of the fat in S.M.A. are like those of breast milk fat.

When breast milk is not available, some modification of cows' milk is the usual choice. If breast milk is ideal, a cows' milk modification should be as close as possible to human breast milk.

We think S.M.A. is an excellent choice for infants deprived of breast milk because of its significant resemblances to breast milk. Even the fat of S.M.A. has the same character numbers and answers the same tests in the same way as does the fat of breast milk. Adaptation of the fats is practically impossible to achieve outside of a laboratory.

S. M. A. was developed at the Babies and Childrens Hospital of Cleveland. It has been ethically offered from the very beginning. Physicians who prescribe it tell us that it produces excellent nutritional results more simply and more quickly.

S.M.A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar, potassium chloride and salts; altogether forming an antirachitic food. When diluted according to directions, it is *essentially similar to human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties. © 1935, S.M.A. Corporation, Cleveland, Ohio