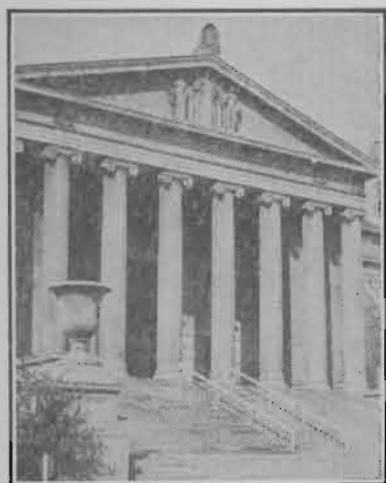


Postgraduate Number
BULLETIN

of the
**Mahoning County
Medical Society**



STAMBAUGH AUDITORIUM

"Pity the man that grows not in knowledge."

Shakespeare

April, 1935

Volume 5

Number 4

For Quick Hemoglobin Regeneration

TAMATE

In the treatment of nutritional and secondary anemias, three factors appear to be essential in the light of recent findings:

- 1—*an adequate amount of iron in a soluble, available form*
- 2—*the presence of a catalyst (copper).*
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<i>Copper sulphate, U. S. P.....</i>	<i>0.12 grs.</i>
<i>Glutamic acid.....</i>	<i>13.7 grs.</i>

These are combined to form an iron, copper and glutamic acid compound which eliminates the disagreeable features that usually accompany the administration of iron chloride alone.

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As a tonic, one to two teaspoonfuls before meals.*

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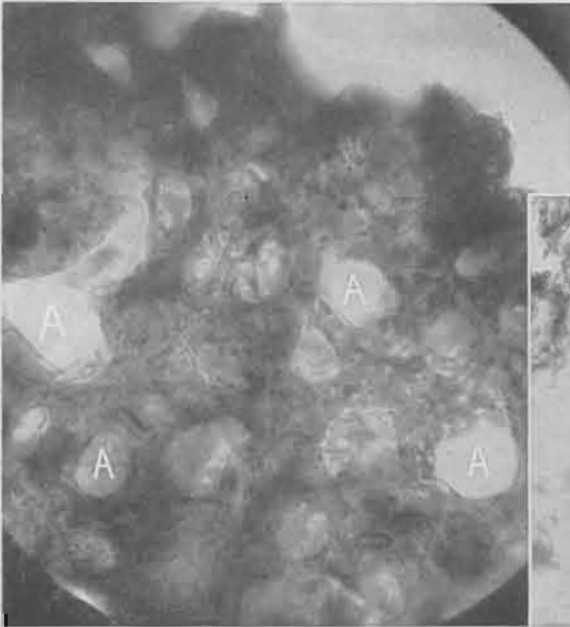
McKelvey's Food Markets—Street Floor

McKELVEY'S

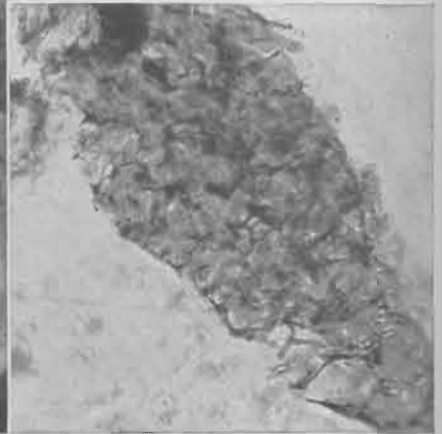
The cereal-starch of PABLUM is more quickly digested than that of long-cooked cereals

BOTHERSOME and expensive long cooking, which is often recommended for infants' cereal, is proven unnecessary with Pablum. For, being precooked at 10 pounds steam pressure and dried, it is so well cooked that it can be served simply by adding water or milk of any temperature. Photomicrographs show that this method of cooking thoroughly ruptures starch granules and converts Pablum into porous flakes which are readily permeable to the digestive fluids. This is supported by

studies *in vitro* showing that the starch of Pablum prepared with cold water is more rapidly digested than that of oatmeal, farina, cornmeal, or whole wheat cooked 4 hours.*



140 X. STAINED



290 X. STAINED

Large photomicrograph: Pablum mixed with cold water—portion of large flake. Pablum flakes are honeycombed with "pores" (note light areas A) which allow ready absorption of digestive fluids. *Inset:* Farina cooked $\frac{1}{2}$ hour—clump of cereal including starch granules. Note density of clump and lack of porosity. Many starch granules, such as are present in raw cereal, remain unchanged in form.

FIFTEEN cereals (both cooked and uncooked) studied microscopically were revealed as containing many starch granules, most of them massed into dense clumps. Such unruptured clumps were never observed in hundreds of examinations of Pablum. Each tiny flake is filled with holes, and like a sponge it drinks up liquids. Hence Pablum can be entirely saturated by the digestive secretions. Besides being thoroughly cooked and readily digestible, Pablum supplies essential vitamins and minerals, especially vitamins A, B, E, and G, and calcium, phosphorus, iron and copper. It is a palatable cereal consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, and salt.

*Ross and Burrill, *Journal of Pediatrics*, May 1934. Reprint sent on request of physicians.

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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.

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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

THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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PRESIDENT'S PAGE

AGAIN we look forward with pleasant anticipation to the Annual Postgraduate Day. Each year it has seemed that the program and general arrangements have been so perfect that a new pinnacle of success has been reached and that greater improvement could not be hoped for. Yet they have improved.

Thus it may be this year. The plans now laid are so full of promise that there is every reason to expect that the Eighth Annual Postgraduate Day will surpass all others. Let us review these plans in order to substantiate this statement.

First the program, to be given by teachers of international reputation, coming from one of the greatest medical centers in the world and to consist of subjects of diversified and practical interest, should appeal to every doctor in this part of the country. It is well worth a long trip to hear Dr. Alvarez on "Gastric Neuroses" or Dr. Mann on the "Functions of the Liver"

Then the place—in Youngstown's beautiful Auditorium with ample room for all to be seated comfortably in luxurious surroundings and with plenty of free parking space. The acoustics will be perfect as usual—just leave that to the Committee. The convention atmosphere will not be lacking with the exhibits and the opportunities for congenial sociability. The dinner followed by the evening program will complete a well-filled day and should leave everyone feeling that it has all been very much worth while.

Our hard-working committees expect you who are members not only to be there one hundred per cent., but to send personal messages to your out-of-town friends to attend. You may be certain that they will enjoy themselves and that the Mahoning County Medical Society will do everything in its power to make them welcome.

JAS. L. FISHER.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

A P R I L 1 9 3 5

THE MAYO GROUP

The very name "Mayo" implies practical, workable, applied science in the field of medicine. Even their empiricism is tested and checked. And as a background, solid, but progressing from victory unto victory, stands their spirit of research. From the four corners of the earth, by the thousands, men and women journey to "Mayo-town" to be healed of their ills; and from the four corners of the earth Mayos assemble the talent, the training, the zeal, the imagination, necessary if they are not to disappoint this suffering, confiding multitude.

The gentlemen who lead us this Postgraduate Day, would need no other commendation than the sponsorship of the great institution from which they come. But we have additional assurance through our knowledge of the individuals themselves. Many profound scholars are poor teachers; not so, with these! Here we shall be blessed in hearing the artist plus the scientist. These men are known far and wide not alone for their very high scholarship, for their triumphs in the Science of Medicine, but equally are they known as great teachers who invest their sub-

jects with charm and interest—vitality.

Even so; but no matter how splendid their institution, how remarkable their learning, and their abilities to impart learning, unless the subjects selected shall bear closely upon our difficulties we should be entertained rather than helped. Here, however, is the trump that takes all the tricks. Look at the program. Do you wish the latest in physiology? Follow Dr. Mann. What general practitioner will not see knotty problems explained by Dr. Meyerding? Could anything strike you as more "down everybody's alley" than those subjects of Dr. Alvarez? What general practitioner and what surgeon can fail to profit from hearing Dr. Dixon? Did you ever see a more practical program? And it will be, also, the last word from the laboratory, from the masters of the allied sciences—established by experience, and forged and shaped by the finest of intellects.

Welcome, gentlemen of the Mayo Clinic! Welcome, alert visiting colleagues from far and near! The Mahoning County Medical Society impatiently awaits the honor and the pleasure of having you as our guests!

OUR DUTY AS CITIZENS

By H. E. PATRICK, M. D.

Ye Editor calls for help for the forthcoming issue of the *Bulletin*. "A biography of the living," he says, "or an article." Many of the former have you had; let's try the latter. And let our subject be "Our Duty as Citizens."

One failing of physicians, as a class, is their rank individualism. Were we not primarily individualists, we would never have been physicians. As individualists, we don't herd well. We tend to pursue a lonely course. Consequently, few physicians are good joiners of this or that movement. Conversely, the good joiners among physicians are not particularly successful doctors. Yet as men of intelligence and education far above the average in the community, we could be of infinite worth to our community. How best to express that worth is the crux of the situation.

Manifestly, two paths are open. One is to affiliate ourselves with the worthwhile organizations in our community and participate in their activities for the uplifting of the community. This, I believe, is best done in the role of an individual citizen rather than as a representative of the organized medical profession. Let this participation be in lodge, church, and luncheon club activities. But once a member, don't elect to be a silent partner, but enter into the work of the organization, even to the point of steering the organization activities into paths of civic betterment. If that can't be done or the organization is too supine to assume its rightful place in leadership, abandon it and turn to some other. Too many of our churches and luncheon clubs are afraid to be instruments for betterment. They are willing to preach and hear preached for one day in seven, the brotherhood of man and for the remaining six days of the

week to close their eyes to the muck and mire of their surroundings. By your membership in these groups, endeavor to extend these movements into a seven-day-a-week program, despite the New Deal, N. R. A., the A. F. L., and what have you. If as much fervor as is manifested one day a week were extended to a seven-day consideration of our local political and social welfare, this would in truth be a delightful place in which to live.

The second pathway is pre-eminently the physician's own. Much piffle has been written of late to the effect that the family physician's influence on the family is a by-gone thing. You know and I know the untruth of that. *And as we go our rounds and make our calls, let them be, of necessity, primarily medical, yes, but also let us, by word and example, aid and guide our clientele in the way of better civic and social thinking.* The priest and the physician, you will recall, were, at one time, synonymous.

Drs. Baker and Lewis

In the issue of March 9th, *The Journal of the American Medical Association* carries a very fine contribution by Drs. Edgar C. Baker and John S. Lewis, Jr., on "Comparison of the Urinary Tract in Pregnancy and Pelvic Tumors." This paper was read before the Section on Radiology at the Cleveland meeting. Drs. Baker and Lewis are to be commended for their excellent work on this subject.

"The thirst to know and understand,
A large and liberal discount:
These are the goods in life's rich land,
The things that are most excellent."
—William Watson.

SECRETARY'S REPORT

The regular monthly meeting of the Mahoning County Medical Society was held March 19th, 1935. About 100 members and guests were present. Dr. R. H. Jaffe was unable to be present on account of an infected hand, but sent his manuscript by air mail, and it was presented to the Society by the Chairman of the Program Committee, Dr. A. E. Brant. It was a very thorough, scientific, and masterful presentation of the subject, "Malignancies of the Lung."

Following this, a business session was held. The Public Health Committee is presenting a continuous campaign to stamp out Diphtheria and Small Pox, and urge complete co-operation of every member of the Society. Their plan is to educate first. The doctor attending a birth should impress upon the mother the importance of having these 2 preventive measures, and then seeing that the child is brought in at 6 months of age for the treatment. They outlined a plan of continuous advertising.

The Public Relations Committee presented a plan for the medical care of the low income class. This is a modification of the present Detroit Plan. Each member had received a copy of the prospectus for this presentation. After much discussion, the Committee was requested by the Society to give the plan further study, make all necessary contacts, get all questions answered, and report their findings back to the Society.

Council met March 8, 1935, in conjunction with the various committees that are promoting our Eighth Annual Postgraduate Day. It was found that it will be necessary to hold this meeting at the Stambaugh Auditorium, on account of a conflicting date at the Ohio Hotel. The various committees were requested to make all necessary arrangements. They are at work to make this day a big suc-

cess. Let's all get behind it and push.

Council met March 18, 1935. The Campbell schools requested a pre-school round-up, which was referred to the Public Health Committee. The Catholic Charities presented a plan to employ a physician to care for their wards—orphans that are in boarding homes and will be up for adoption. Their work has been done as charity before, now they are attempting to pay a fee for the service. The plan was approved and referred to the Public Relations Committee for proper handling. The Public Relations Committee presented a modification of the Detroit Plan which was torn apart, revised, and added to, and then the Committee was requested to present it to the Society for its adoption or rejection.

The Gridiron Banquet

Whether the 400 Youngstowners who packed themselves into the ballroom of the Ohio Hotel, Saturday night, March 9th, are "The 400" of our fair metropolis is perhaps an unsettled question. But numerically they were there!

The occasion was what was announced as the "Annual Joint Banquet of the Bar and Medical Associations."

The play was well done, and was pretty naughty.

Don Martin Resigns

Mr. Don K. Martin, who for many years has been the Executive Secretary of the Ohio State Medical Association, and Editor of the State Journal, has resigned to become secretary of the Ohio Manufacturers' Association. This is not good news to members of our Society. Mr. Martin's fine service is universally recognized. We wish for him unbounded success in his new responsibilities.

DR. HAROLD BEARD

By A FRIEND

On January 30th, of this year, death removed Dr. H. J. Beard from the ranks of the Mahoning County Medical Society. In his passing the lives of many people in this community were affected, as his interests were many and varied. Not only did he enjoy one of the largest and most successful practices, but his political, social, and civic affiliations brought him in close contact with more of his fellow citizens than the average physician meets and knows.

During the 14 years he resided in Youngstown his interest in the Medical Profession, and especially the Mahoning County Medical Society, never waned, their interests were his interests, and his constant aim was to improve himself and the Society. He entered into all of the activities whole-heartedly and gave unsparingly of both his time and energy. This was not to be wondered at by those who knew him best, as they recognized, as one of his outstanding characteristics, his utter inability to enter any activity without it meaning much to him. He was either entirely absorbed in the question at hand or showed no interest at all. This attribute, along with his genial personality and his fine sense of humor was responsible for his wealth of friends in every part of the country.

Born in Hardinsburg, Kentucky,

on January 12, 1880, Dr. Harold Jolly Beard was the third son of Taylor Beard and the late Mrs. Lucy Miller Beard, and one of an illustrious Kentucky family, a family known in that state for its many contributions to society.



Dr. H. J. Beard

Doctor Beard received his medical degree from the University of Louisville at the age of 21, and following his internship practiced in Livermore, Kentucky, for 12 years. Following this he served in the army during the world war and when discharged took post-graduate work in Eye, Ear, Nose and Throat at Boston, Chicago, and New York, coming to Youngstown from the latter place.

He was a Mason, Shriner, Elk, a member of The Youngstown Club, The Youngstown Country Club, The American Legion and The Torch Club. In all of these he was active in attendance and was a charter member of the Mill Creek Riding Club. Next to Medicine, his chief interest was in horses and he was an ardent supporter of the horse shows sponsored by the Club.

During his last year as a member of the Society he was chairman of the program and entertainment committees and this year's postgraduate group was selected by him.

A BIOGRAPHY OF THE LIVING

Dr. Joseph Henry Schnurrenberger

By J. C. V.

Joseph Henry Schnurrenberger, M. D., was a grandson of Conrad Schnurrenberger, who was born in Wertenberg, Germany, and came to this country when he was 18 years of age. He married Elizabeth Baker, of Jessamine County, Kentucky, and settled on the site he had cleared in Green Township, near Greenford, which is now in Mahoning County. It was in a log cabin on this same site that John Schnurrenberger was born.

John Schnurrenberger grew and developed into a cattle raiser and farmer. He later married Eliza Jane Zimmerman, and two children were born of this union, Lewis V. now deceased, and Dr.

Joseph Henry Schnurrenberger, who first saw the light of day on August 5th, 1865. This incident occurred on the old Schnurrenberger farm, about 1 mile north of Washingtonville.

Dr. Schnurrenberger obtained his early schooling by walking through snow and mud to the local one-room schoolhouse. After completing his preparatory education he entered Western Reserve Medical School, from which he was granted his Degree in Medicine in 1892. Dr. Miles of Salem, and Drs. Young and Yost of Youngstown, were classmates of Dr. Schnurrenberger.

He began, immediately upon his return home, to practice medicine in

Austintown and the surrounding territory. No hard surface roads or streamlined automobiles greeted the young "Dr." to carry him on his errands of mercy. Not even a horse and buggy were available, or practical,

in his early days.

Dr. Schnurrenberger rode horseback with the well known saddle-bags carrying his drugs and supplies. Even under such trying conditions no call was refused because of bad weather or bad roads. Here was a man who always had time for every task and showered upon his patients and friends that same quality of human kindness which is exemplified in no other walk of life as it is in the goodness of "the Old

Country Doctor" which now finds its counterpart in the "General Practitioner of Medicine."

Nor was Dr. Schnurrenberger too busy to take an active part in the progressive development of the community in which he lived. He managed and helped to farm his 218 acres, which specialized in dairy cattle. He served on the Board of Education, both local and county, for a period of 30 years. He also served as County Road Commissioner. He was an Elder in the Zion Reformed Church (which is now the Community Reformed Church of Austintown) during the whole period of his active life. One of the older resi-



Dr. J. H. Schnurrenberger

dents of Austintown told me that Dr. Schnurrenberger had done more than any other man in the community to develop the local schools and bring them up to their present high standard of education.

In 1903, Dr. Schnurrenberger married Miss Maud A. Gilbert. Two sons born of this union are still living in this same community. They are Gilbert M. and J. Armand Schnurrenberger.

After 39 years of active practice, Dr. Schnurrenberger, because of ill health, was forced to retire. His life and his work have been an inspiration to those who have known him, and a fine example to those of us in the Medical Profession who follow him.

Apples of Gold

Word has come from Mr. Chas. S. Nelson, executive secretary of the State Association at Columbus, that the Osteopaths' and the Chiropractors' Bills have died in Committees. The Secretary says that much credit for this result is due to the work done by The Mahoning County Medical Society, and by various Society Committees. It is known, also, that our Legislative Representatives remained loyal to correct concepts of proper medical protection for the public. We wish all those who so stood to know that we appreciate what they have done, and shall not forget their intelligent service.

HOSPITAL PAYMENTS

The table shows in contrasted columns the part the City of Youngstown played in the hospital care of indigent patients during the years 1933 and 1934. The hospitals concerned are St. Elizabeth's and The Youngstown Hospital Association.

	NO. PTS.		HOSP. DAYS		AMOUNT	
	1933	1934	1933	1934	1933	1934
January (1)	98	64	813	681	\$4146.30	\$3064.00
	116	88	1286	1060	6349.50	4661.50
February	72	66	686	727	3494.50	3280.50
	117	89	1095	1161	5494.30	5126.50
March	78	73	706	863	3110.50	3883.50
	113	107	1279	1452	5647.00	6488.50
April	90	77	752	836	3356.00	3762.00
	111	139	1095	1157	4892.50	5206.50
May	99	79	948	963	4266.00	4333.50
	133	140	1638	1520	7262.50	6840.00
June	96	66	823	884	3703.50	3978.00
	133	110	1308	1422	5854.50	6399.00
July	76	69	760	850	3374.50	3825.00
	109	101	1141	1493	5012.00	6697.50
August	72	63	695	698	3127.50	3141.00
	119	108	1303	1306	5839.00	5758.00
September	63	82	677	1100	3046.50	4950.00
	113	105	1398	1359	6228.00	5870.50
October	96	87	981	975	4415.50	4387.50
	124	120	1360	1753	6011.50	7510.50
November	96	80	801	767	3604.50	3451.50
	105	106	1137	1283	5011.50	5398.00
December (2)	63	62	507	725	2281.50	3253.50
	75	73	1155	940	5089.00	3921.50
TOTALS	999	868	9149	10069	41926.80	45310.00
	1368	1286	15195	15906	68691.30	69878.00
Combined Totals	2367	2154	24344	25975	\$110618.10	\$115188.00

(1) The first entry in each instance is for St. Elizabeth's Hospital, the one just below is for The Youngstown Hospital Association.

(2) The various amounts shown for December, 1934, are much less than previous months because of hospitalization of only those on Relief.

C. H. BEIGHT, M. D.

April

PUBLIC HEALTH IN COUNTY REFORM

(Continued from March)

The Commission's recommendations for the non-institutional medical care of the indigent appears somewhat ambiguous. In discussing the welfare set up, they point out that the depression has brought about, temporarily at least, important changes in the roll of various governmental units in the care of the poor. Financing of emergency unemployment relief has passed from cities and townships largely to State and Federal Governments. The administration of such relief has been transferred from cities and townships to a County Relief Commission. When the present emergency has past, there will still be a large and difficult relief problem to be dealt with. Apparently it is the Commission's intention in this connection to continue the medical relief as a part of the Welfare Department, when they state: "The County should be given permanent authority to provide non-institutional care of the poor and should be made the local unit for welfare administration." However, in discussing public health matters, the Commission, after defining public health service as "any tax-supported, regulatory and educational functions in the interests of human health," calls attention to the changing and broadening tendency of these services. To quote: "The nature of the public health problem is changing. Boards of Health were organized originally to control epidemic diseases and to promote sanitation. However, law enforcement in these matters has gradually been replaced by education; and epidemics susceptible to control, though possible still, seldom occur and rarely reach alarming proportions. In addition, the development of the esthetic sense together with the desire for comfort and convenience have become strong factors in promoting community facilities such

as sewer and water systems which largely solve problems of municipal and, to a lesser extent, rural sanitation. Thus, health is rapidly becoming a matter of personal hygiene and medical care. At the same time, the growing load of dependency, together with the desire on the part of the low-income class to participate in the benefits of advanced medical science, have forced the community to accept larger responsibilities for medical and custodial care. In the case of many services, especially hospitals, the basis of support is being transferred from private philanthropy to taxation. It is evident, therefore, that the maintenance of the more expensive facilities, such as hospitals and sanatoria, and the provision of various forms of medical service for the poor will constitute a larger part of the public health program in the future, and that the traditional regulatory and educational activities of boards of health will become relatively less important."

The Ohio State Medical Association has stated certain principles which are fundamental in any program of poor relief when they say, "Unless present signs fail, the existing state-wide relief program, including provisions for medical care, will be more than emergency and temporary." It is doubtful if the relief load of any community will decrease to a point equal to that existing before the present economic depression—at least not for an indefinite period of time. Moreover, it is doubtful if the old systems of providing relief locally for the poor, discarded almost entirely when the present centralized program was established, will be revived in their previous form.

However, in establishing or administering any program of poor relief, whether permanent or temporary,

public officials should recognize these principles:

1. Providing competent medical care for the poor, whether permanently destitute or temporarily needy, is a responsibility of the public.

2. Such medical care should be furnished by members of the medical profession engaged in the private practice of medicine.

3. Adequate provision should be made for remunerating physicians rendering such services through the use of public funds or funds subscribed by the public for charitable purposes.

4. Free choice of physician by the sick poor and the personal, professional relationship between physician and patient should be preserved.

5. The knowledge and experience of the medical profession should be recognized by public officials in all health and medical matters; the medical profession looked to for advice, assistance, and leadership in all medical programs; and the profession given an opportunity to co-operate and counsel with those engaged in medical activities as a part of poor relief.

If experience attained in the administration of medical relief of the poor has taught us anything, it has shown us that a large share of the difficulties facing the physicians who are administering care under Medical Relief, has arisen as a result of a lack of knowledge and sympathetic understanding of the problems involved in the care of the sick, with a consequent lack of the necessary co-operation on the part of the lay Director of Relief. The sick individual is an entirely different biological problem from the well person. The furnishing of material aid to the well person is one thing, while the furnishing of medical care to the sick person is quite another. Only those who are

trained in handling the sick individual can be fully aware of the many problems connected with that care. We, therefore, strongly recommend that in whatever form of government you may devise, the medical care of the indigent shall be placed in the Department of Health where it will be under the supervision of medical personnel.

The Ohio Hospital Association Bill

If the Health Bill proposed by the Ohio Hospital Association is introduced into, and passed by, the Ohio General Assembly, it will automatically place the medical care of the indigent under the County Commissioner of Health and not in the Welfare Department.

Dr. J. L. Fisher in commenting on this Bill stated: "Those of us who have been concerned about the medical relief of the indigent when the Federal Emergency Relief Act shall be terminated, will find the answer in this bill if it is adopted. Here is a plan for services to the poor which fulfills the requirements of the American Medical Association. The principle of free choice of physician 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."

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 commissioner 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) That all health commissioners must be physicians in good standing in their profession.

In keeping with the recommendations of the Commission, we feel that all the subordinate personnel of both the Welfare and Health Departments should be under civil service in such a way as to prevent their jobs being used for political patronage and in order that a trained and efficient personnel may carry on the work of these departments efficiently and without political interruption.

It is our opinion that public health functions should not be treated as merely subsidiary, to be conducted by the Department of Welfare. Proper food, clothing, and shelter are essential to good health. Therefore, the Health Department must at least be co-ordinate with the Welfare Department.

We conceive of the Welfare Department as having these functions: Care and control of Institutions for the aged and for dependent children; and for correctional institutions, except jails. Responsibility for child placing, Mother's and Old-age Pensions, Soldier's Relief and burials, non-resident relief, and for food, clothing, and shelter for indigents not in institutions. Also, to give probation service to courts on request. We do not favor hospital departments, other than to the extent requisite for proper emergency and first aid service, in any institutions conducted by the Welfare Department. Any case requiring hospitalization should be transferred to the hospital institution properly equipped for the efficient care of the particular condition.

The findings of the division of

Social Service of the Department of Welfare should be supplied also to the Health Department at the same time as it is collected and given to the Welfare Department. And, conversely, the information developed by the investigations of the Health Department should be made concurrently available to both Departments. Any person reported as an indigent as to the services of the Welfare Department will be "ipso facto" an indigent of the Health Department. We should permit the Health Department, with certain restrictions, to list for medical relief persons who may not be acceptable for relief by the Welfare Department.

Specifically, under the Department of Health should fall the following: All institutions, accompanied by the budgetary provisions necessary for their proper maintenance, for the care of Tuberculosis patients, of feeble minded, epileptic and insane persons, of the blind, of maternity and children cases, of chronic and acute general cases, all to be indigents, and fair compensation to private physicians and dentists for services to all these, whether in or outside hospitals, included in such budget unless otherwise provided. To these institutions would go those from the Welfare Department requiring medical or hospital service.

This department should, we think, control the medical service to outpatient indigents, with provision as above indicated for payment of private physician for such service; collect and record vital statistics, such as births, deaths, disease statistics, contagious and otherwise; enforce regulatory measures in the interest of the public health and sanitation, disseminate proper health instruction, and supervise and order quarantine, immunization materials, such as vaccines, serums, etc. This department should supervise the laws pertaining

to public health, control of communicable diseases, and quarantine, with the assistance and co-operation of the Department of Law Enforcement. This includes, of course, the inspection and control of water and food supply, milk, meat, etc., as well as the abatement of nuisances. Budgetary provision should also provide for dental and surgical supplies, drugs, and all other things needed in the treatment of the indigent sick, both in their homes, in doctors' offices, and in hospitals, for proper maternity instruction, for infant welfare work, and for laboratory facilities and x-ray work for non-institutional as well as hospitalized patients when needed.

In considering the status of the Coroner, the Commission recommends abolishing the office of Coroner and the creation of the position of Medical Examiner. Inasmuch as the work of the Medical Examiner is purely investigative and of a specific, scientific character, in order to remove from him the criticism that may arise of favoritism toward the Department which employs him, we would recommend that the Medical Examiner, who is to take the place of the Coroner, be appointed by the Common Pleas Judges or County Board of Health and that he be appointed from a list of medical men submitted to them by the Mahoning County Medical Society. This would remove from this office the stigma of undue influence by or favoritism to either the prosecution or the defense. A Bill recently introduced in the House would make it obligatory to fill this office with a medical man.

— *The end* —

Dr. Rinehart Appointed

President Fisher has appointed Dr. E. C. Rinehart to membership on the Economics Committee. Dr. Rinehart is exceptionally well-equipped for the difficult tasks of this hard-working Committee.

Dr. Beard: In Memoriam

By MRS. C. H. BEIGHT

To me sad news has just been brought
Of one whose skill I oft have sought;
A man whom everyone held dear,
To all he proved himself sincere.

Not for reward or flattery
Did he tend the sick so tenderly;
His soul was gold, his heart beat high
For the rich and poor who lived nearby.

His soul has gone to its abode
Relieved of all this heavy load
Which filled his cup up to the brim,
His strength grew less,—God called to him.

His smile was sunshine set apart
To fill and gladden each friend's heart.
Our hearts still hold this one so skilled,
We feel his place cannot be filled.

And though he's gone we hear him say,—
"Don't think of me as far away;
My spirit will be with you all,
In sunshine or when shadows fall."

Which Side Are You On?

Should mothers be given medical advice by neighbors, newspapers, manufacturers and other meddlers, — or — Should infant feeding be kept where it belongs — in the hands of physicians?

Mead Johnson & Company are and always have been definitely on the side of private medical practice, and this is one reason why we have refused to advertise "complete foods" which "simplify" infant feeding. The use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for three decades, has received universal pediatric recognition because it offers an adjustable formula for meeting the changing requirements of the individual baby. Of all the carbohydrates available, none employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose. Under the traditional Mead Policy, we re-affirm the fundamental principle that "Babies supervised by physicians are better babies."

EDEMA

By M. W. NEIDUS, M. D.

One of the most fascinating subjects in medicine is the problem of edema. We all deal constantly with it. Everyone, even the laity, recognizes and apparently understands the meaning of the term.

A critical analysis, however, makes one realize that perhaps we do not actually know much about it. Because of its importance, I present a review of modern concepts of the nature, types, and treatment of edema. Such a discussion raises many questions which have not been clarified as yet, but which offer opportunities for further study.

Edema should not be thought of empirically but we should try to analyze its nature, physiology and cause. Only then will one realize why certain types of treatment work in one case and fail utterly in other cases. Treatment is more effective when the physiology of the problem is understood.

The first modern concept of the nature of edema was that of Widal, who maintained that it was renal in origin. He believed that the difficulty was primarily in the kidney, which acted as a filter. With the filter blocked, edema resulted with retention of fluids in the tissues. This theory has been discarded for reasons which this paper will attempt to explain.

Starling next brought forth the theory that the osmotic pressure of the plasma proteins play a role in the production of edema. He advanced the idea that a decrease in the osmotic pressure is responsible for the loss of fluids into the tissues, and the production of edema. The interchange of fluids between the blood serum and the tissues is dependent upon the balance of two factors:

(1) The blood pressure at the arterial end of the capillaries which

propel fluid through the capillary wall into the tissues.

(2) The osmotic pressure exerted by the non-diffusible proteins, which tend to draw water from the tissues into the blood stream.

Normally the arterial pressure drives fluid into the tissues, but as this pressure becomes dissipated the osmotic pressure exerted by the serum protein is able to resist the arterial pressure and towards the venous side of the capillary to draw fluids back into the blood stream. The pressure on the arterial side is normally 30 mm. mercury, the osmotic pressure of the serum proteins is 25 mm. mercury, while the pressure on the venous side of the capillaries is 20 mm. mercury. If the concentration of the serum protein is low the osmotic pressure is reduced and unable to counteract the arterial pressure. Water goes into the tissues and edema results. If the venous pressure is increased, as in venous obstruction or in a decompensated heart, the osmotic pressure of the serum protein will be unable to return fluids into the capillaries and edema will result. Anything which will disturb this triphasic physical mechanism will lead to a disturbance in the water metabolism, with resulting edema.

Epstein went a step further in maintaining that the edema is due to a lowering of serum proteins. He found that patients with edema and nephrosis have a lowering of serum proteins, namely serum albumin and serum globulin. The lowering of the serum proteins produced a drop in the osmotic pressure, with resulting edema.

Kohman, to verify Epstein's observations, experimented with rats and found that he could produce edema by restricting their protein intake. Many other experimenters have

since verified Epstein's findings. These findings at once explain edema due to nutritional disorders, as in pernicious anemia, secondary anemia, malignancies, and other wasting diseases, such as tuberculosis, etc. Obviously, supplying proteins in sufficient quantities should prevent a lowering of blood proteins, but there are cases with a normal blood protein who develop edema and cases with low plasma proteins that also develop edema.

Van Slyke and Leiter bled dogs, centrifuged the blood, removed the serum, and replaced the cellular elements in the circulation, producing a lowering of the blood proteins without edema. On placing fifteen hundred cubic centimeters saline in the stomach of the animal, edema developed. They inferred that the experimental animal was ready for edema but that other extrinsic factors were essential, namely, the constituents of the saline solution. The problem was then to isolate that substance. On giving 1500 cc. of water alone, without the sodium chloride, no edema resulted. If they added sodium chloride, edema occurred. Furthermore, on administering fifteen hundred cubic centimeters of potassium chloride solution, no edema took place but if sodium bicarbonate was given in the solution, edema occurred. Thus all the factors were eliminated as possible contributors except the sodium ion. They concluded, therefore, that two essentials for edema were necessary, namely, water and sodium; that, under certain conditions, the tissues select water and sodium and reject other substances; and that a lowering of the plasma protein makes it easier for the tissues to have an avidity for salt and water.

Research carried on at the University of Michigan under Drs. Newburgh and Lashmet has tended to show that edema is independent of water intake. They noted no increase in edema whether 1000 cc. or 4000

cc. of water was given but if the sodium ion was added edema promptly increased. They are of the opinion that:

1. The factor in the production of edema is the sodium ion.

2. That it is independent of water intake.

3. That a lower plasma protein is not the etiological factor but prepares the tissues for the retention of salt and water.

They further maintain that if patients with edema are kept on a salt-free diet with the total acid ash exceeding the basic ash, edema will clear up if the salt already in the tissues is neutralized. In other words, if the body tissues can be kept in an acid state no edema will appear even though the plasma proteins are low. Thus, in acidosis in diabetes mellitus, no edema occurs even with the blood plasma at a low level. Joslin noted, on treating diabetes acidosis with sodium bicarbonate that edema developed in some of the patients while in others it did not develop. One may infer that perhaps they did not give sufficient sodium bicarbonate to those who did not develop edema. The fact that normal beings do not develop edema on ingestion of sodium shows that factors other than salt are also involved in the process of edema.

One must conclude that, with our present knowledge, the following factors enter into the picture of edema:

1. Arterial Pressure
2. Osmotic Pressure of Blood Proteins
3. Venous Pressure
4. Sodium ion.

The question immediately arises: What part do the kidneys play in edema? The kidneys play a very important role in the elimination of fluids from the body tissues. In diseased states, where the pathology is extra-renal, the kidneys are not secreting because the material is not
(Turn to page 135)

Beyond "P. G." Day



MAY

DR. WILLIAM H. GORDON

Harper Hospital, Detroit

SUBJECT

"Malignant Neutropenia"

Tuesday, May 21st, 8:30 P. M.

YOUNGSTOWN CLUB

JUNE

DR. ARTHUR G. HYDE, Superintendent
DR. ARTHUR O. GILLMAN, Ass't Supt.

Massillon Hospital



SUBJECT TO BE ANNOUNCED



Tuesday, June 18th, 8:30 P. M.

YOUNGSTOWN CLUB



Mayo Clinic

DR. BRANT SPEAKS UP!

Dear Editor Claude:

The set-up for our coming Post-graduate Day schedule for Thursday the 25th of April, with the speakers we have coming from the Mayo Clinic, and the subjects about which they will talk has so intrigued and thrilled me that *really I believe we are going to have one of the best, if not the best, programs ever.*

I am so enthusiastic about this that I cannot help but write you and urge further effort on your part to spread the good news, because I believe every one who attends will be more than amply repaid for his time and effort.

Very truly yours,

A. E. BRANT,
Chairman, Program Committee.

From Our Neighbors

Dear Doctor Norris:

I have just been looking over the Program for the Eighth Annual Post-graduate Day to be held by the Mahoning County Medical Society on April 25th, 1935. The members of our Society always look forward to meeting with the Mahoning County Society and have enjoyed the fellowship as much as the very exceptional programs which have been given in the past. I am sure the April meeting will be an outstanding event as the speakers, members of the Faculty of the Mayo Clinic, will have a very worthwhile message to give.

With very best wishes, I am, sincerely yours,

M. T. KNAPPENBERGER, M. D.,
President, Trumbull County Medical Society

Dear Doctor:

Allow me to congratulate the Mahoning County Medical Society for another outstanding medical event in the State of Ohio by their Postgraduate Day. The groups that put on these meetings are of such high calibre that one cannot afford to miss them.

Very truly yours,

R. T. HOLZBACH, M. D.
Salem, Ohio.

Dear Doctor Norris:

New Castle, Pa., March 21, 1935.

The termination of our very successful Postgraduate Course reminds us that the Mahoning County neighbors are preparing for their meeting on April 25th. The high quality of their programs in the past has attracted some of our men every year. This year they are offering a very practical course which cannot fail to be helpful. Although we do not belong to the same State Society, the real friendliness displayed by such men as Buechner, Booth, Jones, Clark, McCurdy, Montgomery, Hauser, Bierkamp, Patrick, and the present Editor and President makes it a real pleasure to attend their meetings.

Sincerely yours,

W. A. WOMER, Sec'y and Editor,
Lawrence County Medical Society

April

"Postgraduate Day" Personnel
from
The University of Minnesota
Postgraduate Medical School
and
Mayo Clinic



DR. WALTER C. ALVAREZ, Professor of Medicine
DR. C. F. DIXON, Associate Professor of Surgery
DR. FRANK C. MANN, Professor of Experimental Surgery and Pathology
DR. HENRY W. MEYERDING, Associate Professor of Orthopaedic Surgery

OFFICERS OF THE SOCIETY

JAS. L. FISHER, M. D., President WM. M. SKIPP, M. D., Secretary
PAUL J. FUZY, M. D., Vice President LOUIS S. DEITCHMAN, M. D., Treasurer
L. G. COE, M. D., President-Elect

POSTGRADUATE COMMITTEES

Program

Dr. A. E. Brant, Chr.
Dr. W. K. Allsop
Dr. E. G. Baker
Dr. W. F. Curtis
Dr. J. E. L. Keyes
Dr. H. E. Patrick
Dr. J. M. Ranz
Dr. Jos. Rosenfeld
Dr. J. A. Sherbondy

Postgraduate Day

Dr. James D. Brown, Chr.
Dr. A. E. Brandt
Dr. W. D. McElroy
Dr. M. W. Neidus
Dr. L. W. Weller
Dr. Sam Klatman

Entertainment

Dr. M. H. Bachman, Chr.
Dr. Armin Elsaesser
Dr. John Heberding
Dr. F. W. McNamara
Dr. F. F. Monroe
Dr. John Noll
Dr. Sam Sedwitz
Dr. W. A. Welsh

Publicity

Dr. Dean Nesbit, Chr.
Dr. P. L. Boyle
Dr. Sam Klatman
Dr. J. F. McGowan
Dr. Gordon Nelson

The Eighth Annual
POSTGRADUATE DAY
Thursday, April 25th, 1935

Faculty of Renowned Authorities
from

MAYO CLINIC

DR. WALTER C. ALVAREZ, Professor of Medicine

DR. C. F. DIXON, Associate Professor of Surgery

DR. FRANK C. MANN, Professor of Experimental Surgery
and Pathology

DR. HENRY W. MEYERDING, Associate Professor of
Orthopaedic Surgery

*All of these are members of the faculty of the Postgraduate School,
University of Minnesota, and "heads" of special
divisions at Mayo Clinic.*

*Morning and Afternoon Sessions at Stambaugh
Auditorium
Dinner and Evening Sessions at Youngstown Club*

Registration Fee, Including Dinner, Five Dollars

*The popularity of this well-known group, along with their extraor-
dinarily attractive program, is sure to result in a very large attendance.
Please make your reservations as early as possible.*

**WE MOST CORDIALLY INVITE
OUT-OF-TOWN PHYSICIANS**

POSTGRADUATE DAY PROGRAM

(Tentative as to Arrangement)

MORNING SESSION:

- 9:00 a. m. Spondylolisthesis as a Factor in the Cause of Backache. Dr. Henry W. Meyerding.
 10:00 a. m. The Treatment of Gastro-intestinal Neuroses. Dr. Walter C. Alvarez.
 11:00 a. m. The Functions of the Liver. Dr. Frank C. Mann.

AFTERNOON SESSION:

- 1:00 p. m. Rectal Cancer: Management and Prognosis. Dr. C. F. Dixon.
 2:00 p. m. The Functions of the Spleen. Dr. Frank C. Mann.
 3:00 p. m. The Clinical Aspects of Fibrosarcoma of the Soft Tissues of the Extremities. Dr. Henry W. Meyerding.

DINNER, YOUNGSTOWN CLUB, 6:00 P. M.

EVENING SESSION:

- 8:00 p. m. The Diagnosis of Gastro-intestinal Disease Purely from a Good History. Dr. Walter C. Alvarez.
 9:00 p. m. Essential Operations for Chronic Ulcerative Colitis. Dr. C. F. Dixon.

The Evening Session at The Youngstown Club is both scientific and social. All the recreational features of the Club are yours to enjoy.

POSTGRADUATE COMMITTEE:

Dr. James Brown, <i>Chairman</i>	Dr. M. W. Neidus
Dr. A. E. Brant	Dr. L. W. Weller
Dr. W. D. McElroy	Dr. Sam Klatman

Address all communications to Dr. James Brown, Home Savings and Loan Building, Youngstown, Ohio.

FACULTY FOR POSTGRADUATE DAY

DR. WALTER C. ALVAREZ

Those who have the idea that Professors in large institutions are unfamiliar with the problems of the man out on the hustings cannot legitimately apply that notion to Dr. Alvarez. After his graduation he did general practice in New Mexico for several years, and following this, for 16 years he practised internal medicine in San Francisco.



Dr. Alvarez

In 1926, after having been for some years Associate Professor of Research Medicine, University of California, he went to the Mayo Clinic, and is now Professor of Medicine in the Graduate School of the University of Minnesota.

Dr. Alvarez is a member of over 20 medical societies, and, also, of several allied learned organizations. He is a past president of the American Gastro-enterological Association.

Astonishing as it may seem, this virile personality is the author of 2 books, of more than 200 scientific papers, of the Chapters on Diseases of the Digestive Tract in Oxford Medicine, and is on the Editorial Board of several medical journals.

Still Dr. Alvarez finds time for mountain climbing, photography, archaeology, and medical history!

DR. FRANK C. MANN

In proportion to progress in bringing to light normal physiology we shall understand pathological processes. The one is a prerequisite to the other. Dr. Mann, since 1914, has recognized that fact.



Dr. Mann

A native "Hoosier," he received his M. D. degree from Indiana University in 1913, and the next year was awarded the M. A. degree. From 1908, when he began teaching physiology in his alma mater, until this very hour, he has pursued this subject. Now, as Professor of Experimental Surgery and Pathology in the Mayo foundation, he has at his command the facilities of that gigantic plant, with the co-operation of able colleagues, and unlimited material with which to work.

Dr. Mann's record is truly astonishing. To his credit are membership in 15 scientific societies, and more than 265 scientific papers already published. His researches deal with such questions as surgical shock; the physiology of the liver and gall bladder, of the spleen, the gastro-intestinal tract, and the circulatory system; and experimental production of peptic ulcer, and researches in bile-pigment production.

"When a man is no longer anxious to do better than well, he is done for."

—B. R. HAYDON.

"Every addition to true knowledge is an addition to power."

—HORACE MANN.

DR. HENRY W. MEYERDING

A native son of the "Gopher" State, Dr. Meyerding hails from St. Paul. There he received his preliminary education, and in the process he began to display the versatility, ability, and energy which qualify for leadership. Let it be said that among his acquisitions is first-rate musical talent.



Dr. Meyerding

Since 1910 he has been associated with the Mayo Clinic. Early his interest went to orthopaedics, and from 1920 on, he has graced the Associate Professorship of Orthopaedic Surgery of the Mayo Foundation of the Graduate School of Medicine, University of Minnesota.

Dr. Meyerding, also, is a member of many scientific bodies, particularly orthopaedic societies. At this time, he is President of the Minnesota-Dakota Orthopaedic Club, and he is Chairman of the Program Committee of the American Academy of Orthopaedic Surgeons. He is one of the organizers and a charter member of the International Orthopaedic Society; and he is a member of the House of Delegates of the American Medical Association.

His writings reflect his intense activity, and include a large number of original and valuable papers on various phases of medicine as well as his specialty.

DR. C. F. DIXON

Many famous characters began their careers on the soil of Kansas. We recall the episodic John Brown, the spectacular "Sockless" Jerry Simpson, and the lovable Editor Howe.



Dr. Dixon

And now we come to Dr. Claude Frank Dixon. Dr. Dixon belongs, of course, with those whose lives shed glory upon his native heath. But he is very modest. When Dr. Brant asked him for his photograph and a short biographical sketch, he said:

"Regarding my photograph and the history of my life—if you were to publish my picture, no one would come to the meeting, and if I gave a history of my life, somebody would be there looking for me!"

Well, we pulled a fast one on Dr. Dixon! And here it is: Born and bred in Kansas, he attended all the educational institutions of that State, from the elementary schools through the University. Subconsciously realizing that he had mastered all in his field that Kansas afforded, and knowing, as a matter of course, that Kansas (like Oklahoma) possessed all that was known (for certain), he went to Mayo Clinic, in 1923. His mission there was to add to what was known, or rather, to subtract from what was unknown.

Not long afterwards, he was made Assistant Professor, then Associate Professor, of Surgery of the Graduate School of Medicine, University of Minnesota. Moreover, he has published a list of original papers as "long as your arm," and he is active in a score of scientific societies. Really, in spite of his modesty, Dr. Dixon is a "prize"—and you'll find him so!

SALERNO

By JOHN M. CAVANAUGH, M. D.

The culture and philosophical outlook of any institution are influenced by its geographical location, and the political atmosphere that surrounds it. This fact was particularly true during the early Middle Ages when the Medical School at Salerno was emerging from the impenetrable fog that surrounds its beginning. It seemed to have had no beginning—it just developed.

There is a reasonable possibility that the traditions of Greek medicine had never been entirely interrupted in Southern Italy and Sicily, for after the fall of the Roman Empire this territory became part of the Moslem Empire and although geographically in the West, it was under the influence of the East. Although the town of Salernum, which had been a health resort from very ancient times, was never under the direct rule of the Moslems, neither was it completely within the Empire of Charlemagne, who had dismantled it in the Ninth Century. The town had a stormy career politically, and the influence of the contending forces is reflected upon the development of the school. During the Ninth and Tenth Centuries, Salernum was frequently attacked by the Saracens. In 1076 the Normans under Guiscard occupied it, and in 1194 it was sacked by Henry VI. The next two centuries were reasonably peaceful, and the School of Salerno reached a position of distinction and importance in medical teaching, acquired by no other early Christian School.

That some sort of medical association existed in Salernum in the Ninth Century seems certain. Its situation, its intellectual and particularly medical heritage, combined to make it an excellent clearing house for medical ideas. Here Latin, Greek, Jewish, and Moslem influences were gradual-

ly and naturally synchronized to produce the first medical school of Christian Europe.

Only a few of the outstanding personalities need be studied to understand the magnetic force which drew to Salerno scholars from all parts of Europe. Donnolo, whose name was Abraham ben Joel, was one of the earliest Jewish writers. His encyclopedic work, under the title of "Precious Book," written in classic Hebrew, is an antidatorium, containing descriptions of over one hundred and twenty drugs. Gariopontus, the Lombard, was the author of the "Passionarius," a collection of extracts from late Greek, Byzantine and Roman writers. Petrocillus, author of the *Practica*; Constantine, the African, who translated many of the works of the Islamic School; Roger, the Surgeon who reestablished surgery, and gave this branch of medicine its proper place in European Schools: these and many others contributed toward this great step in medical evolution which was to culminate in the production of Harvey, Pasteur, and other great pioneers of modern scientific research.

Salerno was the first step in this evolution. It was never a fountain-head of learning, but it was the earliest distributing center of medical ideas in Europe and all the later schools were in some degree indebted to it.

From the writings of the masters we know that women physicians were not only quite numerous at Salerno, but some wrote extensively. Of the group the most famous was "Trotula," who passed into literature as "Dame Trot," of the fairy tales. "Madame Trotte" is credited with gynecologic and cosmetic treatises; but by some historians she is not accepted as a historical personage at all.

Records do not agree about many interesting historical characters and their works. Illustrating this fact is a very interesting and famous poem known as "Regimen Sanitatis," which is considered one of the great productions of the school of Salerno. The author (or perhaps authors) is unknown, nor do we know why it was written, or even the date of its appearance. However, if we are to judge its merit by the number of translations, editions, and commentaries made up on it, we must conclude that it is one of the great poems of all time. Between 1474 and 1846 Bandry de Balzac was able to find 240 editions of the Regimen. It had been translated into all the languages of Europe, Hebrew, Persian, and Gaelic. Whether it be considered a poem of medical consultation or a series of aphorisms the essential characteristic is exclusively dietetic and hygienic. It is a guide to the regulation of daily life and those things necessary for preserving life in health and disease.

During the Eleventh and early Twelfth Centuries the school advanced but little. The scholarly atmosphere was free and democratic. Empiric, charlatan, and physicians practised medicine side by side. But from the year 1134 all this was changed. Roger II found it necessary to make laws governing medical practice to protect his subjects from charlatans. From this time on through the next one hundred years Salerno was bearing its best fruit. Islamic medicine was now in favor. Galen and Aristotle were studied with renewed interest, and students flocked there from all parts of Europe and Asia. Roger the Surgeon, already referred to, was the shining light of this period.

Strange as it may seem, the earliest official document concerning the Medical School is a charter granted by Frederick II, in 1231, but by this

time its heyday had passed. Slowly its importance was eclipsed by the new and growing University of Naples. The processes of degeneration had set in. Scandal of bogus degrees overshadowed its declining years. A sad ending for a grand old institution. It was closed in 1811, by Napoleon.

Speakers' Bureau

The activities of members in bringing dependable medical information to lay groups is increasing. The various organizations who call upon us are enthusiastic about the quality of the addresses. This is a healthy situation. In addition several of our members frequently present papers before other medical organizations. We regard that as a compliment both to the members and to our local Profession. At this time we report the following:

Dr. W. H. Bunn, to the First Baptist Church, February 25, on "Modern Trends of Medicine."

Dr. W. M. Skipp, to the Junior Clio Club, March 5, on "What to do in Case of Accident." Drs. Skipp and E. J. Reilly, to the Ashtabula County Medical Society, at Conneaut, Ohio, March 12, on "Medical Economics." Dr. Skipp, to the Richland County Medical Society, Mansfield, on "Medical Economic Problems."

Dr. D. H. Smeltzer, to the Hillman P. T. A., March 8, on "Nervous and Mental Diseases and Their Prevention."

Dr. E. H. Jones, to the Lincoln P. T. A., March 14, on "Skin Diseases Common to the School Child."

Dr. M. P. Mahrer, to the Harrison P. T. A., March 14, on "Socialized Medicine."

Dr. Claude B. Norris, to the Trumbull County Medical Society, March 21, on "Practical Therapeutics in Dermatology."

"The sovereignty of man lieth hid in knowledge."—*Bacon*.

MEDICAL FACTS

(Gleaned from the Mayo "Proceedings")

By J. G. B.

According to Alvarez, "When food disagrees, the distress produced is likely to appear within 3 hours after the meal, but it can come later . . . The common form of distress which comes immediately after taking food is usually due not to the nature of the food, but to the over-rapid introduction of *anything* into a stomach that has not been prepared psychically for the functions of digestion. Sometimes these persons will be more comfortable if they avoid drinking liquids with meals."

* * *

He also explains why so many persons who get indigestion after eating in a hurry like to chew gum. "The repeated swallowing *after* a meal can make up somewhat for the lack of swallowing *during* the meal, and the waves going down the esophagus tend to block and drive downward the reversed gastric waves which produce the belching and regurgitation."

* * *

In discussing 2 cases of amebaphobia, he remarks, "One of the curses of medicine today is our tendency to worry *before the patient* about a 1+ Wassermann reaction, a basal metabolic rate of —15, a blood sugar of 120, a blood pressure of 100, an exaggerated haustriation of the colonic shadow, 2 fecaliths in the appendix, a slightly slowed emptying of the gallbladder, or an inverted T wave in Lead III. Unless the young graduate in medicine soon acquires the wisdom to disregard these things, and above all to keep quiet about them, he becomes a fertile breeder of neuroses."

* * *

H. L. Smith of the Clinic is of the opinion that "Athletic Heart" is an unfortunate term. He says that "no record exists of such a heart being found. The promiscuous use of the

term 'athletic heart,' by certain writers, probably has had some considerable influence on the introduction into the literature of some other terms which are equally inexcusable, such as 'industrial heart,' and 'military heart,' and the proof for their existence is just as lacking as it is for athletic hearts."

* * *

H. C. Habein reports a case of a subacute perforating duodenal ulcer in whom the pain was referred not straight to the spinal column, as is usually the case, but to the angle of the left scapula. Another unusual feature in this patient was the fact that the referred pain of the ulcer began a year before the actual symptoms of ulcer (night pain, occasional vomiting, with relief of distress, and food and soda ease) manifested themselves.

* * *

In speaking of another case Dr. Habein emphasizes that, "in the presence of any unexplained fever, even in the absence of symptoms pointing to the gastro-intestinal tract, amebiasis should always be thought of and, if necessary, therapeutic tests and treatment instituted."

* * *

In speaking of conservatism in gynecology, V. S. Counseller says, "A potent argument against immediate pelvic surgery for gonorrhoeal salpingitis is that in 70 to 80 per cent. of such cases the condition will subside clinically in from 2 to 3 weeks. Secondary infections in the pelvis not infrequently result from appendicitis, although I have seen infection result from diverticulitis and perforated carcinoma of the sigmoid colon. Among young girls and women, it seems to me to be a conservative procedure to remove the appendix if there is the slightest evidence that it is acutely diseased."

OUR OPPORTUNITY FOR PUBLIC APPROVAL

By H. E. HATHORN, M. D.

Chairman, Public Health Committee

You will remember that last November, under the duress of an insistent membership, the Public Health Committee promoted a campaign for the immunization of pre-school children against diphtheria. The campaign was of short duration, that is, 2 weeks. Its advertisement was intense. The public was attacked from many angles in order that it should know the importance of having the pre-school child immunized against diphtheria, and it was intended at that time that this work become a continuous project, and that is what we hope to make of it.

The efforts of the 2 weeks intensive work resulted in the immunization of 1000 pre-school children, and that work was done in the doctors' offices. You will remember, also, that our far-seeing City Council voted an appropriation of \$3000.00 to pay the doctor at the rate of 50 cents each for immunizing those who were not able to pay.

Now, we have entered upon a new year and it is still necessary to continue that work, so again City Council has been kind enough to vote another appropriation of \$3000.00 to continue this immunizing against diphtheria. We know that there are 2000 to 2500 new births in Youngstown yearly, and we know that the only other organized effort that has been made to immunize pre-school children has been made by the Visiting Nurses Association in the baby welfare stations. Year before last their efforts netted 2000 immunizations. If we are truly to merit this responsibility, we must at least equal their record this year or turn the project back to them.

After consideration we have evolved a plan that is but a slight variation of last year's plan, in that it will provide

for a continuous campaign throughout the year. The campaign is essentially one of educational advertising, teaching the public the necessity of diphtheria immunization and how it can be done. It is believed that this can be accomplished by periodic articles in newspapers, monthly radio talks, regular announcements in churches, P. T. A. meetings and women's clubs, placards on buses and street cars, cards mailed by the Board of Health to parents when their children become 6 months of age, by word of mouth from the visiting nurses in the baby welfare stations and in their calls and, last, but most important, by the doctors themselves.

Every doctor should, at the time he discharges an obstetric case, request the mother to bring the baby to his office and have it immunized at the age of 6 months and also tell her that this can be done whether she is able to pay or not. Doctors, themselves, by continually thinking of this and telling mothers, can do more to promote the success of this project than any other means of advertisement.

Last year there were a few who did not understand completely the procedure of this plan. Its salient features are the following:

1. Toxoid is to be obtained without charge from the Board of Health for all cases, both private and indigent.

2. Cards to be mailed to the Board of Health for recording are to be obtained with the toxoid.

3. Patients who are unable to pay a \$2.00 office call charge for immunization have only to sign the card that they are unable to pay.

4. Doctors are to be paid 50 cents for each immunization given to an indigent.

5. Mail the card to the Board of Health for every case, private or indigent.

6. Toxoid for all county cases may be obtained at the County Board of Health from Dr. Davis. However, there is no appropriation to pay for immunizing the county indigent cases.

Last year's campaign was largely well received by the public and it received considerable favorable comment. It shows an altruistic motive, places the Medical Society in the limelight. With but a little help from every doctor it can become a continuous success and will reflect favorably upon the Medical Society. Remember, we are in the driver's seat, and if we do not drive efficiently, the wheel will be taken away from us.

Opinions of Others

By P. J. FUZY, M. D.

Suggestions

1. Read the February *Bulletin* of the A. M. A. There you'll find recorded the "Report of Reference Committee," adopted by the A. M. A. House of Delegates. There, also, you'll find an excellent article by Dr. C. L. Cummer, in which he gives our Society favorable mention. We quote from it: "The doctor must not only get educated, but he must keep educated." This paraphrases Plato's "Education is a life business." Very much, this is, in the spirit of "P. G. DAY"!

2. More Postgraduate Day reminders:

"Without ideals, without effort, without scholarship, without philosophical continuity, there is no such thing as education."—*Flexner*.

"The roots of education are bitter, but the fruits are sweet."—*Aristotle*.

"Instruction increases in born worth."—*Horace*.

"Know ye, that education and skill are a continuous progression, and he

that addeth not to that he hath soon loseth his store thereof."—*Epictetus*.

Even modesty does not prevent us from commenting upon an innovation that is, without doubt, the biggest and best activity of the Mahoning County Medical Society. The program, the speakers, and the new location, should make this the outstanding **Postgraduate Day in our history.**

The reputation that our Society has acquired through this activity has placed us on the defensive. It is necessary, therefore, that we make every effort possible to have this program presented smoothly and efficiently. Our out-of-town friends will no doubt be anxious to learn that the Stambaugh Auditorium will furnish better facilities for a scientific meeting of such caliber. The information acquired at these Postgraduate Day meetings will compensate any man for his time, effort, and money by reflecting better diagnoses and more efficient services to his patients.

The exhibits this year have not been sufficiently emphasized. Word comes that they will be large and elaborate. The Stambaugh Auditorium is an ideal place for these, because of ample space.

Dr. Jaffe III

Dr. R. H. Jaffe, who was to speak to us on March 19th, was unable to be here because of a severely infected finger. But he most considerately sent his paper by air mail to Dr. A. E. Brant, who read it to the Society. The paper was a splendid discussion of "Malignancies of the Lung," and because of Dr. Brant's intelligent reading, the Society's disappointment extends only to the loss of the pleasure of greeting Dr. Jaffe in person. We wish for him a speedy recovery.

"Deeper, deeper let us toil
In the mines of knowledge."

—*James Montgomery*.

GLEANINGS

By S. J. T.

St. Elizabeth's Hospital announce the following appointments to the Staff:

Honorary, Consultant and Active Staff:

Dr. T. J. Arundel	Dr. J. E. Hardman	Dr. H. M. Osborne
Dr. J. G. Brody	Dr. D. H. Hauser	Dr. S. R. Proudfit
Dr. P. L. Boyle	Dr. J. Heberding	Dr. J. Porembski
Dr. W. Z. Baker	Dr. M. J. Kocialek	Dr. R. B. Poling
Dr. J. B. Birch	Dr. C. S. Lowendorf	Dr. J. M. Ranz
Dr. E. W. Coe	Dr. A. Marinelli	Dr. W. E. Ranz
Dr. L. G. Coe	Dr. E. C. Mylott	Dr. E. J. Reilly
Dr. W. J. Colbert	Dr. W. O. Mermis	Dr. J. W. Shaffer
Dr. H. E. Chalker	Dr. A. C. Montani	Dr. J. L. Scarnecchia
Dr. J. Colla	Dr. F. W. McNamara	Dr. I. C. Smith
Dr. E. W. Cliffe	Dr. J. McGowan	Dr. A. C. Tidd
Dr. B. J. Dreiling	Dr. B. B. McElhanev	Dr. Saul Tamarkin
Dr. W. H. Evans	Dr. E. H. Nagel	Dr. Sam Tamarkin
Dr. M. B. Goldstein	Dr. M. W. Neidus	Dr. R. E. Whelan
Dr. T. K. Golden	Dr. J. F. Nagle	Dr. J. A. Walker
Dr. C. D. Hauser	Dr. J. B. Nelson	

Associate Staff:

Dr. S. R. Cafaro
 Dr. E. G. Caskey
 Dr. R. V. Clifford
 Dr. M. D. Friedman
 Dr. L. H. Getty
 Dr. J. B. Kupec
 Dr. P. J. Mahar
 Dr. E. H. Young

Dental Staff:

Dr. O. Dreiling
 Dr. D. Farkas
 Dr. B. Goldstein
 Dr. P. Klinke
 Dr. T. I. Scott

Interne Staff:

Dr. D. B. Douglas
 Dr. W. E. Maine
 Dr. L. S. Shensa
 Dr. J. J. Wasilko

* * *

Mrs. W. E. Ranz is seriously ill in St. Elizabeth's Hospital.

Drs. E. J. Reilly, R. B. Poling, J. B. Nelson and J. Heberding presented a "Symposium on Carcinoma of the Uterus," at the regular monthly meeting of the staff of St. Elizabeth's Hospital, Tuesday evening, March 12, 1935.

Dr. D. B. Douglas, Adams, N. Y., is a recent addition to the Internes staff of St. Elizabeth's Hospital. Dr. Douglas has just completed a 19-month course in Urology at the Royal Victoria Hospital in Montreal.

Dr. M. D. Friedman, of Cleveland, Ohio, has been appointed to the associate staff of St. Elizabeth's Hospital and is a member of the Neurological Service.

By F. S. C.

Dr. K. W. Allison is now convalescing nicely from his recent illness. His many friends wish him a speedy recovery.

Dr. Ray Hall has given up his practice at Austintown and is now at Cleveland City Hospital where he received an appointment as resident in ear, nose and throat. Dr. Joseph Hall has taken over Ray's practice.

Dr. S. M. Hartzell has returned from his trip to the West Indies, fully recovered from his illness.

Dr. Paul S. Williams, of Hubbard, has been made a member of the medical staff of the Youngstown Hospital.

YOUNGSTOWN HOSPITAL—STAFF ACTIVITIES

By FREDERICK S. COOMBS, M. D.

The Clinical Lethal Dose of Bichloride of Mercury

Bichloride of mercury poisoning cases, whether accidental or intentional, are always interesting because of the pathological physiology which they present. Most practitioners see at least one of these cases during their lifetime of practice. When the case is first seen, the question that comes up is how shall it be treated. Using a few figures rather conveniently we shall try to show that up to the present no method of treatment has been satisfactory.

Texts on legal medicine and toxicology state that the lethal dose is 0.25 gram (four grains). If one consults cases reported in the literature or reviews cases in local hospitals this dosage is not comparable.

Peters et al. state "Ingestion of less than 3 (7.5 grain) tablets should be considered imperfect evidence of therapeutic success" where treatment of a bichloride case has been attempted. He and his associates, analyzing 37 cases at the New Haven Hospital which occurred from 1922 to 1933, found 28 survived with 9 deaths. They further state "no patient who had less than 3 tablets died * * * (and) no patient who had more than 4 tablets survived." Of the 9 who died, 4 took only 4 tablets. All of these cases received sodium thiosulphate intravenously very shortly after the ingestion of the mercury.

Porter and Simons report a series of 46 cases treated with lavage, colonic irrigation, and large amounts of fluid intravenously. Their results show 43 recoveries and 3 deaths. Of the 3 fatal cases 1 took 6 tablets, another 5.5 tablets, and the third only 2 tablets. Amongst the recoveries, 17 patients took 1 tablet or less, 12 took 1 to 2 tablets, 8 took 2 to 3 tablets, and 2 took 3 to 4 tablets. Four cases

which recovered are reported as having taken more than 4 tablets. One of these took 6 tablets, vomited in 10 minutes, and failed to show any elevation of nitrogenous elements in the blood or any urinary involvement. Subsequently a second took 4.5 tablets, vomited in 15 minutes and failed to show blood chemistry or urinary changes. A third took 10 tablets in solution, vomited in 15 minutes and likewise failed to show blood chemistry or urinary changes. The fourth case, of the high dosage which recovered, took 5 tablets, vomited in 15 minutes, but showed a blood creatinine of 12.2 mgms., and non-protein-nitrogen of 168 mgms. at the peak, with a 2-plus albuminuria.

Freyberg and Lashnet report a method of bichloride poisoning treatment in which they treated 1 case who is reported as having taken 3.5 tablets. They used mainly 5 per cent. glucose intravenously. The case recovered.

Many of the practitioners in this vicinity have been using sodium formaldehyde sulphoxylate following the report of Rosenthal. Yet if one analyzes Rosenthal's figures, his results are not so startling. He first used dogs and gave them 4 mgm. of bichloride intravenously, with and without the sulphoxylate preparation, with survival of almost all of the treated dogs and death of the untreated ones. This dosage for a 60-kilogram adult would be 0.5 tablet.

He repeated his experiments increasing the size of the dose with the same result. When, however, he gave his dogs 35 mgm. per kilogram body weight the treated and untreated dogs died. This dosage would correspond to 4 tablets for a 60-kilogram adult.

Rosenthal also reports in the same article 10 clinical cases of bichloride poisoning treated with the sulpho-

xylate preparation with 100 per cent. recovery. But the dosage in these cases ranged from 4 tablets down to one-half tablet, only 1 patient taking the 4-tablet dose.

From 1922 to 1935 there were 47 cases of definite bichloride poisoning admitted to the South Side Unit of Youngstown Hospital. Of this number 39 recovered and 8 expired. Of the fatal cases 2 took 4 tablets, 2 took 6 tablets, 2 took a bottle full, 1 took 8 tablets, and 1 drank a bichloride solution the potency of which was not stated. Of the cases which recovered, all but 1 took less than 4 tablets—the exception having taken that number. Of the fatal cases 5 were treated with sodium thiosulphate and 1 with sodium formaldehyde sulphoxylate. Of the cases which recovered 15 received sodium thiosulphate and 1 sodium formaldehyde sulphoxylate. In almost all of these cases gastric lavage and instillation of protein into the stomach were done.

In the above statistics 141 cases of bichloride poisoning are recorded treated with various methods. Of this number 20 died and all of this group with 1 exception took 4 or more (7.5 grain) tablets. Among the cases that recovered there are 6 reported who took more than 4 tablets. On examining the data, however, this figure must be reduced to 3 since 3 of the cases reported by Porter et al. did not show the customary evidence of poisoning.

This would seem to make 4 tablets the minimum lethal dose, regardless of the method of treatment. Of course, one must remember that the time of the initial vomiting is an important factor as evidenced by Porter's cases.

A word may be said in favor of sodium formaldehyde sulphoxylate in that it has not yet been used to its best advantage and it is possible that a technique may be developed where-

by it will be of use in cases with large doses of bichloride of mercury.

Treatment of bichloride cases by caecostomy and irrigation of the colon has not been used very extensively in the above reported cases. This method was used only once in the above 141 cases and that was at the Youngstown Hospital. The patient recovered, but the dose taken is recorded at one-eighth of a grain.

Pathological Conference

That "Syphilis does not cause coronary occlusion," was beautifully demonstrated by Dr. G. B. Kramer, pathologist of the Youngstown Hospital, at the weekly pathological conference, March 22, when a case of luetic aortitis was present showing scar formation which blocked the orifice of one of the coronary arteries.

While the effect might be the same, Dr. Kramer pointed out that the pathological lesion was entirely different from the customary thrombotic occlusion.

The preceding week a case which was diagnosed clinically as intestinal obstruction with coronary disease was proved to be mesenteric venous thrombosis. A history of sharp abdominal pain could not be elicited. It was suggested that possibly the blocking of arteries is associated with sudden sharp pain, while blocking of venous channels might be a more gradual affair without sudden pain.

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THE NURSES TELL US

District No. 3 held its March meeting at the North Side Unit of the Youngstown Hospital. Mrs. August, general secretary of the Ohio State Nurses Association, was the speaker for the evening.

Miss Mary Jamison, who is connected with the Medical Department of the Workman's Compensation Bureau, gave an interesting talk on what nurses should know about the workings of the Bureau, especially pertaining to the presentation and collection of bills.

The April meeting of District No. 3 will be held in Warren, April 10, at 2:30 P. M., and the annual convention will be in Toledo the week of April 30. District No. 3 will send 19 delegates to this convention.

* * *

Miss Elizabeth Rauschenberg, a graduate of the Youngstown Hospital in 1934, was married March 14, to Mr. Clifford Thompson. Mr. Thompson is a mortician who has recently opened his parlors in Youngstown.

* * *

Miss Ruth Wortman, a recent graduate of the Youngstown Hospital, left Youngstown, March 21, for Colorado, where she will take up a course in psychiatry at the University of Colorado.

* * *

Youngstown Hospital Commencement exercises will be held May 10, 1935, at 8 P. M., in the Stambaugh Auditorium. A class of 30 will be graduated. The speaker of the evening will be Dr. O. L. Reid. All members of the Medical Society are cordially invited to attend the graduating exercises and the dance immediately following.

Baccalaureate services for the graduating class will be held in the First Baptist Temple, Sunday evening, May 5, at 7:30 P. M.

Miss Harriet Eckles and Miss Eva Bare have recently been patients at the North Side Unit. Both are sufficiently recovered to leave the hospital.

* * *

In 1910 there was 1 nurse to every 1117 people in Ohio, in 1930 there was 1 nurse to each 273 persons. At the rate of increase since that time the proportion must now be much more unfavorable.

* * *

New Deal for Nurses

The 8-hour day for nurses should be universal. It is interesting to hear people who advocate an 8-hour day and 30-hour week for others say with perfect equanimity, "Oh, it is all right for the nurse to have a 12-hour day—she is trained for it." Have these people ever seen the worn-out unemployable nurse at 40 or 45 years? Nurses with spinal curvatures from lifting heavy patients; nurses with crippled feet from long hours standing on hard floors; nurses with failing eyesight from constant night duty and artificial light; nurses with bad heart conditions from the strain of long duty; nurses with the life sapped out of them through years of long hours and hard work! Why should a nurse be relegated to the scrapheap at 40, after a ripe professional experience? She should be an asset to the state and government.—*Justice, N. Y.*

* * *

Miss Mame Johnson, a graduate of the Youngstown Hospital who had the misfortune to fracture her right elbow, left for Washington, D. C., March 18, where she will be under the care of her brother-in-law, Dr. G. W. Leadbetter, who is an orthopedic surgeon.

—◆—
"Devotion to duty masters impediments."—*Vergil.*

" THE OLD ONES ARE THE BEST "

By "FLATUS"

Our invisible audience can't throw decayed eggs, rotten turnips, or disintegrating cabbage at us, hence our courage in bringing again to your attention a few old but amusing stories.

We used to try to tell stories in college to a certain flippant individual and would preface the story with, "Have you heard the story about so and so," and his answer would invariably be, "Not lately." Perhaps that's what you will say. Anyway, here goes:

Two men who had indulged a little too freely in the cup that cheers were standing 50 feet or more from one of the old incandescent street lamps. Gentleman No. 1 argued that it was the moon and Gentleman No. 2 said it was a street lamp. The argument waxed warm and finally Gentleman No. 3 came staggering down the street and they stopped him and asked him to settle the argument. He studied the lamp for a while and said, "Sorry, gentlemen, can't tell you a thing about it, I'm a stranger in town myself."

And then there's the story of the 2 students at Chicago University who needed 2 credits for graduation. They stayed for summer school and picked a course in Biblical History for their credit, chiefly because there was no quiz and for years the examination had consisted of one question; namely, name the major and minor prophets. The boys had a fine summer, went to classes now and then, and studied hard to learn the major and minor prophets, but when the examination question was given, the old professor apparently had gone haywire, and asked them to name the Books of the Old and New Testaments and give their significance. One young man just folded his paper and walked out, but the other was more

resourceful and his answer was: "I know nothing nor do I care about the Books of the Old and New Testaments, but if you want to know who the major and minor prophets were, here they are—". . .

Speaking of Chicago reminds us of the story of the conductor who stuttered. He walked through the car calling, "Tw-tw-twenty s-s-s-second s-s-s-street," stammering each street out with difficulty. At Thirty-third a man got on the car who also stuttered and at Forty-third he said to the conductor, "L-l-let ma-ma-me off a-a-at s-s-s-sixty f-f-f-fifth s-s-s-street." The conductor said nothing but after a while called out "Se-se-seventy f-f-f-fifth s-s-s-street," and the passenger got up and said to the conductor, "Wh-wh-why did-didn't you l-l-let ma-ma-me off at s-s-s-sixty fa-fa-fifth s-s-s-street?" and the conductor said, "Ba-ba-because y-you m-m-m-mocked me."

Here's an old poem written by B. L. T., who was before his demise columnist for the Chicago *Tribune*.

Back-Door Jingles

I.

The Milkman

The milkman is intelligent,
He takes the well known bun;
For always, when he brings his milk,
He leaves it in the sun.

II.

The Iceman

The iceman tracks in hunks of mud,
But in his way he's neat;
For always, when he leaves the house,
He stops to wipe his feet.

III.

The Paper Boy

At Christmas time he rings the bell,
A smile upon his face.
Before, he never seemed to care;
He'd throw the paper anywhere,
Except in the proper place.

IV.

The Laundry Man

The laundryman, who brings my shirts,
A deep compassion wins;
(Turn to page 137)

UNION MEDICAL ASSOCIATION
CANTON—ELKS CLUB

April 10, 1935

Afternoon, 2:00 P. M.

- Acute Conditions of Middle Ear J. R. DOWLING, M. D., *Massillon*
- Acute Conditions of Nose and Accessory Sinuses . . GEO. L. KING, Alliance
- Business Session: Remarks by H. S. DAVIDSON, M. D., Counselor for 6th District
- Acute Conditions of the Throat V. E. HOFFMAN, M. D., *Canton*

DINNER 6:30 P. M.—\$1.00 PER PLATE

- After-Dinner Speaker RABBI LATZ, *Canton*
- Evening Program by Stark County Medical Society.
- Bleeding During Pregnancy JOHN M. SCOTT, M. D., *Canton*
- Review of Some Recent Publications on Eclampsia . . BLANCHARD V. ANTES, *Canton*
- Moving Pictures of Obstetrics R. K. RAMSAYER, M. D., *Canton*

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EDEMA (From page 116)
brought to them. Once the fluids are freed from the tissues the kidneys will secrete. In kidney disease where the glomerular filtration system is blocked, elimination will be impaired and edema will result.

Bearing in mind the above description of the nature of edema and how it is brought about, let us proceed to a discussion of the types of edema. This will be based upon the disturbances in the factors producing edema that I have just reviewed.

I. LOW LEVEL OF PLASMA PROTEINS.

1. Serum Albumin.
2. Serum Globulin.

Normal values for serum albumin are from 3.6 to 5 grams per 100 cc. blood; for serum globulin from 2 to 3.5 grams per 100 cc. blood (Moore and Van Slyke).

The low serum protein may be due to:

- (1) Insufficient protein intake.
- (2) Excessive loss of serum protein through
 - A. Hemorrhage.
 - B. Diarrhea.
 - C. Proteinuria.
- (3) Excessive metabolic wastage or destruction of protein in chronic infection or cachectic states.

During the world war observations in German camps disclosed that soldiers fed on an insufficient protein diet developed edema with a low serum protein and, that upon an adequate protein diet, the edema cleared up. In China a similar observation was made, and they also found that if sodium bicarbonate was given the edema increased. These findings have been corroborated since in many places.

Excessive hemorrhage, chronic diarrhea, and albuminuria will, of course, deplete the serum proteins and it is worthwhile to caution against not

suspecting danger in administering saline solution, for one may increase or produce edema. The danger of the use of saline in hemorrhage is not in diluting the blood and increasing the bleeding, but in still further lowering the serum protein level, reducing the osmotic pressure of the proteins and introducing the sodium factor.

In the pre-insulin era, the only way a diabetic could be kept sugar-free was through chronic undernutrition. In undernutrition the glycogen in the liver, which is about 200 grams, is used up rapidly and the only other source of energy is from proteins and fats. Over 50% of proteins can be converted into carbohydrates. This actually occurs and there is a marked lowering in the serum proteins with resulting edema. Insulin therapy has of course in intelligent hands done away with the need of undernutrition. Malignancies are examples of loss of serum protein. In nephritis with marked albuminuria the blood proteins are dissipated and contribute to the formation of edema.

(To be continued)

Another Postgraduate Thought

"The margin beyond compulsion is always the margin of freedom and high accomplishment." Here is a test of a man's character. How much does he choose to do beyond what circumstances compel him to do?

Furthermore, the response to the challenge to go beyond duty, to go the "extra" mile, determines the differential between mediocrity and high worth.

Perhaps of importance above all other considerations is the effect upon the individual's own happiness of an enthusiastic willingness to cross the marginal lands from duty and compulsion into freedom and accomplishment. The man who feels himself always growing is always happy.

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OLD ONES (From page 133)

He staggers underneath a load
Of bosom-boards and pins.

V.

The Painter

The painter slops his paint around
On picture, rug and vase.
If he had time and paint enough
He'd paint the holdam place.

VI.

The Coalman

A sooty wight, the coalman,
Who comes to fill the bin;
He doesn't track the kitchen, 'cause
They never let him in.
from his book, "A Penny Whistle."

One more and we'll quit for this
time and in case there is a great clam-
or for more we have "thousands of
'm," as Jimmy Durante has so mod-
estly said.

There was a bartender who had
had an accident with the result that
one leg was 4 inches shorter than the
other. This caused him to bob up and
down behind the bar as he walked.
One day a man came in and said,
"Give me a glass of buttermilk," and
the bartender was standing up full
height on his good leg and as he
started to get the buttermilk limped
down on the short leg and the cus-
tomer said, "Hey, never mind if you
have to go down cellar for it!"

HEALTH NEWS

By H. A. K.

Each Thursday morning at 10:15
over station WOSU a health talk
will be heard. These talks are being
given by health department members
on timely subjects intended for the
laity.

Much pressure is being brought to
bear in some localities to close the
public schools because of the preval-
ence of scarlet fever. This, however,
is wrong, since schools should be kept
open during an epidemic in order
that pupils may be kept under sur-
veillance and mild unreported cases
can be put under proper restriction.
Furthermore, closing the schools is
economically wasteful and has no in-

(Turn to page 142)

BRONCHITIS

in

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Measles . Influenza

WHEN bronchitis accompanies
these diseases, the application of
Antiphlogistine, which helps to
relieve the pain in the chest and
to promote ease of respiration,
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Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.

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Relief Politics

As this is being written, the air is thick with charges and counter-charges of political chicanery in the administration of Relief in Ohio. Like all other decent citizens, the members of the Medical Profession abhor the idea that the helpless should become the victims of corrupt demagogues.

For the present at least, it appears that Mahoning County Relief Director, Mr. R. A. Noble, will retain his post. We do not pretend to know the merits of the local Relief controversy, but we do know that Mr. Noble has co-operated wholeheartedly with Dr. Stewart and his Committee. The result so far is efficient medical service to the poor, upon a basis as nearly fair to all concerned as may be found anywhere.

—◆—
 "No truly great man ever called it a day."—*Elbert Hubbard.*

Harold Clauson

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TERMINOLOGY!

*Said the Kettle to the pot, "You
black rascal."*

Dermatological Terms

Erythema multiforme
Granuloma annulare
Urticaria pigmentosa
Prurigo nodularis
Dermatitis herpetiformis
Purpura annularis telangiectodes
Acrodermatitis perstans
Lichen ruber moniliformis
Keratosis follicularis
Poikiloderma

E. E. N. & T. Terms

Phthiriasis palpebrarum
Hordeolum
Tarsorrhaphy
Blepharoplasty
Dacryocystitis
Phlyctenular Keratoconjunctivitis
Dysacusma
Endolabyrinthitis
Lamina papyracea
Othematoma auricularis

Surgical Terms

Cystauchenotomy
Perineocolporectomyomectomy
Pneumopleuroparietopexy
Prosopodiaschisis
Rhabdomyomyxomectomy
Hepaticocholecystostcholecystenteros-
tomy
Hysterosalpingo-oöthcecectomy
Cholecystendysis
Ovariosalpingosteresis
Gastroptysis

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PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

HEALTH (From page 137)
fluence on the course of the outbreak.

Last year's mortality was the greatest in five years; there being very appreciable increases in diseases of the heart, cancer, cerebral hemorrhage, pneumonia, and accidents. Many causes of death continued to show decreases: typhoid fever, tuberculosis, influenza, diseases of the nervous system, the puerperal state, early infancy, suicides and homicides. Accidents killed more persons in 1934 than succumbed to respiratory tuberculosis and influenza combined. Fatal accident increase was nation-wide, but Ohio figures are somewhat lower than the national.

Dr. I. C. Plummer, Chief of the Bureau of Vital Statistics, puts the problem of birth recording nicely—"When a physician accepts an obstetrical case, there are certain things which are implied. The patient expects these and one of them is a birth record. The physician who fails to report a birth within 10 days violates the State Law and subjects himself to a heavy fine. He does an injury to the helpless babe."

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