

BULLETIN

of the
Mahoning County
Medical Society



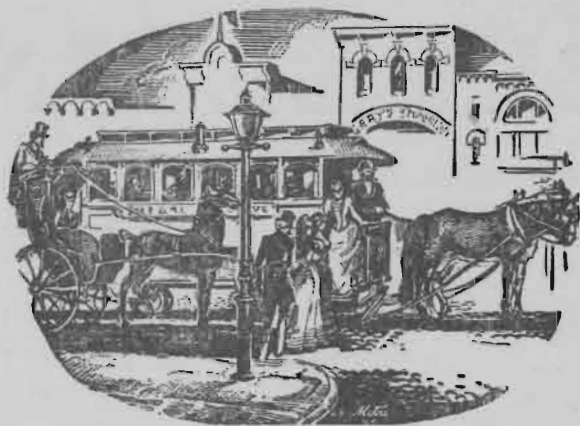
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they should not turn back."

—Plutarch

May, 1935

Volume 5

Number 5



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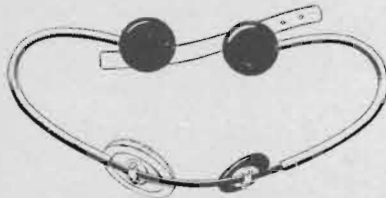
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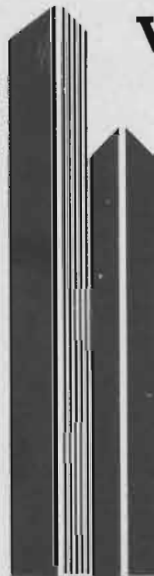
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PRESIDENT'S PAGE

The old saying, "Nothing succeeds like success," might be paraphrased by saying that nothing is so stimulating as the accomplishment of a fine piece of work. The aftermath of our Postgraduate Day leaves such a pleasant glow of satisfaction in work well done that we can all feel proud of ourselves and look forward with confidence to future achievements.

We are so accustomed to good programs that when our visitors ask, "How does your Society manage to put on such a big affair?" we are rather surprised at such a question. We explain that this is not a one-man Society, but an organization where ninety-three of the members are actively engaged in committee work and where forty-six men worked harmoniously for the success of the Postgraduate Day. Who is to be congratulated for its perfection? Certainly these men who did so well, but most certainly the Society itself for having such members.

And the men from the Mayo Clinic — Alvarez, Meyerding, Mann and Dixon — splendid fellows all, whom it was a pleasure to meet and an inspiration to hear. They have left their mark upon us and we do not forget the debt we owe them.

Such splendid efforts as these make membership in your Society a priceless possession. And more than that they place upon you the dreadful responsibility of living up to its reputation. You will be expected to measure up to the standards of its ideals and traditions in every undertaking you assume. This applies not only to scientific programs, but also to our other activities in the interest of public health and welfare. With such co-operation, you can well assume the leadership in instituting immunization campaigns, in disseminating medical information, and in guarding and advising on public health legislation. In all medical activities, the Mahoning County Medical Society must be pre-eminent and there is not the slightest doubt that it can successfully complete any task it undertakes.

JAMES L. FISHER.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

M A Y 1 9 3 5

POSTGRADUATE DAY : SPLENDID !

Success in any undertaking is to be gauged by the nearness to perfection achieved with respect to the important elements involved.

Apply that principle to our Eighth Postgraduate Assembly. What are the "important elements," and how well met?

First is the machinery, the management. That must "click." There was not a hitch. The Stambaugh Auditorium proved to be the ideal place for the meeting. The acoustics were perfect; the temperature and ventilation were exactly right; the seats were comfortable; the service was excellent; space was ample for exhibits; the location made parking easy and convenient. As always, Jim McGooogan, and the Youngstown Club, came through with finesse.

Essential, also, is a happy *esprit de corps*—an all-pervading optimistic fellowship. This is something scarcely to be simulated. A forced smirk is a poor counterfeit of a warm smile! Good-feeling was everywhere mani-

fest, genuine and sincere.

Then, of course, of transcendent import is the quality of the program. We said that it would be good—very good. But it was better than good—it was superb! This Mayo group is unusual in that they so nicely wed the ultra-scientific to the every-day practical. And then the personal charm, the tip-top gifts of humor and wit, the robust manliness of the four gentlemen—Drs. Alvarez, Mann, Meyerding, and Dixon—are attributes long to be remembered.

Lastly, the attendance must be sufficiently large to inspire. This element was more than met, for on this eventful day a new high in the number registered was recorded.

Indeed, we *are* pleased! But not pleased only—we are *grateful!* The audiences of well over 500 medical men and women were delighted and instructed. To the Gentlemen of the Faculty, and our hundreds of guests—we were honored to have had you with us: won't you come again?

SECRETARY'S REPORT

The Eighth Annual Postgraduate Day is history—and was it a success? And then some! There was an attendance of almost 600 paid and unpaid guests. The Stambaugh Auditorium is just the right place to hold this meeting, plenty of room and good ventilation. Our distinguished guests (The Mayo Group) were overwhelmed by the enthusiasm shown by everyone present. The papers were all of the highest quality and most instructive.

We thank our Bulletin advertisers for their wonderful displays. They certainly showed a fine spirit, and that advertising in the Bulletin is worth while. The Bulletin plus the displays at the Postgraduate Day are effective mediums for making contact with the Profession in this section.

The Postgraduate Committee, under Dr. Brown, along with Dr. Nesbit and the Publicity Committee, Dr. Bachman and the Entertainment Committee, Dr. Brant and the Program Committee, Dr. Norris and the Bulletin Committee, and the Officers, have put over a big and successful meeting.

* * *

The Public Health Committee reports progress in the year-round program for diphtheria and small pox prevention. Things are shaping up, but the Committee urges you to get behind the project. Help is what is needed. It is necessary to have speak-

ers. Do not say you cannot do it, for you can. When addressing any organization on a medical subject, the Committee urges that you, as a representative of the Society, will take a few moments to tell about this "prevention" work.

Speakers' Bureau

Dr. R. H. Middleton spoke on "Children's Diseases" at the South Side Child League, on March 26, 1935, at the Indianola M. E. Church.

* * *

Dr. E. Henry Jones addressed the Ford Gron Society at the Elm Street Congregational Church, April 16, 1935, on "The Laws of Health"; on April 24, 1935, he spoke to the Washington P. T. A. on "Skin Diseases Common to Children of School Age"; and on April 25, 1935, on the same subject, to the Roosevelt P. T. A.

* * *

Dr. D. H. Smeltzer addressed the Social Workers' Club at the Youngstown Club, on the "Care and Training of Dependents in Institutions."

* * *

Dr. M. H. Bachman spoke to the Lawyers' Club, at the Y. M. C. A., on "X-Rays in Legal Medicine"; and to The Round Table Club, at their club rooms on Bryson Street, on "X-Rays in Modern Medicine." Both addresses were made since our last report.

THURSDAY-LUNCHEONS OF MEDICAL-DENTAL

The Thursday-noon luncheon programs of The Medical-Dental Bureau are attracting a large attendance and interest in them is becoming more and more enthusiastic. Their programs have recently included such leaders as Superintendent Roudebush, Mr. Ralph White, president of the Chamber of Commerce, and Mr. Chas. Leedy. The addresses made by

these gentlemen and others were well worth the time of any medical man.

Music has also been a feature at recent meetings, revealing the virtuosity of several physicians. In fact surprising talent has turned up.

Members of the Medical Society, whether members of The Medical-Dental Bureau or not, are welcome at all these meetings.

May

HEALTH NEWS

By H. A. K.

We still find our community well infiltrated with epidemic diseases of children. Whooping cough is the only bright spot. Its incidence is little more than half that of a year ago. But scarlet fever shows an excess of 67 per cent. and chicken pox 23 per cent. over last year's figures. Measles and diphtheria are more than twice as numerous as last year. We especially regret the latter since we do have a real preventive if we would only use it.

If rabies is not checked quickly in the southern counties, all Ohio will be menaced by an epidemic of one of the world's most horrible diseases, which is really preventable. Rabies is not a seasonal disease of the so-called "dog-days," as many fallaciously think. Records show that many outbreaks have occurred in the cold or winter months. From January 1, 1934 to March 1, 1935, the state laboratory found 416 positive specimens, with 5 times as many specimens sent in for examination as in the previous year. So long as infected dogs are permitted to roam at large, outbreaks may be expected to follow since practically all warm-blooded animals are susceptible.

The period of incubation varies with the site of infection—the nearer to the brain the shorter the period. Bites near or on the head may show symptoms in 15 to 24 days, while bites on the legs may take 3 weeks to 2 months. Suspected animals should not be killed immediately, but held in quarantine for 2 weeks. If the animal is well at the end of this time rabies can be ruled out and Pasteur treatment is not necessary. Once rabies takes its course, a fatal ending is certain. During the past 10 years, 58 persons have died from rabies in Ohio.

We should have another Diphtheria Immunization Campaign. Many people were just beginning to get interested when the last one ended. It's no fun worrying through a night whether or not your best patient's throat is diphtheritic.

Diphtheria Immunization

By H. E. HATHHORN, M. D.

Chairman, Public Health Committee

Since we have taken upon ourselves the responsibility of immunizing the pre-school children of Youngstown against diphtheria, it behooves us to put forth our best organized effort in order that we may reach the ultimate in this project. It is part of our obligation that we shall educate our patients to have their pre-school children immunized. Therefore, you must know the following:

1. That every child over 6 months of age should be given one dose of alum precipitated diphtheria toxoid.
2. That City Council has appropriated \$3000.00 to pay you at the rate of 50 cents each for immunizing those who are unable to pay.
3. That toxoid may be obtained at the city Board of Health free of charge for all cases, both indigent and pay.
4. That you must obtain cards from the Board of Health at the same time that you obtain the toxoid.
5. That you must return the cards by mail to the Board of Health for each immunization given.
6. That those who are unable to pay must sign the card.
7. That the County Board of Health will supply toxoid free of charge for all county cases, but has no appropriation for paying the doctor.

(Turn to page 159)

"DIABOLICAL POSSESSION"

By J. M. C.

"To follow foolish precedent and wink with both our eyes is easier than to think."

Science has been reasonably successful in destroying the idea that lunatics are "possessed by the devil." But do we fully realize the important part that Satan has played in the dramatization of the conquest of the human mind against fear? Haven't we created this anthropomorphic expression of evil so that we might have some tangible thing upon which to work in trying to demonstrate that we are not afraid?

In human existence there is necessarily some balance between good and evil. This is primitive. In contemporary life we are more interested in happiness and sorrow—another way of expressing the same idea. The balance of forces tending toward happiness and sorrow are influenced largely by environment and circumstances. In the past when plague, war, oppression, or poverty made the environment intolerable man sought an explanation outside of nature. The cause was either the wrath of a good God, or the malice of an evil one.

This was very natural in view of the fact that in the evolution of human thought it was inevitable that the intervention of supernatural powers should be called upon to explain human ills. Because man saw miracles everywhere and law nowhere, it logically evolved that he should attribute all things he did not understand, to a will like his own, but much mightier.

This was human nature and, contrary to accepted aphorism on the subject, it is ever changing. It is the different emotional reaction to our environment that constitutes the difference between the 12th and 20th centuries. The expression of our individual diabolical possession creates the culture of the time. During the late middle ages this culture was expressed in what seemed to be a paradox. Diabolical possession gave us

the Renaissance: which might be considered a most heroic impulse of a people to demonstrate that they feared not the past nor the present. At the same time, and even in the same place geographically, diabolical possession created the barbaric impulse which burned the heretic and the witch. In this case the emotional demonstration clearly showed that many still feared the past as well as the present.

Today, although we do not torture or burn witches as was the vogue only 300 years ago, we torture and burn the spirit of our fellow man by organized pauperism in the form of public relief, soup lines, and employment lines. We do not see the jumping or dancing hysteria of thousands of men and women, as in Germany and Italy during the 12th and 13th centuries. Diabolical possession is modernized and we have nudist colonies, walkathons, and lynchings. Today we know that happiness and security are not withheld from us because of a wrathful or pouting deity but rather by the unscrupulous avarice of some earthly potentate.

We do not believe in this day of scientific research, bacteriophage, and immunity, that the Jews were the cause of the Black Death, which caused 25 million deaths in Europe in the 14th century. Today the Jews are persecuted because the financial structure of a proud empire was about to crumble and needed a smoke screen.

The changing reaction of human kind could be enumerated *ad infinitum*. The varieties of diabolical possession are ever with us but ever changing. But the spirit of scientific skepticism is becoming more powerful, and the conviction that we might possibly be wrong will eventually lead us near the right. Then diabolical possession will give place to scientific inquisitiveness.

May

MEDICAL FACTS

By J. G. B.

Nearly half of the cases of chronic gastritis seen at the Massachusetts General Hospital in 1934 gave a history of bleeding.

"Cancer in situ" is a term invented by Broders of the Mayo Clinic for a lesion that has every characteristic of carcinoma except invasion. According to Mallory, "our only chance of curing cancer of the stomach is to operate on cases still in this stage."

Epigastric burning relieved by soda or milk is distinctly an ulcer symptom.

According to many observers, a gastric ulcer the size of a dime begins to come into the realm of malignancy.

It is characteristic of malignant pleurisy that even though fluid forms, the pain persists.

Fremont Smith of Boston says, "We should remember how often pain from cord tumor will not be felt in the back. It may be felt first anteriorly. Gall bladders have been taken out, and angina pectoris has been diagnosed in cases which really were pressure on the nerve roots, either an arthritis or a cord tumor."

Usually a kidney tumor does not interfere with the secretion of the dye, unless there is a definite block in the ureter.

Rales do not necessarily indicate activity. We may find them in old, inactive tuberculosis.

Hypernephomas have a very grave prognosis in spite of removal of the tumor. Very few patients live 3 to 5 years without recurrence of the growth.

A. M. Keith classifies essential hypertension in four groups, according to the changes in the ocular fundi: (1 and 2) Moderate amount of scler-

osis, but no retinitis (mortality, 30% in 4 years.) (3) Hypertension is more marked, and in addition to sclerosis of the retinal arteries there is definite retinitis without edema of the disks (mortality, 65% in 4 years). (+) The same findings as in 3-plus edema of the disks (malignant hypertension, mortality, 93% in 4 years).

In discussing a case that died of rheumatic heart disease, Cabot says, "No friction rub was heard. No friction rub is heard in a very considerable proportion of cases coming to autopsy with acute pericarditis. No textbook that I know, has made this clear. We diagnose only 1 out of 5 rightly and 4 out of 5 wrongly. It is often diagnosed on the basis of friction rub and the pathologist finds the pericardium clear, no pericarditis. It is often missed even when we are looking particularly for it and believe it ought to be there, and the pathologist finds it."

Continuing the discussion, P. D. White calls attention to the fact that "When we find after what we believe to be adequate digitalization that the ventricular rate in the presence of auricular fibrillation remains high, we should suspect the presence of thyrotoxicosis or infection."

THE TRUE ECONOMY OF DEXTRI-MALTOSE

It is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and the very cheapest carbohydrate, at most is only \$6 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.

THE PROPOSED NEW FOOD AND DRUG LAW

By J. CLAIR VANCE, M. D.

When I was, in times past a promising young man, I was called "Senator" by one of my very dear old friends. He was a man of 82 years, whose senility was not what you might call "marked." However, I have desisted from all aspirations to that noble title, after searching, finding, following, and completing the intricacies and fatiguing details of Senatorial activities covering the proposed new *food and drug* law. After all my diligent scrutinies and tiring investigations, I awoke to find that I had an "External Strabismus" of one foot and even worse, an "Intermittent Claude-ication" of the right arm.

I will attempt to set forth here some of the distinct improvements provided for and attempted in the new Bill. First, let me explain that it is no longer known as the Tugwell Bill S. 1944 nor the Copeland Bill S. 2800. It is, however, a combination of some points of each and an improvement of others. It was introduced to the Senate January 3, 1935, as the New Copeland Bill S. 5. It was sent back to Committee and returned again to the Senate, February 14, 1935.

This Bill is aimed particularly at the purification of food and drugs, and strikes at the very heart of a gigantic practice of our present day—false advertising. These features of the new Bill are much stronger and more adequately dealt with than in the first two attempts by Tugwell and Senator Copeland.

It is a mercenary and malicious practice which places before us in the newspapers, and projects into our homes by the radio, all of the exorbitant and false claims of such miraculous healing agents as Crazy Water Crystals, Texas Crystals, Bagdad Crystals and one-thousand-and-one other magic creations of man's fertile mind and search (for riches). The

innocent public are led to believe that if they will only avail themselves of this wonderful opportunity they may enjoy the benefits of good health *ad infinitum*. Not only that but they may be cured permanently of all the ills of mankind, particularly of the one from which they suffer.

To overcome this evil, the new Bill provides that "claims made for the therapeutic effect of drugs shall be sustained by demonstrable scientific facts or by substantial and reliable medical opinion." (I think that "or" should be changed to "and," because it might be difficult to discriminate between conflicting medical opinions just as it is to do so in our Courts today.) Also, the new Bill increases the list of declarable narcotics and habit-forming drugs, provides for further additions to this list, and for warnings on labels. It forbids "advertisement of drugs or treatments said to have therapeutic effects in the treatment of cancer, tuberculosis, venereal diseases, heart and vascular diseases, as well as any other disease perilous to the life of an individual or the public health." That seems to cover the case very well and if enacted will provide a much-needed improvement for which the general public will some day be thankful.

Bill S. 5 prohibits traffic in drugs dangerous to health under conditions of use prescribed on labeling or in advertising. Official drugs are required to be recognized by U. S. P., National Formulary, and Homeopathic Pharmacopœia, packed and labeled as required by these texts, and sets up special protection against drugs liable to deterioration.

The hazard encountered by children who enjoy confections which contain foreign bodies is remedied here, also. Bill S. 5 requires that not only food but drugs and cosmetics shall be prepared and handled under

sanitary conditions, and forbids the use or presence of metallic trinkets in confections. It provides for promulgation of standards of identity, and a reasonable standard of quality for all foods. The present law authorizes merely a standard for certain canned foods. This Bill also authorizes executive seizure of dangerous foods, drugs, and cosmetics and provides increased penalties over those of the old law. It provides further for the dissemination of information regarding foods, drugs, and cosmetics which are imminently dangerous to public life and health or gross deception of the consumer. Labels must declare the name of the ingredients, adequate directions for use, warnings against consumption by children and must give all contra-indications.

Lastly, it makes ignorance of the law no longer a defense for unwarranted claims of products. Under this law it must be proved that there is a wilful intent to deceive before a conviction may be secured. This protects those who honestly manufacture and produce those products which have a rational and valuable use in providing for the public health.

At present we have the old law, which Dr. Wiley was finally able to get through the process of becoming a law 28 years ago. It is known as the Pure Food and Drug Law. It reflects great credit upon the capable Dr. Wiley, whose good judgment and fighting ability have protected us through these years. It is a monument to his effort. Were he here he would call for new laws and increased restrictions, adequate to keep abreast of the many changed conditions. We should honor him and ourselves by earnest and diligent efforts to continue what he began—the *protection of Public Health*.

“Ignorance is the dominion of absurdity.”—*Froude*.

In Our Hospital Libraries

By J. ALLEN ALTDGERFFER, M. D.

(To stimulate the free use of our hospital libraries, this feature will appear each month.—*Editor*.)

“The tendency of certain mothers to give birth to babies with hemorrhagic disease is not uncommon. Newborns with true melena show a deficiency in prothrombin. Occasionally, the fibrinogen content is lowered or the antithrombin content increased. This type of congenital predisposition to a hemorrhagic tendency may be predicted by examination of the mother's blood whenever there has been previous evidence of hemorrhagic disease in the newborn.”

Kugelmass and Tritsch made the above statements in the August, 1934, issue of *The American Journal of Obstetrics and Gynecology* and base their conclusions on a 10-year study of the same patient, who was attended through 7 pregnancies by the same obstetrician. The first 4 pregnancies ended in death to the newborn in 8 hours, 2 hours, 3 hours, and 22 days after birth, due to hemorrhagic disease. Maternal prenatal blood work during the 5th pregnancy disclosed a low prothrombin and fibrinogen content, a low platelet count and a high antithrombin determination. Treatment consisted of a high nucleoprotein diet, calcium gluconate, gelatine and

(*Turn to page 173*)

DIPHTHERIA (From p. 155)

Every doctor who is doing obstetrics is to be held morally accountable for informing the mother that she is to have her baby immunized at the age of 6 months, and it should be made plain to her that the baby can be protected whether she is able to pay or not. If you will all carry out this little mission, you will eradicate diphtheria from Youngstown. So, please make a mental resolution now that you will do your part in this campaign.

DR. TALBOTT ON HEAT CRAMPS

By FREDERICK S. COOMBS, M. D.

A resume of the study of heat cramps in local mills made last summer by members of the Harvard Fatigue Laboratory was presented to members of the Youngstown Hospital Staff and local doctors Tuesday, April 9, at the Youngstown Club by Dr. John H. Talbott, who was in charge of the work.

Dr. Talbott traced the history of the effects of heat, pointing out that the deleterious effects were known in Biblical times. The term heat cramps, however, did not get into medical literature until late in the 19th century.

He presented a series of charts showing the results of the laboratory work performed on local mill workers who were the victims of heat. Dr. Talbott pointed out that aside from the clinical distinctions between heat cramps and heat stroke, the two entities could be distinguished by laboratory work alone.

The results of the work showed that glucose apparently did not have very much effect on heat cramps, while large amounts of saline intravenously promptly relieved the cramps.

Another interesting feature of the work was that heat cramp victims invariably gained weight during their hospital stay, while heat stroke victims lost weight. Dr. Talbott said this feature was practically diagnostic.

From the data gathered it also was found that the first day of a heat wave was likely to produce a great number of heat cramp cases, while the victim list fell off rapidly during the rest of the hot spell.

As a result of this work some of the local mills have followed the recommendations of the Harvard group and are now supplying workers with a small amount of salt which is thought will be sufficient to prevent cramps.

Clinical-Pathological Conference

Weekly clinical-pathological conferences at the South Side Unit have stirred up so much interest in the various types of kidney disease that it is planned to hold a review symposium in place of one of the conferences during this month. Dr. Kramer will present a part of the talk he gave earlier in the year at one of the staff meetings and illustrate his review with gross and microscopic sections of the various forms of kidney involvement.

Attendance at the meetings has been unusually good during the past month.

Among the cases which have been presented are: pituitary tumor, Banti's disease (syndrome), brain abscess, chronic glomerular nephritis, and malignant nephrosclerosis.

Local Loyalty

The Youngstown Chamber of Commerce has set out to teach Youngstowners to "buy at home."

The Medical Profession has suffered along with merchants and others, from the habit of people to give their patronage to some larger city. Sometimes, of course, such an action is entirely proper. Certainly if goods or services, superior in quality and of similar price, may be obtained only elsewhere; or if the article or service needed is unobtainable in the community, nobody should complain.

The facts are, however, that just as able services, medical and otherwise, and easily as fine quality of merchandise or goods, with sufficient variety, and as favorable a price, may be obtained at home as anywhere else. Medical men and their families get their livings in Youngstown. We should stop and think when tempted to make our purchases away from home.

This Month

DR. WILLIAM H. GORDON

Harper Hospital, Detroit

SUBJECT

“Malignant Neutropenia”



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

YOUNGSTOWN CLUB

DR. WILLIAM HENRY GORDON

The Mahoning County Medical Society dislikes an anti-climax! After the crescendo of Postgraduate theses, only a seasoned master could avoid something of the sort. Therefore, the Program Committee was put to a real test in arranging this month's meeting.



But, as is to be expected, their resourcefulness was equal to the emergency. They have for us Dr. William Henry Gordon!

Dr. Gordon is another native “Buckeye” who has achieved distinction in medicine. A graduate of the University of Michigan, he has held many important positions in his *Alma Mater*, in all of which his record reflects scholarship of high order.

Diseases of metabolism, endocrinology, and blood dyscrasias, challenge the bravest and the brainiest. To these subjects Dr. Gordon has for many years devoted his brilliant intellect. Important among his varied contributions is his work on agranulocytosis (malignant neutropenia). It is upon this subject that he will speak to us on Tuesday evening, the 21st of this month. The importance both of the subject and the speaker needs no further comment. His audience will be large, and will be thoroughly compensated for their attendance.

June

DR. ARTHUR G. HYDE, Superintendent
 DR. ARTHUR O. GILLAM, Ass't Supt.
 Massillon Hospital

SUBJECT
 TO BE ANNOUNCED

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

Look This Over!

September

DR. ED. PLASS

Professor of Obstetrics, University of Iowa

October

DR. CHAS. GORDON HEYD

Professor of Surgery, Columbia University

November

DR. H. L. BACKUS

Professor of Medicine, University of Pennsylvania

December

ANNUAL MEETING

January

ANNUAL BANQUET

February

Not Ready

March

DR. ELLIOTT P. JOSLIN

Professor of Medicine, Harvard University

April

POSTGRADUATE DAY

Group from Columbia University

EDEMA

By M. W. NEIDUS, M. D.

(Continued from April)

II. LOWERING OF ARTERIAL PRESSURE and a corresponding increase in the venous pressure, even though the plasma proteins are normal, will produce edema. This is explained on the basis that the venous pressure is greater than the osmotic pressure exerted by the proteins and, hence, the absorption of the fluids from the tissues cannot take place. If there was a decrease in arterial pressure alone, edema would not occur. Unfortunately, with a decrease in arterial pressure, the venous pressure rises. This process explains edema of a failing heart. Obviously, the treatment must be directed toward an increase in arterial pressure to counteract the elevated venous pressure. This further explains why it is dangerous to attempt to lower high blood pressure for as you lower the arterial pressure the venous pressure will rise and anuria and edema may occur. This condition may be further aggravated if you keep the hypertensive patient on a low protein diet and his plasma proteins become depleted.

III. As for sodium-ion factor, one must state that sodium *per se* will not be the cause of edema but is an accessory to the act. With the tissues in an avid state for edema the salt ion and water will produce edema.

There are other forms of edema due to mechanical obstruction of the venous circulation, as in cirrhosis of the liver, thrombosed veins, and other conditions. These forms are easily understood and need no further comment here.

The treatment of edema must take into consideration the factors discussed as to its nature. Occasionally one factor is involved, but generally most of the factors are contributory. For example, edema in cardiac failure is recognized as due to a failing myocardium with a lowered arterial pressure. In many instances digitalis

therapy suffices but obviously if the cardiac failure is complicated by a lowered serum protein digitalis alone will not suffice.

May I emphasize the need for a thorough search for evidence of edema in our patients. External evidence of edema is recognized by all people but edema of the lungs, liver, pleural cavities, and abdomen, requires diagnostic skill and we should be constantly on the lookout for its appearance. Among the early symptoms are rales at the bases of the lungs and enlargement of the liver. Post-operative passive congestion of the lungs is a form of edema and may be due to a fall in arterial pressure as a result of trauma and shock and to co-existing deficiencies which contribute to the congestion. In the treatment, therefore, one should make a general survey of the patient and ascertain with as much precision as possible the state of the various factors involved and the problem then treated as a whole.

The first type of edema that we meet commonly in a general hospital, such as St. Elizabeth's, is in operations involving the upper abdomen. A favorite diagnosis is pneumonia. A critical analysis and postmortem findings usually reveal passive congestion or a fluid-logged lung. A lowering of arterial pressure is usually the rule, with no pre-operative data on the level of the blood protein. We are so concerned with glucose solutions post-operative that we overlook the role that proteins play. Following the operation the patient is saturated with saline solutions without regard to whether it is harmful or beneficial to him. With passive congestion developing we become panicky and push more saline solution and help the patient die in his own secretions. One can then readily understand why empiric treatment with digifoline, atro-

pine, coramine and many other drugs lead to failure.

Pre-operatively one should determine:

1. The blood protein level;
2. Whether there is anemia;
3. The state of the renal-circulatory apparatus.

Any deficiencies should be corrected if possible. Iron and liver preparations should be used for anemia. The diet should contain a minimum $2/3$ gram of protein per kilo of body weight. There are tables that give the requirements at different ages. One should select proteins which have a low non-protein nitrogen content. All flesh has a high non-protein nitrogen content. Cheese, eggs, and milk have a low non-protein nitrogen content and should be given preference. With a poor circulation use digitalis and its derivatives to strengthen the heart muscle and increase the arterial pressure. However, even though you are aware of these deficiencies, cannot correct them, and surgery is imperative, under no conditions use any solutions with the sodium ions in them for then you will have the aggregation which produces edema. In place of saline use glucose solution. In order to supply the chlorides lost, especially in intestinal obstruction, calcium chloride may be used. For shock, adrenalin, ephedrine, and neosynephrine may be used in maintaining a proper arterial pressure. Acacia has been used to raise the osmotic pressure of the blood protein but it is fraught with danger. One can thus see the need for close team work between the internist and the surgeon.

Diseases of faulty metabolism producing edema should be treated accordingly. With improvement in metabolism approaching a normal state, edema will not be present unless complicated by some outside factor. A case of chronic diarrhea may have in addition heart or kidney disease.

Cardiac edema should be anticipated and treated before it manifests

itself. In advising a cardiac patient one should make sure to understand his dietary needs. His diet should contain at least $2/3$ of a gram of protein per kilo of body weight, more if he is growing. There is no known contra-indication to the use of proteins in cardiac disease. Anemia should be prevented or treated. With edema developing, one should restrict any substance containing the sodium ion. Potassium may be substituted, as it has no effect on the edema, and will make his food more palatable.

Sodium in the tissues is eliminated by large doses of ammonium chloride. At the University of Michigan Hospital they give ammonium chloride grains $7\frac{1}{2}$, 4 capsules 5 times a day. The drug should be given in milk as otherwise it is not tolerated by the stomach. After edema disappears the drug is discontinued. The first few days the Karrel diet (a glass of milk 4 times a day), is the most feasible. The medication is taken with the milk. Frequently this diet alone will lead to a marked diuresis. There is no known contra-indication to the use of water in any amount the patient desires, as long as there is no sodium supplied. The only reason for limiting the fluids in cardiac disease is the increased load on the heart. While the treatment is being continued digitalis is used to re-establish compensation in the heart. With the accumulation of large amounts of fluid in the pleural cavities and abdomen, medication alone will not do but mechanical drainage should be resorted to as an aid.

Some of the agents that are being used as diuretics are: salyrgan, diuretine, theosin, urea, and novasurol. As a preliminary to salyrgan therapy one should use ammonium chloride for a few days. Perhaps diuresis may after all be due to the ammonium chloride. However, the drugs should be tried when all else fails.

The diet after the first few days

should consist of an adequate amount of proteins, preferably milk, eggs, cheese, vegetables and some other animal proteins. The rest of the diet should contain sufficient calories to maintain proper nutrition. A neutral diet low in salt is the most desirable as it neutralizes the sodium ion in the tissues. Instead of sodium chloride, potassium chloride may be substituted and used in a salt shaker.

Renal edema presents the same problem with the cardiac factor removed. The treatment is practically the same as for cardiac edema.

In summarizing:

I. An attempt has been made to explain the nature of edema. Evidence has been presented to show that

edema is dependent upon:

- (1) The hypo-proteinemia in the blood.
- (2) The osmotic pressure exerted by the blood proteins.
- (3) The drop in the arterial pressure and the rise in the venous pressure.
- (4) The role of the sodium ion.

II. The treatment as outlined aims to prevent and remove edema by:

- (1) Maintaining a normal plasma protein through an adequate protein diet.
- (2) Maintaining an effective arterial pressure.
- (3) Controlling the sodium content of the tissues and diet.

(The End)

AMONG THE NURSES

Ann Ysobel VanEpps, a graduate of Youngstown Hospital in 1931, was married April 13th, to Mr. Derwood Beighley. Mr. Beighley is with the East Ohio Gas Company.

Miss Jane Morgan, a graduate of the Youngstown Hospital class of 1928, has been ill for several weeks at the University Hospital, Cleveland, where she has been working for some time.

The regular meeting of District No. 3 was held in Warren at 2 p. m., May 8th. Doctor J. J. Tyler gave a very interesting address.

St. Elizabeth's Commencement will be held June 3rd, on the campus. The speaker has not yet been decided upon. A class of 25 will be graduated. All members of the Medical Society are invited to attend the Commencement exercises.

Miss Mathilda Margison, a graduate of St. Elizabeth's Hospital class

of 1933, has left to take a 6 months course in anesthesia at the Grace Hospital in Detroit.

Nineteen nurses from Youngstown hospitals will take the State Board Examinations to be held in Columbus June 20th, and 21st.

The Board of Trustees of the Ohio State Nurses' Association at its meeting February 16, 1935, voted unanimously to accept the recommendations of the Committee on Registry and Distribution of Nursing Service as follows: That all gratuitous nursing service be discontinued in hospitals. Reason: The privilege has been greatly abused and at no time has the nurse received any credit for service done.

Mrs. Mabel McCleery Bridges, class of 1930, Youngstown Hospital, died April 19th, following a caesarean operation. Mrs. Bridges leaves 2 small sons.

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OPHTHALMIC NOTES

Surgical Intervention in Detachment of the Retina

By JOHN E. L. KEYES, M. D.

During the past 5 years notable progress has been made in the mastery of one of the causes of blindness. Although known to ophthalmologists for more than 100 years, treatment of detachment of the retina had been very unsuccessful and disappointing. A few cases were cured under medical treatment by spontaneous reattachment. A few pioneer ophthalmologists had attempted surgical treatment.

It remained for Gonin of Lausanne to bring the principles of successful treatment of detachment of the retina by surgery to the attention of the medical profession. His dissertation at the Thirteenth International Ophthalmological Congress held at Amsterdam in 1929, focused the attention of ophthalmologists on this problem. Since then operative management of retinal detachment has become wide-spread, and as a result, vision has been saved for many patients.

The therapeutic principles involved in the surgical treatment of benign detachment of the retina are: detection and localization of any hole or tear in the retina; closure of this hole, as stressed by Gonin, and, following the idea of Sourdille, creation of a localized adhesive chorio-retinitis over and slightly beyond the area of the detachment; evacuation of the sub-retinal fluid with establishment for a limited time of some degree of sub-conjunctival drainage.

Three fundamental methods of surgical intervention are at present in vogue:

1. The Ignipuncture of Gonin.

This method is applicable when a hole or tear is detected in the detached retina. An attempt is made to close the hole in the retina by the coagulating effect of heat applied

through the sclera by an actual cautery.

2. The methods of Guist and Lindner.

Through multiple scleral trephine openings the choroid is treated by chemical cauterization with potassium hydrate which is neutralized by weak acetic acid.

3. The methods of Larsson and Weve.

An adhesive inflammatory reaction is produced between the sclera, choroid and retina by diathermy. A bipolar high frequency current is applied to or through the sclera either by surface electrodes or electrodes bearing fine points which pierce the sclera.

A cure is obtained when the retina is completely reattached and remains so for at least six months. Co-incident with the reattachment of the retina the field of vision is improved or restored to normal. Visual acuity will not return to normal in all cases of apparent cure. This is especially true when the macula has been detached. All cases are prone to recurrence of the detachment, and a permanent cure cannot safely be pronounced until many months after a successful operation.

Previous to surgical intervention, beyond a few spontaneous cures, the patient with detachment of the retina faced permanent loss of useful vision in the affected eye. Since 1929 there has been remarkable advancement in comprehension of the therapeutic requirements, and an increase in the number of instances in which reattachment was obtained. Statistics of cures must be analyzed on the basis of how long the patients were observed after operation and whether the cases were selected.

The experience of the Institute of Ophthalmology, Presbyterian Hospi-

tal, New York, during the period from October, 1930, to April, 1934, serves as a fairly accurate basis for prognostication. Dunnington and MacNie reported detachments of the retina of various types, durations and etiology, operated by one of the foregoing methods, or by combination or modification of these three methods. In these unselected patients a cure was obtained in 38 per cent. of the eyes operated.

Co-incident with the increased expectation of life which has been granted man by the untiring efforts of the members of the medical profession, so, also, there has been an increase in his expectation of useful vision. The prospect of blindness or loss of useful vision in infancy, childhood, adult life, or even old age, is gradually being diminished.

GLEANINGS

By S. J. T.

The following names were inadvertently omitted from the list of the members of the staff of St. Elizabeth's Hospital published in the April **BULLETIN**: Drs. W. L. Jones, P. J. McOwen, and J. S. Mariner.

Dr. R. B. Poling attended the recent meeting of the American Association for the Study of Neoplastic Diseases, in Baltimore.

The interne staff presented the scientific program at the April meeting of the staff of St. Elizabeth's Hospital. Papers were presented by Drs. Douglas, Shensa, and Wasilko. The subjects reviewed were: Continuous Nasal Suction, Back-ache in kidney diseases, and Burns.

The children of Drs. M. J. Kocialek and Joseph Colla are now convalescing from their recent serious illnesses.

Mrs. W. E. Ranz has made a nice recovery and has been removed to her home.

1935

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By F. S. C.

The condition of Dr. James A. Sherbondy, who was taken ill suddenly last month, has improved a great deal. His physicians report that he is making splendid progress.

Dr. Harry E. Hughes, interne at the Youngstown Hospital a year ago, has been appointed resident physician at the Children's Hospital in Denver, Colo., beginning July 1. Dr. Hughes has been in general practice in Englewood, a suburb of Denver, this year.

Dr. C. A. McReynolds of Poland, has been appointed a member of the surgical staff of the Youngstown Hospital.

Dr. Karl W. Allison is now at his home convalescing from his recent operation.

Dr. J. P. Harvey's son, Jack Jr., was a patient in the North Side Hospital recently. Jack ran into his yearly case of poison ivy.

(Turn to page 172)

OPINIONS OF OTHERS

By P. J. F.

Suggestions

1. Dr. Walter F. Donaldson, Editor of the *Pittsburgh Medical Bulletin*, has again most graciously printed the full program of our Postgraduate Day (April 20th issue).

Dr. Howard Ditttrick, Editor of *The Bulletin of the Academy of Medicine*, Cleveland, also generously gave space to our program.

Such friendliness and co-operation are deeply appreciated by all our members.

It is a matter of real regret to us that we have not received each month the programs of these two great Medical Societies so that we may regularly carry a display of them. Many of us are graduates of these two medical centers, and we are always repaid for our time and effort in attending their meetings.

Attention, editors concerned: Can you help us out about this? Our pages are at your service!

2. The following list includes nearly 30 millions of dollars, dedicated to certain philanthropic purposes. Of these purposes not one is emphasized as much, nor is as aggressively pursued as *the socialization of medicine*. This is an influence that will be heard, whether we like it or not. Most of us are realistic enough to believe that duty to provide food and education for our children is as sublime and commanding as any other obligation which we owe to society.

"Milbank Memorial Fund"

President—Mr. Albert Milbank, prominent attorney of New York City, Chairman of the Borden Co.

Directing Officer—Mr. John A. Kingsbury, one-time secretary of New York State Conference of Charities and Correction.

Purpose—To improve the physical, mental and moral condition of hu-

manity and to advance charitable and benevolent projects.

Activities—Philanthropic service in the fields of health, social welfare and education, and over two-thirds of its total expenditures have been made for health—primarily for public health and health research.

History—Largest contributor to the Committee on the Costs of Medical care. After reports of that Committee were published, this Fund circulated an official statement expressing dissatisfaction with them and definitely declaring itself of intention to promote compulsory health insurance.

*Finances—

Capital	\$10,702,093.00
Grants paid: from income....	873,060.00
from principal	225,000.00
Administration expense	50,739.00

Julius Rosenwald Fund

Founder—Julius Rosenwald, shortly before his death, with stipulation that original grant plus interest must be expended within 25 years after his death.

Directing Officer—Mr. Michael Davis, member of Majority Group of the Committee on Costs of Medical Care.

Purpose—To promote negro education, negro health agencies, co-operation in pay clinics and medical service for persons of moderate means; the development of county library service in the southern states, and to give aid to the study of social problems and assistance to a few educational projects.

Activities—Mr. Davis has been very active promoting group hospital service plans. He has been appearing frequently on the programs of the American Hospital Association and has been very active in getting about the country and furnishing advice to all sorts of groups, including medical societies.

**Finances—*

Capital.....	\$13,711,295.00
Grants paid: from income.....	476,452.00
from principal.....	1,935,558.00
Administration expense.....	63,441.00

Twentieth Century Fund of New York

Founder—Mr. Edward A. Filene, senior officer of William Filene's Sons Company of Boston. Very active and influential in promoting the work of this organization.

Directing Officer—Mr. Evans Clark.

Purpose—To promote the improvement of economic organization and technique for the common good.

Activities—It has been the general practice of the trustees to contribute chiefly to organizations in the fields of industry and business which are dedicated to ends which increase human prosperity and well being.

History—Mr. Filene was not a member of Committee on Costs of Medical Care, but he contributed heavily and attended several of its meetings. Has been extremely active in his efforts to promote sickness insurance and is apparently definitely committed to some plan of compulsory insurance.

**Finances—*

Capital.....	\$2,460,000.00
Grants: from income.....	123,348.00
Administration expense.....	30,131.00

Pollack Foundation for Economic Research, Newton, Mass.

Director—W. T. Foster, Ph. D.; no information on Mr. Foster except that he is an economist and within the last few years seems to have concerned himself considerably with medical service.

Activities—Mr. Foster is chairman of the committee which is promoting radio programs entitled "Doctors, Dollars and Disease." This program is said to be under the auspices of the National Advisory Council on Radio in Education.

History—Mr. Foster was a member of the Majority group of the Committee on the Costs of Medical Care. Was recently a most ardent

speaker on the program given in Philadelphia under the auspices of the College of Physicians of Philadelphia, and the American Academy of Political and Social Science.

Finances—No available information.—*Bulletin of St. Louis Medical Society.*

*This information furnished by State Society Public Relations Committee, taken from "American Foundations and Their Fields," published by Twentieth Century Fund.

3. Guided by analysis, as is "L. B. A." (quoted below), we can do much; follow analysis with constructive synthesis and we shall do more.

A Doctor Looks At Mass Practice

The article in the early edition of this morning's (April 15) Globe regarding the Ross-Loos Clinic of Los Angeles makes very interesting reading. Thirty-six doctors take care of some 38,000 patients providing home treatment, hospitalization, drugs and everything else with a few exceptions.

Now let us do a little figuring. For medical service at all complete are required: a surgeon, a bone surgeon, a brain surgeon, a genito-urinary surgeon, an obstetrician, a gynecologist, a nose and throat specialist, a thyroid surgeon, a gastro-intestinal surgeon and an eye specialist; on the medical side an internist, a chest specialist, a heart specialist, a gland specialist, a skin specialist, a nerve specialist, a psychiatrist, a gastro-intestinal specialist and a pediatrician; in the laboratory line, a laboratory specialist, an x-ray specialist and a chemist.

That makes 22 different men. But one surgeon and one internist will scarcely be sufficient for such a mob. Again an operative genito-urinary man and one for routine treatments will be required and the same is true for nose and throat and eye. Moreover for all the ailments of all the children at least three pediatricians would be required. Added to 22 mentioned above this would make 29.

Seven doctors are left for the dirty

▲

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work, in other words, the work of the general practitioner which makes up the great volume of medical work. This includes the office treatments for aches and pains, boils and scratches, coughs and stomach aches, the house calls and a great deal of the hospital work. None of the specialists mentioned above could do much of this work. Obviously seven men could not do it. Another consideration is what brain specialist, nerve specialist or eye specialist of any skill would care to tie himself for life to even 600 dollars a month without the prospect of intellectual advancement and without any future in his profession?

In the absence of knowledge of any member of the staff of this clinic or of any patient ever treated there it is perfectly evident that its clients are losing out very seriously somewhere. There are other considerations but this one is a sufficient answer to the idea. Evidently the clinic's clients get what they pay for and no more.—*L. B. A. in Bulletin of the St. Louis Medical Society.*

Now! Women's and Children's

SHOE CLINIC WEEK

Through co-operation of the Selby Co., makers of our Arch Preserver and Styl-Eez shoes, we've arranged another important Shoe Clinic, to aid our patrons in acquiring and keeping foot health.

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STROUSS-HIRSHBERG'S

LET'S MEET A NEED SENSIBLY!

By D. H. SMELTZER, M. D.

From the sublime to the ridiculous is the range of human behavior. We do not all act nor think alike. There is no sharp dividing line between a normal response and an abnormal one. There is a twilight zone between. We do reach an area where the behavior of the individual is not in keeping with the dictates of organized society. There are no gross infractions but only mild antagonisms. The reactions gradually become more anti-social until the response takes on the aspect of crime.

What is going on constantly in this community is costing us staggering sums each year in court and institutional expense. It is very manifest that organized society is more concerned with the *act* of the individual than with the individual himself. If this were only reversed, and it can be, society would save itself a large outlay in taxes, would avoid the mental shock of many gruesome crimes, and these benefits would be in proportion

to the care and attention given the antisocial individual when he first manifests his tendency.

Well equipped, and well qualified, as we medical men are, to handle the problem of the defective child, the behavior problem, the mental problem, why do we sit so contentedly by? Why do we not do the work that is here to be done? Worst of all we do not raise our voices in protest when there is danger of this work being taken away from medical men, to be handled under a system that is wholly political. Our hospitals should arouse themselves from their lethargy. They should give an attentive ear to this medical problem before an all-too-patient society rises up in indignation and condemns us for our outright negligence.

Are we as medical men and members of hospital staffs to permit this work to be taken from us and our institutions and handled by an outside

(Turn the page)

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HOW TO CORRECT DIARRHEA

After a starvation period of 12 to 24 hours on boiled water or gelatin water (1/3 ounce of gelatin to 1 pint of boiled water), the infant should be given, according to the following schedule, Protein S. M. A. (Acidulated) prepared in proportion of 4 level tablespoons to 9 ounces of water:

	1st Day	2nd Day	3rd Day
Severe cases.....	3 oz.	6 oz.	9 oz.
Medium cases.....	10 oz.	15 oz.	20 oz.
Mild cases.....	15 oz.	30 oz.	

The above quantities are to be increased until the proper amount for the patient's age and condition is reached, which is 200 c.c. per kilo of body weight per 24 hours, or 3 ounces per pound of body weight per 24 hours. However, the total 24-hour intake need not go above 32 to 35 ounces or 960 to 1050 c.c.

After 48 hours, or sooner if the diarrhea has stopped, Alerdex (Protein-free Maltose and Dextrans) should be added gradually, beginning with 1 ounce to the quart, and increasing until the infant is gaining steadily in weight. In certain cases, it may be necessary to increase the carbohydrate to a total of 12 to 15% (3 to 4 ounces of carbohydrate to the quart).

LET'S MEET (From page 171)
organization, whose duties and functions are beyond our control? This would indeed be bad enough if it were the whole picture. But to be taxed to help pay for this set-up is certainly adding insult to injury.

The care and attention of this class of individuals is surely a hospital problem. It is one that every medical man is vitally concerned with, for these people need the services of all our hospital departments. The equipment is here, the men are here; let us work out a solution to the problem. *Let us turn thumbs down on any more institutions.* Why increase taxation only to have the public dedicate a separate institution as a nut farm! That is what we shall have the minute the doors are opened, and thereby add, as we know, an additional stigma to already handicapped and helpless human beings.

There is no need for a separate institution. Specifically, there is no need to add the contagious disease hospital or the children's home or any other building. That would be not only to stigmatize the individual; it will duplicate already fully-equipped departments in our present hospitals. Why duplicate kitchens, x-ray, laboratory, operating rooms, physiotherapy departments, not to forget the cost of added personnel and management?

GLEANINGS (From p. 167)

Drs. G. B. Kramer, W. H. Bunn, and Morris Deitchman were among the local doctors who attended the annual congress of the American College of Physicians in Philadelphia early this month.

Dr. D. B. Phillips is in the North Side Hospital.

Drs. W. H. Bunn, M. Deitchman, E. C. Rinchart, and C. R. Clark, are attending the American College of Physicians' meeting in Philadelphia, Pa.

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LIBRARIES (From p. 159)

fibrogen. Blood work was normal following treatment and a normal infant was delivered. The patient refused prenatal treatment during the 6th pregnancy and the infant died 20 hours after birth from hemorrhagic disease. Nutritional therapy was carried out during the 7th pregnancy, exactly as with the 5th, and a normal newborn was delivered.

Prothrombin and fibrinogen are known to increase with administration of a high protein diet, particularly viscera and gelatine, and the relationship is explicable on the basis of the protein nature of these 2 substances, both synthesized in the liver.

Such dramatic results intrigued a perusal of the literature on the subject and a bibliography is found below.

Kugelmass and Tritsch¹ reported the first 5 pregnancies of the above mentioned patient and gave the nutritional regimen.

Minor² presented a case showing a prolonged coagulation time in a 17-year old male, due to dietary deficiencies which was cured simply by a prescribed dietary regimen, high in protein, calcium and vitamins. He believes that the cells of capillaries are altered so that closure is incomplete, which favors hemorrhages, and, more so if the blood does not clot properly.

REFERENCES

Kugelmass & Tritsch, *Am. Jour. of Obs. and Gynec.*, Vol. 28, No. 2, p. 259, 1934.
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 Kugelmass & Samuel, *Am. Jour. of Diseases of Children*, Vol. 41, p. 48, 1931.
 1) Kugelmass & Tritsch, *J. A. M. A.*, Vol. 92, p. 521, 1929.
 2) Minor, *Med. Clin. of N. A.*, Vol. 16, p. 701, 1933.

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DOCTOR SAFE, PATIENT SAFE!

By B. B. McELHANEY, M. D.

Thoughts to "think about"—

The doctor charges for what? For time and experience, training and thought. He cannot guarantee cures.

Everlasting life? Why even health is beyond the doctor's power to guarantee!

The monthly statements of the average doctor would seldom be seen were he not cramped for money!

People always expect the doctor to pay promptly, but many think, "He gets so much from others, I can wait with mine!"

When you become disabled by disease, accident, or age, who will pay your bills if you have no surplus?

Few have sufficient tact to collect without offending, — not many.

He who fails to help the worthy poor is a traitor to his Profession; he who fails to provide for his own is a traitor to himself and his family.

Don't become an object of pity—"Good old Doc. So and So—good in his day."

The doctor who goes to his work *seriously* worried about finances is liable to many *serious mistakes*, costly to his patients.

Lack of funds lessens postgraduate courses, the number of new books, and modern instruments.

The Community that keeps its physicians in financial anxiety does so at great risk to its health and the lives of its citizens.

—◆—
"A wise man neither suffers himself to be governed, nor attempts to govern others.—*La Bruyère*."

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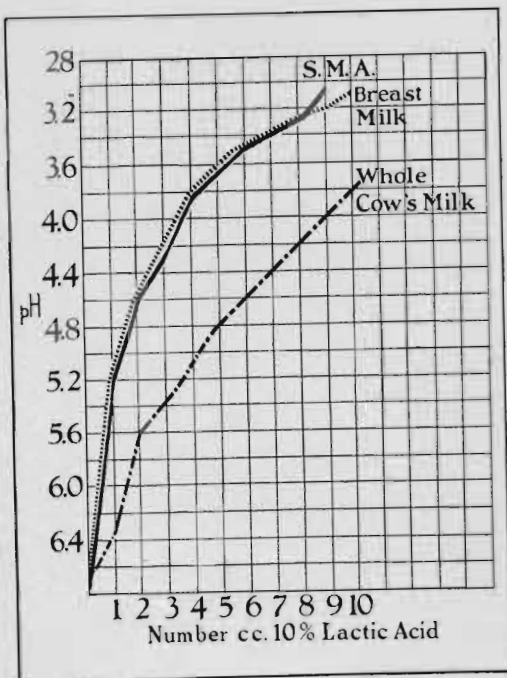


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This photograph shows the equipment for determining hydrogen ion concentration necessary to plot the Buffer Curve. The chemist drops a measured quantity of acid (from the tall tube in the right foreground) into solution to be tested (in the beaker below) and records the readings from the dial before him.

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 and potassium chloride; altogether forming an anti-rachitic 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.



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