

BULLETIN

of the

Mahoning County
Medical Society



Organized 1872

"Let us hold fast the profession of
our faith without wavering—not for-
saking the assembling of ourselves
together."—*Paul the Apostle.*

October, 1936

Volume 6

Number 10



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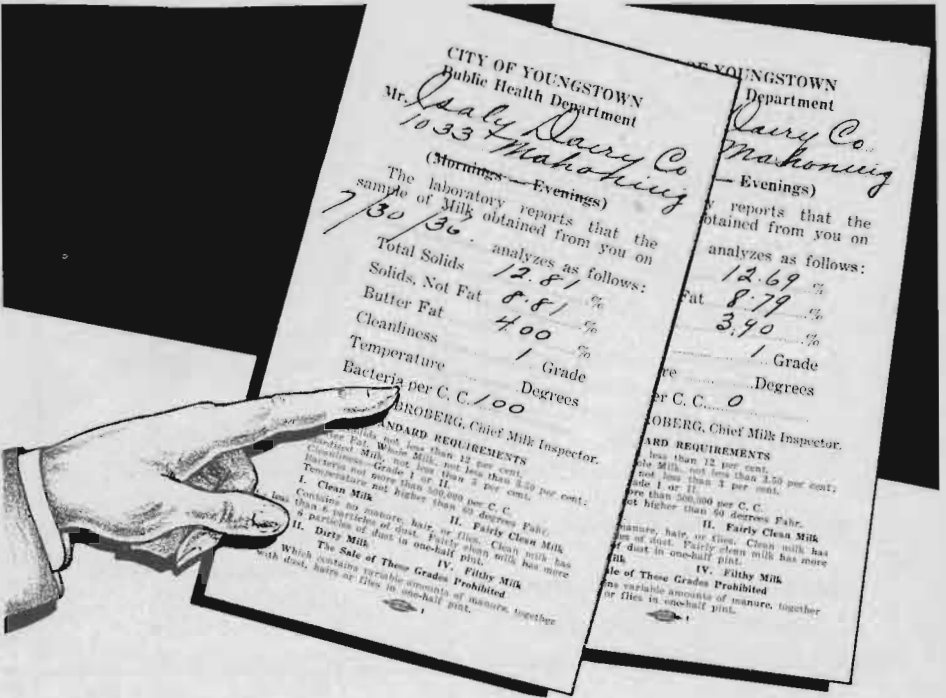
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Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.



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THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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Inquiries and remittances for advertising or subscriptions should be addressed to
 Dr. J. L. Scarneccchia, 338 Lincoln Avenue, Youngstown, Ohio.
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PRESIDENT'S PAGE

Two instances of death from illegally performed abortions have recently been reported to Council. Cases involving physicians in apparent unfair, irregular, and unethical, if not actually illegal, practices have been reported. The more serious of these cases have, recently, involved physicians not members of our association. Since these individuals are not members of organized medicine the officers of your Society have no disciplinary recourse unless they can present charges in a court of law proving the commitment of a crime. This proving of charges, obtaining conviction for the performance of an illegal abortion for instance, is much more difficult than it would at first seem. Difficult because those who engage in such practices are by nature tricksters, and know quite well how to mask and conceal their activities, and how to take advantage of the technicalities of the law. One of the women who died recently stated positively who performed the illegal operation which was the cause of her death, and this statement was corroborated by statements made by members of her family. The patient would not admit, however, that she was about to die—not a “death-bed statement”—therefore not admissible as evidence in court. The family, as is usual in such cases, desiring to avoid publicity, decline to make any statements now. An editorial in our State Journal says that “adequate machinery has been established by medical organization to correct unethical and unfair practices”—It seems to us that the machinery does not work very well when the physician is not a member of organized medicine and has no hospital affiliations.

L. GEO. COE, M. D.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

O C T O B E R 1 9 3 6

NOTES FROM THE BIENNIAL CONVENTION OF AMERICAN NURSES ASSOCIATION, LOS ANGELES, CALIFORNIA

Convention Theme: "Nursing as a Part of Tomorrow's Community Health Program"

Prof. George Graves, Fresno State College, and Prof. T. D. Beckwith, University of California at Los Angeles, see nursing as a highly specialized subject, and nurses having the same initial preparation as is required in schools of medicine, engineering and law.

Miss Katherine Densford, University of Minnesota School of Nursing, and Sister John of the Cross, Providence Hospital, Oakland, California, stressed the importance of careful selection of members of the nursing school staff, based upon background, experience, broad vision in her chosen field, and promise of growth; then having made the selection, create within that nurse a desire to live up to the standards set before her by giving her adequate financial returns, assurance of position, favorable living and working conditions, and an opportunity for growth.

Miss Isabel Stewart, Teacher's College, Columbia University, visualized fewer free lance nurses, more group organizations, fewer deluxe nurses catering to the wealthy, more serving the needs of the common

people, and nursing schools operating as educational institutions and not camouflaged as nursing schools to hospitals.

Dr. Edna Bailey, University of Southern California, stated that only through the development of nurse instructors with an adequate conception of the scope of their professional task, can adequate health service be rendered our people. Dr. W. A. Burton of the same University would carefully select highly trained people of great possibilities for the school faculty, adjust routine conditions so that growth may take place, and place the responsibility for the type of leadership to be developed upon the heads of the institution.

One resolution passed by the House of Delegates at this convention was as follows: "The American Nurses Association resolves that hospitals be urged to adopt the essentials of a good hospital nursing service, approved by the American Hospital Association and American Nurses Association, which will include provision for working conditions that will make it possible for nurses to give patients the

best of care, and with a salary schedule to insure nurses a reasonable degree of security." This resolution also calls for a good standard of living conditions for nurses and coöperation of the medical profession in placing the care of seriously ill patients in their homes in the hands of professionally trained nurses, so that the sick in homes may be properly safeguarded. This opposes the employment of practical as distinct from registered nurses.

Perhaps many of the ten thousand nurses who attended this convention failed to learn any new facts, but certainly no one came away without having a feeling that in order to meet the demands of a changing society one must have a clearer conception of the need for understanding human behavior instead of criticising it, the need for a mutual working together, and the importance of lay participation in "Tomorrow's Community Health Program."

L. N. McCOMAS, R.N.,
Assistant Directress,
Youngstown Hospital.

PUBLIC HEALTH

Diphtheria Immunization

Early this year the Public Health Committee of your society inaugurated a campaign to educate our patients regarding the importance of diphtheria immunization. Our endeavor was to immunize children of all ages, but we were especially interested in children of the pre-school age.

A short, intensive campaign was conducted from April 20th to May 4th inclusive. It also was the will of the Public Health Committee that immunization should continue throughout the present year.

The medium of reaching the masses of people was through the local newspaper and radio channels, supplemented by announcements at Parent-Teachers' meetings, Federated Women's clubs, and other organiza-

tions. The welfare group through the Visiting Nurses association gave valuable aid throughout this campaign and deserve special mention for their services. The campaign was further augmented by special cards displayed in 150 stores in the city. A special letter regarding the campaign was mailed to individual members of the society.

It was recommended that one dose of alum precipitated diphtheria toxoid be given. The efficacy of this preparation has been proven by statistics compiled from repeated Schick tests of those previously immunized. As many as 87% of those immunized were Schick negative at the end of the first year.

Diphtheria immunizations given:

- 1) At the Welfare Stations... 2102
- 2) Reported by physicians... 186

As a result of this campaign 2288 immunizations were given. This number represents tabulation of reports received at the City Board of Health previous to May 21, 1936. It is expected that a final report for the year will show a decided increase in the total number of immunizations given.

From a standpoint of numbers the above results are satisfactory and acceptable. The number of immunizations reported by physicians is decidedly low and shows a decrease when compared to reports of near previous years. It is hoped that our physicians are not indifferent regarding preventative medicine, but have been dilatory in sending in their reports. All reports of immunization should be sent to the Board of Health promptly.

Diphtheria immunization should be a constant urge to every physician. Your committee wishes your coöperation and urges that you continue the work of immunization against diphtheria throughout the year.

E. H. NAGEL, M. D.,
Chairman.

October

THE ENDOCRINES IN CUTANEOUS PATHOLOGY

By CLAUDE B. NORRIS, M. D.

The splendid lectures on Endocrinology, already delivered to the Mahoning County Medical Society in the series now being offered on Wednesday evenings, must have kindled a great deal of interest in that subject. And no wonder: for no other subject seems quite so intriguing and possibly so vitally important. In dermatopathology alone the role which the endocrines undoubtedly play is at times very significant—if not directly etiological, at least as contributing factors. A few of such conditions are discussed below.

Perhaps some who read this will be encouraged to write for the *Bulletin* of the specific applications of endocrine problems in *their* work.

Please keep in mind that *one cause does not necessarily produce only one effect*: and conversely, that a phenomenon recognized as arising from some definite cause in one instance may in another arise from some entirely different cause.

As an example that one cause may produce various effects we cite the symptom-complex of anterior pituitary adenomas, as given by Cushing: (1) adiposity, painful, rapidly acquired, confined to face, neck, trunk; (2) kyphosis, with lumbar pains; (3) sexual dystrophy; (4) hypertrichosis of face and trunk in females—the reverse in adult males; (5) dusky or plethoric appearance of the skin; (6) vascular hypertension; (7) erythremia; (8) backaches, abdominal pains, fatigability, and ultimate extreme weakness.

On the other hand, as an example of a phenomenon having more than one cause: the roundish white spots on the skin—leukoderma—following the exanthem of syphilis, may be practically the same as that appearing after clearing of lesions of psoriasis, variola, pityriasis rosea, eczema, or a severe localized sunburn. Besides,

there is in many such cases credible evidence pointing to disturbances of the endocrino-sympathetic system.

While it is true that the association of two abnormal conditions in one clinical picture does not signify, perhaps even in the majority of instances, that either is caused by the other, still there may be facts strongly suggesting that conclusion. A man coming out of a saloon weaving and talking incoherently may not have obtained the cause of his incoördination at that particular emporium. Indeed, he could have brought it with him, or his difficulty may not be alcoholic at all. But if he is normal all the time except after a more or less prolonged sojourn to such an establishment, a rather specific surmise assumes the dignity of probability. It is true that in few diseases of the skin have we conclusive evidence that the etiology is endocrinal. Still, other repeatedly accompanying phenomena pointing convincingly to disturbed endocrines as their cause, weld a powerful chain of circumstantial evidence that the cutaneous phase is, also, a part of the symptom-complex.

The following are some of the dermatologic conditions found occasionally in association with endocrinal disturbances:

Hypo- and hypersensitiveness to drugs.

Alopecia, hypotrichosis, hypertrichosis, regional hair changes.

Hyperhidrosis, diffuse and circumscribed.

Excessive dryness.

Brittleness, striae, atrophy, and other dystrophies of the nails.

Circumscribed myxoedema: thick, firm, rugose plaques.

Calcinosis cutis.

Morphea, scleroderma.

Impetigo herpetiformis (usually occurring in pregnant women).

Possible influence developing cancer in some cases.

Increase, decrease, and absence of pigment.

Poikiloderma (Civatte),

Urticaria, dermatographism.

Striae albicans.

Senile atrophy.

Mollusca pendula.

Seborrhea.

Cutis verticis gyrata.

Acrocyanosis.

Purpura-like ecchymoses.

Thyroidectomized animals are more than normally sensitive to mercury. Conversely, exophthalmic patients are said to have increased tolerance for quinine. In these latter patients, moreover, scalp hair may grow luxuriantly, there may be hyperhidrosis, and pigmentation of either the chloasma type or the Addisonian type is estimated to occur in 50%. The reverse often happens in Graves' disease, conforming to such changes as occur more regularly in hypothyroidism. That is, dry skin, sparse hairs, premature canities, and brittleness of the nails, and circumscribed myxoedema, may occur. Jadassohn suggests that there is some relation between calcinosis cutis (deposits of calcium) and myxoedema. Morphea occurs with Graves' disease sometimes—but, of course, often without any discoverable evidence of that disorder.

Following destruction of the parathyroids the hair and nails may fall, or there may be hypotrichosis and atrophy of the nails. There is some evidence that the alopecia from thallium acetate may be due to the action of that drug upon the parathyroids. The very rare but serious skin disease known as impetigo herpetiformis, and almost invariably associated with pregnancy, is regarded as due mainly to damage of the parathyroids. Most of such cases had tetany, also, and at autopsy there was found absence of the parathyroids.

In castrated males the skin and

hair are dry and lusterless, indicating inhibition of the sebaceous glands. Pubic hairs may be absent or of the female type, while, as in Graves' disease, the scalp hair may be abundant but dry and dull. The reverse is exhibited at puberty, when in addition to hair changes the sebaceous and sweat gland-activities are greatly increased. Of these acne and seborrheic dermatitis are often sequels. Maissin, *et al*, found that tar cancer could be induced much more quickly in castrated mice than in non-castrated ones, and that metastases occurred in the internal organs in 73% of castrated as compared with 33% in non-castrated. It was found that the Civatte type of poikiloderma occurs in association with atrophy of ovaries and testes.

The adrenal connection of Addison's disease is, of course, well known. Very acute cases occur without pigmentation. Cortical hyperplasia before puberty, in the female, leads to obesity, hair on the face and pubes, coarse, dry skin, and sometimes to the masculine type of scalp baldness. The substances responsible seem to be cortical.

In Fröhlich's disease, "dystrophia adiposo-genitalis", due to hypopituitarism, the skin is white, thin, dry, scaly, and cold. Urticaria, dermatographism, and increased sweating are common, and in cases described by Simmonds the skin changes resemble those of senile atrophy. On the other hand, in acromegaly, a condition due largely to anterior pituitary hyperfunction, the skin may be thick and rough and multiple pendulous fibromata may appear. The glands, both sweat and sebaceous, are stimulated. Hypertrichosis is quite common (28%), the scalp, mustache, beard and brows being thick, coarse, bristly, and bushy. The nails are thick, brittle and grow rapidly. Cutis verticis gyrata (Bull-dog scalp), a rare condition, is seen in conditions of disturbed pituitary function.

The cases of anterior pituitary adenomata, described by Cushing in 1932, and referred to in the introduction to this paper, included 9 fatal cases. In 2 of these the pituitary gland appeared normal. Nevertheless, in 6 out of the 7 abnormal gland cases the syndrome was found to be associated with pituitary adenoma. Parkes Weber had previously described a similar syndrome, including purpura in the form of crops of petechiae and ecchymoses. The legs and thighs showed transverse striae, pete-

chiae, and a brownish discoloration.

To sum up, it seems clear that in the presence of the dermatoses mentioned above (and perhaps others not herein referred to at all), one or more of the glands of internal secretion may be causative or at least factors of influence. Conversely, in otherwise definitely proved abnormalities of one or more of these glands, one or more of the deviations from normal by the skin or its appendages occurs so frequently as to suggest strongly an etiological relationship.

SECRETARY'S REPORT

The Society opened its Fall Program September 15, 1936, with an address on "Collapse Treatment of Pulmonary Tuberculosis," given by a Youngstownian who certainly knows his subject. Those who did not hear this address missed one of the most interesting, instructive, and "up-to-the minute" discussions of this ever-present malady. Dr. R. C. McKay came to us as a friend and neighbor and needed no introduction. As head of the Tuberculosis Division of the Cleveland City Hospital, he is well qualified to speak on this subject.

The meeting was well attended, there being 125 members and guests present. But still we are not attending our meetings of the Society.

These are your meetings. Come out. Let us see your face. You need what our speaker has to tell you. We need you.

The Society, on recommendation of the Council passed the following resolution:

WHEREAS, we are in sympathy with hospitalization plans as operated or sponsored by hospitals or some civic group, we are not assured of the practicability of the plan sponsored by the Citizens Intelligence League of Youngstown, owing to similar plans already in operation in

a number of our industrial organizations. Therefore, the Council of the Mahoning County Medical Society does not at this time endorse the hospital plan of the Citizens Intelligence League.

Council met September 11, 1936, for the purpose of disposing of a requested endorsement of the Citizens Intelligence League of Youngstown. After much investigation by the Public Relations Committee, and in conjunction with the Medical-Dental Bureau, the Better Business Bureau of Youngstown, the resolution passed by the Society September 15, 1936, was formulated.

The annual picnic of the Society was held September 24, 1936, at the Squaw Creek Country Club. The attendance was very poor, but this can be accounted for by the rain and a very cold evening. Those present had a very enjoyable time. It is regrettable that more of our members could not have seen fit to have attended the evening program of this annual affair.

Council met September 25, 1936, to discuss routine business. The delegates were instructed to bring to the attention of the House of Delegates at the annual meeting of the Ohio State Medical Association at Cleve-

land October 7, 8, 9, a resolution requesting the Ohio Legislature to re-code the poor relief laws of Ohio. The resolution follows:

WHEREAS, we of the Ohio State Medical Association, believe that the care of the indigent sick and disabled is the responsibility of society at large and not the care of any one group of society:

AND WHEREAS, the laws of Ohio which provide for the care of the sick and indigent and poor relief are in part antiquated and inefficient:

BE IT RESOLVED, that the Ohio State Medical Association, in conjunction with the Ohio Hospital Association, prepare and cause to be introduced at the next Ohio General Assembly, a Bill amending and correcting those parts of the General Code which are deemed antiquated and inefficient, as set forth in the following summary:

The purpose of this proposed bill be to centralize all health problems, providing medical and surgical care and hospitalization, for indigent persons, under one head, the County Commissioners. At the present time this responsibility rests with the Poor Authorities, County Commissioners, Township Trustees and Infirmary Directors. This Bill to make it mandatory on the County Commissioners to furnish medical care and hospitalization, and to authorize the County Commissioners to enter into contracts with County Medical Societies and hospitals to furnish this care at a certain rate; all consistent with the principles of medical ethics and providing for free choice of physician.

The present poor and health laws are so closely interwoven it will be necessary to amend twelve sections of the General Code, write six new sections and repeal five sections to accomplish our purpose. Raising the necessary money by the County outside the ten mill limitation, to follow

the scheme of H. B. 579, effective December 20, 1935, providing for a 50% vote instead of the old law which called for a 65% majority vote.

BE IT FURTHER RESOLVED, that sections 6309-2 to 6309-12 inclusive, of the General Code, providing for payment to hospitals for the care of indigent auto accident cases from the State Auto License Fund, be amended to include payment to physicians for professional services rendered to such cases, fees to be based upon Industrial Commission rates.

This is a similar resolution to the one introduced by your delegates to the House of Delegates in Columbus two years ago.

The Council also requests all members to be present at the next regular meeting of the Society, October 20, 1936. First, to hear our guest speaker, Dr. L. C. Kress of Buffalo, N. Y., second, that the question of "Venereal Clinic" in Youngstown, will be discussed.

The first lecture on Endocrinology of the Series of ten was held at the First Christian Church September 23, 1936. It was well attended, but there were plenty of seats empty. You are missing something worth while if you are not attending. It surely is not the \$3.00 that is keeping you away. You could not get this for \$100.00 away from home.

The following applicant has applied for membership, and has been passed upon by the Censors and Council:

H. S. Banninga, Elm at Bryson Street.

If there are any objections to this applicant becoming a member of our Society, kindly communicate in writing to the office of the Secretary within 15 days after the publication of this notice.

WM. M. SKIPP, M. D.,
Secretary Pro Tem.

October

PASTEUR'S COUNSEL

*to the young physician**

“**W**HATEVER your career may be, do not let yourselves become tainted by a deprecating and barren scepticism, do not let yourselves be discouraged by the sadness of certain hours which pass over nations. Live in the serene peace of laboratories and libraries. Say to yourselves first: ‘What have I done for my instruction?’ and, as you gradually advance, ‘What have I done for my country?’ until the time comes when you may have the immense happiness of thinking that you have contributed in some way to the progress and to the good of humanity. But, whether our efforts are or not favoured by life, let us be able to say, when we come near the great goal, ‘I have done what I could.’”

*Excerpt from the response made by Louis Pasteur (1822-1895) on the occasion of the celebration of his seventieth birthday. The exercises were held December 27, 1892, in the theatre of the Sorbonne.

Joseph Lister (1827-1912) was present representing the Royal Societies of London and Edinburgh. In his tribute to Pasteur he said,

“You have raised the veil which for centuries had covered infectious diseases; you have discovered and demonstrated their microbial nature.”

October Meeting

Tuesday, October 20, 1936

YOUNGSTOWN CLUB

8:30 P. M.



DOCTOR L. C. KRESS

Buffalo, N. Y.

Asst. Director, Division of Cancer Control
Department of Health, State of New York



SUBJECT:

RESULTS OF X-RAY TREATMENT
OF MALIGNANCY

With Lantern Demonstrations

Home Talent Meeting

YOUNGSTOWN CLUB

Tuesday, October 27, 1936

8:30 P. M.



DR. ARMIN ELSAESSER

Some Aspects of Goiter Surgery.

DR. S. H. SEDWITZ

Peripheral Vascular Disease.

DR. F. W. McNAMARA

Non-Penetrating Trauma of the Abdomen.

DR. A. E. BRANT

Just a Few Thoughts.



The purpose of the "Home Talent Meetings" is to avail ourselves of the knowledge of those in our midst. We all recall how well repaid we were last spring, on a similar occasion, and we can ill afford to miss the above presentations.

WHAT OF THE NIGHT?

While long-continued, large doses of introspection too often lead to morbid thoughts, it is nonetheless true that small, occasional dram-doses conduce to a healthy mental state. And, being in a reflective mood I choose to take inventory, as it were, of the individual physician and also of him as a member of a medical society.

Certain it is that the past seven years have given him food for thought. During this time society has looked to him to carry on and to prescribe for it or to mend its bones, nor has he been found wanting. I marvel at his patience and his fortitude during those days of adversity when so many demands were made of him with but little promise of financial reward and often at his own expense.

The picture has been dark indeed, but he is blind who cannot see the rays of sunshine breaking through the departing clouds. It is not of the recent past that we must deliberate, but of the future. What is he going to make of the rest of his days and what heritage will he leave to his medical successors? How is he to shape his course that the greatest good shall accrue to the greatest number of people? What about the continued intrusion of cults and what is to be done to evade that evil monster known as State Medicine that threatens to entangle him in its blood-sucking tentacles?

It is not my feeling that a passive acquiescence on his part will suffice or that, upon the other flank, a militant attitude will frighten his adversaries away. But he can exert two very definite influences. One, as an individual practitioner of an honorable art; the other as a member of an association of his fellows. These influences are separate and distinct, but are very necessary to him and to society both for today and for the future.

But what about the average physi-

cian? What manner of man is he?

University and hospital-trained, he has been through those early days when, in his newly-appointed office, he has sat and waited for the chance to use his knowledge. Discouraging days, those, but he has spent the otherwise idle hours in the reading of current texts and journals in an effort to continue the education that his alma mater has but started. He has found that much of these printed pages is of but little importance and he has learned to quickly sift the grain from the chaff. He has become a discriminating reader and, deep within the recesses of his mind, he has the realization that he is well-informed and is conversant with all that is modern. He is neither the first to advocate new treatments nor the last to accept them. And for the first time he appreciates the scope of his work and he resigns himself to a life of study. And, as his talents become recognized, he forces himself to devote many of his hours, even when physically exhausted, to the continuance of his own learning.

It is sad but true that medical schools seem to turn out graduates who are schooled in everything but salesmanship. But amongst my medical friends are some who possess such glaring faults that, even with the recognition of their professional skill, people will not patronize them. Their best friends will not tell them, although it would be the part of real friendship to do so. At the risk of boring you, let me recite a few instances.

One man of unquestioned ability is slovenly in his dress. His hair is seldom shorn, his cravat is usually awry, a button may be missing from his shirt-front, his suit is never pressed and his shoes are absolute strangers to polish. With this unkempt appearance he is not impressive in the sick-room and his clients will, eventually,

be drawn from similar souls only. Another reeks of strong tobacco and yet another of even stronger drink. Such emanations are actually repellent to one who is ill. I remember one consultant whose face and hands gave no indication of recent laving and whose mourning-edged fingernails, as he percussed a chest, were in startling contrast to the clean skin of his client. My mind reverts to a most capable practitioner whose nature it was to be cheerful and buoyant, but who, because of these traits, spoke in a loud and raucous voice that made the very pictures tremble on the walls and left his patient in a like tremor. Yes, and I recall a friendly chap, practicing medicine in a small city, whose custom it was to sit and visit with the family in their living-room while they were inwardly praying for him to go upstairs and be about the business for which he was summoned.

These may seem but small matters, but the successful physician is he who has given thought to his "stage-presence" and has developed an attractive and persuasive mien. Some will say that it is too late for them to change—that you "cannot teach an old dog new tricks," but I submit that it is never too late and that it all depends on the dog.

I am sure that the physician is more successful and certainly more happy if he has diversified and enlarged his store of non-medical knowledge. It is true that the British doctor is a more brilliant conversationalist than is his American cousin. Seldom is he at a loss to participate in general discussions and he is as much at home in the drawing-room as at his office. He is familiar with something of art, of music, of drama, of so many cultural interests. He is happier for it and his usefulness as a citizen and as a medical advisor is enhanced because of it. Some of my most delightful evenings have been spent in the company of English physicians where the subject of medicine was never

broached but where a lively exchange of wits was enjoyed.

Few doctors are able to boast of hobbies. Much has been written about the need for such extraneous activities since the financial depression was productive of so many idle hours. During the full bloom of physical vigor one is occupied with his work but it is in the later years, when man's "desire faileth," that hobbies become important to his mental poise. How lonely is the person who knows of no way of spending his leisure time! Nor is it true that one's scientific ability is jeopardized if he devotes part of his time to other things. Indeed, he is better for the relaxation and goes back to his work with renewed vigor and with fresher thought.

I can accept no reason why a physician should shun public office if it comes to him and if it affords opportunity for him to exercise a beneficent influence in the community. Nor do I lift an eyebrow if, through his office, his name is more frequently brought to the public attention. It is my belief that wise voters would not infrequently choose, upon their Boards of Education or their City Councils, some physician of attainment and of proved clarity of thought. Certainly it would, in many instances, be an improvement upon the non-medical members of such bodies. Nor would such public office reflect upon the dignity nor jeopardize the professional practice of the incumbent. The time has arrived when there is a need for the participation of all good citizens and all thoughtful patriots in active politics, because our nation, after a bit more of its growing-pains, will assume adult stature and must accept its proper place in world affairs.

Medical Societies are surely of greater importance to a community than are Chambers of Commerce or luncheon clubs and no physician exercises his fullest powers until he is a member and unless, being a member, he attends all meetings. The citizens

of Youngstown, although not acutely aware of it, enjoy a far better medical service from their physicians because of the excellence of the programs that have been provided through the Mahoning County Medical Society and that could have been made possible in no other way. It is also gratifying that, in the Vindicator-Telegram, you have a sympathetic press that supports, editorially, all of your activities. Because of your policies, your Society has become the envy of many other similar groups who have now followed your leadership in other counties of this and of other states. Your influence has indeed been far-reaching and for this reason it is your responsibility to so direct this influence that you may continue to point with pride to your accomplishments. Deliberate thought must precede all innovations and, it seems to me, your programme of engaging the very greatest talent for your monthly meetings, your plans for yearly lecture-courses and your promotion of the Postgraduate Day should be permanent projects.

I have heard and read much about the insinuation of various cults into the business of the healing of the sick. It has been said that the specialist is infringing upon the general practitioner. The answer to these complaints is not difficult but perhaps my prescription for the cure will be considered a bitter pill. The average citizen is a reasonable sort of person and he is usually willing to pay for services rendered. When he is sick, it is his custom to give his doctor the first chance to cure him, and he will return to that office several times if he thinks that he is getting value for his money. But, if he does not see some results, or if he feels that the doctor is not interested in his particular ailment, then he will wander to some other mecca—very often to that of a "quack." I am very sure that if every patient were carefully interrogated about the disability that

is so important to him, and then as carefully examined, more diagnoses would be made and more loyal clients gained. The busy doctor objects that he does not have time to devote to more than a hasty, regional examination, but if this time *is* spent, and if the patient feels that he is getting a *personal, interested service and effort*, he will gladly pay a bit more for it. I am sure that a higher grade of work done by physicians would automatically erase 90% of the cults, the remaining 10% being then patronized only by such persons as desire theatrical approach to fancied complaints. Any specialist will testify that much of his success is predicated upon the careful examination that he gives and that he merely takes the time and thus finds conditions that *were not previously looked for*.

Enough of this drooling. Harking back to the caption "WHAT OF THE NIGHT?" it is my conviction that, for medical men, all is clear. The dawn is rapidly approaching and the new day will bring with it increasingly greater medical skill, startling discoveries of benefit to mankind and proportionate glory to the practitioners of the Healing Art.

DR. A. W. THOMAS,
Ashtabula, Ohio.

Radio Talks

Sept. 7, 1936—Dr. M. H. Bachman: "X-Ray Treatment."

Sept. 14, 1936—Dr. P. J. McOwen: "Care of Normal Skin."

Sept. 21, 1936—Dr. O. J. Walker: "The Ear and Its Diseases."

Sept. 28, 1936—Dr. J. P. Harvey: "The Relations of the County Medical Society to the Community."

Oct. 5, 1936—Dr. L. G. Coe: "Are You Afraid, Too?"

October

PATHOLOGICAL CONFERENCES AT THE SOUTH SIDE HOSPITAL

By C. A. GUSTAFSON, M. D.

After the summer vacations the weekly pathological conferences were resumed at the South Side Hospital. These conferences will be held on Friday from 11:30 to 12:30.

Much renewed interest has been shown in these conferences and an unusually large attendance.

A new feature of interest is a presentation of cases ante-mortem as well as post-mortem. In this way the combined knowledge and experience of the staff can be used in the diagnosis of obscure cases.

Among the interesting reports have been cases of:

Acute Myelogenous Leukemia

Petrocitis

Muscular Dystrophy

Primary Carcinoma of the lung.

Space does not permit detailed account of all of these cases so we shall review a few of the more interesting ones.

Primary Carcinoma of the lung.

This patient's illness began two years ago with slight pain in the right shoulder. Following this a slight pulmonary hemorrhage. X-ray pictures at that time showed normal lungs. Bronchoscopy was not done at this time and no C. A. suspected. Six months later x-ray still showed no change. Pain also developed in the left shoulder and patient was unable to sleep. Thinking a change of climate might be beneficial he went to the west coast. While there he took some of John Barrymore's famous rheumatism cure with no relief of symptoms. He returned to Youngstown in about four months and noted a lump about 3 cm. in diameter on the anterior chest wall.

Biopsy was done and showed metastatic carcinoma cells. X-ray pictures showed a mass in the right hilus. Fluoroscopy showed paradoxical movements of the right diaphragm,

and the right diaphragm was higher. Shortly after this he was hospitalized. The nodule on his chest had been present for four months. He had much shortness of breath and palpitation on exercise.

He had a persistent cough with a raising of a dirty, grayish sputum.

Physical examination: Showed retracted movement on the right side, impaired resonance over right base with fixation of the right diaphragm. There was vocal and tactile fremitus. The breast sounds were distant and there were numerous coarse rales over the right base. The patient continued to be progressively worse and died about eight months after the appearance of the nodule on the left axilla.

Patient's findings include: Mediastinal tumor which incircles the trachea and involves the right lung. There were no extensive metastases.

All of these tumors are bronchogenic in origin and are adeno-carcinoma. About 90% of patients with this disease are chronic smokers. The percentage of males to female is 2.3 to 1. The colored race is just as susceptible as the white race.

An interesting thing about the patient is that he was not able to take x-ray therapy, and showed violent reaction to very small doses.

Carcinoma is a bizarre disease of no definite etiology.

NEWS ITEMS

Dr. McClenahan is constructing a medical building at the corner of Market Street and Boston Avenue. He hopes to have the building finished by January 1st. Occupants of this new building will include:

Doctors McClenahan, and Sears, Obstetrics; Dr. R. H. Middleton, Pediatrics; Dr. F. S. Middleton, Dentistry; Dr. Ray Hall, Eye, Ear, Nose and Throat; Dr. Oscar Axel-

son, General Medicine; Dr. R. W. Rummel, General Medicine.

There is still space available for a general surgeon.

Doctors E. R. Thomas and Allan Altdoerffer returned from a week's fishing trip at Rice Lake, Canada.

Dr. Chester M. Askue spent six weeks at Massachusetts General Hospital in postgraduate study in internal medicine. While there they had a Youngstown reunion, including Doctors Morris Deitchman, Hughes, Coombs, Myers, and Weaver.

Dr. J. U. Buchanan spent 10 days vacation in California recently. He made the trip by plane.

Doctors Poling and McCann spent August and September at Boston studying Cardiology with Dr. Paul White.

Dr. J. Paul Harvey spent the month of August at Massachusetts General Hospital taking Dr. Paul White's course in cardiology. Look out for your hearts, boys and girls, Dr. J. Paul really knows how it's done.

Dr. Lewis K. Reed has opened his offices at 1920 Market St. Dr. Reed

is a South High graduate, received his medical education at Western Reserve. Following this he spent a year as interne and two years in medical residency at Lakeside Hospital, Cleveland.

Dr. Craig C. Wales is located at Belmont and Guadalupe Avenues. Dr. Wales is a graduate of Rush Medical College, spent two years at St. Luke's Hospital in Cleveland, and one year as physician in a C. C. C. camp.

Dr. R. R. Morrall and Miss June Geddes joined hands and said "I do" on the recent date of September 21, before a few friends with Dr. Hudnut officiating. They have just returned from their honeymoon in the east.

Dr. E. C. Rhinehart spent the summer touring Europe. He will give us a full report of his trip for a later issue of the *Bulletin*.

Dr. Wendell Bennett has been ill for several weeks. He is now convalescing at Atlantic City.

Doctors Walker, Evans, Keyes, and E. C. Goldcamp attended the meeting of the American Academy of Optometry and Otolaryngology in New York last week.

THE VENEREAL CLINIC CONTROVERSY

Council, at its July meeting, listened to Drs. Ryall and Reilly discuss the handling of indigent venereal cases. Dr. Ryall, at that time, felt that the situation was not being met by the relief laws. Dr. Reilly felt that it was. As a compromise, Council suggested a further trial of three months, and a check of the situation then.

That time has elapsed and Dr. Ryall submits the accompanying report. Dr. Reilly has been unable to assemble his data in time for publication.

However, the matter is to be presented to the Society following the program speaker on Tuesday evening, October 20th. The Society at that time will have Dr. Reilly's report. It will then be in order for the Society to approve or disapprove Dr. Ryall's proposed clinic.

A Venereal Clinic is the only adequate method to control social diseases among the people who cannot afford medical treatment. Such a clinic would be an organized service under the supervision of men especially trained for this work.

The main and chief reason for this clinic is that the venereals are not being taken care of; therefore, remain a constant menace to those with whom they associate.

After meeting with council, I sent 15 men and women to the Relief Headquarters for treatment—all were refused. Some were on direct relief—others could not pay on a low income. These people are in dire need of treatment. The facilities offered by the Relief set-up seem adequate when written on paper, but in practice this system does not work. The reasons:

1st—The inevitable governmental red tape.

2nd—The impossibility to fit the economic condition of the patient with the Relief regulations.

A clinic with competent social investigators will not take a cent from the pocket of any doctor in Mahoning County because only those patients who have been referred by physicians or the Commissioner of Health would be accepted for treatment and then only after a very thorough investigation has been made as to their ability to pay. Any patient who could pay a dollar would be sent to his family

physician for treatment. One writer wrote that people would register from out of the city on some adjacent street for free treatment, but this is no more apt to happen than is free hospitalization for those who should not have it.

It is the province prescribed by law for a Health Commissioner to take care of this existing condition similar to any other epidemic which should arise. It is the one condition existing that we have a prescribed treatment which brings results. Such treatments will lessen hospitalization in the future—lessen the number of patients being sent to Massillon through neglect of treatment. It is a health measure to protect our posterity.

About the so-called choice of physicians, it seems like the story of the drowning man—he cares little who rescues him.

A Venereal Clinic in Youngstown will eventually benefit the physicians as it is bound to have an educational value among the general public so that even people able to pay would apply for treatment—these would be referred back to their own family physicians.

Fraternally yours,

W. W. RYALL, M. D.,
Commissioner of Health.

WORK OF THE BOARD OF CENSORS

HOWARD FOX, M. D., Chairman

As in the case of many other committees of the Society, the work of the Board of Censors is somewhat time consuming, particularly as a full attendance is expected at each monthly meeting. No matter how long the meetings of the Board may be they are intensely interesting and are not infrequently attended by humorous incidents.

Complaints against members of the Society are made by fellow members, by physicians who are not members of the Society and by laymen. Many of them are easily adjusted by allowing the opposing sides to speak their minds freely. Two members who had berated each other in no uncertain terms when appearing before the Board agreed at the end of the talk not only to shake hands and be friends but one invited the other to go out and have

a drink which was promptly accepted by his erstwhile opponent. Laymen who feel aggrieved may be invited to tell their story to the Board, which often straightens out a misunderstanding. No action can be taken against a person who is not a member of the County Society and the same is true of anonymous complaints. In cases of serious infraction of the rules of professional conduct, charges are preferred and a fair trial is held, the

accused having the right to employ legal counsel and to bring witnesses.

For the purpose of obtaining information relative to complaints any member of the Society may be requested or cited to appear at a meeting of the Censors. Some of our members feel uncomfortable at receiving such a notice even though a citation does not necessarily imply any guilt on the part of the member. In nearly every case the requests or orders of the Board are willingly and promptly complied with. Failure to respond to a citation, especially when this is repeated, is a cause for disciplinary action. This is fortunately a rare occurrence.

While the Board is guided by the Principles of Professional Conduct of the State Society cases often arise in which it is difficult to construe some particular paragraph of these principles. In exercising its judicial function the Board has recommended certain additional rules of ethics for the members of the County Society and it is hoped that these may be collected and published in a small manual for the future guidance of the Censors. Such a booklet might also be distributed to the members of the County Society.

The question of what constitutes advertising by the physician is often a difficult one. Letters are frequently sent to the Censors by physicians who wish information on this subject. In some of the cases of unquestioned advertising the offense is committed inadvertently. The sending of form letters to patients for the purpose of soliciting practice is plainly an infraction of ethics. There can be no objection, however, to a genuine follow-up letter sent by a physician to his own patients. A letter which is sent indiscriminately to a list of former patients, suggesting that they return to the physician for a "general check up" or for a trial of some new remedy is not considered ethical.

There is a frequent understand-

ing, particularly among specialists, as to what constitutes their "own patients." The average specialist sees many patients who are sent by the family physician or other specialist for a single consultation. Such an individual is only temporarily the patient of the specialist in question. It is improper, therefore, for a specialist to send a circular letter in a wholesale manner to his former patients for any purpose whatever. Circular letters or other communications sent only to physicians are not usually objectionable.

The question of ethics is concerned in the publication of articles for the lay press and in speaking over the radio. This is easily solved by a ruling of the Society which requires that all manuscripts for lay publication or broadcasting should be submitted in advance to the Committee on Publicity which represents jointly the County Society and the New York Academy of Medicine. The Board of Censors receives frequent complaints about medical articles which have been quoted in part or whole in the lay press. It is naturally impossible, even if it were desirable, to prevent extensive quotations from medical articles in newspapers or lay magazines. The problem that frequently arises refers to possible interviews by physicians for the lay press. To give such an interview is to tread on dangerous ground as it is difficult or impossible to control the actions of reporters, most of whom think that the insertion of laudatory comments is a kindness to the doctor. When in addition the doctor's office or residence is mentioned his embarrassment is greatly increased. The question of the propriety of writing medical articles for the lay press does not concern physicians who devote their entire time to editing health columns in newspapers or other lay publications.

Accusations of advertising are frequently made against physicians who insert their names and addresses in

the daily papers. A ruling has been made that a physician of foreign birth may be allowed to do so provided that such advertisement shall be restricted to his name, address and telephone number and that the advertisement shall appear only in newspapers of the physician's native language. In the opinion of some this is an unnecessarily liberal concession, in view of the fact that American born physicians do not have the same privilege.

Complaints of extortionate fees or of improper methods of diagnosis and treatment are made at times by laymen against members of the Society. In all of these questions the Board of Censors has no jurisdiction. While the Board may consider that the accused physician has shown poor judgment or a sad lack of knowledge and skill, no action can be taken. Such matters can only be adjusted in the courts. Needless to say the Board is always careful to avoid any statements which would encourage litigation and thus injure a member of the Society.

The question of physicians allowing their names to appear in commercial directories or similar publications has recently come to the attention of the Censors. A small booklet has been published for a number of years in which the names of more or less outstanding members of various professions and industries are published. The booklet is apparently an excellent one of its kind but as it contains not only the names of certain physicians in different cities, but also their addresses and specialties, it was decided to recommend that the members of the Society should withdraw their names. Some may have paid for the insertion while the names of others were included without charge or possibly without their knowledge.

Some of the questions relating to ethical procedures which are submitted to the Censors for an opinion are difficult to decide. In many of them the answer is given that, while the

matter in question is not unethical, it is at least a breach of good taste. Needless to say it is not the function of the Censors to promulgate rules of good manners.

An additional activity which the Board of Censors has recently undertaken is to act as arbitrators in certain disputes between physicians or between physicians and laymen. The question to be arbitrated relates as a rule to the justification of fees. This work is carried on by the Censors as individual physicians who offer their services when requested. No record is kept of such proceedings in the minutes of the meetings and no report of them is made to the Comitia Minora.

—*The New York Medical Week.*

Our Guest Speaker for October

Dr. Louis C. Kress comes to address the October meeting on his results of the x-ray treatment of malignancy. Dr. Kress is a graduate of the University of Buffalo of the class of 1918. After a year's internship in the Buffalo General Hospital, he became a member of the Staff of the State Institute for the Study of Malignant Diseases at Buffalo, at which institution he has remained continuously.

Doctor Kress presents his material in a most interesting way. He has had constructed a portable screen with places for 4 lantern slides. With this screen, 4 lanterns are used. By means of simultaneous use of the 4 lanterns, he is able to present clinical histories, photographs of the patient, x-rays of the patient, and photomicrographs at the same time. He is an enthusiastic talker. This, combined with his method of using his material, will give us one of the most interesting meetings of the year.

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BREETUS

C. L. Thompson is saving his pennies to buy cigars. Breetus smokes anything that burns.

A. J. Laeri can be seen mornings at Fifth and Madison waiting for the bus. A. J. looks as young as he did ten years ago. Wonder what his "Elixir of Youth" is?

Charlie Scott has some beautiful imported, double-duty, coats combining a nifty topcoat and a raincoat. There's a classy men's store that is just right for a doctor's pocketbook!

Don't you think L. C. Smith, manager of the Medical-Dental Bureau, should give the *Bulletin* a new copy for his ad? A picture each month of members of his office staff would be pleasing to look at! Just a suggestion.

Lee King heard that Roosevelt quit flying, because he was afraid of "Landon." But Lee adds that the doctors don't need to land, just park their cars with him at Central Square Garage. He has attractive rates for monthly parking. Here's a tip for you, Lee—See Dr. Skipp, you will find him ready for monthly parking!

A. G. Henry, Cleveland SMA C. Q., as the amateur broadcasters say! We know one of the strong young men, one who was not breast fed in infancy. C. Q. Breetus.

Florence Heberding contends that only her "knee action cows" can give Indian Creek Farm milk. And Florence knows cows!

Ralph White still has not delivered that Schick Dry Shaver to the doctor who ordered one. We know one on the druggist and companion sales, Ralph!

Mr. Editor, a word to you: Your *Bulletin* is really being read by the profession of the surrounding towns, and they praise it heartily.

AKRON POSTGRADUATE DAY

A meeting of interest to members of the Mahoning County Medical Society will be the annual Postgraduate Day of the Summit County Society, held at Akron, Nov. 11, 1936.

The following program has been arranged, and in view of the gracious support of our annual Postgraduate Day by the men of Summit County, let a goodly number of us arrange to be present.

The Speakers:

Martin H. Fischer, Ph.D., M.D., D.Sc., Professor of Physiology, University of Cincinnati.

F. H. Albee, A.B., M.D., Sc.D., F.A.C.S., L.L.D., formerly Professor of Orthopedic Surgery, Columbia University.

Walter C. Alvarez, M.D., Professor of Medicine, University of Minnesota.

A. R. Barnes, A.M., M.S., M.D., Professor of Medicine, University of Minnesota.

The Program—At 10 o'clock:

"Certain Features of Knee Surgery"—Dr. Albee.

"Coronary Sclerosis: Its Diagnosis, Prognosis and Management"—Dr. Barnes.

At 12 o'clock—Lunch at the Mayflower Hotel.

At 1 o'clock:

"Helpful Hints in the Diagnosis of Gastrointestinal Disease"—Dr. Alvarez.

"Fractures of the Neck of the Femur"—Dr. Albee.

"Etiologic and Pathologic Approach to the Diagnosis of Heart Disease"—Dr. Barnes.

"Diabetes"—Dr. Fischer.

At 6:30 o'clock—Dinner.

At 8 o'clock:

"The Fitting of a Diet to the Patient"—Dr. Alvarez.

"Coma"—Dr. Fischer.

Registration fee \$5.00, which includes the dinner, but not the lunch.

October

OUTLINE FOR ENDOCRINOLOGY COURSE

For the benefit of those who wish to do some preparatory reading for the course in Endocrinology, Dr. E. Perry McCullagh and Dr. D. Roy McCullagh have sent the following outlines of the lectures to be delivered during the month of October. Outlines for subsequent lectures will appear in the November *Bulletin*.

October 7**Intersexuality and Other Adrenal Disorders.**

1. The adrenal medulla and the physiology of epinephrine (adrenalin).
2. Physiology of the adrenal cortex.
 - a. Effects of adrenalectomy.
 - b. Sodium, potassium, and water metabolism.
 - c. Cortical hormone.
3. Tumors of the adrenal medulla.
4. Adrenal cortical hyperfunction.
 - a. Pubertas praecox.
 - b. Pseudohermaphroditism.
 - c. Adreno-genital syndrome.
4. Cortical hypofunction.
 - a. The question of mild hypofunction.
 - b. Adrenal apoplexy.
 - c. Addison's disease.

October 14**Goiter, Hypothyroidism, and the Clinical Use of Thyroid Preparations.**

1. Iodine distribution and endemic goiter.
2. Metabolic abnormalities of hypothyroidism.
3. Simple goiter.
4. Cretinism.
5. Childhood hypothyroidism.
6. Myxedema.
7. Mild adult hypothyroidism.
8. Hypometabolism of non-thyroid origin.

9. Thyroid medications in diseases not of thyroid origin.

October 21**Hyperthyroidism with Special Reference to Differential Diagnosis, Atypical Forms, and Complications.**

1. Iodine metabolism in hyperthyroidism.
2. Metabolic abnormalities of hyperthyroidism.
3. Hyperthyroidism in childhood.
4. Differential diagnosis of mild hyperthyroidism.
5. Atypical hyperthyroidism.
6. Complications.
 - a. Cardiovascular.
 - b. Diabetic.
 - c. Arthritic.
 - d. Psychic.
 - e. Infectious.
 - f. Severe exophthalmos.
7. Treatment.

October 28**Calcium Metabolism and Disorders of the Parathyroid Glands.**

1. Effects of parathyroid extirpation.
2. Nature of the parathyroid hormone.
3. Experimental administration of excessive amounts of parathyroid hormone.
4. Blood phosphatase.
5. Comparative effects of vitamin D and parathyroid hormone on calcium and phosphorus metabolism.
6. Parathyroid tetany.
 - a. Postoperative.
 1. Acute.
 2. Chronic.
 - b. Functional.
 - c. Differential diagnosis.
 - d. Complications.
 - e. Treatment.
7. Hyperparathyroidism.
 - a. Differential diagnosis.
 - b. Treatment.



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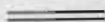
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Model Kitchen Photo Courtesy of The International Nickel Co., Inc.

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Laboratory equipment and control are necessary to modify cows' milk to approximate human breast milk in chemical and physical characteristics. Kitchen equipment is not intended for work of such precision. In the S.M.A. plant, tuberculin-tested cows' milk is processed in the finest equipment

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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 and potassium chloride; 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.



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