

# BULLETIN

of the

Mahoning County  
Medical Society

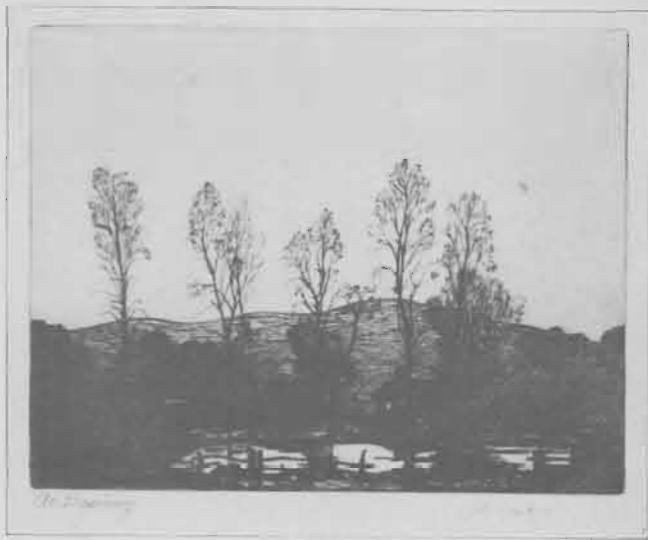


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August 1937

Volume 7

Number 8



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## PRESIDENT'S PAGE

July and August are vacation days. The scientific sessions give way to activities in a lighter vein.

The "Real Old Fashioned" picnic, so Bill Evans says, is to be held on August 19th. This will be the swan song of the vacation.

Next month our Fall Term begins. John Noll has been hard at work getting material for a strenuous scientific session, and he has an interesting season planned.

Your council has enjoyed a period of inactivity, but it, too, will soon begin sessions.

So let us all enjoy ourselves this month, and everybody attend the Annual Picnic.

PAUL J. FUZY, M. D.

# BULLETIN *of the . . . . .*

## Mahoning County Medical Society

A U G U S T

1 9 3 7

### COUNCILLOR'S COLUMN

The Medical Society of the Sixth Councilor District will meet in Holmes County, City of Millersburg in September. The County Society will be the host. They are planning an afternoon of golf on a very good course. There will be a dinner served at 6:00 P. M. and a good medical program in the evening. Route 62 will take you there. It is through one of the picturesque sections of our State. There you will see Ohio as it is not found in any other section of the State. You will learn things there that you can get at home, but will be brought to you in a much more pleasant manner.

You will receive notice of this meeting, giving you full and complete details. Remember, every member of all the County Societies is a member of the District Society.

Signs of the times indicate that drastic changes may be in store for the profession in the near future. Maybe they will come suddenly or will come by a slow process. It behooves each member of the profession to know what is transpiring, either for his detriment or improvement. I urge you to read Dr. Charles G. Heyd and Dr. J. H. J. Upham's articles in the June 19, 1937, A. M. A. *Journal*, and also Senator J. H. Lewis' address published in the June 26, 1937, copy of the A. M. A. *Journal*. Give this matter some thought. Don't just pass it by.

Some action should be taken by the

profession, through its national organization, insisting that the Federal and State Governments keep "hands off" the practice of medicine, other than that the indigent are the responsibility of the State, and that they (the indigent) be given adequate medical care through a State plan which can be adapted to the needs of each county in the state. The patient-physician relationship should be maintained; the operation of this plan to be entirely in the hands of the County Medical Society, working in conjunction with the County Commissioners. Adequate medical care should be sufficient medical, nursing and hospital care to restore the individual to as near normal as possible, so that he will be a useful citizen of the community in which he lives.

The County Medical Society should supervise the practice of medicine. The central office or dispensary should be under the direct control of the Society. The patient applying to this central office should have free choice of physician and if the patient and doctor so prefer, the doctor may see the patients in their respective offices.

Every member of the County Society shall be eligible to practice in this central office. No hospital or social service organization shall manage or direct this central office. Each doctor serving shall be paid a certain amount for the time he spends. All charges for patients admitted shall be paid for by the County. After investigation, a fee in keeping with the

individual's ability to pay shall be collected for all that are not on relief. Fees shall be adjusted to suit all types of cases both in the home and the hospital.

All preventive medicine shall be carried on in this central office or

in the doctor's offices, directed by the Health Commissioner of the County and supervised by the County Medical Society. Preventive medicine shall be as important, if not more so than curative medicine.

W. M. SKIPP, M. D.

## HOW THE NEW YORK PLAN EVOLVED

### A Request

Kansas City, Mo., July 1, 1937.

Dr. Samuel J. Kopetsky,  
New York City, New York.

Dear Doctor Kopetsky:

As most information which the average medical man is interested in finds its way into the lay press before it is printed in medical periodicals I am writing you for first hand information.

The information which you give me will be disseminated to the profession of our County through our weekly Bulletin. Would you please give me a complete resume of your interest in the question of State and Federal aid for the poorer class of people; who went to Washington to consult with the President and in what manner they received an invitation to do so; what was decided and what the outcome was at the A.M.A. Of course, I have read "TIME" and read the A. M. A. Bulletin but one is too radical at times; the other ultra-conservative. I would like a complete analysis of the question by you if you feel the desirability of doing so.

I feel these questions should be freely discussed by medical men and all information presented to all physicians.

Thanking you in advance, I remain,  
Very truly yours,

CARROLL P. HUNGATE, M. D.

### The Kopetsky Letter

New York City, July 6, 1937.

Dr. Carroll P. Hungate,  
1010 Professional Building,  
Kansas City, Missouri.

Dear Dr. Hungate:

I have your letter of July 1 and I agree with you that these matters should be printed in medical periodicals and disseminated to the medical profession rather than be discussed before the laity. However, in regard to who went to Washington and who consulted the President—that is a matter upon which I am not at liberty to speak, and so I cannot give you the information for the reason that I was asked not to give any publicity to the conference in Washington.

"TIME" has the story, but not accurately. I do not know where they got it. It is, however, totally immaterial from the view-point of the profession.

Here in New York we have advocated certain principles in regard to medical care for the indigent and for the "medically indigent" (who are a class that ordinarily can meet their expenses but when catastrophic illness touches them are in serious trouble financially); and in 1933 there was a committee formed under the chairmanship of Arthur Booth, now a Trustee of the A. M. A., which rendered a Report which was adopted, and we know it as "The Booth Report." I am sending you a copy of it under separate cover.

During all this time we, here in New York, have been unalterably op-

August

posed to compulsory health insurance for obvious reasons, and to voluntary health insurance schemes because they inevitably lead to compulsory health insurance. With these views I am naturally in accord. During last winter, or to be exact, some time in April, the Report of the American Foundation Studies in Government was made public. I was on the Medical Advisory Board of this Foundation and with the rest of the Advisory Board was convinced of the integrity and absolute honesty of the editorial work necessary in the publication of this cross-section of opinion and sampling of opinions of the medical profession in this country. The American Foundation Studies in Government, at the outset decided not to make any recommendations. When the report was published there was so much in it of intense value that a voluntary group formed itself which made an intensive study of the Report and in addition tried to cull from it some fundamental principles and applicable proposals. This was done independently of the Foundation and independently of organized medicine in any form, and the results of the activity of this voluntary group were to be sent to government on the one hand, and to organized medicine on the other—for study, elucidation, definition of terms, and determination of policy. I took the matter to the Medical Society of the State of New York. They appointed a committee which studied it, and made a Report to the New York State House of Delegates, and this body took from it matters which were primarily of State concern and approved the principles and proposals, and enacted legislation to cooperate with the State government in providing medical care for the indigent and the so-called "medically indigent." They also appointed a committee to outline a state health policy which had heretofore never been done.

Under the mandate of the Medical

Society of the State of New York I introduced the Resolution which appeared in the June 19, 1937, issue of the *J. A. M. A.* on page 2142. The action by the reference committee to which it was sent is to be found in the *J. A. M. A.* of June 26, 1937, on page 2220. This is the story in its barest outlines.

I am not a socialist. I do not believe in socialism, but I do believe in social justice for the under-privileged. My attitude is tersely expressed in the editorial of the *New York State Journal of Medicine* for July 1, 1937, which I am also sending you under separate cover.

I believe that with the drying up of the sources of private philanthropy, government, namely local and/or state, and/or Federal must step in to support existing eleemosynary institutions that cannot carry on further because of the lack of philanthropic support. We also believe that the quality of medical care delivered to the people depends upon the education of the doctor and so, in the approach to this problem, medical education comes in to it too. And the medical educational institutions can not carry on without endowments and if philanthropy is taxed out of existence, endowments must be supplied by taxation too. In the outlying districts the practitioner cannot serve the people well, and the delivery of medical care to them is handicapped by the lack of laboratory and consultative services; and we believe that local, and/or State and/or Federal funds must be used to establish for the *profession* such consultative and laboratory services so they may deliver a higher quality of medical care to the people. There are areas which have been brought to our attention where there are no physicians, and it is not profitable for a doctor to practice in such areas, and therefore we believe that the local community, and/or the State, and/or the Fed-

eral government must subsidize the doctor to go in residency there.

You may call this "state medicine." Well, is it? Or is it supplying a need where it absolutely exists, without establishing a general scheme or plan, without a bureaucracy to supervise and run it and make the profession subservient to it. Under the outlines

as contained in the New York resolution, the profession itself runs and supervises these projects where they are found to be necessary.

I trust that this outline will clarify the situation for you.

Very sincerely yours,

SAMUEL J. KOPETZKY, M. D.

## HUMAN BIOLOGY, BROAD IN SCOPE, IS VITAL NEED

(Victor News)

ANN ARBOR, Mich.—A science of human biology, broad enough in its scope to synthesize knowledge of man's mental and spiritual sides as well as of his physical nature, ought to be evolved within the next century if civilization is to survive—perhaps even if the human race itself is to escape extinction.

This was the concluding note of an address here by Prof. Raymond Pearl of the Johns Hopkins University, at the celebration of the hundredth anniversary of the founding of the University of Michigan.

### Advance Is Lopsided

The necessity for such a science of social synthesis has been thrust upon us, Prof. Pearl declared, by the long strides science has taken in putting more wealth and power into the hands of men, while other aspects of our evolution have remained stagnant. We have advanced enormously in power, and little or not at all in wisdom and goodness. So the very advances we boast of in material things make our development so lopsided that it threatens to crash and end, as many other lines of great but unbalanced evolutionary development have ended in the past.

Fumbling attempts at such unification of human knowledge and striving have been made hitherto by politicians and the clergy—with results not particularly distinguished, Prof. Pearl pointed out. These practition-

ers are not wholly to blame for lack of success, either, he admitted; the prerequisite of real knowledge of the whole nature of man has simply not been met—the data do not yet exist. That is one of the chief challenges to the scientist: both by natural aptitude and training he is best equipped to obtain such data; and he should therefore seek and find them.

### Is Not Pessimistic

Prof. Pearl would not yield to any temptation to pessimism regarding the future. He invited his hearers to look backward over the hundred years since the founding of the University: Pasteur, Lister, Huxley, most of the great leaders of the scientific revolution of the nineteenth century, were still children then. With a record of so great achievement in so short a time, he felt, there is no reason for supposing that the world will not continue to go ahead.

As a practical matter, Prof. Pearl expressed the belief that the universities, rather than specially founded independent institutions, offer the best environments for scientific research. That research institutions unparented by universities have been called into existence at all he regards as a symptom of the departure of modern universities from their original tradition; but this, he thinks, is a passing phase, and the universities will soon come into their own again as homes of research.

*August*

## THE ILLINOIS MARRIAGE LAW

State of Illinois  
Henry Horner, Governor  
Department of Public Health  
Springfield, Ill.

June 26, 1937.

Dr. Frank F. Maple,  
Chicago Medical Society Bulletin,  
30 N. Michigan Ave.  
Chicago, Illinois.

Dear Dr. Maple:

I enclose herewith for publication a copy of a letter which I am about to send to all physicians in Illinois whose names are in the directory of physicians prepared by the American Medical Association, and also copy of manuscript of a pamphlet to be enclosed with the letter. This correspondence relates to the newly enacted law which requires the medical examination of persons about to marry.

The letter and the bulletin explain the law, which is reproduced in the bulletin, and give information concerning what work the State Department of Public Health will be able to do in connection with the required laboratory tests.

I believe that it is very important for the medical profession to be fully informed about this matter and I hope that you will find space in an early issue of the Bulletin.

Very truly yours,

FRANK J. JIRKA, M. D.,  
Director of Public Health.

June 30, 1937.

*To the Physicians of Illinois:*

A newly enacted law, effective July 1, 1937, requires the physical examination for venereal diseases of all persons about to marry in Illinois. A copy of this law, which appears to be in complete accord with public sentiment, is enclosed herewith for your information and guidance.

Please observe that a blood test for syphilis and a microscopic test for gonorrhoea are required of each party to a marriage contract and that these tests must be made free upon request

of physicians by the State Department of Public Health or by municipal health departments.

The limited resources of the State Department of Public Health make it impossible to do in the State Diagnostic Laboratories all of the tests that will be necessary. Physicians in municipalities of over 30,000 are requested, therefore, to send specimens to local public laboratories. Where no public laboratory exists, city officials should make arrangements for handling these tests in an approved private laboratory.

Kindly observe also that physicians must provide applicants with a signed certificate to which must be attached copies of the laboratory reports of the tests. In submitting specimens to the laboratory for compliance with this law, it will be important, therefore, to give the *name* of the applicant rather than key number. Request for duplicate copies of reports is necessary if a copy is desired for your files.

The success of this venture aimed at the control of familial syphilis and gonorrhoea, especially congenital infections, rests primarily on the medical profession. Some 150,000 young people will be brought annually to physicians. Weeding out the luetic will help greatly in preventing the birth of infected babies, of which there are now about 1,000 annually.

State regulations require the reporting and treatment of each patient detected. Patients are required to remain under treatment until dismissed by physicians. All necessary drugs for the adequate treatment of luetics are available free from the State Department of Public Health which will provide also assistance with respect to delinquent patients and the tracing of sources of infection. From the Department you may obtain mailing containers for use in submitting specimens for laboratory

(Continued on Page 260)



# YE "OLD FASHIONED" PICNIC

●

**THURSDAY, AUGUST 19, 1937**

●

PLACE: The Milliken Farm.

DIRECTIONS: Will be given on Postal Card.

COMESTIBLES: Corn & Chicken.

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Horse Shoe Pitching,  
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## *Coming Events*

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September—L. J. KARNOSH—Cleveland  
Neurology

• •

October—J. M. LYNCH—New York  
Diseases of the Colon and Rectum.

(Continued from Page 257)

examination. In Chicago and a few other cities, these facilities are available and should be obtained from the city health departments.

Let me urge you to take full advantage of the law in giving applicants a thorough physical examination, seeking no less carefully for symptoms of tuberculosis and other serious defects than for venereal infections. The situation gives to the medical profession an extraordinary opportunity in preventive medicine and in cultivating public confidence in the profession.

I hope that you will feel the utmost freedom in calling upon this office for any assistance that it may be able to render in connection not only with the functioning of the new law but with any public health problem.

Very truly yours,

FRANK J. JIRKA, M. D.,  
State Health Director.

**PRE-MARITAL EXAMINATION**  
**The New Illinois Law and Its**  
**Implications**

Frank J. Jirka, M.D., State Health Director

Public interest has been aroused in the venereal disease situation and in the possibilities of controlling and preventing both syphilis and gonorrhea. Indisputable evidence that both diseases are widespread, that many people, especially women, are innocently infected through marital relations, that about one in each one hundred babies born is congenitally infected with syphilis, that large numbers are exposed at birth to gonorrheal infection of the eyes which may cause blindness, and that syphilis is responsible for a considerable proportion of insanity as well as numerous other ills has led to an insistent public demand for a comprehensive, sound program of control. With respect to syphilis particularly, the public has been told truthfully that both cure and prevention are possible at reasonable expense through the intelligent

application of available knowledge.

The most important and far-reaching public expression on this subject to date in Illinois was the enactment of a law, effective July 1, 1937, which requires an examination for venereal diseases of persons about to marry. The principal purpose of this law is to prevent the innocent infection of marital partners and to prevent the birth of congenitally infected babies. It is estimated that in recent years about 1,000 babies congenitally infected with syphilis were born annually in Illinois.

The law requires that both parties to a marriage contract be examined by a regularly licensed physician within fifteen days prior to the issuance of a license to marry. A microscopic test for gonorrhea and a blood test for syphilis are required of each as a part of the examination. A certificate (to which must be attached copies of the laboratory report) from the examining physician of each of the parties concerned must be presented to the county clerk before he can legally issue a license to marry.

To be of value the blood and microscopic tests must be made in reliable laboratories equipped and staffed to do that kind of work. Inaccurate laboratory examination which yields false results, either positive or negative, will not only defeat the purpose of the law but may produce disaster. The mental anguish likely to be created by a falsely positive report may virtually ruin the life of the person concerned. A falsely negative report may lead to the infection of a marital partner and the birth of infected babies.

The law requires the State Department of Public Health and city departments of health to make the required tests free of cost upon request of physicians. Tests made in the public laboratories may be accepted as reliable.

Only those private laboratories approved by the State Department of

*August*

Public Health should be patronized in connection with these tests.

The treatment of infected persons discovered is of great importance in the control of venereal diseases. Probably not more than one in each one hundred males and perhaps not more than one in each three or four hundred females examined as a prerequisite to marriage will be found infected with syphilis. Appropriate and adequate treatment of those that are found, however, cannot be over emphasized. The State Department of Public Health furnishes free the necessary drugs for the treatment of syphilitic patients regardless of their financial ability. Facilities may be provided for the free treatment of the poor.

All discovered cases should be reported promptly. This is required by State rules and is essential to controlling venereal diseases.

The law requiring the physical examination of persons about to marry is reproduced below. While it aims primarily at the control of venereal diseases, it offers a splendid opportunity to go much farther. The physician should take advantage of the opportunity and the applicant should insist upon his doing so, to search for symptoms of other serious diseases, particularly tuberculosis. He should be prepared likewise to give sound advice concerning the multitude of problems that arise through marital relations.

**The Law**

An Act to add section 6a to "An Act to revise the law in relation to marriages," approved February 27, 1874, as amended.

*Be it enacted by the People of the State of Illinois, represented in the General Assembly:*

Section 1. Section 6a is added to "An Act to revise the law in relation to marriages" approved February 27, 1874, as amended, the added section to read as follows:

Section 6a. All persons desiring to

marry shall within fifteen (15) days prior to the issuance of a license to marry, be examined by any duly licensed physician as to the existence or non-existence in such person of any venereal disease, and it shall be unlawful for the county clerk of any county to issue a license to marry to any person who fails to present for filing with such county clerk a certificate setting forth that such person is free from venereal diseases as nearly as can be determined by a thorough physical examination, and attached thereto laboratory reports of microscopical examination for the gonococcus for gonorrhoea and the blood Wasserman test or Kahn test for syphilis. Such laboratory examination shall upon the request of any physician in the State be made free of charge by either the State Department of Public Health or the Health Department of cities, villages and incorporated towns maintaining Health Departments. The certificates required herein shall be filed with the application for license to marry and shall read as follows, to-wit:

I, \_\_\_\_\_  
(Name of Physician)  
 being a physician, legally licensed to practice in the State of \_\_\_\_\_, my credentials being filed in the office of \_\_\_\_\_ in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, do certify that I did on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, make a thorough examination of \_\_\_\_\_ and considered the result of a microscopical examination for gonococci and a Wasserman or Kahn test for syphilis, which was made at my request (strike out the test or tests which were not made) and believe \_\_\_\_\_ to be free from all venereal diseases.

\_\_\_\_\_  
(Signature of Physician)

Any county clerk who shall unlawfully issue a license to marry to any person who fails to present for filing the certificate provided for in this Act or who shall refuse to issue a license to marry to any person legally capable of contracting a marriage who presents for filing the certificate provided for in this Act, or any physician who shall knowingly and wilfully make any false statement in the certificate, or any party or parties having knowledge of any matter relating or pertaining to the examination of any applicant for license to marry, who shall disclose the same, or any portion thereof, except as may be required by law, shall upon proof thereof be punished by a fine of not less than \$100.00 nor more than \$500.00 for each and every offense.

Any person who shall obtain any license to marry contrary to the provisions of this section shall, upon conviction thereof, be punished by a fine of not less than \$100.00 or by imprisonment in the county jail for not less than three (3) months or by both such fine and imprisonment.

Any license to marry issued hereunder shall be void thirty (30) days after the date thereof.

LOUIS E. LEWIS,

Speaker, House of Representatives.

JOHN STELLE,

President of the Senate.

Approved June 23, 1937. Henry Horner, Governor.

(*Chicago Medical Society Bulletin.*)

### NEWS ITEMS

Youngstown is to be honored on September 29th by a joint meeting of the Pittsburgh Oto-laryngological Society and the Cleveland Laryngological Club, to be held at the Youngstown Club at 6:00 P. M.

Dr. Adson of the Mayo Clinic will present a paper on the Neurological Complications of Sinus and Ear Infections. Dr. H. I. Lilley was to have been present also but conflicts have arisen to prevent his presence. Probably his associate, Dr. Hemp-

stead, will present some phase of Otological pathology.

The Medical Profession of Youngstown and the surrounding cities are cordially invited.

Dr. H. W. Evans is in charge of arrangements and will welcome reservations in ample time to assure all of proper accommodation.

Dr. H. E. Chalker has returned from the Cook County Hospital in Chicago where he took a six week's postgraduate course in Surgery.

Dr. and Mrs. R. E. Odom announce the birth of a baby girl on July 23rd. Mrs. Odom was dangerously ill at the time of the delivery but is now making a very nice recovery.

Dr. N. M. Szucs, former Medical Resident at St. Elizabeth's Hospital, is now associated with W. J. Colbert. He is doing general practice.

Dr. Herman Kling and family sailed July 27th for Hamburg, Germany, with Budapest, Hungary, their ultimate destination. Dr. Kling will spend three months in the Surgical clinics of that city and will visit other Old World medical centers on the homeward journey.

Dr. A. E. Brant had a three weeks fishing trip into Canada last month. Either the catch wasn't so good, or it has become an old story, for we have heard no yarns as yet.

Dr. Gordon Nelson has invaded the wilds of northern Minnesota for his vacation.

The following application for membership in the Mahoning County Medical Society was acted on favorably by Council.

DR. CLARENCE WILLIAM SEARS  
3027 Market Street.

Should there be any objection to this applicant, present same in writing to the Secretary within fifteen days.

**APPLIED MEDICAL PHARMACY (No. 14)**

Tinctures are represented in three separate classes; regular, ethereal and fresh drugs.

**TINCTURES** of the regular class are alcoholic extracts of dried plant or insect drugs or solutions of inorganic chemicals. Their colors vary from a slight tint to green, red, deep amber and black.

**Tincturae AEtherae:** Ethereal Tinctures represent the soluble constituents extracted from dry comminuted drugs (10%) by percolation with a menstrum composed of  $\frac{1}{3}$  ethyl oxide and  $\frac{2}{3}$  alcohol. No special drugs are mentioned, but just the general formula to follow unless otherwise directed.

**Tincturae Medicamentorum Recentinum:** Fresh Drug or Green Tinctures unless otherwise directed are prepared by macerating the bruised or crushed fresh plant drug, with frequent agitation in alcohol, for three days, to make the finished product represent a 50% tincture.

The twenty-five potent plant drug tinctures are each 10% in strength, while thirty-five are 20%, one is 40% and three are 50% drug strength. There are also fifteen compound tinctures of organic drugs and seven which consist of an alcoholic or hydro-alcoholic solution of inorganic chemicals.

**FLUIDEXTRACTS** are concentrated liquid extracts of plant drugs in which the active principles of one gram of the drug is represented in each cc. of finished preparation. Drugs containing large amounts of extractive are not suitable for this form of exhaustion, therefore inspissated juices as Opium and Aloes, gumm-resins like Asafoetida and Benzoin are excluded, these and the more potent drugs of very small dose are best administered as tinctures.

The alcoholic content of fluidextracts must of necessity vary with each plant, depending upon the na-

ture and solubility of proximate principles to be represented.

Fluidextracts are frequently used and justifiably so, to prepare the tinctures by the process of diluting with alcohol and water in proper proportions, but should not be used except in emergencies, such make shift tinctures do not represent the drug constituents in the same state in which we find them in those tinctures made from the crude plant drugs according to the official process.

**FLUIDGLYCERITES** are the same drug strength (100%) as are the fluidextracts, but they contain no alcohol. They are made by exhausting the plant drug with a menstrum of equal parts, glycerin and water. A general formula only is given for their manufacture. Glycerin is an excellent solvent for many plant constituents, both active and inert, more of the latter than is taken up by alcohol.

Fluidglycerites mix readily with aqueous solutions and for that reason several such products have achieved popularity, they are most frequently designated "Non-alcoholic Fluidextracts."

—J. J. McGILL, M. D. (Chicago Medical Bulletin.)

**SECRETARY'S REPORT**

The vacation season of the year brings a new "low" in the activities of the Society. Not many problems of great importance need solving. The autumn season of the year is rapidly approaching and society news will stir again.

A bulletin of the state association makes the following quotation relative to relief: "It is very obvious that in executive and legislative minds there is no immediate crisis anywhere that can not be met locally; that 'purging' can still be effectively done and that it will not be necessary for the state to participate in relief be-

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**Summer Diarrhea in Babies**

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextrin-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonfuls of a thin paste of Casec and water,

given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

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fore September at the earliest and possibly as late as November. \* \* \* It is equally clear that the local subdivisions are going to be forced to exhaust every possible present resource, legitimately or through financial legerdemain, before the state will step back into the picture.

It is the general opinion here that state aid will not be available much before the snow flies. Therefore, county societies will be compelled to work out with county, township and city relief officials the problem of providing the poor with medical care. Some counties have been successful in getting a fair agreement with local officials. Most of the counties have been able to dig up some money for relief, especially those counties where chiselers have been ousted from the relief rolls. Local negotiations are necessary now and must continue until the state jumps back into the picture—when and if it does."

All but TWO of the regular members of the Society have paid their dues for the ensuing year. This is a good record but we want the 100% record. The total membership of the state association on July 1937 was 5777 compared to 5406 on the same date a year ago. All new prospects should be contacted and urged to request an application blank from the secretary.

The routine business of this office is being conducted. Nothing of unusual importance can be reported at this writing. Let us not be unmindful that our programs start next month and the year's activities shall be mobilized.

The following application for membership to the Mahoning County Medical Society was acted favorably by Council:

Dr. Clarence William Sears.

Should there be any objections to this applicant, present objections in writing to the secretary of the Society within 15 days.

ROBERT B. POLING, M. D.,  
Secretary.

## MEDICAL CLEANINGS

At a recent clinical course at the Mayo Clinic which your correspondent attended, the following worthwhile knowledge was emphasized:

Dr. E. J. Kepler stated that a sufficient dose of nacl and sodium citrate maintained an Addison's disease patient in good health. It is just as efficacious as Adrenal Cortical Hormone. Ten of their patients are working daily. Apparently the Adrenals play an important role in Salt Metabolism.

According to Dr. Drips the symptoms of menopause are due to a deficiency in estrogenic substance with an increase in anterior pituitary hormone. Hence estrogenic substance should be used in sufficient quantity to counteract the anterior pituitary hormone. She also uses estrogenic substances in: (1) Senile Vaginitis, (2) G. C. Vaginitis, (3) Pruritis, (4) Migraine, (5) Frigidity, (6) Sterility.

Progesterone or Luteal Hormone is used in: (1) Abortion, (2) Hyperemesis Gravidarum, (3) Functional Uterine bleeding, (4) Menorrhagia, (5) Metrorrhagia, (6) Sterility. In habitual abortion she uses large doses up to five months of pregnancy.

Frequently curretting before pregnancy ensues, followed with large doses of Luteal hormone will allow a pregnancy to continue to full term. Small doses of thyroid in conjunction with above is of help in some cases.

In discussing Protamine Insulinate, Dr. Sprague pointed out its limitations. (1) Reactions occur at night in unstable blood sugars. (2) Spontaneous escape from control which may be due to (a) rate of absorption, (b) concentration of Protamine. (3) Inability to change on short notice as during menstruation when the need is lessened. He cited the case of a diabetic nurse who found that she needed less insulin during menstruation. (4) Reactions when they occur,



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are prolonged. (5) In coma, they use regular Insulin.

In biliary colic Amyl nitrite or nitroglycerine is much more efficacious in relieving the pain than any other known drug. Morphine Sulphate aggravates.

Moving pictures were shown to prove their contention.

Dr. Willius in a discussion of cardio vascular syphilis stated: (1) Acute coronary occlusion is rare. (2) Extension of Leutic lesion from aorta into coronary vessels is rare and when present it is due to other associated conditions. In event of decompensation treat it first and syphilis secondarily.

Dr. Barnes discussed acute right heart strain due to pulmonary thrombosis or emboli. He gave as causes (1) fractures, (2) Pregnancy, (3) Surgery, especially pelvic operations.

The symptoms and signs are: (1) Shock, (2) bloody sputum, (3) friction rub, (4) Systolic murmur over pulmonary area and accentuation of P-2, (5) engorgement of veins of neck.

Electrocardiographic findings are characteristic and may help in differentiating from an acute coronary thrombosis.

M. W. NEIDUS, M. D.

### **HOW "THE BIRTH OF A BABY" WILL BE SHOWN TO PUBLIC**

Forty-five hundred physicians and their wives attended the preview, at the Atlantic City Session of the American Medical Association, of the new talking picture film of The American Committee on Maternal Welfare.

#### **Film of High Quality**

The film was received with spontaneous enthusiasm and considerable praise of the acting, the photography, and of the great teaching work done by the Committee. Complete absence of advertising was noteworthy.

This is probably the finest medical film that has come from the motion

picture studio and represents a new departure in that a lecture has been made so interesting, so dramatic that the audience lives with the actors on the screen and forgets that this is an educational picture!

#### **Public Exhibits**

The public exhibition of this film will be as ethical as was its production. It will first be shown to each state medical society, or, in the larger cities, to the city or county medical society. Upon its official approval, the film will be exhibited in every important community in that state or city. Local physicians and their families will be given a special free showing at one of the local movie houses, after which the film will be made available to the public, with whatever age restrictions, if any, may be recommended by the local medical society.

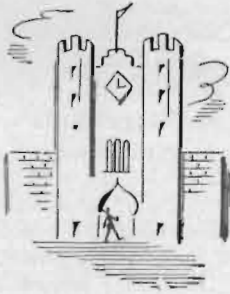
#### **Censored Advertising**

The film advertises no thing, person, or firm. It has only one objective: to educate the public to the need for maternal care and the value of the physician's services. Reaching millions of persons in the theatre, the film may well prove to be the most powerful single influence for effective public education that has yet been made available to the medical profession.

Every detail of the public exhibition of the film is carefully controlled: The exhibitor cannot add any sex or advertising picture in the same program with "The Birth of a Baby." Only approved lobby photographs, signs, newspaper stories, etc., may be used.

In other words, every precaution is being taken to the end that this extraordinary picture may remain dignified and forceful in its high purpose of educating mothers and prospective mothers on the importance of maternal care.

The profession is indebted to the untiring efforts of the members of the Sub-Committee\* of The American



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Committee on Maternal Welfare and also to Mead Johnson & Company whose generous financial aid and intelligent coöperation has made this important picture possible.

\*Fred L. Adair, Prof. of Obst. & Gyn., U. of Chicago. James R. McCord, Prof. of Obst. & Gyn., Emory U. Everett D. Plass, Prof. of Obst. & Gyn., U. of Iowa. Arthur J. Skeel, Specialist in Obst. & Gyn., Cleveland, O. Philip F. Williams, Prof. of Obst., U. of Penna.

### Why Children Should See "The Birth of a Baby"

Many physicians feel that every girl over 12 and every boy over 14 should see the new talkie "The Birth of a Baby" which is being presented by the American Committee on Maternal Welfare at regular movie houses.

Most parents are either unable or unwilling to instruct their children in regard to menstruation, fertilization, pregnancy, and other natural phenomena. The result is that the child grows up in ignorance of these important matters, or what is worse, gets its "education" in the gutters.

If physicians will suggest it, parents will welcome the opportunity to take their children to witness this epoch-making film "The Birth of a Baby" because it accurately, understandingly and without salaciousness, unfolds the true facts that these parents do not or cannot now tell their own children.

### St. Elizabeth's Hospital Internes' Reunion

The second annual reunion of former internes of St. Elizabeth's Hospital was held on Thursday, July 15, 1937. The program began at 9:30 A. M. A series of papers was given by the following: Drs. Reilly, Lowendorf, McOwen, McCann, Shensa, Saul Tamarkin and B. J. Dreiling. This scientific program

proved very instructive and was well attended.

At 12:30 the Sisters of the Hospital gave a fine lunch to the group. Golf at the Youngstown Country Club followed by a dinner in the evening completed the program. About 50 former internes attended, of whom 25 were from out of town. The staff was also invited to the meeting and banquet and a good representation swelled the banquet attendance to 75.

Dr. S. R. Cafaro was general chairman of the committee in charge and was largely responsible for the success of the reunion. Dr. E. Nagel arranged the program for the morning session and Dr. R. V. Clifford was in charge of the golf and banquet. Dr. McNamara as St. Elizabeth's first interne was chairman for the scientific program.

A clever booklet containing pictures of all former internes with a short biographical sketch of each was compiled by Dr. Cafaro and distributed to the members.

### Youngstown Hospital Internes' Reunion

The internes and former internes of the Youngstown Hospital had their annual reunion on Thursday, July 15, 1937, at Southern Hills Country Club. The weather, as previously predicted, was ideal—we almost expect to get rained out every reunion day.

The oldest interne present, Dr. John Heberding, was elected president for the ensuing year. The youngest internes were some of our present group.

There were 71 present for dinner and 43 for golf. Prizes, with one exception, were given for luck rather than skill.

Everyone seemed happy and it is apparent that this annual reunion is a permanent affair.

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

## CONTRACEPTION

There seems to be a great deal of confusion about what was done at the A. M. A. meeting in regard to contraception. Was it approved or not?

The committee rendered a very able report but in short this is what it said:

The practice of contraception is one that each doctor will have to decide for his patient. In other words the doctor decides and has the right to decide what is best for his patient.

The proper councils of the A. M. A. are asked to investigate and report on the efficiency of the products to be used for contraception. Medical schools are asked to teach the scientific aspects of fertility and sterility. Doctors are advised to inform themselves concerning their legal rights. Finally, it is recommended that only regularly supervised clinics should give contraceptive advice. Here again is the doctor, patient relationship.

There is nothing more of endorsement than that given, for example, to ultra-violet lamp equipment, or to any therapeutic procedure. The A. M. A. doesn't recommend or endorse digitalis therapy for chest disease but its council does recommend a digitalis product of known activity to be used as the physician sees fit.

Contraception has been brought to the light of day. Schools are asked to teach all of the science of fertility and reproduction. Physicians who oppose it now may oppose it in the future if they wish to, but it is an individual matter.

There has been a lot of quibbling and a lot of nonsense about this subject and it is high time scientific men realized that this is a matter for medicine and not laymen to decide.

—H. L. M. (Jackson County Medical Bulletin.)

## MAYBE IN STAGE MONEY

It is too bad for physicians that Dr. John F. Clark, Columbia professor of economics, is not a banker. Professor Clark figures that the earnings value of a budding medical career, discounted for cash, is \$108,000.00. If only the banks would accept his estimate, the doctor's financial worries would be over!

Unfortunately, Professor Clark's statistics do not bear close scrutiny—such scrutiny, for example, as the cold, feelingless eye of the banker bestows when a loan is proposed. For example, he figures the working life span of the medical man as forty-two years. In view of the fact that most physicians today do not start practice till the age of twenty-eight or thereabout, this seems excessively optimistic. The Biblical three score and ten is an exaggerated measure of the average life expectancy. Doctors usually die younger than most—frequently from worrying where the money is coming from to meet the mortgage or put Junior through medical school!

The Professor's statistics are vulnerable on many other counts. He does not say whether his estimates represent gross or net income. Neither does he explain how he reached a sum so much in advance of the figures of the Committee on Costs of Medical Care and other investigators.

It is not likely that Dr. Clark's fantastic estimates will lead vocational experts to ignore the keen competition in medicine and law, the economic insecurity of most practitioners, the uncertain hours and the absence of long paid vacations, such as professors, for example, enjoy. Even the Income Tax Department will find it hard to take Professor Clark's figures seriously!

—*New York Medical Week.*



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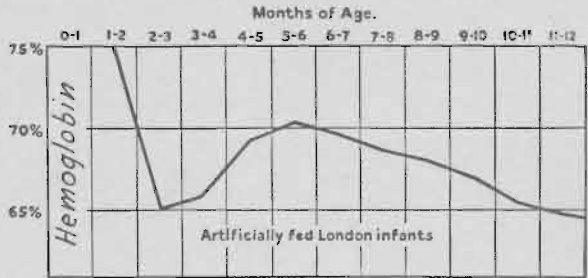
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# Nutritional Anemia in Infants

The accompanying chart of the hemoglobin level in the blood of infants is based on more than 1,000 clinical cases studied by Mackay. The sharp drop in hemoglobin during the early months of life has also been reported by a number of other authorities. It is noteworthy that this fall in hemoglobin has been found to parallel closely that of diminishing iron reserve in the infant's liver.

The usual milk formula of infants in early life further contributes to this anemia because milk is notably low in iron. It is now possible, however, to increase significantly the iron intake of bottle-fed infants from birth by feeding Dextri-Maltose With Vitamin B in the milk formula. After the third month Pablum as the first solid food offers substantial amounts of iron for both breast- and bottle-fed babies.



## Reasons for Early Pablum Feedings

1. The iron stored in the infant's liver at birth is rapidly depleted during the first months of life. (Mackay,<sup>1</sup> Elvehjem.<sup>2</sup>)
2. During this period the infant's diet contains very little iron—1.44 mg. per day from the average bottle formulae of 20 ounces, or possibly 1.7 mg. per day from 28 ounces of breast milk. (Holt.<sup>3</sup>)

For these reasons, and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Coons,<sup>4</sup> Galloway<sup>5</sup>), the pediatric trend is constantly toward the addition of iron-containing foods at an earlier age, as early as the third or fourth month. (Blatt,<sup>6</sup> Glazier,<sup>7</sup> Lynch<sup>8</sup>).

## The Choice of the Iron-Containing Food

1. Many foods reputed to be high in iron actually add very few milligrams to the diet because much of the iron is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 gm. (Bridges.<sup>9</sup>)
2. To be effective, food iron should be in soluble form. Some foods fairly high in total iron are low in soluble iron. (Summerfeldt.<sup>10</sup>)
3. Pablum is high both in total iron (30 mg. per 100 gm.) and soluble iron (7.8 mg. per 100 gm.) and can be fed in significant amounts without digestive upsets as early as the third month, before the initial store of iron in the liver is depleted. Pablum also forms an iron-valuable addition to the diet of pregnant and nursing mothers.

Pablum (Mead's Cereal thoroughly cooked and dried) consists of wheatmeal, oatmeal, cornmeal, wheat embryo, brewers' yeast, alfalfa leaf, beef bone, iron salt and sodium chloride.

<sup>1-10</sup> Bibliography on request.

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# HOW TO PREPARE CONCENTRATED **LIQUID** (STERILIZED) **S. M. A.**



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2. Fill with cold boiled water and mix.

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| 2 Designed solely for infant feeding.  | 7 Prevents rickets and spasmophilia.  |
| 3 Resembles breast milk in so many respects.                                     | 8 Liberal provision of vitamin A activity is constant and uniform in S. M. A. throughout all seasons. |
| 4 Needs no modification for normal full-term infants.                            | 9 Gives excellent nutritional results in most cases.  |
| 5 Simple to prescribe.   | 10 Obtains these results more simply and more quickly.  |

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