

Merry Christmas

BULLETIN

of the
Mahoning County
Medical Society



Organized 1872

December 1937

Volume 7

Number 12



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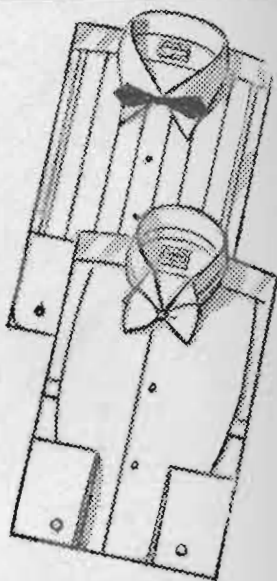
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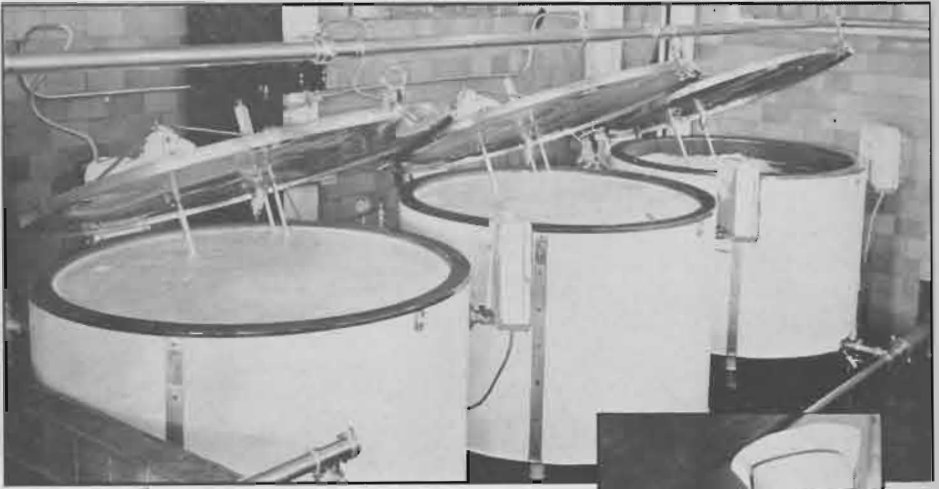
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PRESIDENT'S PAGE

The following is an excerpt from an editorial appearing in the New York Medical Week of November 20, 1937.

"The Annual Meeting should hold a strong interest for the membership. The reports, summarizing the activities and reviewing the policies of the past eleven months, deserve the close attention of every practicing physician. In them may be perceived both the strength and possible weaknesses of organized medicine. They furnish an occasion for self-examination as well as self-congratulation. Every member should make it his business to cast his vote for every office. The men who assume the heavy burdens of leadership are entitled to know that they have the positive support of the profession. Voting is a privilege and responsibility of membership, and every qualified member should take the opportunity to express his approval or disapproval of the policies at issue."

We can honestly say that *our* Annual Business Meeting has always been anticipated with keen interest by all of us. Nevertheless the sentiment expressed in the New York Medical Weekly deserves repetition.

The entire membership deserves a pat on the back for its support of functions, whether business, social or scientific—and for the coöperation they have rendered as members of committees. These activities are summarized by the committee chairmen, and are printed in this issue of The Bulletin, by the Editor for your leisurely perusal and digestion. These committees have worked for *you*.

In about a week you will have the opportunity to show the solidarity of the Mahoning County Medical Society, by your attendance and vote at the Annual Meeting.

This is my last appearance in print as your President, and before I am relegated to the "Ex" class, I should like to ask you to select your candidate, not because he wears flashy clothes or because he smokes "El-stinkos," but because of his sincere interest in the work you delegate to him.

I wish to express my sincere appreciation to the Editor and his committee for their devotion to the Bulletin, of which we are all so justly proud. And to all the Committee Chairmen, with their Committeemen, for their splendid coöperation. Truly, it has been a privilege to occupy the "chair" for such an organization as the Mahoning County Medical Society. I do hope I have added something to or for the Society in this past year.

My congratulations to Dr. Norris, who will become your President on January 1st, 1938.

Reluctantly I take a back seat. Thank you again, one and all.

PAUL J. FUZY, M. D.

BULLETIN *of the*

Mahoning County Medical Society

D E C E M B E R 1 9 3 7

PRACTICAL THERAPEUTICS IN ECZEMA

By CLAUDE B. NORRIS, M. D.

Often eczema requires special study in order to bring about a cure, but there are those cases which may yield quite readily to a rational system of treatment, never to recur. There are many such cases, and with these, and in fact even with those of the refractory history, the general practitioner is entitled at least to attempt treatment.

The word "Eczema," as I intend you to understand it in this discussion, includes all those burning, itching, weeping, vesicular, papular, erythematous, scaling, lichenified eruptions which are not clearly to be placed as some other dermatological entity. Of course, many other diseases cause itching, such as scabies, and when irritated by scratching and secondary infection may present the other particulars just mentioned. Pediculosis capitis may be the culprit in an infectious eczematoid dermatitis of the ears, neck and face. To treat the eczematized parts and ignore the opportunity to reveal the source, is not likely to be very effective. The practitioner, needless to say, owes to his patient a reasonable diagnostic effort.

But the practitioner need not hesitate simply because he finds it difficult or impossible to make fine distinctions. To be absolutely truthful, I find myself frequently unable to classify properly many forms of eczematous and eczematoid eruptions; and I treat most of such cases empirically, topic-

ally, and with ultra-violet light and x-ray. And when I perchance allow myself to make use of various touted measures, glandular extracts, hormones, vitamins, and what not, I observe too often that the results are no better than when I leave them off.

The various procedures with which dermatologists try to make definite diagnoses include problems of allergy. With this the general practitioner is not obligated painstakingly to concern himself. To quote Wise and Sulzberger: "One reads of hypersensitivity and of sensitization; of allergy, and of immunological aspects; of patch, scratch and intracutaneous tests; of eczematous dermatophytids, trichophytids, and moniliids; of fungous, bacterial and drug allergy; of idiosyncrasy; of atopy and topens; of allergens, antigens, and antibodies. Without denying the importance of all the concepts expressed by these terms, it is our distinct impression that, in about 90 per cent of all cases of eczema, the general practitioner will today still treat his cases more adequately without recourse to these considerations. In fact, even the trained dermato-allergist—or, to coin a word, the "dermatallergist"—finds the immunologic approach to be of prime and practical importance only in exceptional cases. The average eczema case must still be treated empirically."

All that I have in mind is what

things to use and how and when to use them.

General Considerations

As in treating patients for any other condition, regard should be paid to the patient as a whole. A run-down, nervously exhausted, physically depleted, discouraged individual will likely respond poorly. Such a patient is, in this respect, most fortunate to be in the hands of the conscientious practitioner, whose experience and training qualify him to render better service than that of the dermatologist.

A therapeutic measure of first importance is mental and physical tranquility. In widely distributed eruptions rest in bed has other advantages: It makes possible adequate and consistent application of the remedies prescribed for the condition; it, as a rule, separates the patient from conditions, such as heat, cold, and fatigue; and substances, such as dust, gases, oils, pollens, and chemicals frequently causative of the condition; and finally, it raises the threshold of irritability resulting in lessened itching and other discomfort—all practical prerequisites to improvement.

Mention was just made of the pruritis. This symptom is the greatest impediment to cure. A vicious cycle grows out of it, for the scratching excoriates the skin, secondary infection is implanted, causing more intense itching, to be followed by more scratching. Sometimes simple topical applications will not relieve this, and if anesthetic drugs sufficiently active to accomplish the purpose are long applied the local and systemic reactions may nullify the good done or even be responsible for grave consequences. Therefore, it may be advisable to use general sedatives. For this I have found luminal frequently serviceable. If there is much restlessness I prescribe it to be given an hour before beginning sleep, to be

repeated in four hours if still restless. If the patient is unresponsive to enforced rest I may repeat the dose during the forenoon. Occasionally I use other barbiturates, bromides, and salicylates. It is a practical rule never to use opium nor any of its derivatives for the control of itching. But in one instance I did do it, giving morphine to a patient who was quite exhausted and for whom the other things had done no good. She obtained a full night of rest, and her itching was never afterwards difficult to control. However, this exception to the rule in no wise has changed my opinion that the rule should practically never be violated.

Another device to control scratching is to splint the hands and feet or tie them. This is not inhumane. It often breaks up a cruel self-torturing habit, and brings relief. This is of very distinct assistance in many cases of infantile eczema.

Unless one finds that certain foods are responsible, the dietary restrictions are only general. It is usually best to eliminate rich and heavy foods, condiments, pickles, and alcoholic drinks. Coffee, tea, and tobacco and heavy meats ought to be taken, if at all, in very small quantities. This is not to argue for a starvation diet. The calories, and vitamins if any, that may be lost are easily replaced by the use of bland foods. Gerson and others recommend a low sodium chloride, poor protein, high carbohydrate, moderately high fat diet with much fruit, fruit juices, and vegetables. Over-fat and under-weight infants with infantile eczema often do better with that dietary management which will bring them towards normal in those respects.

Diuretics may be of use. Wine of antimony to which cornsilk is added, has some advantages, the antimony presumably to lessen pruritis, the cornsilk as the diuretic. Potassium nitrate in half-grain doses, and *Liquor ferri et Ammonii acetatis* (Basham's

mixture) may help. Magnesium sulphate is frequently employed and I believe it is useful. In infantile eczema $\frac{1}{3}$ grain of calomel in $\frac{1}{12}$ grain doses at half hour intervals, to be followed with the milk of magnesia may be profitably given if the child is strong and if there is a history of constipation.

The intravenous injection of calcium has many advocates. The oral administration of the drug to adults in 60 grain doses, given well-away from meals, along with vitamins A and D, added to the intravenous use of it I believe helps, particularly in apparently allergic etiology. Ten to twenty cc. of the patient's own blood injected intramuscularly is undoubtedly helpful in acute and extremely pruritic cases. Arsenic is not indicated, especially in acute conditions. It makes them worse.

Baths will be discussed more fully when dealing with local treatment. But here I refer to them to suggest that the hot tub bath, with whatever substances in solution as may be selected, are in my judgment, sometimes equally efficacious because of the hyperpyrexia induced as because of any essential merit of the solution itself as such.

Local Treatment

We turn now to local treatment. Thus far I have not particularized as to the clinical picture of the various stages of eczema. I shall do so now only to the extent necessary to make clear my reasons for the selection of remedies and the forms in which I feel they may best be used. It is of consequence whether the drugs shall be mild in action, bland or astringent. More often than not, what Sir Norman Walker once said is true, "The stronger the remedy the weaker the physician using it." But some conditions call for rather strong remedies. The indications for salves, pastes, lotions, or wet dressing are different.

We should adopt as the first law of

skin treatment the phrase, "Primum non nocere"—first not to injure. A patient with eczema has a susceptible skin. Mercury, sulphur, tar, and local anesthetics such as benzocaine, are substances which may cause eczema. It is better to use them in low concentrations, and they should be watched. Some advocate patch testing before using such drugs. (Wise and Sulzberger.)

Treatment ought to be conservative. It is nearly always wise to begin with weak remedies, and as the acute phases subside proceed to stronger ones.

The practitioner has as much license to insist upon the observance of his instructions in eczema as in pneumonia. Hence, he should give instructions carefully, in detail, and his demeanor should be one of actual belief in the importance of what he is doing. I find it much better to put the instructions in writing. Wet dressings must be kept wet; salves are to be applied liberally or in a thin film; the area is or is not to be bandaged; lotions are not to be allowed to cake on the parts, least infection take place beneath them; cleansing must be gentle, usually employing olive oil for the purpose rather than soap and water.

In the acute, erythematous, weeping stage wet dressings are indicated, such as boric acid 3%. Liquor aluminii acetatis (Burrow's solution) diluted 1 to 10; resorcinol 1% to 4%, or tannic acid 2% to 5%. In impetiginized eczema, the so-called infections eczematoid dermatitis, the resorcinol dressings, and hot compresses of 1 to 2000 bichloride of mercury, or 1 to 4500 potassium permanganate, or 1% aluminum acetate solutions will rapidly clear the infection, decrease the pruritis, and stimulate healing. Weak solutions of silver nitrate $\frac{1}{8}\%$ to $\frac{1}{2}\%$ are excellent for this purpose, but are staining. It is well to anchor these dressings with ban-

daging, but, they must be kept wet.

Lotions, such as Burrow's or the calamine lotion, to which, if the absorption areas are not too extensive, Phenol $\frac{1}{2}\%$ to 1% or menthol $\frac{1}{5}\%$ may be added, are much more convenient and almost as useful as wet dressings. Emulsions of calamine and zinc oxide, if well made, are good to prevent drying and caking. Other substances may be added, also, to the calamine lotion, such as liquor carbonis detergens 5 to 10%, ichthyol 3% to 5%, resorcin 4%, salicylic acid 2 to 5%, and tannic acid 3% to 5%. Burrow's solution may be the carrier for all these, except tannic acid, which should never be used with Burrow's solution. Absorbent pastes, such as Lassar's, may be best to use at night. Burrows' paste, adds to Lassar's paste liquor alumini acetatis and anhydrous lanolin in the proportions of 30, 10, and 20. One must not overlook zinc paste and ordinary boric acid ointment.

The subacute stage, dry, crusted, scaly, is best treated with lotions, salves, and hot soaks. Here the calamine lotion, plain or with various synergic drugs added, is that which I prefer. Many times, however, I have found 25% glycerite of tannin in witch hazel equally or more soothing and less drying.

In both the acute and subacute stages, if the condition is extensive hot tub baths are good, the time ranging from 5 minutes to a half-hour, depending upon the tolerance of the patient. A good anti-pruritic bath consists of 2 or 3 teacups of corn starch mixed with a half teacup of sodium bicarbonate, made into a soft paste and stirred into 25 or 30 gallons of water. Sodium bicarbonate alone causes excessive drying of the skin. On this point the starch and soda bath must be watched. Sometimes it is advisable to apply olive oil immediately after the bath. Potassium permanganate is also very useful. In-

structions should be very specific as to the use of the bath.

The dry, thickened, lichenified chronic type of eczema calls for reducing, keratolytic agents. For these tars are important. To the 5% to 10% tar ointment one may add, for keratolytic effect 3% to 10% salicylic acid. Sometimes chrysarobin, up to 10% may be more effective than tar. But when inflammatory reactions intervene it is time to retreat in the direction of milder ointments.

In acute eczemas of the extremities, with swelling and tension the parts need to be elevated. In subacute cases involving the legs sometimes Unna's zinc-gelatin boot gives real comfort. The formula recommended by Pusey consists of calamine and zinc oxide in equal amounts 15 parts, gelatin and glycerine of each 28 parts and water 29 parts. Stores carry stock preparations which are probably as good. Under this dressing such remedies as tar or gentian violet may be found useful.

On moist areas, such as the axillary and pubic regions salves often cause a folliculitis which is very itchy and thoroughly annoying. In those areas it is well to use lotions or solutions in weak alcohol.

For eczemas of the eye lids I have used 1% to 2% aqueous solution of gentian violet with good results. In addition hot boric compresses, and night applications of 1% to 2% yellow oxide of mercury, and daytime use of calamine lotion, using care to avoid getting it into the eyes, are useful.

Infantile eczema often is the consequence of idiosyncrasy to milk, eggs, and wheat cereals. If one is able to find the food and to eliminate it, improvement is more probable. Substitutions, such as a Soybean preparation for milk, or boiling the milk, and the addition of hydrochloric acid may be of help. I find the pediatrician of great aid in arranging the diet. Per-

haps more frequently than is generally suspected the excitants are external, such as feathers, woolens and silks. White's crude coal tar ointment, consisting of 2 parts each of tar and zinc oxide and 16 parts each of starch and vaseline has long been a favorite local application. Avoid pine tar or other substitutes. More recently I have used the taraxide, a distillate. It seems to work as well and not to cause as much folliculitis as the crude tar preparation. Sometimes a simple 10% naphthalan in zinc oxide ointment is quite effective, at least in mild cases. The use of calamine and zinc oxide lotion, and some of the

warm applications above mentioned, also helps. Controlling scratching and rubbing, and the proper application and bandaging of dressings and care in their removal and in cleansing the parts, will meet most requirements.

In the treatment of eczema not many drugs are needed. But one should try to become familiar with each one, to adapt its concentration to the existing situations, to use the right physical form of application, and to base selections upon what is presented at each successive examination. If the physician will do this he will cure a surprisingly large percentage of his eczema cases.

AN ANSWER TO "COMMITTEE OF PHYSICIANS"

Manifesto Issued by Small Group of Physicians Advocating Basic Changes in the Practice of Medicine and Public Health Activities Disapproved by Council of Ohio State Medical Association; Moves to Obtain Signatures of Physicians in Unofficial Manner Condemned

Certain "principles and proposals" advocating basic changes in the nature of the practice of medicine and in public health administration, drafted by a small group of physicians known as "The Committee of Physicians . . ." and which are being circulated to individual physicians and county and state medical societies throughout the country with a view to obtaining signatures of endorsement, do not have the approval of the Ohio State Medical Association, official organization of approximately 6,000 physicians in the State of Ohio.

Why the Ohio State Medical Association does not approve certain "principles and proposals" developed by this self-appointed committee and condemns the activities being carried on by it, is set forth in an official statement adopted by The Council of the Ohio State Medical Association, meeting in regular session November 21, 1937, at Columbus, Ohio.

The statement of policy, adopted by The Council and based on the official policies of the Ohio State Medical Association, can be used as

a guide by individual physicians and county medical societies should they see fit to answer the manifesto issued by "The Committee of Physicians . . .", as well as other proposals which are being circulated by other self-appointed and unofficial groups requesting endorsement and signatures.

The statement formulated and officially adopted by The Council is as follows:

Text of Official Statement by the Council

On November 5, 1937, a communication bearing the signature of Dr. John P. Peters, New Haven, Connecticut, "Secretary, Committee of Physicians for the Presentation of Certain Principles and Proposals for the Improvement of Medical Care," was received by the Executive Secretary of the Ohio State Medical Association.

Accompanying the communication were certain "principles and proposals" and a list of 430 names of physicians throughout the country, who, according to Dr. Peters, "subscribe to them."

One paragraph of Dr. Peters' communication read as follows:

"Our committee hopes that you will take all proper means to call these principles and proposals to the attention of the members of your group. We shall appreciate knowing to what degree the Association will find it practicable and proper to give consideration to the draft."

The above-mentioned communication and material were considered by The Council of the Ohio State Medical Association, meeting in regular session November 21, 1937, at Columbus, Ohio.

The Council, the executive body of the Ohio State Medical Association and having "full authority and power of the House of Delegates between annual meetings," does not subscribe to or concur in the statement issued by "The Committee of Physicians . . .", for the following reasons:

Why Manifesto Is Disapproved

A. The Council believes that the overwhelming majority of the members of this Association do not endorse certain of the "principles and proposals" enumerated.

B. Certain of those "principles and proposals" are not in accord with policies established by the House of Delegates of this Association, endorsed by a majority of its members, and formulated for the protection of the public, promotion of scientific medicine, and elevation of the standards of medical education and medical practice.

C. The meaning and intent of several "principles and proposals" suggested are not clearly defined.

D. The method used by "The Committee of Physicians . . .", is to say the least unorthodox; has created misunderstanding on the part of the public; and has produced a state of confusion among members of the medical profession generally.

To amplify the foregoing statements and to answer specifically some

of the "principles and proposals" offered by "The Committee of Physicians . . .", the Council submits the following:

Functions of Government Must Be Limited

1. "The health of the people is a direct concern of government" in so far as one of the important and fundamental functions of government is the protection of public health by the control of communicable diseases, promotion of sanitation, and the education of the public relative to the value of scientific medicine in the prevention and treatment of diseases.

2. Also, "the health of the people is a direct concern of government" is so far as it is proper that public funds should be used to provide medical care for the indigent and needy disabled and handicapped; and for institutionalized care of the insane, feeble-minded and epileptic. Federal funds should not be used for these purposes unless local and state governments are unable to meet such obligations.

3. Governmental agencies, local and state, should be maintained to supervise and direct the above activities, as well as activities such as administration of food and drugs laws, medical licensure, collection of vital statistics, etc.

4. The intervention of government (national, state and local) in the fields of public health and medical care should not exceed the scope of the foregoing activities. Intervention should not be inconsistent with the sound and fundamental principle that government should do only those things for the whole people which citizens as individuals cannot do or provide for themselves. Maximum freedom and private initiative are principles which must be preserved.

Essential Principles In Any National Health Policy

5. If a so-called "national health policy" is deemed necessary, it should

be based on the following principles:

(a) Public health activities of the Federal Government, except those concerned with military establishments, should be consolidated into one single department which, however, would not be subservient to any other governmental agency, and should be headed by a competently trained physician, experienced in executive administration.

(b) The consolidated health agencies of the Federal Government should function for the most part in an advisory, coordinating, and educational capacity for the benefit of local and state agencies. There should be a policy against dictation and compulsion.

(c) Since public health activities and the providing of medical care of the indigent can be carried on more efficiently and economically by well-administered and adequately financed local agencies, the Federal Government should serve as expert consultant on such matters and if in time of emergency the appropriation of Federal funds for such purposes is necessary, such funds should be distributed to the individual states or local subdivisions for administering in a manner which will best meet the needs and conditions existing in the respective states and local communities.

(d) Any "national health policy" should not contemplate equipping the Federal Government with dictatorial powers over all public health activities of the nation and the invasion of government (national, state and local) into the field of medicine whereby it would undertake to subsidize and regulate medical services for all classes of the population regardless of their economic status. Such a program would be detrimental to the health-welfare of the people generally and a violation of sound democratic principles of government. Government-controlled medical service, as experience has proved, does not provide the best and most competent medical care,

destroys personal initiative and responsibility, affords an incentive for careless and incompetent work, is an obstacle to the advancement of scientific medicine and ruinous to the professional status of medicine, jeopardizes the intimate, personal, and professional relationship between physician and patient which is so important to insure rehabilitation of the sick and disabled, and is a wasteful, bureaucratic system which has no place in efficient governmental administration.

More Adequate Wage Scale May Be the Solution

6. It is doubtful if the problem of economic need and the problem of provision of adequate medical care can or should be separated, and solved by different approaches. What is meant by "adequate" as applied to medical care? What is "adequate" medical care for one individual may be "inadequate" for another. It is doubtful if the medical bills of the average family bother it more than bills for other necessities. The solution may lie in assisting all families to pay all their bills for necessities, including medical care, by providing all employables with an opportunity for gainful employment at a wage scale sufficient to pay reasonable bills. Studies have shown that the burden of minor illness for the self-supporting families of the low income class is no greater, usually much less, in the average year than would be imposed on all, whether sick or well, by most proposals for redistributing the burden of the cost of medical care through compulsory contributions, taxes, or otherwise.

7. The problem of providing adequate medical care for an ill-defined group termed "medically indigent" is referred to in the statement issued by "The Committee of Physicians. . .". This term has been used in the past by those who would make medicine the first necessity to be socialized.

Logically, it cannot be assumed that medical service is more essential to the health of the low income classes than food, fuel, shelter and clothing. The family budget should be arranged to include payment for medical care along with other basic necessities. In emergencies, plans should be made for distributing the payment for all necessities over a long enough period to permit a possible reapportionment of expenditures. Elevation of wage scales as proposed in Paragraph 6 would, in most instances, make it possible for the present low income groups to make such adjustments in their budgets.

Constructive Methods Adopted By Medical Societies

To assist those of the low income class in meeting their medical bills, many county medical societies and local academies of medicine throughout the country are operating post-payment plans on an experimental basis. One or more of these plans, under the guidance and control of the medical profession, may prove eventually to be a sound solution to many of the current medico-economic problems.

The medical profession endorses and encourages the desire on the part of an individual to insure himself against sickness and accident with reputable and financially-sound independent insurance carriers.

Moreover, many physicians, recognizing the financial pinch which catastrophic diseases and disabilities may cause among some of their patients, have for years worked out with such patients mutually satisfactory monthly payment programs in which the independent, personal, and confidential relationship between patient and physician is preserved and third-party intervention is avoided.

Governmental and Corporate Domination Bad for Public

8. Preservation and advancement of present high standards in medical

education, medical research, and medical practice, upon which the quality of medical service depends, are essential. For that reason, government domination of these would be a serious mistake, and might wreck the high standards which have been created. Federal subsidies for such purposes are unnecessary. Most state governments provide some funds for the maintenance of medical education facilities and in some instances for medical research. In general, activities in these fields, financed by state funds, have been comparatively free from governmental and political dictation and interference. Efforts should be directed toward perfecting such programs; not toward establishing new ones. Government control of medical education and medical research would defeat the purpose of providing better medical care for the people as a whole and do nothing to accomplish a more equitable distribution of such care, where improved distribution is deemed necessary.

9. Distribution of public funds to hospitals for the hospital services provided the indigent is proper if done on the same basis as such funds are distributed to provide medical services, and as outlined above. Subsidizing private hospitals for laboratory, diagnostic and consultative services would be objectionable; first, because it would encourage the corporate practice of medicine which is against sound public policy and illegal in most states, and, second, would create an institutionalized system of medical services under which competent, efficient medical care cannot be rendered and therefore would be detrimental to the health-welfare interests of the people.

10. Public health services generally should be extended only through evolutionary processes, as they have in the past, in accordance with fundamental principles and policies outlined above. Investigation and plan-

ning should be carried on by medical men and especially those who have had actual experience and training and know something about the problems which confront the average practitioner of medicine in the handling of the sick and disabled.

11. The statement that "the subscribers to the above principles and proposals hold the view that health insurance alone does not offer a satisfactory solution" could be interpreted to be a left-handed endorsement of compulsory sickness insurance. Certainly compulsory, government-controlled sickness insurance does not offer a solution to any of the medical problems which confront the American public. On the other hand, it presents certain inherent dangers which must be avoided, such as those enumerated in Paragraph 5-d.

Confusion and Misunderstandings Created by Circulars

12. It is the opinion of The Council of the Ohio State Medical Association that round-robin circularization of the profession by certain small groups within the profession will accomplish nothing toward an improvement of the quality and distribution of medical care, but, on the other hand, will tend to create confusion and misunderstandings. Official county, state and national medical societies have done more to bring about improvements in the character and distribution of medical care than any other single organization or group of organizations and agencies. They will continue to use their best efforts to develop proper ways to provide the people of this country with competent and adequate medical care and to readjust the distribution of medical service so that the best interests and welfare of the people will be safeguarded. These organizations—county, state and national—have facilities with which to investigate conditions, and have within their memberships men entirely competent to analyze the data assembled and formulate

constructive ways of trying to meet health and medical problems. They are functioning, and will continue to function, along these lines, making propaganda campaigns similar to those undertaken by "The Committee of Physicians . . ." and other unofficial groups, unnecessary and impracticable.

* * *

"Principles and Proposals" Which Are Being Circulated by "The Committee of Physicians"

For the information of those who may not have seen the "principles and proposals" advocated by "The Committee of Physicians . . .", they are reproduced here as follows:

Principles

1. That the health of the people is a direct concern of the government.
2. That a national public health policy directed toward all groups of the population should be formulated.
3. That the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution.
4. That in the provision of adequate medical care for the population four agencies are concerned: voluntary agencies, local, state and federal governments.

Proposals

1. That the first necessary step toward the realization of the above principles is to minimize the risk of illness by prevention.
2. That an immediate problem is provision of adequate medical care for the medically indigent, the cost to be met from public funds (local and/or state and/or federal).
3. That public funds should be made available for the support of medical education and for studies, investigations and procedures for raising the standards of medical practice. If this is not provided for, the provision of adequate medical care may prove impossible.
4. That public funds should be available for medical research as es-

Annual Meeting



FOR ELECTION OF OFFICERS

Tuesday, December 21, 1937

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OFFICERS TO BE ELECTED

President-Elect

Secretary

Treasurer

Two Delegates

Three Alternate Delegates

essential for high standards of practice in both preventive and curative medicine.

5. That public funds should be made available to hospitals that render service to the medically indigent and for laboratory and diagnostic and consultative services.

6. That in allocation of public funds existing private institutions should be utilized to the largest possible extent and that they may receive support so long as their service is in consonance with the above principles.

7. That public health services, federal, state and local, should be extended by evolutionary process.

8. That the investigation and plan-

ning of the measures proposed and their ultimate direction should be assigned to experts.

9. That the adequate administration and supervision of the health functions of the government, as implied in the above proposals, necessitates in our opinion a functional consolidation of all federal health and medical activities, preferably under a separate department.

The subscribers to the above principles and proposals hold the view that health insurance alone does not offer a satisfactory solution on the basis of the principles and proposals enunciated above.

SECRETARY'S ANNUAL REPORT

Dr. Paul Fuzy, newly installed president of the Mahoning County Medical Society, called a dinner meeting, January 7, 1937. The various committee chairmen and invited guests were present.

The president set forth his reasons for selecting his committee chairmen and elucidated on the functions that were expected of them. Other points of Society management were discussed, among them the possibilities of securing a home for the Medical Society.

The committees and their chairmen have been active throughout the year insofar as there was demand for their services.

The Program Committee, in selecting proper speakers for our meetings, has provided a never ending stream of headliners to bring to the Society the fruits of large experience and brilliant deductions. This is no small task and constant following-up is the only way to do this successfully. The Public Relations Committee has been requested to solve several problems touching on Society's welfare. In each instance, they have not failed to discharge their duties faithfully. The Public Health Committee was busy during the first part of this year

handling the complicated problem of caring for venereals. This was a considerably drawn out feature and demanded repeated hearings. The Diphtheria battle still rages and always demands a place in the program of this committee. The committees of Economics and Indigent Relief have had full measure of grief and turmoil in order to obtain the necessary results. These committees are always to be respected as they have a vital bearing on the organization as a whole. The present committees have responded to their duties excellently at a sacrifice of many hours of their time. The Legislative Committee has left no doubts about its proper function. While it has not had the number of items that many times demand action, there are always certain legislative acts that call for the attention of this committee. They have been constantly on the alert. The Correspondent Committee has been functioning. Each month a report has been sent to the State Medical Journal, keeping it abreast of our activities.

The Publicity Committee has been ever active in obtaining the proper publicity for the Society. A fine volume of work was done during the

postgraduate season in order to arrange the mailing list. This required many hours of labor and planning. The Auditing Committee is now ready to perform its duty, this being the end of another Society year. The Housing and Library Committee has done the things that it was asked to do. The ambition to build, buy or in some manner provide a new home for the Society still remains a dream.

The Entertainment Committee is remembered for providing the repeated social events for the year. These affairs were highly enjoyable and well managed at all times. The success of the Membership and Attendance Committee is noted in the goodly numbers at the meetings and the many new members added to the role. The Postgraduate Committee always has a staggering amount of work to perform for a few months previous to and during the Postgraduate Day's events. To prepare for that notable occasion, much planning must be done as well as a great deal of detail management. It goes without saying that this committee cannot be passive if proper results are to be accomplished. The Postgraduate Committee of 1937, following the precedent of former years, achieved excellent results.

One of the most arduous functions of the Society this past year was the re-writing of the Constitution and By-Laws for the Mahoning County Medical Society. This required a close study of modern detail relative to the new growth of medicine during the past few years; the proper manner in setting up the functions of various committees and officers of the Society; the more up-to-date-ness of receiving new members; the setting forth of proper disciplinary measures, and a host of other organization details. All of these regulatory points, each of which required thought for decision, made a task that was no less than huge and a committee with ca-

capacity of a special type was provided to accomplish this. Results were completely satisfactory as they are substantiated by the Constitution and By-Laws duly adopted by the Mahoning County Medical Society.

Council has held its regular meetings each month throughout the year. Multiple organization problems have come up for solution. Each received ample time for discussion in order to arrive at the proper decision. Some of the concrete accomplishments of the Society were to aid in the fight against legislation providing inroads in medicine by the various cultists; final settlement as to the methods of caring for the venereal patients in this county; adoption of the new Constitution and By-Laws of the Society; and a host of other problems, minor in character, which cannot be placed in this report because of the impracticability of doing so. Some things which might be considered major are not recounted here for the same reason.

The postgraduate course in Pathology was received with good attendance. It seems that these courses are still in demand and are decidedly helpful.

Councillor Dr. Wm. Skipp has been busy through the year keeping his several counties properly stimulated to action. Their activities have been grounds to believe that his work has been well done. He has visited each county in the sixth district more than once. This requires a lot of time and energy. It is in addition to his larger work in the state council meetings at Columbus. There is no doubt that Dr. Skipp deserves much credit for his successful efforts.

There was a final Council meeting for the year on November 22, 1937. A considerable amount of correspondence was cared for in the routine of business. The "Principles and Proposals" fostered by a certain group of

prominent medical men was discussed. This discussion followed a letter written to this Society by Dr. Eugene Kilgore of San Francisco. This letter urged an opposition to the "Principles and Proposals," by a draft of Declaration mailed to physicians who were invited to contribute to "American Medicine." It was written by Drs. Elliott C. Cutler, George Dock, Haven Emerson, Noble Wiley Jones, and Eugene S. Kilgore.

After a lively discussion by Council of Mahoning County Medical Society, it was brought out that these Declarations are in accord with the position taken by the American Medical Association at its last meeting. The House of Delegates unanimously rejected a resolution similar to the "Principles and Proposals."

At this time a motion was made and carried that, "Following the reading of the communication of Dr. Eugene Kilgore to the Secretaries of all county and state medical societies that without committing ourselves or our Society as individuals to any theories or methods regarding the mooted subjects of medical care, we declare it to be the sense of the Council of the Mahoning County Medical Society that whatever action may be taken must be developed, promulgated and supported by the American Medical Association and the Ohio State Medical Society."

The secretary was instructed to write to Dr. Kilgore to thank him for the communication and to inform him that this was brought before Council of Mahoning County Medical Society which after due consideration, passed the resolution alluded to above.

Council decided, by passing a motion, that each passed living president be honored by having a gavel with his name engraved thereon presented to him as an emblem of service to the Society.

The list of speakers and instructors

that the Mahoning County Medical Society has enjoyed during the past year demands attention and is hereby tabulated below:

Mr. Ellis Manning, Schenectady, N. Y.

Dr. W. W. G. Maclachlan, Pittsburgh, Pa.

Dr. J. Shelton Horsley, Richmond, Va.

Dr. A. C. Furstenberg, Dr. Frank N. Wilson, Dr. Frederick A. Collier, Dr. Cameron Haight, and Dr. John Sheldon, University of Michigan.

Dr. J. D. Taylor, Montreal, Canada.

Dr. L. J. Karnosh, Cleveland, O.

Dr. J. M. Lynch, New York.

Dr. C. A. Doan, Ohio State University, Columbus, O.

The following applicant was accepted by Council to full membership in Mahoning County Medical Society:

DR. J. M. BENKO.

Any objections to the above applicant should be made in writing to the Secretary within fifteen days.

The following physicians were elevated to the role of Honorary Members at the last regular meeting of the Medical Society:

DR. J. F. LINDSAY

DR. H. E. WELCH.

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

F. A. MORRIS

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MILK BORNE EPIDEMICS REPORTED IN 1936

(From Bulletin of The Dairy Research Bureau)

The report of the milk borne epidemics for 1936 has been distributed recently by the U. S. Public Health Service.

This report includes details regarding most of these outbreaks to supplement the data given in the tabulation. Recognizing the importance of keeping this material together for ready reference we are presenting it in a single but much enlarged issue.

Epidemics Listed

The epidemics for 1936 are summarized in Table 1.

Table 1. Milk Borne Epidemics of Various Diseases in 1936

	Number of		
	Epidemics	Cases	Deaths
Typhoid	15	95	5
Para Typhoid	1	21	0
Scarlet Fever	12	971	16
Septic Sore Throat	6	268	7
Gastro-enteritis	2	53	0
Enteritis	1	25	0
Food Poisoning	1	100	0
Undulant Fever	4	14	0
Totals	42	1547	28

This list of epidemics is much like that of previous years in that typhoid fever has provided the largest number of outbreaks.

It is a bit unusual in that scarlet fever is so largely represented. There continues to be considerable confusion between outbreaks of scarlet fever and of septic sore throat. Medical men commonly insist that there are two separate diseases but, as will be noted, the outbreaks of scarlet fever and of septic sore throat at Belen, N. M., were produced by milk from the same dairy.

It will likewise be noted that there are listed four outbreaks of undulant fever. There is a strong probability that when cases of this disease become more commonly reported it will be evident that there have been many such outbreaks which could be classed properly as epidemics.

Decrease in Milk Borne Epidemics

The trend in milk borne epidemics is indicated in Table 2.

Table 2. Milk Borne Epidemics Reported in U. S. A. in 1926-1936

	Reported Epidemics	Typhoid Epidemics	Typhoid Percentage
1926	68	51	75
1927	36	25	69
1928	47	26	55
1929	50	29	58
1930	48	30	63
1931	34	22	65
1932	33	23	70
1933	42	25	62
1934	45	27	60
1935	38	16	28
1936	42	16	38
Averages	48	29	64

It will be seen from the averages at the bottom of Table 2 that both the total number of epidemics and the number of typhoid outbreaks have, since 1930, been continuously below the average of the past ten years.

In addition to the decrease in number of typhoid epidemics reported the proportion of such outbreaks to the total has been below the average since 1932.

Evidently, the attention which typhoid is receiving from health authorities is bearing fruit in a reduced distribution through milk.

The details of the epidemics are reported by the U. S. Public Health Service.

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STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
For the Year Ended November 30, 1937

Receipts:

Bank Balance as of November 30, 1936.....		\$ 502.63
Receipts from Dues	\$2,402.35	
Receipts from Annual Banquet.....	250.00	
Receipts from Bulletins	3,755.90	
Receipts from Meetings and Picnic.....	130.50	
Receipts from Postgraduate Day.....	1,779.90	
Receipts from Pathology Course.....	315.00	
<hr/>		
Total Receipts		8,633.65
Transferred from Union National Bank, Savings Account		2,307.51
<hr/>		
Total Cash available and to be accounted for.....		\$11,443.79

Disbursements:

Ohio State Medical Association Dues.....	\$1,008.00	
Secretary's Salary	300.00	
Sundry Expense	587.52	
Annual Banquet	235.00	
Meetings Expense	899.48	
Pathology Course	200.00	
Postgraduate Day	1,702.26	
Bulletin Expense	2,732.04	
<hr/>		
Total Disbursements		7,664.30
Transferred to Union National Bank, Savings Account		1,300.00
Purchase of United States Government Bonds.....		2,250.00
Balance November 30, 1937, in The Union National Bank, on Checking Account.....	\$ 311.49	
Less 1938 dues paid in advance, included in this balance	82.00	
<hr/>		
Balance November 30, 1937, from 1937 receipts....		229.49
<hr/>		
Total Cash accounted for.....		\$11,443.79

Bulletin Receipts and Disbursements

	Receipts	Disbursements
December, 1936	\$ 207.80	
January, 1937	357.99	\$185.84
February	375.50	414.36
March	549.78	372.01
April	155.26	
May	285.20	227.46
June	245.66	298.28
July	388.63	438.73
August	180.65	204.98
September	200.40	5.00
October	301.63	511.79
November	507.40	73.59
<hr/>		
Totals	\$3,755.90	\$2,732.04

Meeting Receipts and Disbursements

	Receipts	Disbursements
December, 1936		\$ 70.00
January, 1937—Annual Banquet	\$ 250.00	235.00
February		120.09
March		94.70
April	39.00	39.00
May		148.10
June		15.00
July		124.62
August, Picnic	91.50	15.00
September		167.42
October		25.50
November		80.05
Totals	\$ 380.50	\$1,134.48

Balance Sheet as at November 30, 1937

Assets

Deposits and Savings Accounts		
The First Federal Savings & Loan Company.....	\$5,476.80	
The Union National Bank.....	2,020.00	
The City Trust & Savings Bank.....	260.52	
The Mutual Holding Company.....	109.28	
Checking Account		
The Union National Bank.....	229.49	
		\$8,096.09
United States Government Bonds (these bonds have an ultimate value of \$3,000.00 at maturity).....	2,250.00	
		\$10,346.09
Other Assets:		
Notes Receivable for Dues.....	\$ 65.00	
Accounts Receivable from Bulletin Advertising.....	397.00	462.00
Total Assets		\$10,808.09

Liabilities

None



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THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical Field

● In Detroit they have started the Medical Finance Service to lend money to pay the costs of illness, including the services of physicians, dentist, hospital, nurse and pharmacist. All patients must be referred by the attending physician, consequently physicians themselves will control the use of this new, low-cost financial service. The patient pays only six percent interest. The doctor, hospital, etc., accept 90 cents on the dollar in full payment of their accounts, remittances being made within three days after services are rendered. Advantages of the plan are: (1) No recourse to the doctor. (2) A specialized service for professional accounts. The control of policies of the Medical Financial Service is in the Board of Trustees of the Wayne County Medical Society.

● The movement started by those 430 nationally prominent physicians will probably go down in medical history as "The Revolt of the 400." Led by Professor Cabot who has long been known as an insurgent, their outline of "principles" on superficial examination seems to be well worded and based on sane fundamentals. The insidious and damning thing about the whole movement is that they assume to take things into their own hands, thus producing a "split" in medical ranks. These 430 against the A. M. A. membership of 150,000 may seem small, yet they are so prominent that their words have weight. It is a case of a dictatorial minority trying to take the reins away from a democratic majority. The A. M. A. is the only organization governed by a house of delegates elected in a democratic manner by the rank and file of doctors in the entire country. It is, therefore, the only organization entitled to speak for the doctors. It behooves us to give active support to it and oppose any effort to estab-

lish a medical dictatorship. The ordinary doctor in private practice needs never expect a fair break from the College professors. They only consider him a pawn in the game of "brain trusting" medical care.

● As this is written, Thanksgiving is upon us. When you read it Christmas will be in the offing. For Thanksgiving we agree with that peer of all medical editors, Dave Sugar of Detroit who says: "Thanksgiving comes again and we'll all have turkey. If not turkey, goose. If not goose, duck. If not duck, we'll all have chicken. If not chicken, we'll all have stew. If not stew, at least something. After that something we are thankful that we have that something without a Stalin, without a Mussolini, without a Hitler to apportion, order or withhold. We are thankful we have no dictator. We are thankful for America, for American institutions and for the American way of doing things. America at its worst is devoutly preferred to the dictator countries at their best. We are thankful this Thanksgiving."

● For Christmas we wish you the happiness of a secure home and warm fireside, the joy of companionship with family and friends, the peace of a clear conscience and the satisfaction of being one with a profession which is still the best in the world.

Report of Constitution and By-Laws Committee

The Constitution and By-Laws Committee attempted to conform to the purpose of the president and Society by submitting for approval the draft of a new Constitution and By-Laws, which was accepted and is now the working guide of the organization.

Respectfully submitted by

CLAUDE B. NORRIS, M. D.

SPEAKERS' BUREAU REPORT

- October 8, 1937—Radio; Dr. I. C. Smith, "Heart Disease in Children."
 October 22, 1937—Radio; Dr. J. A. Heeley, "X-ray."
 November 4, 1937—Shehy School; Dr. Lewis K. Reed, "Children."
 November 12, 1937—Radio; Dr. J. J. Wasilko, "Great Achievements in Medicine."
 October 15, 1937—Radio; Dr. J. H. Herald, "Stomach-Ache."
 October 29, 1937—Radio; Dr. Raymond Hall, "Hearing."
 November 5, 1937—Radio; Dr. O. A. Axelson, "Children Who Might Live."
 November 19, 1937—Radio; Dr. Craig C. Wales, "Fall Health Hazards."
 November 26, 1937—Radio; Dr. H. S. Banninga, "Cancer—Not a Hopeless Condition."

ROBERT B. POLING, M. D.

**PRESIDENT-ELECT
Issues Macedonian Call**

Fellow Members:

My sincere wish is that what is done by The Mahoning County Medical Society next year shall express the collective will of the members of the Society. As you know, practically all the activity of the Society must be carried on by its members, through Committees.

Will you imagine yourself in exactly my position for a moment? You would hope for, as I do, the coöperation and interest of every member of the Society. You would realize, as I do, that without such sympathetic help you simply could not succeed. You do not need to be told by me that different events, both national and local, make this coming year one of the most important in Medical history. So, I plead with you, in the name of our common good, to answer this Macedonian call.

At this very moment I am giving as careful thought as I can to Com-

mittee arrangements. I want every person in the Society to be on a Committee. It will be much more effective, I think, if you will select for yourself the Committee in which you are especially interested and on which you feel that you would like to work. In this way you will be doing your part perhaps more effectively than if I were to assign you arbitrarily to some Committee without knowing your preferences. Will you, therefore, sit down and write me a note indicating upon what Committee or Committees you would be willing to serve? If it is at all possible, I shall then place you where you prefer to be.

My hope is that we shall bring out a large amount of interest and talent in the Society's work this year.

CLAUDE B. NORRIS, M. D.

Publicity Committee Report

Dr. Paul J. Fuzy,
Dollar Bank Building,
Youngstown, Ohio

Dear Doctor Fuzy:

I send herewith the report of your Publicity Committee for the year of 1937.

Over 2500 invitations to the Tenth Annual Postgraduate Day Assembly, held April 20th, 1937, were hand-addressed and sent by first class mail to a total of 354 cities in 29 states. 1708 of this number were sent to 190 cities in the following counties of Ohio: Allen, Ashtabula, Athens, Belmont, Clinton, Champaign, Cuyahoga, Columbiana, Carroll, Coshoc-ton, Clermont, Defiance, Erie, Fulton, Franklin, Fairfield, Gallia, Guernsey, Geauga, Hamilton, Harrison, Hancock, Highland, Holmes, Jefferson, Lucas, Lorain, Lake, Muskingham, Miana, Marion, Morrow, Montgomery, Mercer, Mahoning, Portage, Ross, Richland, Sciota, Stark, Summit, Seneca, Sandusky, Tuscarawas, Trumbull, Union, Wayne, Washington and Wyandot. 680 were sent to 97 cities in the following counties of

December

western Pennsylvania: Butler, Lawrence, Mercer and Venango. Also many cities in several other counties of Pennsylvania. Excluding those to Ohio and Pennsylvania 119 were sent to cities in the following states: Alabama, California, Colorado, Florida, Kansas, Kentucky, Idaho, Iowa, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Missouri, Minnesota, Michigan, Nevada, North Carolina, New York, New Jersey, Oklahoma, South Dakota, Texas, District of Columbia, Wisconsin, Virginia and West Virginia.

The invitation cards and program folders were sent to the entire Sixth Councillor District, the Internes and Ex-internes of local hospitals, all the Doctors who registered for Postgraduate Day for the past three years, former Postgraduate Day Speakers, Officers of the Ohio State Medical Society, Committee-men of Ohio State Medical Society Committees on which a local doctor was serving at the time, all the Councillors of the Ohio State Medical Society, Advertisers in the Bulletin, and Advertisers in the Ohio State Medical Journal.

In cities where all the doctors registered in the A. M. A. were not invited preference was given to men licensed since 1931; E.E.N.T. men and Michigan graduates. The current issue of the A. M. A. Directory was used to verify all names and addresses.

Besides the invitation cards and programs, 500 placards were sent to the hospitals of Ohio, Pennsylvania, West Virginia and Indiana. A number were sent to hospitals in New York, Illinois, Kentucky and lower Michigan.

The results of the Postgraduate Day campaign were gratifying, despite the fact that our date conflicted with several Postgraduate Day meetings in surrounding medical communities. The work connected with this extensive program was made

much easier by the valuable assistance of the Secretary's office.

The fine posters on display, each month in our Staff Rooms, announcing coming events, are due to the artistic accomplishment of Dr. Herman Kaufman.

Manifold thanks are due Mr. George Madtes of the Vindicator, for his generosity and invaluable advice in handling all press publicity. Mr. Madtes has championed the cause of organized medicine so often that we are prone to take the magnanimity of space given to medical subjects in the Vindicator as a matter of course. It is because of his understanding and appreciation of the ethics of medicine that the Mahoning County Medical Society has received no adverse publicity in the past years.

Very truly yours,

EDWARD J. REILLY, M. D.,
Chairman.

Report of the Legislative Committee

The year 1937 has been a light year in many ways in so far as legislative matters pertaining to medicine were concerned. Our work this past year was concerned largely with watching the State Legislature while in session during the early part of the year, aiding in the battle against the usual legislative sallies by the cults. Although quite threatening for a time, these attacks were repulsed and the Ohio Medical Practice Act left unchanged. In this the legislative committee had the full coöperation of our local State Senators and Representatives.

The local election this fall was not of any great significance in so far as public officials having to do with public health were concerned. Our contacts with the newly elected councilmen were maintained and all, we feel, are favorable to organized medicine.

The Chairman of the Committee was appointed to serve on the Char-

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Our preparation differs from the conventional Elixir in that we have 4 grains of PHENOBARBITAL to the ounce instead of the standard 2 grains.

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ter Amendment Committee which required considerable amount of time and study and as you know accomplished nothing.

I wish to thank the members of my committee who at all times responded promptly and cheerfully to calls for service.

O. J. WALKER, M. D.,
Chairman.

Journal Correspondent

The activities of the Mahoning County Medical Society have been reported to the State Medical Journal monthly during the past year, except during vacation or summer months. The News Editor of the State Medical Journal seemed glad to receive such reports and so expressed himself in a very cordial letter. However, after reporting, at length, the different items of news and activities of this Society, the News Editor of the Journal so condensed these reports into such a small nutshell that it tended to discourage the Society's correspondent.

Nevertheless, we feel that reporting to or corresponding with State Medical Journal is worth while both for ourselves and for the whole State organization. We wish for our successor better results in obtaining a larger space in the news section of the State Medical Journal.

Respectfully submitted,

WESLEY C. REDD, M. D.,
Correspondent to the Journal.

Program Chairman Speaks

As Chairman of the Program Committee I wish to review this year and propose some plans for next. Perhaps most of you do not know that the incoming program chairman does not assume responsibility for the programs until June. This overlapping is of course very necessary to assure a smooth running schedule.

The attendance this year has been excellent and the type of subject has varied in an attempt to cover various branches of medicine. Interne Day

last June was a new innovation and met with apparent approval, so we are going to have it again this June. Also, in February our regular meeting is to be on Fractures, which is following a State request for such a meeting.

To select a speaker and keep the subjects varied is something—to get them to come is another. Most of us do not realize that with the exception of the Lecture Course and Banquet, only expenses are paid and it is often at a sacrifice that these speakers come to us.

Let us remember this and continue to support the meetings with good attendance. Lastly remember these programs are yours and any suggestions will be welcome.

JOHN NOLL, M. D.

Our 10th Annual Postgraduate Assembly Committee

The tenth annual postgraduate assembly is now a matter of history. The committee in charge feels that the meeting was successful both from the standpoint of attendance, and also from the standpoint of the subject matter presented. Furthermore, there were at least two definite reasons why we could not expect a registration as large as in our former meetings. First of all, the day on which the meeting was held made it impractical for most of the doctors to attend. Secondly, there were being held at the same time in nearby cities other postgraduate meetings, and these naturally drew men away from our meeting. In spite of this, the total registration amounted to over three hundred doctors who came from sixty-four cities scattered thru Ohio, Pennsylvania and West Virginia.

The Society can be justly proud of this meeting, and the committee feels that each man left the meeting with a feeling of having gained something of definite value. The committee wishes to take this opportunity to

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thank all the men who dug in and worked to make the day a success. It especially wishes to thank the publicity committee for the way in which they tackled the huge task of bringing before the doctors for miles around, the facts of our postgraduate assembly.

The Postgraduate Day Committee

A. J. Brandt
J. R. Buchanan
H. Sisek
M. Rosenblum
G. G. Nelson

**Membership and Attendance
Committee Report**

The work of the Membership and Attendance Committee consists primarily of notifying members of coming meetings and cooperating with the Publicity and Program Committees in assuring a good attendance at meetings. I wish to thank Drs. Sam Tamarkin, Joe Nagle, Parillo, Schwebel, and Conti for their assistance and cooperation in carrying out this assignment.

Membership at the time of this report consists of—

206 regular members
9 non-resident members
7 associate members
5 honorary members

227 total.

During the past year 21 regular and 7 associate members were added to the roll while 6 members were lost through death.

SAM J. KLATMAN, M. D.,
Chairman.

ESCULAPIUS MAHONINGI

The medical educational centers today are our medical schools. Our education is procured in three ways; didactic lectures, textbooks, and clinical material. Since leaving our universities we try to pick up strings of knowledge here and there. Many of us, who are in search for medical knowledge travel to Cleveland, Pittsburgh, Cincinnati, New York, etc.

Truly, the Mahoning County Medical Society is Ohio's most progressive Medical Society. We are always ahead of the others with our wonderful programs. This year, the Ohio State Medical Association announced a speakers' bureau and postgraduate medical lectures. But our Society will not be affected by this announcement because we have had monthly lectures and postgraduate assemblies for years.

We have our lectures and textbooks. There is one thing missing that would make Youngstown, medically speaking, a complete medical center. That is the use of clinical material. We have clinical material but we don't have a place to work at it collectively. A thought in mind towards reopening of the Dispensaries would be worthwhile—if only for ambulatory cases. It is true that it would take some financial reimbursement away from us. We must remember that we pay to bring our speakers here, we pay for our Postgraduate Day, and it costs us when we go out of town to visit clinics. Why should we be so skeptical when it would cost each of us so little to reopen the clinics?

Knowledge comes but wisdom lingers. Gomperz, the late German philosopher said, "the best physicians must be the best observers, but the man who sees keenly, who hears clearly, and whose senses, powerful at the start, are sharpened and refined by constant exercise, will only in exceptional instances be a visionary or a dreamer." Let's not be dreamers and give our thoughts to the reopening of our dispensaries.

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to 50 per cent less than summer sunshine. Secondly, the quality of the available sunshine is inferior due to the shorter distance of the sun from the earth altering the angle of the sun's rays. Again, the hour of the day has an important bearing: at 8:30 a. m. there is an average loss of over 31%, and at 3:30 p. m., over 21%.

Furthermore, at this season, the mother is likely to bundle her baby to keep it warm, shutting out the sun from baby's skin; and in turning the carriage away from the wind, she may also turn the child's face away from the sun.

Moreover, as Dr. Alfred F. Hess has pointed out, "it has never been determined whether the skin of individuals varies in its content of ergosterol" (synthesized by the sun's rays into vitamin D) "or, again, whether this factor is equally distributed throughout the surface of the body."

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NEWS ITEMS

Dr. Stanley Myers, former interne and Resident at Youngstown Hospital, will be associated with Drs. Hartzell, Bierkamp, Goldcamp, and Goldcamp. He will specialize in Nasal Plastic Surgery and work in nose and throat. Dr. Myers has had six months postgraduate work at the Memorial Cancer Hospital, New York City, and three years postgraduate work at the Massachusetts Eye and Ear Hospital.

Drs. Fuzy and Morrall were made members of the American College of Surgeons at the recent meeting in Chicago. Others attending this meeting were Drs. Turner, Allsop, Brant, Sedwitz, Elsaesser, Kennedy, Skipp, Hauser, Piercy, and Buchanan.

Dr. W. W. Ryall spent the first week of November at Columbus attending the meeting of the State Health Conference. At this meeting he learned that the state is planning to send Youngstown a technician who will do such Kahn and Kline tests as the doctors may ask her to do. They are also planning to train Mr. William Mellon, the city chemist, to type pneumonia. This service will then be gratis to the physicians of Youngstown. Any doctor having a technician and desiring her to learn to type pneumonias may send her to Mr. Mellon for instructions.

Attending the Frank E. Bunts educational institute at Cleveland last week were: Drs. Fisher, Warnock, Hathorn, Askue, Speck, Harvey, Smith, Gross, Weaver, Cronik, and Redman.

Dr. Morris Deitchman left for Florida recently, planning to spend the winter there.

Don't forget the weekly pathological conferences at the South Side Hospital every Friday. These conferences are very interesting and instructive. You are missing a chance for your advancement if you do not attend. On November 12th the subjects for discussion were, "Chronic Obstructive Cholangitis," and Dr. Weaver showed four cases of "Infantile Muscular Dystrophies."

At the monthly staff meeting of the Youngstown Hospital in November papers were presented by Drs. Norris and Jones. The topics were "Four Common Skin Diseases." Reports of these excellent papers will be given in this issue and in following issues of the bulletin.

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