

BULLETIN

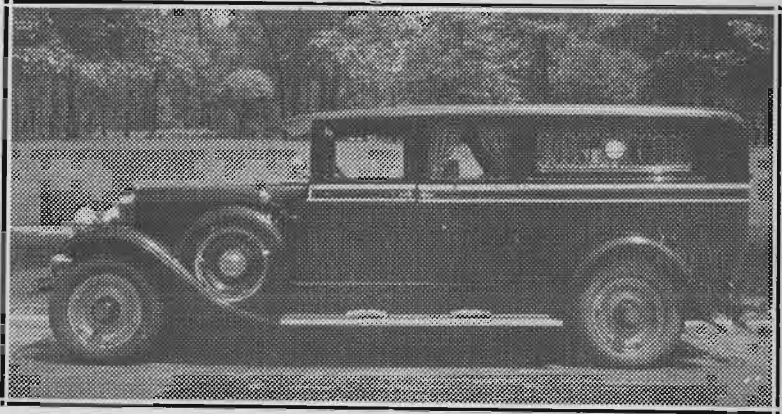
MAHONING COUNTY MEDICAL SOCIETY

OCTOBER, 1931

Volume One

Number Ten





HOSPITAL ON WHEELS

COMFORT—CONVENIENCE

A Specially Designed Invalid Coach Is the Only Type of Vehicle in Which an Ill or Convalescent Person Should be Conveyed From Place To Place. In Our Invalid Coach, the Comfort and Convenience of the Patient are the Primary Considerations. Our Invalid Coach Is In Reality a "Hospital On Wheels."

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INDIAN CREEK FARM

The Home of Youngstown's Better Milk

Dr. J. E. Crewe's Article Continued from September Number

NEW BLOOD FOR OLD

By Dr. J. E. Crewe, Rochester, Minn.

Another common objection to the milk treatment is heard from those who are obese or have a tendency in that direction. Most stout people lose weight on the same treatment on which a thin patient gains weight. Patients who do not wish to gain weight or who wish to reduce can do so without prejudice to their health or to the beneficial results they have hoped to obtain in their general welfare. Graham Lusk in "The Elements of the Science of Nutrition," points out that Moritz (Munchener medizinische Wochenschrift) recommends milk alone in the treatment of obesity. Such treatment brings about a considerable loss in body weight, and, although some body nitrogen is lost, a state of weakness does not ensue.

Patients who are run-down and thin will gain from four to ten pounds a week. Improvement does not cease with the termination of the treatment, provided, of course, that the patient takes reasonable care of himself. And in spite of the large quantities of milk consumed over a period of several weeks, patients seldom leave the sanitarium disliking milk. A habit and a genuine liking for milk have been established.

Contrary to popular belief, it is common for constipation to be relieved after a period of milk diet. The two most prevalent causes of constipation are muscular over-activity and muscular under-activity of the intestinal tract. The former is the most common, growing out of the nervous tension under which most of us live now-a-days. A nervous spasmodic contraction of the muscles takes place; the movement of the intestines becomes sluggish; poisons are produced which aggravate the muscles, and thus a vicious circle is established.

The beneficial results of the milk treatment as I give it can be attributed to the patient's complete relaxation while the treatment is in progress, to the highly nutritive qualities of a food that is easily digested, to the large fluid intake which dilutes the toxins and washes the tissues, to the hot baths and hot packs which increase the elimination by the skin and thus save the kidneys, and to the probability that acidity is decreased and the alkaline reserve increased.

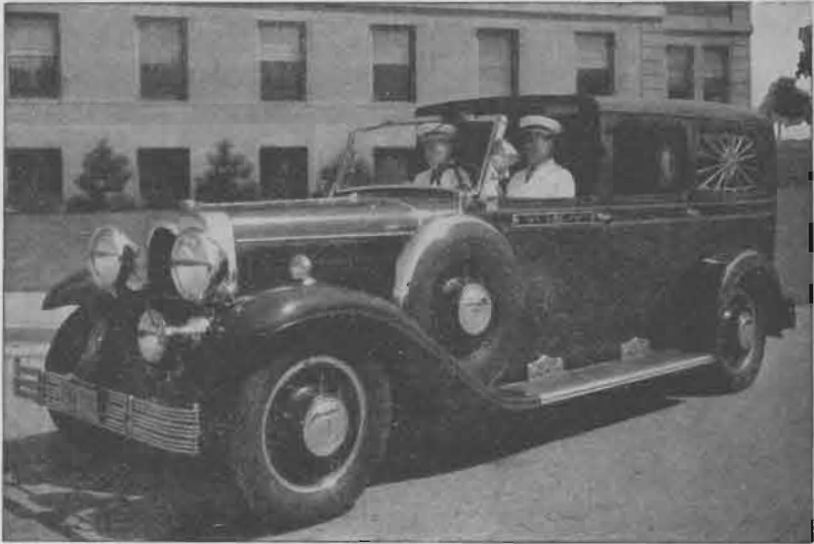
The speed and pressure of modern civilization make relaxation difficult and the contemplation of complete relaxation in bed almost intolerable. Every patient can be relied upon to say that he simply cannot lie flat on his back day after day with nothing to do but drink milk. And it is true that the first three or four days are difficult. After that, even the most strenuous business men find it easy to relax. The brain and nerves of the individual are at rest—for perhaps the first time in his life. His brain is having a real holiday while every organ and muscle in his body is being overhauled and strengthened. The resulting sensation is one of indescribable well-being.

Users of tobacco when they start the treatment generally inquire if it will be permissible for them to continue smoking, and they are informed that they may smoke if they please. Their desire for tobacco generally wanes on the second or third day, even in the case of hardened cigarette smokers with a daily tally of two or three packages, and by the end of the first week they have stopped of their own accord. The same rule applies to the users of alcohol, and, in many cases, to the users of drugs.

There is nothing miraculous in the milk treatment. Rich, raw milk simply manufactures good blood, and an abundance of good blood will in time correct almost any ill to which the body is heir.

Our herd is constantly inspected by local, State and Federal veterinarians.

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**Announcement
Of The October Meeting**

Tuesday Evening, October 27, 1931

At 8:30 P. M.

• • • •

**Frank Smithies, M. D., ScD., M. A. C. P.
of Chicago, Ill.**

**Subject:—"Gastro-Duodenal Hemorrhage; Its
Significance, Diagnosis and Treatment."**

• • • •

The Society is indeed honored to have the opportunity to hear this distinguished clinician and teacher.
Out of Town Physicians are Cordially Invited.

• • • •

**Youngstown Club
First National Bank Building**

Coming Events

Watch the BULLETIN for Further
Announcements

••••

Nov. 24—A. Graeme Mitchell, M. D.

Professor of Pediatrics—University of Cincinnati
“Practical Applications of Some Principles of Nutrition”

••••

Dec. 15—Chevalier Jackson, M. D.

Temple University—Philadelphia, Penna.
“The Prevention of a Certain Class of Accidents to
Children”

••••

Jan. 19—The Annual Banquet

Introducing—Capt. Irving O’Hay, U. S. Army (Retired)
A Speaker With a Wonderful Story and a Wonderful Way
of Telling it.

••••

The program committee deserves a great deal of credit for the time and effort they have spent in bringing such outstanding personages to Youngstown. At present they are hard at work arranging for the Post-Graduate Day in April 1932. The month has been changed for the benefit of Speakers, Members and Guests, as the weather during the last meeting was uncomfortably warm. For the coming meeting they expect to have a group from the Peter Bent Brigham Hospital in Boston, headed by Dr. Henry A. Christian.

The Influence of The Practitioner of Medicine in Guiding the Public Towards Health

(The following is an abstract of an address by Dr. Haven Emerson before the American College of Physicians, and reprinted in The Annals of Internal Medicine.)

The function of the devotee of public health is, in the words of England's eminent health officer, Sir George Newman, "to make a better tabernacle for the soul of a man to inhabit," or in less imaginative terms, to adjust mankind and his environment so successfully that each individual may attain the amplest satisfaction in life of which he is capable, within the limits imposed by his inheritance of qualities and the economic status which society allows him.

From just prior to 1850 until almost exactly 1900 public health established itself in general esteem by the application of sanitary science and the authority of sanitary law to the control of communicable diseases, chiefly those conveyed by discharges of the intestinal tract, and those transmitted by vermin. The environment was the major issue and by improvement of water supplies and waste disposal, by housing reform and a generally higher level of municipal housekeeping the cities were brought to be a safer place for health than was rural America.

With the initiation of the educational and social effort of the local committees for prevention of tuberculosis in 1900 and the following years, and subsequent creation of the National Tuberculosis Association, there came a new, powerful and effective element which has stamped its character upon every phase of public health work here and abroad for the past thirty years. We may speak of this second era as that of public instruction.

And yet prevention depended upon preparedness and priority. Every lesson of the laboratory and clinic taught us that a wide range of the less acute preventable diseases and postponable causes of death could be controlled or reduced only if the patient's discomfort was displaced by a physician's presence as indicator for precautionary treatment or adjustment in the way of life.

The clinic of special skill for early recognition of disease, for its consecutive and persistent treatment, including guidance socially, economically, educationally, and often vocationally, was the professional resource towards which public health information was designed to persuade people.

And yet we are fairly launched upon a most promising third phase, the era of general personal participation in health, and it is to a further definition of this, and with the hope of convincing you of the desirable function of the general practitioner in advancing it now and in the immediate future, that I wish to devote the main argument.

The date of origin of this era can be quite precisely given as the Spring of 1922 when both the National Health Council, and the American Medical Association declared themselves of the belief that further advance in the application of preventive medicine demanded the widespread practice of the periodic health examination as a part of the service of the family practitioner of medicine.

This was not even nine years ago a new idea, for experience with a wide variety of public clinics, created under health authorities, in schools of medicine, in hospitals, in and under social and philanthropic agencies had brought to accounting and attention an undreamed of mass of submerged and neglected invalidism, in persons carrying on their work and avocations without thought of complaint or belief that there was any other lot for them than handicapped existence.

Out of every ten persons coming for expert opinion on a possible or suspected pulmonary tuberculosis, seven are found to be non-tuberculous, and yet bearing a burden often of another remediable or at some stage preventable condition. In every hundred children presenting themselves for schooling at least 65 per cent are found to have one or more potentially if not at the time, disabling and preventable defects. Every review of bodily fitness among men and women whether for industrial or military needs, or for civil employment, reveals the

extent to which unnecessary and readily avoidable disease or disorder of function and structure can prevail without knocking at the attention of the patients or driving them to seek medical care.

The obstetrician, whether in the person of the specialist or of the general practitioner, has accepted evidence accumulated by studies of a statistical and epidemiological character to the effect that prenatal supervision of the expectant mother can be relied upon to reduce the proportion of stillbirths, lower the neonatal mortality rate, i. e.; deaths in the first month of life, and increase the probability of survival of the mother with a minimum of post partum morbidity. Incidentally good prenatal care at present carried out contributes largely to a reduced prevalence of syphilis. In his capacity of private practitioner of medicine the physician called upon to guide the pregnant woman can and does contribute to the sum total of community health to a degree and in a quality of service which it is most unlikely any other professional agency can replace.

At the present time probably not as many as one quarter of the expectant mothers of this country are receiving a medical guidance towards health which is known to be desirable, economically practicable, and productive of a very tangible degree of life saving.

It is to the pediatricist, however, that public health owes its largest debt of gratitude, for it has been to his credit that the healthy babe put in his trust at birth has received increasingly complete health service, whatever the economic status of the parents, until the child is by law at liberty to engage in self-support and escape the application of compulsory education.

No single element in the advance of preventive medicine has contributed so much to the increase in average expectancy of life, to the prevention of infant mortality, and the reduction of many of the communicable and nutritional diseases of childhood, as has the introduction of health supervision, as a function of the ordinary personal or family practice of medicine, and into the routine of organized public health work.

The establishment of at least two specific active immunizations, and medical and dental health examinations, at appropriate intervals, not for the purpose of detecting disease but with the object of establishing and maintaining life, and its most important functions in childhood, growth in physiological equilibrium, together with avoidance so far as may be of communicable diseases, and developmental defects. We know now that where our city communities are alert to use and supply health services for children, of those from two to five years of age 75 per cent or more have at least an annual medical examination, 30 per cent have a dental examination, 35 per cent to 50 per cent are vaccinated against smallpox and about 50 per cent are known to be immune to diphtheria.

The influence of the medical practitioner and his associates is seen at its best in that field of preventive medicine where there will probably never enter the authority or obligation of law or ordinance. No advocacy of health measures is listened to with the respect accorded to the family physician's voice.

The success of each organized effort for control or prevention, whether directed against tuberculosis, syphilis, cancer, diabetes, emotional catastrophe or blindness, has been created in the relationship between physician and patient in which the former matches his skill, his imagination, his physiological acumen against the probability or significance of sub-clinical manifestations of disease, or his knowledge of the usual results of disorderly or immoderate ways of living.

The individual physician must learn that there are at least as many ways of healthy living as there are kinds of disease, and that the essence of his particular privilege is attaining the optimum of health, not the mediocrity of average health, or the mere negative success of freedom from disease, for the client who seeks his guidance.

We have attempted through government great accomplishments in mass prevention of disease. We pay perhaps a half dollar, at most a dollar and a quarter, often not more than 25 cents apiece each year to secure the administration of public service for health. Of this about a cent and a half a year goes for the registration and analysis of births and deaths, 8 cents for communicable disease control other than hospital care, 4 cents for tuberculosis and a cent and

a half for venereal disease control, the price of half a glass of milk, 3 cents, to guarantee a tubercle free pasteurized milk supply, as much as five cents apiece for the safety of maternity and infancy, thirteen cents for school health, a trifle of ten cents for food and environmental sanitation, four cents for laboratory work, with six cents for administration including health education. And all this is for a rather crude broadcast type of mass protection. In Philadelphia in 1929 the per capita cost of medical care of all kinds was \$52 of which about two dollars went for prevention. The people of an average midwest rural county spend \$22 per capita each year, of which about 2 per cent is for health. The health officer must operate his specified services under the limitations imposed by partisan politics and insecure tenure of office, by restricted funds, by the tardily advancing common sense of the populace, and he sees much ahead which he can do to improve water, milk, public understanding, immunity, and physical environment, but even the ablest and best supported, the honest and fairly permanent commissioner of health of state, county or city will quite frankly declare, or admit if challenged, that his potentiality for good is but a fraction of what can be the certain result if physicians in private practice were to enter with as much determination upon health guidance, as they now devote to disease detection and repair.

The future of preventive medicine, the adding of the next and most difficult ten years to the expectancy of life, awaits the universal participation of the practitioner of personal medicine and his patients in the practical use of our abundant knowledge of health development and protection.

It will not be by compulsion or ordinance that the obese, arteriosclerotic, diabetic, or cancer patient will begin to decrease among us, or survive into the allotted seventies, but by such universal voluntary self-interest in health and management of the later decades of life as will permit the detection of pre-clinical signs and symptoms which may lead to prevention by minimal changes in the conduct of life, without the panic fear of late inevitable disclosure of advanced irremediable disease. Only through the words of the family physician trusted in birth, sickness, and death will parents and other men and women be persuaded to legitimate and persistent interest in health, and this only when the example of the physician toward his own family and dependents carries conviction of his sincere belief that personal medical practice is capable as much of advancing individual health as it is of relieving and sometimes curing disease.

The influence of the practitioner of medicine in guiding the public towards health is as yet unevenly applied, doubting, almost scoffing, except for the beginning periods of life and growth. It is capable of benefits, to a degree so far surpassing the possibilities of public health agencies, as to justify criticism that it is too timidly conceived.

The influence of the family physician is at its best when it activates the individual to acquire health by the exercise of his own character, to prove to himself that health is a by-product of initiative and effort.

Health Examination

Business institutions, and all companies take stock annually and determine the state of the business. They learn by stock taking what liabilities they possess and are prepared to meet those liabilities.

How much more important is it for individuals to take stock of their health to discover any beginning disease or any condition which may cause a physical breakdown later in life. By means of thorough physical examinations at yearly intervals such diseases may be recognized and their progress checked or cured by proper hygienic, dietetic, medical or surgical treatment. It is also a guide in the selection of suitable employment for those with known defects. Life expectancy which is now about 58 years can be increased indefinitely when this idea is thoroughly practiced by the people at large. The aim of every individual is that of a full and efficient life. We cannot all have physical perfection but we can all incorporate health habits into our lives, therefore, it behooves every physician to spread the gospel of Health Examination and practice this art thoroughly.—J. P. H.

Secretary's Report

The applications of Drs. J. F. McGowan and H. L. Moyer will be presented to the Society for ballot at the next meeting, also the application of Dr. John Noll will be read for the first time.

* * * *

Dr. H. E. Patrick has been a patient in the North Side Unit of the Youngstown Hospital for the past several weeks.

* * * *

The following is a list of "Don'ts" which may be advantageously read by members of our Society:

Don't come to the meetings. If you do come, come late. If the weather does not suit you, don't think of coming. If you do attend a meeting find fault with the work of the officers and other members. Never accept office, as it is easier to criticize than to do a thing. Never the less, get sore if you are not appointed to a committee; but if you are do not attend the committee meetings. If asked by the chairman to give your opinion regarding some important matter, tell him you have nothing to say. After the meeting tell everyone how things ought to be done. Hold back your dues as long as possible, or don't pay them at all. Don't bother about getting new members.

* * * *

This is your society. Its future will depend upon your support. A patient is never just the same, he is either better or worse. An individual, or organization cannot stand still, but it is either going forward or backward. The ultimate success of your society demands your personal effort and vigorous co-operation.

* * * *

MINIMIZING THE APPARENT COST OF MEDICAL CARE

The committee on the Cost of Medical Care of the United States which has been working on this problem for five years will have some interesting reading matter to distribute in the next year or so.

The committee found no evidence that doctors as a group are overpaid. As examples: in Shelby County, Indiana, the average doctor's net income was \$3,419.00. In Philadelphia the average net income was \$5,156.00. In Detroit the net was \$5,596.00. These reports were all made during good business years. The less mentioned about this year's income the better.

However the astounding fact that the patient confronts after an illness is the physician's bill. This arrives when the family bank balance has already been drained of its resources by other expenses.

In the face of this fact it behooves us all to make preparation for just such an emergency. It is not sufficient to have only health examinations to keep well but one should be prepared when the time comes for the inevitable illness that arrives.

Many of us have Christmas Savings Funds and are prepared for the financial drain of the Holidays. Why not have an emergency fund, created at a bank which can be enlarged as time goes on to care for ourselves when we may need help. This may be used as an individual sick benefit to carry one over a period of a month or two when he wishes good care.

It takes a period of depression to see the value of such a project and physicians should encourage patients to prepare for illness the same as they prepare for death by life insurance.

As an example every obstetric case should save during the period of pregnancy enough so that she should not be denied the advantage of hospital care at term. Here is a type of case that can foresee the need and should be urged especially to prepare herself.

Again the little savings may be needed at any time for the unforeseen acute illness that creeps into our lives every few years. —J. P. Harvey, M. D.

The President's Corner

We all remember the proposition which states,—“Marriage is an institution; marriage is for love; love is blind; therefore, marriage is an institution for the blind.” By a similar process of reasoning, let us consider that, “charity suffereth long; the medical profession is dedicated to the relief of suffering; therefore let's do something about charity.”

That dim light which we seem to appreciate, and which is slowly becoming brighter, is the dawn of a new day in the practice of the healing art. Our forefathers and our preceptors in medical practice emphasized but the healing side of the profession and grossly neglected the remunerative side. To speak of recompense was thought to be in poor taste and when sheer necessity drove those pioneers to request their fee it was done stuttering and with a blush. And for no good reason.

Insistence upon proper reimbursement should not be beneath the dignity of anyone who endeavors to do good work. The medical student's sweetheart gurgles, “think of the good you'll be able to do.” The physician's wife is happy that her husband does go about doing good, but can see no reason why those receptors of good should not pay for it. And it is the absolute right of the wife and children of a physician that he collect every cent that is his just due. The life of the wife and children of a physician includes enough sacrifice that they should not be forced to also sacrifice moneys due after hard work by the head of the family.

It indeed may be “better to give than to receive,” but for a few years it would be refreshing to try and prove the opposite, with a reasonable amount of clinical material being available for the experiment.

Charity is defined as “acts or works of benevolence to the poor,” or “public relief of the poor,” which last definition stimulates my pen to the jotting-down of a few reflections, and these are based upon local conditions which affect the medical profession in this county, although I am reasonably certain that they apply throughout our nation.

It is my contention that if the ever-present “poor” deserve help of any material kind, it is a *community* responsibility. In fairness to all, this help should be equally divided so that no one class nor group nor race should bear the greater burden of it. In other words, an adequate fund should be provided by community taxation to cover the needs of the “poor.” And then, whatever is necessary should be spent from this fund for the relief of those for whom the tax was collected. This should include the butcher, the baker, the clothier, the cobbler, the landlord, the druggist, the lawyer, the doctor, the hospital or whoever of necessity serves these people.

There is nothing about the possession of a degree of doctor of medicine which conveys the responsibility of the holder of that degree to *give* of his skill and experience to anyone who calls in the name of charity. Can you name any other profession, including the clergy, which does so? Does a merchant? Does a lawyer? Does a social-service worker?

In Youngstown there is a Community Chest Fund founded with the purpose of caring for the poor of this district. There is no reason why this care should

not include medical service as definitely as it does any other kind, but it does *not*. As far as I can determine, the only moneys paid to physicians directly or indirectly through the Community Chest is that allowed to the physicians in charge of the baby-welfare stations, the amount being about *one-twentieth* of what it should be, based upon a minimum office fee schedule.

Again, the hospitals entertain several classes of patients. First, the private patient of a physician who is paid by the patient for his services. Second, a few beds endowed by private charity, and here the hospital is paid by the endowment, but the physician in charge gets *not a cent*. Third, the so-called "city cases." For these, the city pays the actual hospitalization cost, and the physician who has the care and the worry and the responsibility of the sick person, gets absolutely no monetary return, and too often finds himself the defendant in a law-suit established by some disgruntled *charity* case who perhaps did not get mushrooms on his steak. In the history of this city, I am sure that no doctor has ever received a thin dime for his services to any "charity case."

And I am quite sure that the physicians on the staff of the Christ Mission, Crittenden Home, Fresh Air Camp and similar *community* responsibilities are paid *nothing*.

I do not plead that in 1931 the medical profession should take any concerted action. But I do feel that if we should serve notice that after 1933 we would no longer give free service to those whose poverty is a *community* problem, and that the same fund which pays hospital bills must pay physicians accounts, it would be only a fair contention, and that instead of losing respect we should gain it.

Every physician, worthy of the name, is glad to continue giving of his time and his experience and his physical strength to those who need his ministrations, but it is ridiculous and unfair to presume that the medical profession **MUST** carry the charity load of the community just because by training it is equipped to do so. And we will be allowed to carry that burden until such time as we *shall have the courage of our convictions*.

—A. W. Thomas, M. D.



The Mahoning County Medical Society BULLETIN

Published Monthly at Youngstown, Ohio, by the Editorial Committee

JAMES L. FISHER, M. D.	Editor	WM. M. SKIPP, M. D.	Adv. Mgr.
MORRIS DEITCHMAN, M. D.,	Asst. Editor	B. W. SCHAFFNER, M. D. . .	Asst. Editor
COLIN M. REED, M. D.	Asst. Editor	ARMIN ELSAESSER, M. D.,	Cons'g Editor

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We present in this issue a number of thoughts on Periodic Health Examinations. We do not profess to reveal any new angles on the subject, and realize that it represents only one phase of the manifold question of disease prevention. Medical journals for the past two or three years have been filled with discussions of the advantages and technique of Health Examinations, but our justification for presenting the subject here lies in our firm belief that the matter should be kept so impressed upon the profession that they will talk about it to the families with whom they come in contact.

The sick patient is driven to the doctor by his pain or unmistakable evidence of disease. To reach and cure the incipient disease in the apparently well person requires advertising, education and continual sales effort. If the doctor is not thinking and talking about and doing health examinations, his patients cannot help but be indifferent to them.

This is a problem almost entirely for the general practitioner. It evolves upon the family physician to educate, to sell this service. It also is incumbent upon him to see that his patient is satisfied with the quality of the goods which he buys. How often the medical man is accused of being superficial and careless in his examinations! The modern layman is not satisfied with hurried or slipshod work. The art of medicine alone is not enough for him—he wants to see some of the science!

Frequently in doing insurance work the examiner discovers an unsuspected glycosuria, albuminuria or hypertension. The applicant is always anxious to have the condition righted before serious damage results. So much is said about early diagnosis in cancer and yet how many there are that are seen too late. Periodic examination is one of the best forms of health insurance.

If the physician could examine the members of all his families at regular intervals, his patients would live longer and be happier, there would be less sickness with its suffering and economic loss—the doctor would be busily engaged in pleasant work and would be filled with the satisfaction which comes with rendering good service.—J. L. F.

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You Know Them and Can Depend Upon Them



Prescribe U. S. P. and N. F.

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USED IN PRACTICE OF MEDICINE



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Bel-Del Phcy., Belmont Ave.
Benita Drug Store, 2002 Elm St.
Benita Drug Store, 1704 Market
Bloom Drug Co., 1843 Hillman
Bloom Drug Co., 193 W. Indianola
Bretschneider, W., 3001 Glenwood
Bittner's Drug Store, Struthers
Carey, Wm. T., 1754 Wilson
C. & J. Phcy., 1305 Oak St.
Crystal Phcy., 5134 South'n Blvd.
Davies, B. C., 1026 Wilson Ave.
Darr's Drug Store, Girard
Dobson Phcy., 100 E. Midlothian
Evans' Phcy., 3303 South Ave.
Goodman Bros., 1361 Elm
Hayman's Drug Store, Hubbard
Idora Phcy., 2636 Glenwood

Jones Phcy., 1100 South Ave.
Jones & Hogue Phcy., 2701 Market
Longnecker, John, Struthers
Maley, J. E., 2020 Oak Hill
Morgan, A. L., 1026 Himrod
McClure's Phcy., 1517 Market
McConnel & Schrag, 1900 Market
McDonald Drug Co., McDonald
Maxwell Phcy., Struthers
Porembski, Frank, Campbell
Schenley Phcy., Mahoning Ave.
Stovsky Drug Co., 704 Himrod
Sout, Roy M., 2845 Market
Thomas Drug Co., 641 W. Federal
White's Drug Store, Down Town
White's Drug Store, 1648 Mahon'g
White's Drug Store, South'n Blvd.
Zimmerman Phcy., 909 Elm

Form B		PHYSICAL EXAMINATION RECORD		Date
Name		Case No.		
1. Height	Weight, Present	Pulse	Sitting	Bl. Pres. { Sys. Dias.
Chest measure	Usual	After exercise		
Inspir.	Standard (for age and height)	2 minutes later		Temp.
Expir.	Recent loss or gain			Hemoglobin %
Girth (abdom.)				
Hearing R	Vision R	Corrected R		
L	L	L		
Urine: appearance	Sp. Gr.	Alb.	Sugar	
Feces (when indicated): appearance		Blood	Parasites	

Record only abnormal conditions

- 2. **Standing**
 - Posture
 - Musculature
 - Nutrition
 - Skin
 - Superficial glands
 - Female breast
 - Hands
 - Arms
 - Male genitalia
 - Hernia
 - Legs
 - Feet
 - Romberg sign
 - Visceral ptoses
- 3. **Sitting**
 - Hair
 - Eye reflexes
 - Nose
 - Teeth
 - Gums
 - Tongue
 - Tonsils
 - Pharynx
 - Ears
 - Neck—Thyroid
 - Chest
 - Heart
 - Lungs
- 4. **Lying down**
 - Abdomen
 - Reflexes
 - Sensation
 - Liver
 - Spleen
 - Kidneys
 - Prostate gland
 - Female genitalia
 - Rectum (hemorrhoids)

5. **Summary:** Defects of function and structure and errors of habit.

6. **Advice given to the patient:**

(Facsimile of the form published by the American Medical Association)

The liberal use of cow's milk in the child's diet is desirable for its calcium and phosphorus content when its well-known deficiencies in iron and vitamin B (F) are made good with Mead's Cereal

THE Journal of the American Medical Association¹ based on recent research by Sherman and Booher², raises the question as to whether the relatively large consumption of milk (up to a quart a day) should be routinely recommended, on account of the deficiency of milk in iron and the resultant relation to anemia. On the other hand, if the milk ration is decreased and ordinary cereals substituted, not only is the

0.2211 gms.
Calcium
in one oz.
MEAD'S CEREAL

0.0068 gms.
Iron
in one oz.
MEAD'S CEREAL

iron deficiency far from being made good, but there remains the well-known fact that most cereals are seriously deficient in calcium and vitamin G. Fortunately, the recent devel-

Mead's Cereal contains .2211 gms. calcium per oz., as against .034

0.034 gms.
Calcium
in one oz.
Cow's Milk

gms. in cow's milk, .0195 in rolled oats, and .0059 in farina.

0.0011 gms.
Iron
in one oz.
Rolled Oats

Mead's Cereal contains .0068 gms. iron per oz. as against .00006 gms. in

cow's milk, .0011 in rolled oats, and .00022 in farina.

opment by the Pediatric Research Foundation of a new cereal, which when used with milk not only makes good its iron and vitamin B deficiencies, but also supplies what no other cereal supplies in such outstandingly abundant measure — calcium, phosphorus, copper and vitamins A, E and G. This new cereal was devised in the Research Laboratories of the Hospital for Sick

Children and the Department of Pediatrics, University of Toronto, and is exclusively licensed for production by Mead Johnson and Company, Evansville, Ind., U.S.A. It is called Mead's Cereal, is advertised only to the medical profession, and is supplied in 1- and 4-lb. packages through drug stores.

PRINCIPAL FUNCTIONS OF CALCIUM

(1) Calcification of bones and teeth (2) Regulation of sympathetic nervous system (and through the vagus, cardiac muscle tone) (3) Maintenance of calcium-phosphorus ratio in rickets and terany (4) Control of normal salt balance in blood and body fluids (5) Maintenance of acid-base equilibrium (6) Formation of calcium caseinate compounds in food digestion (7) Coagulation of blood (8) Antagonism to toxic effects of potassium and magnesium ions.

Refs: F. R. Fraser, J. C. Hoyle, etc., etc.

¹ Editorial, Storage of Calcium, J.A.M.A. 96:197 (1931). ² Sherman, H. C. and Booher, L. E., The Calcium Content of the Body in Relation to that of the Food, Proc. Soc. Exper. Biol. & Med. 28:91 (1930).

Mead Johnson & Co. Pioneers in Vitamin Research Evansville, Ind., U.S.A.

Medical Gleanings

- The epidemic season of poliomyelitis is nearly over, but the rabbit-skinning days which are approaching cause us to keep tularemia in mind.
- We always knew Dr. Patrick was something of an authority on undulant fever, but why he should become a human test tube to get first hand information is hard for us to see. Anyway, he has everyone's hearty good wishes for an early recovery.
- Dr. W. H. Bunn read a paper on "Coronary Thrombosis" at the Fifth District Meeting in Cleveland last month.
- The Youngstown Medical Arts Club met at the Mahoning Country Club on September 30 for dinner, following which Dr. F. F. Monroe presented a paper on "Tropical Medicine" which was very well received. Dr. Brant showed motion pictures taken on his recent trip through the Panama Canal.
- Dr. Monroe says that in Colon the natives build their houses upon piles. Here's an opening for an ambitious young proctologist.
- We notice that E. R. Squibb and Co. have gone in heavily for medicating the laity with Ephedrine products for hay fever. Their capsules are displayed openly on druggists counters with full directions and indications for self dosage. We do not hesitate to condemn this policy of an old and formerly ethical firm.
- Dr. Henry J. Gerstenberger has left for Europe to accept the invitation of the Deutsche Gesellschaft fur Kinderheilkunde to address its annual meeting on the subject of "The Use of Tungsten-Filament Radiation in the Cure and Prevention of Rickets."
- Dr. J. A. Sherbondy has just returned from a visit to the European Surgical Clinics made in company with a selected group from the American College of Surgeons.

Special Announcement

There will be a special morning clinic with demonstration of cases by

DR. FRANK SMITHIES

at 10:00 A. M., October 27th at the South Side Unit of the Youngstown Hospital

The entertainment committee cordially invites you to have dinner with our distinguished guest at 6:30 P. M. at the Youngstown Club. Please call Dr. Turner, 6-6132.

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ENGLISH WOOLENS
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Report of Communicable Diseases for Sept., 1931

DISEASES	Youngstown Cases	Campbell Cases	Struthers Cases	County Cases	Total Cases
Scarlet Fever	13	6	2		21
Influenza	1			1	2
Chicken Pox	5		2	2	9
Tuberculosis	88	4	2	13	107
Measles	28		1	2	31
Diphtheria				1	1
Syphilis	7	2			9
Pneumonia	1	1		2	4
C. S. Meningitis	1			1	2
Erysipelas				1	1
Whooping Cough.....	16	1		10	27
Septic Sore Throat ...	1				1
Poliomyelitis	1			2	3
Typhoid	1			2	3
Smallpox.....					

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S. Q. Laypius Says

A patient of mine referred to "sympathetic gin". Ever make you feel that way?

* * *

If there is a type of anemia caused by goat's milk, why is it not more prevalent among the Welsh?

* * *

As the years go on, what many of us need is girth control.

* * *

Among the acts of Providence which we cannot understand is why all those vitamins were not put into something that tastes better than cod liver oil.

* * *

Methodist bishop states that golf is for worn-out business men and not for preachers. We prescribe a few soda-mint tablets for the padre.

* * *

"I. B. C. N. U.," said the sheik to the flapper.

* * *

Lord Russell, British philosopher visualizes a world "where only five percent of men will be allowed to become fathers." There are going to be lots of angles to the enforcement of that law.

* * *

News item states that over in Marion, the citizens decided that the city was "sick." The paper states that Dr. Carl Sawyer was designated to "put the stethoscope" on the city. Probably found a leak in the treasury, and murmurs among the taxpayers.

* * *

I wish Mahatma Gandhi,
Would dress more like a dandhi.
Some trousers would be handhi,
To cover legs so bandhi.

I'll Guarantee the Account or Oh! He's All Right

No, this is not the title of a new talkie or the theme song of a radio program, but the oft used, time worn expression which every doctor, sometime in his career, has had cause to lament, as he charged the account off to Bad Debts. We suggest the next time you are exposed to this line of chatter, you obtain the signature of this responsible person to a statement such as this—

If the account of

JOHN DOE

is not paid on or before

I will assume and guarantee its immediate payment.

Signed

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Hospital Notes

ST. ELIZABETH'S

Sister DeLillis, Supt. St. Elizabeth's Hospital, announces that the following obstetrical rate went into effect Oct. 1st:

Ward bed, 10 days, \$60.00. Semi-private room, ten days—\$65.00.

* * * *

A recent linen shower, sponsored by the alumni association, netted the hospital around \$1000.00.

* * * *

The pediatric department has been moved to the sixth floor of the hospital, and this week the laboratory is being moved from the basement to the fifth floor.

* * * *

The first fall meeting of the hospital staff was held the second Tuesday in September.

* * * *

One thousand one hundred and thirty patients were admitted to the hospital dispensary during the month of September—245 of these being new patients. This is 59 more patients than were admitted in September of 1930.

* * * *

A modern medical library has recently been added to the hospital equipment—with a well appointed reading room situated on the first floor of the new wing.

Early Diagnostic Points

A special committee of the New York State Medical Society prepared very recently the following list of symptoms characteristic of the pre-paralysis stage of anterior poliomyelitis. These were published in their State Journal.

1. *Fever*—Never high. Average of 102 degrees F.
2. *Headache*—Severe. Frequently general. May be nuchal. If absent replaced by severe back pain.
3. *Rigidity of Neck*—Distinct resistance to anterior flexion. Rarely is there retraction and never lateral limitation.
4. *Tremor*—Fine trembling of lips and hands, especially on movement, as when taking a glass of water. There may also be coarse twitching in the sleep.
5. *Apathy*—Patients are mildly indifferent and drowsy—never comatose. Perfectly bright and alert when aroused but then sometimes irritable.
6. *Vomiting*—Once or twice on the first day. Rarely persistent or severe, *yet vomiting is often severe as an initial symptom in the bulbar types.*
7. *Retention of Urine*—When questioned the mother or patient often remarks a twelve to twenty-four hour period without urination. It never demands catheterization.
8. *Constipation*—Almost uniformly present.
9. *Sweating*—Rarely profuse. Seen usually as beading about lips and neck.

Outstanding Triad—Headache, tremor, stiff neck. Entire pre-paralytic picture presents clinical entity with symptoms definitely those of a mild meningitis.

Prevention is the one safe, sure cure for poliomyelitis but when prevention fails and the fearful malady presents itself in a community the next best thing, in fact the one alternative, is immediate recognition and drastic action—*From The Pittsburgh Medical Bulletin.*

THE MERCER SANITARIUM

MERCER, PENNSYLVANIA

For Nervous and Mild Mental Disorders. Located at Mercer, Pennsylvania, thirty miles from Youngstown. Farm of one hundred acres with registered, tuberculin - tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

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Formerly Chief Physician, State Hospital for Insane, Norristown, Pennsylvania



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A private sanitarium equipped for the scientific treatment of mental and nervous diseases. Situated at Mentor in Lake County, Ohio, on main Cleveland-Buffalo Highway, 20 miles east of Cleveland and 65 miles from Youngstown. 50 Acres of lawn, shrubbery, trees and flowers.

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Rx

BISMUTH SUBSALICYLATE
COMP. gm. 100

Sig. One level teaspoonful half
hour after eating.

Sodium Bicarbonate
Magnesium Carbonate
Magnesium Oxide
Bismuth Subsalicylate
Powd. Ext. Belladonna
Aromatics

NOTE:—The Subsaliicylate of Bismuth exercises a distinctly antiseptic as well as a protective effect.

—where Iron is indicated

Rx

LIQUOR FERRI et AMMONII
ACETATIS oz viii
(BASHAM'S MIXTURE)

Sig. Two teaspoonfuls in water
t. i. d. after meals.

Tinct. Ferric Chloride
Lig. Ammonium Acetate
Dilute Acetic Acid
Glycerine
Aromatic Elixir

NOTE:—An excellent reconstructive, pleasant to take, that should be prescribed as a general tonic or where iron is needed.

WHITE'S DRUG STORES

PRIMARILY

PRESCRIPTION

DRUGGISTS

Contemporary Review

"The health examination idea is one of the most important aspects in the recent development of the medical profession. Organized medicine has come to regard itself not only in the curative capacity, but in the preventive. The practical results of such an attitude on the part of physicians and organized medicine are: first, the absolute prevention of certain diseases; second, the lessening of the ravages of certain other diseases when they have already begun; third, the prolongation of the individual's life, comfort and well-being; and fourth, the tremendous economic gain to the community, now being burdened by an annual loss in this country of \$2,000,000,000 a year as the result of decreased wage-earning capacity due to sickness."—*Dr. Charles Gordon Heyd, president of the New York County Medical Society.*

We have come to depend upon receiving a call for appointment from our dentist every six months, not waiting until extensive dental damage has taken place. Is it not more important to have a complete health examination at stated intervals?—*Milwaukee Medical Times.*

Dr. C. Ward Crampton, Director of the Health Service Clinic of the Post-Graduate Hospital, pointed out to the lay audience the sheer folly of waiting for sickness to come before seeing the doctor. The mistaken notion that pain is the early herald of disease becomes apparent in the case of such popular diseases as diabetes, cancer and cardiac disability. The periodic health examination is a profitable form of insurance against the manifold preventable diseases. The public should invest more heavily in it.—*Bulletin of the Medical Society of the County of Queens, (N. Y.)*

"A health examination is not a separate thing, but the very backbone and one of the main issues of preventive medicine. It is linked up with all efforts in medicine serving to reduce illness, prevent disease, improve the quality of existence and prolong life. "We feel, therefore, that to get the

health examination idea as deeply rooted as possible and a routine part of the everyday practice of the private physician, it must be made not a specialty, but an integral part of the practice of medicine among all physicians.—*Dr. Linsley R. Williams.*

To those who have developed the practice of periodic health examinations, this work has many points of satisfaction as well as profit. Compared to that of attending on diseases, where perhaps you might rescue a body from death, but where so often the patient left you in spite of your efforts health promotion is a pleasure, for you see the family well and enrich their physical being.—*Bulletin of the Medical Society of the County of Kings (N. Y.)*

We commend education of the public as to the necessity for medical supervision of the pre-school child by the family physician, and we insist that medical examination of each child should be thorough and individual.—*Adopted by House of Delegates, American Medical Association.*

If one will stop to deliberate upon the many criticisms that have been directed against the medical profession of late, he will find that they usually fall within one of the following classifications:

1. Because doctors are not 100 percent perfect and some case has gone wrong.
2. Because doctors have not solved all of the economic problems related to illness.
3. Because doctors charge fees that have been proven to be a bare living wage.
4. Because specialists charge somewhat larger fees for highly technical expert service.
5. Because the golden rule principles of our code of ethics sometimes inconvenience a patient in his selfish desires.
6. Because doctors sometimes elect to refuse to respond to a call.
7. Because post graduate and vacation trips are interpreted as evidences

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Contemporary Review

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After all, these are petty criticisms and we should place on the other side of our balance sheet the fact that there is very little criticism of the efficiency of medicine in the cure of disease. Most people are fairly well satisfied that we are doing a good job, and extend to the profession a maximum of confidence.

We might, in turn, criticise the public for their patronage of quacks, and patent medicines, for non-payment of bills and for many impositions. But this would be equally petty, and we must remember that we have little reason to worry about the future of the profession of medicine if we consistently and intelligently devote our maximum effort to the advancement of the quality of the service that is rendered. — *Pierce County (Wash.) Med. Soc. Bulletin.*

TO WARD OFF MALPRACTICE SUITS

Follow these nine rules and avoid malpractice suits, is what the Bulletin of the Hennetin County (Minnesota) Medical Society recommends.

1. Keep full records of every case, covering both hospital and office care and including telephone consultation.
2. Do not spare X-rays.
3. Avoid, as far as possible carrying on your practice by telephone. Telephone diagnoses and treatment can lead to serious mistakes and misunderstanding.
4. Fill out death certificates accurately and completely. These may be used as evidence with serious consequences.
5. Do not have an autopsy performed without a written permission signed by the nearest relative.
6. Avoid careless and ill-founded opinions, particularly in regard to the results obtained by other physicians.
7. Defer pushing collections on a dissatisfied patient who may bring suit rather than pay his bill. He has only two years from the date of the last treatment in which to make a claim, while your bill is not outlawed for six years.
8. Make friends with your patients by your honesty and fairness towards them, for the everyday patients make

up your jury and their friendliness to you means their friendliness to the profession.

9. Carry adequate protective insurance.

Malpractice suits are always more common in times of depression. Therefore place these nine rules under your desk glass, and read them over periodically.

Proper care during illness must be available to the entire community at a reasonable cost; but there is no justification in the prevailing industrial code for saddling the physician with the heavy burden of medical charity which he now bears. The poor are a public responsibility, and the physician in private practice should not be expected to minister to them without charge any more than the retail food purveyor, clothier or landlord. The doctor must discharge his personal monetary obligations according to the same economic laws that govern the rest of the community. He cannot depart too radically from those laws in his professional conduct if he is to maintain his financial stability.—*The New York Medical Week.*

THE FAMILY DOCTOR

Despite all that has been written and said about the family doctor, his patients have still to be heard from. . . . His patients say that except for minor ills he turns them over to specialists. He is becoming partly a diagnostician and partly a directory of his specialist friends—an expert information bureau. Is it any wonder, his patients rise to inquire, that he doesn't make enough money to go on being a general practitioner? . . .

There are, however, general physicians who make money, who perform all but the most delicate and specialized operations, who put to its fullest use their intimate knowledge of their patients' idiosyncrasies. That, after all, is why none of the suggested substitutes for the family doctor will ever fill the bill. That is why neither "group practice," government agencies, nor the out-patient clinics of private hospitals will ever force him to take down his shingle. For the practice of medicine is partly an art, not entirely

(Continued on Page 24)

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Lady Attendant

Contemporary Review

a great American institution.—*Editorial in the Saturday Evening Post.*

a science. A successful general practice requires a man with what one doctor called "the shepherd's heart."

But if he is to make the good living he deserves, he must keep up with medical progress sufficiently to do the hard jobs that earn the big money. Those family physicians who volunteer to perform the indicated operation, to deliver the baby, to treat the sinus, and whose patients are confident in their ability—these are the prosperous family doctors of the future. Like any business, success in medicine demands constant work, apart from regular routine. It is not surprising or alarming that the doctor who hasn't "cracked a book" since medical school can't seem to stand the competition of clinics, specialists and hospitals. On that principle he wouldn't make a good living as a lawyer, an engineer or even a candlestick maker. But as long as progressive, prosperous, general physicians carry on their abundant practices in every section of the country, we need not fear for the future of

Every county society is urged to devote at least one meeting during the coming year—and several if possible—to a discussion of the local economic and social problems affecting the practice of medicine. At least one meeting should be given over to a discussion of ways and means to prevent suits against physicians for alleged malpractice. Other subjects that could be used as topics for symposiums or general discussions are: Progress in medical education; mental hygiene problems; periodic health examinations; medical and health legislation; public health activities; and problems the hospitals are attempting to solve.

Every community undoubtedly has local questions and problems having a health and medical angle. The county medical society should take the initiative in endeavoring to solve such questions and attempting to win the support and co-operation of other organizations and groups affected by or interested in them.—*Ohio State Medical Journal.*



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