

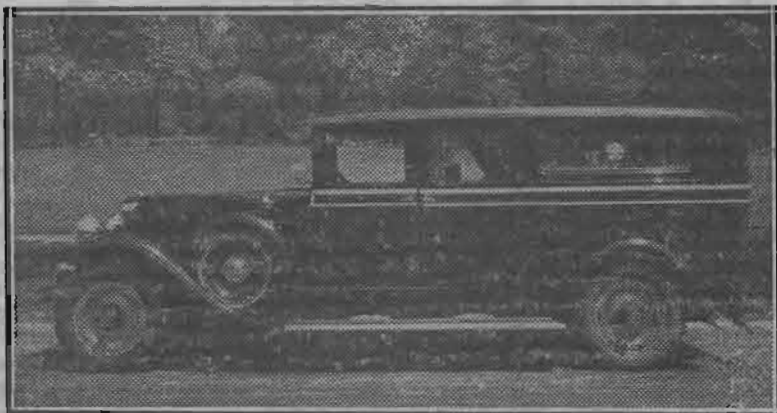
BULLETIN
of the
**MAHONING COUNTY
MEDICAL SOCIETY**

JANUARY, 1932

Volume Two

Number One





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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Dependable Service At All Hours
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NEXT MEETING

\$3.00 ANNUAL BANQUET \$3.00

JANUARY 19, 1932

AT THE YOUNGSTOWN CLUB

6:30 P. M.

Mr. James Gheen

INSPIRATIONAL AND HUMOROUS SPEAKER

SOME TESTIMONIALS ON MR. GHEEN'S ABILITY

"I consider Mr. Gheen one of the greatest inspirational speakers it has ever been my pleasure to hear."

—President, Oklahoma City Chamber of Commerce.

"Mr. Gheen's address was accepted as one of the finest ever heard by a Scranton audience."

—The Scranton Penna. Times.

"The best after-dinner speaker I have ever heard in my travels about the country."

H. M. Stanley, New York State Grange.

"His few minutes address to the Club showed him to be one of the best speakers on the public platform."

—The Oak Parker Illinois Lions Club.

"It was the most remarkable talk ever given before our Club."

—President, Rotary Club, Peoria, Ill.

REMEMBER THE DATE, TUESDAY, JANUARY 19th

COMING EVENTS

Tuesday, Feb. 16, 1932

YOUNGSTOWN CLUB

8:15 P. M.

DR. JOSEPH BARACH

of

Philadelphia

“High Arterial Pressure; Etiology, Classification and Treatment”

Tuesday, March 15, 1932

YOUNGSTOWN CLUB

8:15 P. M.

DR. JOHN TUCKER

of

THE CLEVELAND CLINIC

“Newer Viewpoints in the Treatment of Peptic Ulcer”

Thursday, April 28, 1932

FIFTH ANNUAL POST GRADUATE DAY

HOTEL OHIO

9:00 A. M.

DR. HENRY CHRISTIAN

and

A Group From the Peter Bent Brigham Hospital, Boston, Mass.

EVENING BANQUET

at

YOUNGSTOWN CLUB

6:00 P. M.

Tuesday, May 19, 1932

YOUNGSTOWN CLUB

8:15 P. M.

DR. TEMPLE FAY

of

Philadelphia

President's Corner

To the Members of the Mahoning County Medical Society:

Permit me to take this opportunity to thank you for the honor you have bestowed upon me of being your new President. With the increasing responsibilities of our Society from year to year I sincerely hope that your trust will not have been misplaced.

In wishing you all a Happy and Prosperous New Year I remember that 1931 was a hard year for all. No one single person but has been affected by direct financial loss or decreased income; yet, 1931 for our organization was one of the greatest if not the greatest year in our existence. So then, let us forward, ever onward, widening our vision, and increasing our helpfulness and usefulness in our community, still always in mind that we are of a profession proud of its traditions, "For thousands of years medicine has united the aims and aspirations of the best and noblest of mankind. To depreciate its treasures is to discount all human endeavor and achievement at naught."—Marx.

Therefore let us make this compact, that by suggestion and precept, both individually and collectively, we will strive to make this, OUR Mahoning County Medical Society, "Bigger and Better Than Ever."

A. E. BRANT.

The Mahoning County Medical Society BULLETIN

Published Monthly at Youngstown, Ohio, by the Editorial Committee

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PUBLICITY

We have always felt that a great deal of the responsibility for the existence of the various illegitimate medical cults is primarily the fault of the Medical profession itself. Our entire economic setup of the last decade has been based on carrying to the ultimate consumer a message dealing with the product that is being sold. We have witnessed, in the last few years, the education of the consumer, by concentration of the advertising along the lines of technical details. Each manufacturer has tried to familiarize his clientele with some of the points that make up the romantic side of the manufacture of his product.

A great many of the members of our profession have felt that the laity is not interested in Medicine, and a few still feel that the less the layman is informed, the better for our group as a whole, but fortunately this group is in a very small minority. That the laity is interested can easily be proven by the readiness with which every article treating with any branch of Medicine is absorbed. The Cultists have shouted their wares from the house tops and we believe that it is high time that we show the Public that we are not indifferent to the fact that Health is the concern of all. It is time that they knew the Romance and the Ideals that underlie the daily rounds of their Physician.

We have had very impressive proof that there is a great desire for more knowledge, as witnessed by the attendance at the recent public meeting addressed by Doctor Chevalier Jackson. No one could have foreseen an attendance of over three thousand people at a public meeting dealing with this a very limited field of the practice of Medicine, that dealing with the accidents resulting from the swallowing of foreign bodies by children. It was a most astounding turnout, taxing the capacity of our largest auditorium, and even the most optimistic member of the committee had not anticipated half that many people.

Our path is therefore clear. We know that the laity is interested and will go more than half way if given half a chance. We do not claim that this is our duty to the public, but our obligation to ourselves. We must realize that there has been a great deal written about the cost of Medical care. These costs are of course exaggerated, or at least so we feel, but must we not convince our clientele of that? This first public meeting will become an annual institution. Other County societies have been providing a series of meetings on Public Health matters, Radio Broadcasts, Newspaper Articles, and talks by their members on the History, and development of Medicine. After the tremendous success of the Jackson Meeting, we must not sit back and wait for another annual meeting to arouse that interest which has been allowed to wane. Our annual meeting should be the Climax of the campaign carried on through the year. Until the education of the layman is entirely complete, our efforts must continue, and satiation seems a long way off.

Secretary's Report

The Annual Meeting of the Mahoning County Medical Society was held December 29, 1931 at the Youngstown Club. The following officers were elected for the year 1932:

President—A. E. Brant.

Vice-President—J. P. Harvey.

Secretary—W. M. Skipp.

Treasurer—W. X. Taylor.

Delegate to State Convention—J. Rosenfeld.

Alternate Delegate to Convention—P. J. Fuzy.

W. H. Bennett is the present delegate whose term continues through the year 1932.

A. W. Thomas was elected Censor for the term of three years.

W. H. Bennett and H. J. Beard are present censors whose terms expire in one and two years respectively.

May 27, 1931, Dr. Scofield reported for the committee which met with the Parent-Teachers Associations of this city that the Society might obtain some volunteer physicians who will assist in preparing the round-up of pre-school children. Plans for meeting this situation by that method or some other method should be instituted now if we are to accomplish anything for the next year with the Parent-Teacher Associations. While this is not an ideal arrangement, the work of the committees should be carried on from this point to a more satisfactory conclusion.

The Constitutional amendments will be mailed to each member in the near future so they can be acted upon at a meeting possibly in February.

There are some men in this vicinity who are not members of this Society and it should be the efforts of all members to try and interest them and build up the membership.

Those who have not already paid their dues should do so at the earliest possible moment to avoid being delinquent. Protection against mal-practice is forfeited by any member during the period of delinquency.

The new Secretary, Dr. Wm. Skipp, is extended best wishes for the ensuing year.

I wish to express my thanks for the opportunity of serving this Society as Secretary for the past four years.

J. P. HARVEY

Medical Gleanings

We thank the Portage County Medical Society for its mention of our Jackson Meeting in its Bulletin.

The Executive Office of the Academy of Medicine of Toledo procures new auto license plates for its members, thus saving them much inconvenience. Just one of the many small but important services an efficient office can give.

In the December issue of the Annals of Surgery we note an interesting article by Dr. Bean M. Palmer, and Dr. J. E. Hardman entitled "Strangulated Epiploic Appendix Simulating Appendicitis."

On January fourth the Chicago Laryngological Society held a meeting open to the General Public in honor of Dr. Chevalier Jackson. Appreciation of Dr. Jackson's work was expressed by Drs. Ethan Allan Gay, Joseph C. Beck, Morris Fishbein, Edward H. Cary and Frank Billings. The subject of Dr. Jackson's talk was "Suppurative Disease of the Lung Following Operations Involving the Upper Air Passages."

The Society greets one of its members, Dr. C. H. Beight, Youngstown's new Commissioner of Health and offers its cooperation in every way possible.

A cordial invitation is extended to the members of the medical profession
of the State to attend—

PENNSYLVANIA—OHIO—WEST VIRGINIA

SECTIONAL MEETING

AMERICAN COLLEGE OF SURGEONS

To be held at Pittsburgh

JANUARY 25-26, 1932

HEADQUARTERS — WILLIAM PENN HOTEL

Schedule of Meetings

MONDAY, JANUARY 25, 1932

- 8:00 A. M.—Registration—17th Floor—William Penn Hotel—(Lobby Floor if preferred)
- 8:30 to 11:00 A. M.—Clinics at Local Hospitals
- 9:00 to 11:30 A. M.—Hospital Conference—Urban Room—William Penn Hotel
- 11:30 to 12:30 Noon—Clinical Address—Surgery (Lantern Slides)—Urban Room—William Penn Hotel
- 11:30 to 12:30 Noon—Clinical Address—Eye, Ear, Nose and Throat (Lantern Slides)—Silver Room—William Penn Hotel
- 2:00 to 4:30 P. M.—Hospital Standardization Conference (Lantern Slides)—Urban Room—William Penn Hotel
- 4:30 to 5:00 P. M.—Annual Meeting—Fellows of the College—Urban Room—William Penn Hotel
- 6:30 to 10:30 P. M.—Medical Dinner, followed by Medical Motion Picture (Sound) Exhibition
- Reservations to be made through Dr. Robert L. Anderson, 5017 Jenkins Arcade, Pittsburgh. Subscription, \$3.00. Early reservations will be appreciated

TUESDAY, JANUARY 26, 1932

- 8:30 to 11:00 A. M.—Clinics at Local Hospitals
- 9:00 to 12:00 Noon—Hospital Conference—Auditorium—Mercy Hospital
- 11:30 to 12:30 Noon—Clinical Address—Surgery (Lantern Slides)—Urban Room—William Penn Hotel
- 11:30 to 12:30 Noon—Clinical Address—Eye, Ear, Nose and Throat (Lantern Slides)—Silver Room—William Penn Hotel.
- 2:00 to 5:00 P. M.—Scientific Meeting—Surgery (Lantern Slides)—Urban Room—William Penn Hotel
- 2:00 to 5:00 P. M.—Eye, Ear, Nose and Throat Round Table Conference—Silver Room—William Penn Hotel
- 2:00 to 4:30 P. M.—Hospital Conference—Nurses' Class Room—Western Pennsylvania Hospital
- 8:00 to 10:00 P. M.—Community Health Meeting (Lantern Slides and Motion Picture)—William Penn Hotel

ANNUAL PELVIC EXAMINATIONS

The physicians of this County and State have an excellent opportunity at the present time to assist in a very worthwhile campaign. Largely thru the efforts of Dr. Joseph Colt Bloodgood of Baltimore an attempt is made to secure an earlier recognition of carcinoma of the cervix by periodic examinations.

It is proposed that the physicians of the different counties and states make individual and united efforts to encourage women and especially mothers to have annual pelvic examinations. We believe that in this way medical men will discover early, the new growths, even before the patient has begun to have symptoms enough to force her to the Doctor's office.

Physicians all agree that one of the most serious obstacles to the cure of cancer is that we do not see the cases early enough. We all know the type of patient who presents herself for a pelvic examination at the present time; most of them are beyond radiologic or surgical treatment.

Here is an opportunity, however, where we can really do some good, if we will, for all of us should be able to recognize a new growth when seen.

Malignancy of the cervix, which accounts for ninety percent of all cases of the uterine carcinoma has its origin in the vaginal portion of the cervix or in the cervical canal or neighboring glands. Therefore, diagnosis by inspection is of paramount importance. Polak recently stated that cervical carcinoma is almost exclusively found in women who have born children.

As a practical method by which we may go about this work, we suggest that our County Medical Society authorize the printing of suitable signs which each member might hang in his office, where it could be easily seen by the patients. Such a sign might read

WE RECOMMEND

Annual Pelvic Examinations for Mothers
CANCER Prevention Is WORTHWHILE

While we appreciate the fact that with the recognition of early cancer, we cannot promise the patient a cure, certainly the proper repair of lacerated cervixes and other injuries incurred with childbirth will prevent the development of many cases of cancer.

The annual or semi-annual pelvic examination is of particular importance to women whom we have confined and know that cervical laceration has taken place.

Pelvic examinations thus become preventive medicine of the highest degree.

Dr. H. E. McClenahan,
Dr. P. M. Kaufman,
Dr. O. W. Haulman,
Dr. H. M. Osborne.

ATTENTION

The attention of the membership is called to the following sections of the Ohio State and County Society Constitutions:

Chapter II Sec. 3 (State)—*Arrears in Membership*—A member of this Association shall be deemed delinquent and in arrears in all his relationships as a member, including his rights to medical defense from and during the period extending from Jan. 1st of the current year until his dues and assessments shall have been received at the headquarters of this association, having been remitted by the designated officer of the component society of which he is a member.

Chapter III Sec. 5 (County) *Remission of Dues*—In the event of a member of this Society being unable to pay dues, the Council is empowered to act upon a petition presented by said member directly or through friends, for the remission of dues. The Council shall communicate its decision to the Secretary and Treasurer but the name of the beneficiary shall be made known to this Society.

Ordered published by Council.

* The Future Relation Between the Medical Profession and the Public

BY HUGH S. CUMMINGS, M. D.

Surgeon-General, U. S. Public Health Service, Washington, D. C.

Prophecy is one of those indulgences which are peculiarly susceptible to the influence of immediate circumstances. One can easily imagine that the lamentations of a prophet uttered on an empty stomach might be turned into a roseate imagery over a post-prandial cigar. And so, not being able to claim any special inspiration, I would beg you not to hold me too closely to any statements which I may hazard as to the future relations between the medical profession and the public.

It occurs to me, at the outset, to remark that we are not only discussing the future relations between two bodies, but also the relations between two future bodies, for it is not to be expected that either the profession or the public is going to stand still to have its measurements taken. We are dealing with two variables and should have to resort to higher mathematics unsuitable for the present occasion if we expected to make an accurate analysis of the situation.

Still we do know something of the changes affecting the case, which have been and still are taking place, and it is perhaps justifiable to hazard a few guesses as to the immediate outcome.

Neither the profession nor the public is homogeneous in composition, so that generalizations are difficult to make. It may be said however, that in general the practitioner of earlier days was not aware of such a thing as a public, in the sense in which we are using the word. The public to him was merely a succession of unrelated individuals who visited his office, or upon whom he made professional calls at their homes. His relations with these individuals were simple—the relief of their ailments on the one side, and the payment of a fee on the other. Seldom did he feel called upon to give advice concerning the avoidance of future illness and seldom did the patient request such service. His largest unit was the family, and if he often assumed the role of counsellor and friend he did more than was called for in the contract.

We must therefore pay special tribute to the small minority of the profession who did visualize some sort of service beyond these very simple exchanges. These were the men who recognized that there was a public, a body politic, in dire need of the protection which medical knowledge applied in a public way could supply.

The sanitary awakening which ensued is very largely to be credited to the medical profession in general which supplies the knowledge, and to those few members thereof in particular, who set about applying it to the public wholesale and with the accent on prevention rather than cure. As human changes go, the public has not been slow to do its part in supporting this relatively-new public-health movement.—I venture to say at least no slower than the medical profession has been in performing its part. Indeed, instances could be cited in which the public has clamored for the benefits of public-health service and has met with somewhat belated response from the profession. For example, a public now educated to expect of its doctors a good working knowledge of the measures for the prevention of communicable diseases, would be pained to learn that only within a few years have most of the medical colleges paid anything like adequate attention to training in these matters.

My prophecy in this connection is a happy one. I believe that the public will increasingly learn to regard health protection as a birthright, not to be

**Address delivered at the Fifteenth Annual Banquet of the International Medical Assembly, Milwaukee, October 23, 1931. Reprinted from the Toledo Academy of Medicine Bulletin.*

denied a person because he may be poor, inconspicuous, or isolated. Also, the indications are that medical instruction will increasingly take into account the public responsibilities of medical graduates, and will emphasize more prominently the value and the technic of preventive as contrasted with curative measures.

There are some good reasons why a moderate shifting of emphasis from treatment toward prevention would be a good thing for the profession to cultivate. I say a moderate shifting because I do not mean to imply that treatment should be neglected. The principal office of the physician will remain the restoration of health of his patient, but it does seem that he should now give increasing attention to the maintenance of health. Among these reasons I may cite the old adage that an ounce of prevention is worth a pound of cure, an adage which as applied to health matters is probably a gross understatement. Another reason is that the value of a preventive measure increases enormously with the promptness of the application, and the medical practitioner is usually the first trained person on the spot. Again, if he inspires his clientele with confidence, as he should, he is far more apt to secure prompt and effective response from them, by persuasive means, than the health official is by his necessarily more officious, coercive, and belated demands.

The cost of medical care has excited much animated discussion of recent years, and some careful study. Whatever the upshot of the latter may be, one conclusion is already apparent which may be illustrated by the parable that if a man pays more for an automobile than he did for a horse and buggy, he at least gets much more of a ride for his money. There is really no comparison between the kind of treatment frequently given in the past and the highest type of present day treatment based on adequate diagnosis and the use of modern facilities. The one was perhaps temporarily alleviating at best, while the latter is often capable of making a new man out of an individual, with vastly increased capacity both for earning and enjoyment. Modern medical treatment *must* be costly, but every reasonable effort should be made to bring this cost within reach of that large and socially-important group which is sometimes known as the salaried middle class which is now the least well-provided for.

The chief difficulty, aside from costliness, is found in the item of distribution. The rural sections, which still comprise nearly one-half of the population, are still very inadequately provided for. This situation I believe is really an opportunity rather than a difficulty, but it is one requiring considerable initiative for its improvement. It seems plausible that this problem is likely to be solved by the slow but sure spread of rural public-health service. When once there is established in a county a full-time official health unit, the health and medical needs of that area becomes visualized for the first time. There is someone constantly on the job who is in a position to evaluate the service required for all of the people. Small but well-equipped hospitals and clinics, placed at strategic points in rural areas, would find plenty of work to justify their establishment, and besides bringing the benefits of modern diagnosis and treatment to a largely neglected public would attract many a competent young doctor into interesting and wholesome surroundings. I am convinced that the chief reason why the young physician so seldom seeks a country practice is to be found in the fact that he knows that he would find in such surroundings few or none of the facilities which he has been taught to work with.

A program like this will call for cooperation on the part of the organized medical profession. It is one of the many instances in which a closer understanding between the health and medical branches of the profession are to be hoped for, and expected. The rural health official cannot fail to encounter in his daily work innumerable instances where timely medical attention would have prevented suffering, impairment, and death, nor can he fail to realize that the solution must lie in the establishment of centers where the proper facilities will be provided.

So insistent has become the need for diagnostic, correctional-treatment facilities in the eyes of the health officials generally, that they have taken independent steps to secure them. And why not? A conscientious man cannot stand by and do nothing when the urgent demands of preventable and curable suffering comes to his attention day by day. In some cases these activities

DR. HARRY E. WELCH

Dr. H. E. Welch has retired from public office after having held the position of Health Commissioner for thirty-eight and one-half years. It is given to but few citizens to have so honored the community and to have been so honored by it. Few physicians have rendered such a service, and for the salary allowed, but few would have been interested in it. During these years Youngstown has experienced many epidemics, the worst of them being the war-time influenza invasion. Dr. Welch assumed a leadership and a common-sense attitude at that time which certainly must have greatly reduced our mortality in this city. He has had to experience many unpleasant episodes as part of his official tasks but seldom has he complained. Through it all he has steadily and with courage conducted his office and has refused to be disturbed by political pressure and by clamor of plum seekers. He has had occasion, week after week, to point with justifiable pride to the health situation in Youngstown as determined and analyzed by national health authorities. He has attended conference after conference, many of them being tiresome affairs, merely that through being there he might be able to render to his city a better health service. He has indeed conducted his office without fear and without favor.

Mahoning County Medical Society holds Dr. Welch high in its esteem and takes this opportunity of congratulating him on his long record of service and thanking him for his accomplishment.

CONTEMPORARY REVIEW

GOVERNMENT COMPETITION WITH LOCAL HOSPITALS

All our members who are also members of the American Legion have, we believe, a present-day responsibility for educating their fellow Legionnaires to the advantage to former soldiers should the Veteran's Bureau extend them the right, when in need of medical or surgical treatment, to choose between remaining at home or in a nearby hospital for treatment, and being sent to a distant veterans' hospital. All our readers as taxpayers should have a selfish interest in the adoption of the Shoulders plan, if for no other reason than the saving to the Government of the cost of transporting veterans with certain impairments from their homes to distant veterans' hospitals and back again.

The director of one of our Veterans' Bureau hospitals is quoted as saying that the cost for such transportation alone to and from his hospital is \$1,500.00 daily. There are now more than thirty such hospitals in the country, and plans for many others are being projected, while thousands of beds in hundreds of good civilian hospitals locally supported remain empty.—*Pittsburgh Medical Bulletin*.

(Ed. Note—For details of the Shoulders Plan see the *Mahoning County Bulletin* of July 1931)

The valuable personal touch will be lost in all schemes that tend to oversocialize medical practice. The general practitioner and his social unit, the family, will remain as the strongest bulwark against the forces which would homogenize medicine.—*Bulletin of the Academy of Medicine of Cleveland*.

The public does not realize that the medical profession is not paid for the services rendered in the great city hospitals; that it is not paid for the services rendered in the other hospitals and clinics; that it is not paid for much of the service rendered in private practice. Very little is said and thus nothing is done about the total contributions of medical service given year in and year out by the practitioners—contributions of service greatly increased during the periods such as we have passed through and are passing through.

Everyone will have to realize that the profession cannot continue to contribute of its time and of its decreasing finances as well.—*Bulletin of the Medical Society of the County of Kings (N. Y.)*

INDIAN CREEK FARM

The Home of Youngstown's Better Milk

Professor Oscar Erf of Ohio State University who has made the study of Milk and the Dairy Cow his life's work gives us some vital statistics in his treatise, Is Pasteurization Economic Panacea?

"Newer methods of sanitation are protective rather than corrective. Medical science has taught us that instead of permitting contamination and then using antiseptics to remedy the condition, it is better to prevent it by placing the patient in clean surroundings and using sanitary methods of care.

Milk produced under all sorts of conditions even though pasteurized, is not as desirable or safe a food as raw milk produced under good conditions.

Since the volume of pasteurized milk prevents its being put under a thorough system of inspection, it must be left to the producers of raw milk who are willing to comply with regulations which will safeguard health, to supply the highest quality of milk.

There are bacteria in the pure raw milk which feed on the milk sugar, produce lactic acid and cause the milk to sour. Raw milk is a combative agent to intestinal putrefaction because of this lactic acid. Destruction of the natural bacteria in milk by pasteurization, is harmful because it arrests the formation of lactic acid.

Pasteurization also destroys much of the milk albumen which is of such importance in rebuilding and vitalizing the human body. It also to some extent affects the calcium and phosphorus content of the milk. Dr. Raymond Bell made a

study of this and reported as follows regarding the loss in the soluble calcium and phosphorus in the milk, the amount depending upon the temperature to which the milk is heated:

Temperature	% Calcium Loss	% Phosphorus Loss
140	.0032	.0018
150	.0011	.0024
160	.0020	.0016
170	.0053	.0059
180	.0039	.0042

Bell's study is confined to the precipitation of calcium salts by heat under atmospheric pressure. The heat coagulation of milk is undoubtedly due, partly at least, to the precipitation of calcium salts, thereby causing a disturbance in ash balance.

Studies at the Preventive Clinic of the Boston Dispensary show the results of feeding pasteurized milk and feeding certified raw milk to infants for one year. When pasteurized milk was fed there was a relative gain of 1.7 per cent; while the gain when certified milk was fed was 14 per cent.

The following table shows the results of certified and pasteurized (Grade A) milk, with and without orange juice and cod liver oil, in the feeding of infants in the first year:

	No. Months Observed	Wt. Devel. Entrance %	Wt. Devel. at 1 year %	Gain in percentage devel. %
Group I (61 Cases), Grade A Pasteurized— Cod Liver Oil 0, Orange Juice 0.....	6.9	82.1	83.8	1.7
Group II (59 Cases), Grade A Pasteurized— Cod Liver Oil 0, Orange Juice 1.....	7.2	82.2	90.1	7.9
Group III (72 Cases), Grade A Pasteurized— Cod Liver Oil 1, Orange Juice 1.....	7.0	80.2	89.7	9.5
Group IV (17 Cases), Certified Milk Raw, Cod Liver Oil 0, Orange Juice 1.....	6.8	80.0	94.0	14.0
Group V (5 Cases), Certified Milk Raw— Cod Liver Oil 1, Orange Juice 1.....	6.5	81.8	89.0	7.2

Pasteurized milk comes from various sources—some good and some bad—about the only requirement in most health regulations being that it must contain more than one million bacteria per cubic centimeter before pasteurization. Since pasteurization is supposed to kill 95 per cent

of the bacteria, 50,000 may still remain. Therefore, Doctor Levine calls attention to the danger in toxic products, resulting from the organisms in pasteurized milk—stating that he considers milk a really unsafe food unless it comes from sanitary sources."

It's not what we put into it but what we keep out of it, that makes Indian Creek milk better. Wholesome milk is our best, most economical food—let's drink more of it.

FLORENCE L. HEBERDING.

Phone 22344

Canfield, Ohio.

* THE HYGIENE OF MIDDLE AGE

It is not the design of the United States Public Health Service to point out the changes that may be characteristic for the different age periods or to lay down specific rules of living to meet them. In fact, the early periods of infancy, childhood, youth, and manhood will be passed over, but the advent of middle age, with its peculiar problems, will be briefly discussed.

Whatever else may be said of these progressive bodily changes, by the time we reach middle age we realize fully the truth which underlines them all, and which we express in the term "growing old." This process of age is in all likelihood very elaborate and complicated, but one of its obvious and important results is the gradual replacement of our body cells by connective tissue, what we might call a sort of scarring process. This means that the body cells undergo a change perhaps both in quantity and in quality, leaving the tissues and organs which they compose with less vigor and less recuperative power.

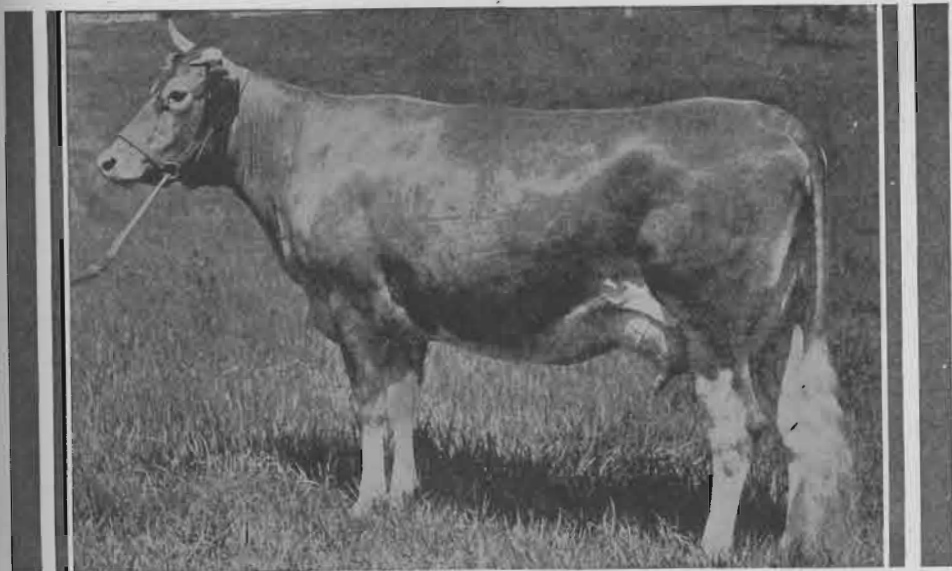
When a man begins to reach middle age he perhaps for the first time fully appreciates what it means to grow old. This fact becomes evident in his consciousness in ways that he cannot overlook. He begins to notice that his body is no longer capable of doing those things which previously he could do with ease, and he finds that his habits of life must be changed if he would maintain physical well-being.

This is for many a difficult time of life, and it is a period when readjustments are important. Briefly it means that the individual must realize that he has passed the apex of his existence and is now on the downward incline. Such a thought implies a profound readjustment in his outlook upon life, sometimes with considerable mental disturbance. Along with this mental adjustment there are not lacking indications which warn the individual that he must change his habits to conform to the changes in his body. He is a wise person who realizes all this and readjusts himself accordingly, maintaining at the same time the mental poise which accepts the inevitable without repining.

The mental attitude is important, and the emotional reaction is even more so. The old adage that a man is only as old as he feels expresses a good deal of truth. There is no need for gloom. A man of middle age, when knowledge and experience have ripened into at least a sort of wisdom, may look forward to many rich years of a useful and happy life; but he must make the necessary compromises with his body to do so.

His adjustments mean largely modifications in his thinking, and in his habits of eating, drinking, sleeping, and exercise. He finds he can no longer eat as he once did, and as a matter of fact he does not need the quantity of food which he once consumed. If he indulges in alcohol at all, he must now do it with discretion and judgment. He must give greater care to his sleeping and secure a complete night's rest, and he can no longer safely indulge in strenuous exercise. Making a sudden sprint to catch a street car is no longer an innocuous pastime; it may be highly dangerous. One finds himself obliged to consider many things never before given a thought, or else pay the penalty. It is no longer wise to live at high pressure; life must flow with more ease and more deliberation.

(Continued On Page 16)



Only Fresh Milk

from tuberculin tested cows, from dairy farms that have fulfilled the sanitary requirements of the City of Cleveland Board of Health, is used as a basis for the production of S. M. A. In addition, the milk must meet our own rigid standards of quality.

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There Are Ohioans Like This

A European health officer responsible for effecting sanitary reform in Damascus after the war asked these questions of the city's leading official:

Question: "What is your birth rate in Damascus?"

Answer: "I do not know. I was not present. I hesitate to inquire."

Question: "What is your population?"

Answer: "The people are many; but how many, I do not know. They have never all gathered in one place at one time to be counted."

Question: "What is your death rate?"

Answer: "It is the will of Allah that all should die. Some die young; some die old."

Question: "What is your water supply?"

Answer: "From time immemorial no one in Damascus has been known to die of thirst."

Question: "What comments have you to make regarding sanitary conditions in your city?"

Answer: "A man should not bother himself or his neighbor with questions that concern only God."

—Dr. W. W. Peter, in *Mastodons, Microbes and Man.*

Our New Year's Resolution-

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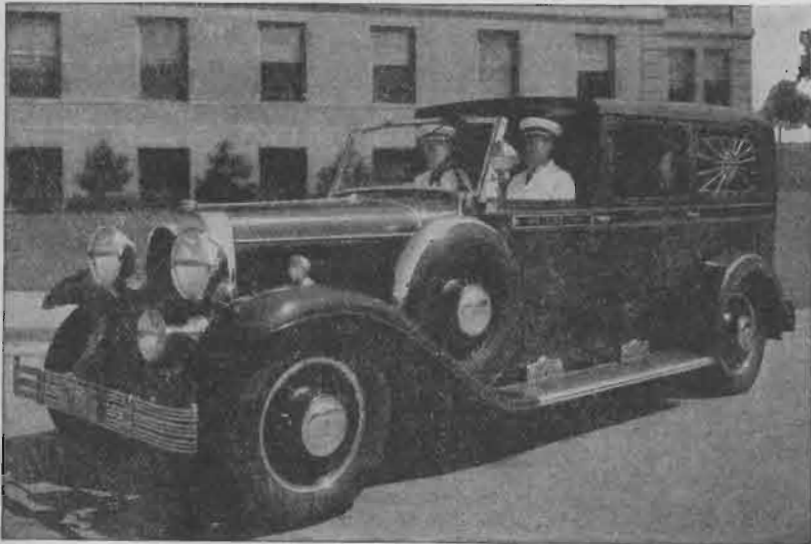
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THE HYGIENE OF MIDDLE AGE

(Continued From Page 12)

It may be observed, however, that mere years alone are not necessarily a safe guide as to when one has reached middle age. There are numerous individual variations with regard to these bodily changes; one man will show them comparatively early in life, another much later. In other words, a man is not so much as old as his years as he is as old as his body. It has been well said that a man is as old as his arteries, because heart and arteries are necessary to existence, and when they undergo the changes incident to middle life and old age they are no longer capable of meeting the demands which were formerly made upon them. These demands must now be reduced to their capacity.

Specific rules of conduct and definite instructions as to the adjustments which one must make have been avoided. It is not the purpose here to outline specific rules of conduct; it is rather to present a general fact or law and a principle of hygiene based upon the law. If one learns principles, one can formulate rules with ease. It seems better first to establish as clearly as possible the principle which underlies the subject rather than to attempt a mere formulation of rules of conduct; and the principle which an attempt has been made to establish definitely is that if a man would maintain health and vigor he must adjust himself to the changes which take place in his body at various stages of his existence.

However, it may be said that there is one general rule which is applicable not only to this subject but to many another problem of hygienic living, and that is the rule of moderation, the golden mean—moderation in all things. It is usually the excess which does the harm. To use a well-known figure, it might be said that moderation is the silken cord upon which we may safely string the pearls of all our hygienic habits.

**From the Ohio Health News.*

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THE FUTURE RELATIONS BETWEEN THE MEDICAL PROFESSION AND THE PUBLIC.

(Continued From Page 9)

have led to anxiety on the part of practicing physicians and cries of "State Medicine," but on the whole I believe that the profession has benefitted both materially and spiritually,—materially because an increased awareness of the public and its needs has been included.

Some form of state medicine appears to be inevitable unless the medical profession shall be able to meet the situation more adequately of its own initiative—a consummation devoutly to be desired. The fact is that there are millions of American citizens who, on account of the ignorance of isolation or because their finances are still in the horse and buggy stage rather than that of the automobile, cannot avail themselves of the modern facilities of medical examination and treatment. And yet they constitute an enormous potential national asset, one which for merely business reasons it is wrong to neglect. The health official is perhaps in the best position to visualize this wastage and this opportunity. It is but to be expected that he will try to do something to correct the one and improve the other.

It would be unsafe to venture a very positive prediction upon this feature; one's wishes are too prone to flavor his prognostications. It would be my desire that the medical profession, which initiated the public health movement and to which the public must always look for its basic information and much of the actual daily work of public health, should of itself find the solution of this newly-recognized problem. It does, however, seem quite safe to predict that if the profession does not succeed in solving the problem the State will try to,—successfully or not. By the State, in this usage, I mean the local State or possibly the Federal government. Personally, I am not in favor of any out-and-out state medicine schemes with which I am familiar, but I must remind you that if the clamor of popular demand arises, the voices of individuals are not likely to be heard.

A cordial cooperation between the constituted health authorities, who are

at present the only medical agencies paid by the people and responsible to all of them, and the organized medical profession may result, it seems to me, in the adoption of a plan of action which will obviate the more radical or even revolutionary changes which are otherwise likely to occur.

WEE MODERNS
By Berton Braley

The babies of these present days are raised upon a system,
You count their calories of food and on a card you list 'em;
They're spanked upon a schedule and petted by the clock
And you musn't ever jounce 'em and you musn't ever rock;
Physicians choose their style of dress and fix their hours of sleep
And tell you when they ought to laugh and when they ought to weep,
Their every eccentricity is catalogued and filed
For the modern type of baby is a scientific child!

Time was that mother raised them in a rather casual way,
With a bit of help from grandma—but that isn't done today;

The bringing up of babies is a far from simple art
And you need a dozen volumes and a blueprint and a chart
A clinical thermometer, a stethoscope, a scale
Some test tubes and a dictophone that registers each wail,
The modern mother's regimen is very far from mild,
For the baby of the present is a scientific child!

(Oh yes, I am describing the modern baby now!)

Oh, the old folks sniff about it and the jesters jest a lot
But the modern type of baby is a healthy little tot,
He may be robbed of baby-talk, of many pats and kisses,
But there's a heap of colic and other ills he misses;
And in spite of all the sentiment that in our cosmos lurks
There isn't any question that the modern method works—
For the scientific baby is a husky little tad,

A CREDIT TO THE DOCTOR, AND THE MOTHER, AND THE DAD!

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- eliminates gastric disturbance
- SO PLEASANT TO TAKE
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S. Q. LAYPIUS Observes —

Someone gives Herbert Hoover a clock. Unnecessary. No one knows better than he, what the times are like.

Local social service executive complains bitterly because he has not had a pay-check for 6 weeks. Let's see, doctor, how long since you've had a pay-check?

News item states "lawyer loses suit." I know a lot of doctors who have lost their shirts also.

There has been a receiver appointed for the Alaska Gold Mines Co. Now in that case one can understand frozen assets.

The Salvation Army is overlooking a bet. There should be a sale for old magazines to be put on doctor's waiting-room tables.

Business is rotten. This, at least is the unanimous report of a group of manufacturers to whom we sent a business questionnaire. We tried to choose diversified industries, so as to be fair about the thing. We have reports so far from manufacturers of sleds, bustles, hoop-skirts, sleigh-bells, shaving-mugs, moustache-cups, ear-lugs, britchens, red-flannels, mandolins, croquet sets and wristlets.

One idea of the millenium is that time when control of the public health is taken out of the hands of sheer politicians.

What America needs now is fewer false prophets and more real profits.

Manufacturers of hosiery see an early uptrend in business, figuring that those heavy silver-and-gold pieces will eventually wear out sox.

Ingenious local tailor proposes to specialize in re-seating trousers.

"If one wishes to fortify cod liver oil, it is far more reasonable and efficacious to increase its potency by adding a small amount of viosterol, which is a specific in the prevention and cure of rickets, as it brings about calcification not only of the bone but of the proliferating cartilage as well." (Hess, Alfred F., Am. J. Dis. Child. 41:1081; May, 1931.)

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