

BULLETIN

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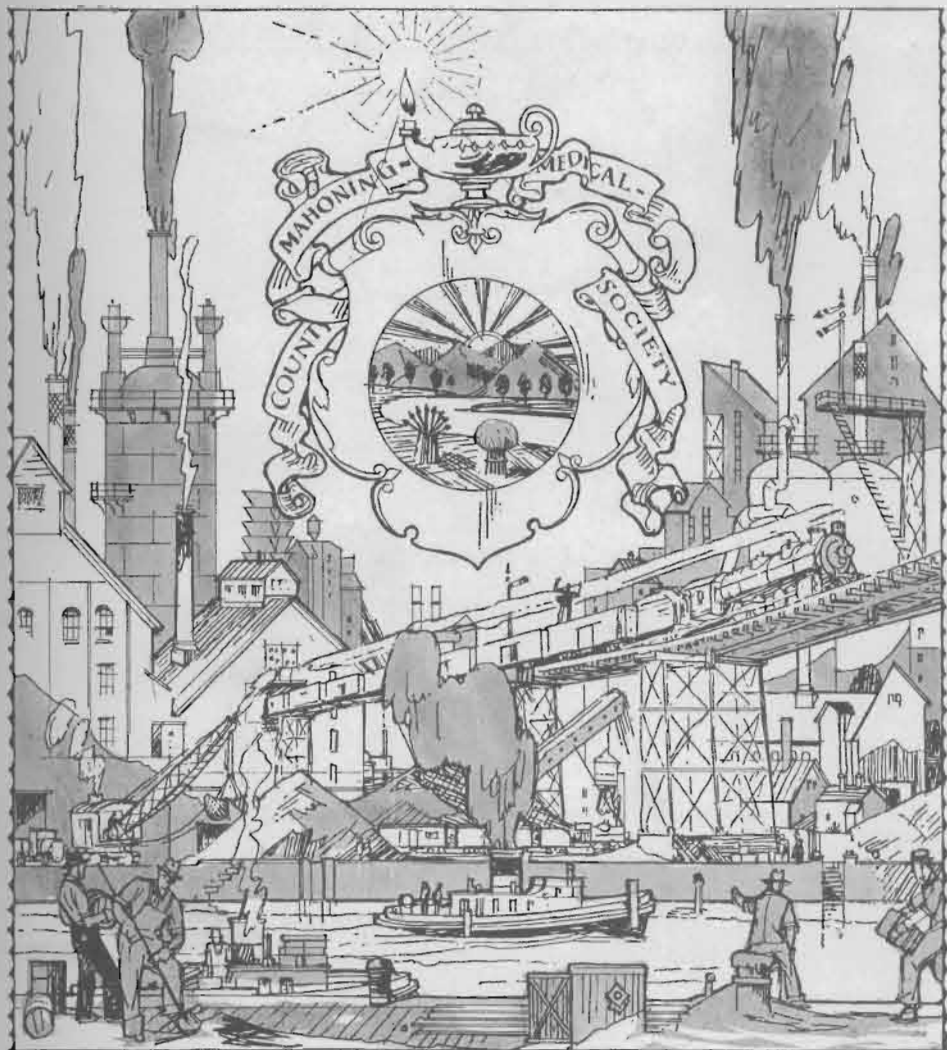
MAHONING COUNTY MEDICAL SOCIETY

AUGUST, 1932

Volume Two

Number Eight

Work is the master word in Medicine.—Osler





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September 20th

The Mahoning County Medical Society BULLETIN

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EDITORIAL PAGE

If there can come any satisfaction from a survey of the business situation of the past two years, we may appreciate it in a reflection upon the reaction of the practicing physicians to this emergency. The members of our profession have met this epic with a stoicism and with a failure to give up courage, and while there have been and still will be many dark days, few of our number have actually given up in despair, and mental collapse has been very rare.

In normal financial times, a practitioner of ten years' experience has become so used to accepting responsibility in the diagnosis and treatment of serious problems that he probably adopted the mental attitude of assuming the depression as just one more burden, but one which he was strong enough to carry and which he would carry without complaint. This sort of attitude has brought him to the present and most certainly will carry him through to better times.

I am sure that, quietly, the physician has made a valuable contribution by spreading a word of courage and of cheer, as he made his rounds, to those of his clients who were in desperate circumstance, and very often he has gone down into an almost depleted pocketbook to buy food for the starving. Word has come to me of numerous instances of this kind, but the donors would blush to acknowledge having performed these services.

The standards of medical practice have not been lowered, indeed the opposite is true. Fees have, in many instances, been trimmed to meet the ability of the client to pay, extended credit has been allowed those who deserved it, and there has been no "cut-rate" practice which has come to the attention of the organized profession in this County. Upon several occasions the influence of the Mahoning County Medical Society has been used for community benefit and there is much reason to feel that we have obtained a certain "standing" and recognition amongst the other civic groups; and that our advice will be sought more and more frequently upon health matters as we continue to develop.

It occurs to me that our plans for the future should include a very strict definition as to what IS and what IS NOT charity. We should assume that the destitute and the poor are not our responsibility but that they should be provided with such medical care as they need from tax funds as are the schools, the parks, the streets and all other city and county projects. We should be mindful of the enthusiasm of social-service groups and should carefully analyze the need for free clinics, and where we are sure that charity is being abused, we should withdraw from these places such of our members who may be there employed. Charity should be forced upon no person and, as it is usually the medical profession which is called upon to actually donate of its time and experience, we should be privileged to assure ourselves that the effort is not misdirected.

We have had sufficient courage to carry us through troublous times. Let us have courage to carry us through normal times.

A. W. T.

The President's Page

These are momentous times medically for our Society, and as circumstances are shaping themselves, it looks very much as though we are soon going to be able to oversee to such an extent the medical activities of the various agencies so interested, that it will be greatly to our mutual benefit, besides serving better the public.

This month ends our Summer recess and we start into the last lap of the year with much to do. So let's go to it, taking new stimulus from the words of Roosevelt, that "every man owes part of his time to the upbuilding of the profession to which he belongs".

A. E. BRANT.



Secretary's Report

DR. W. M. SKIPP

Council meeting was held on July 11th, 1932, when a detailed explanation of the financial condition of the Youngstown Hospital was presented by Mr. Byron Stewart. He explained that the hospital income was cut from \$18,000 to \$5,000 a month, and that this could be remedied if the City would aid in taking care of its just charity patients. He explained that it would be necessary for the hospital to curtail its activities, such as limiting the dispensary and limiting the number of patients admitted through the emergency. All minor injuries would be referred to the family physician and those not having a physician would be sent to the City and County doctors. Major injuries would be given first aid until arrangements could be made for their care.

On July 18th, 1932, Council meeting was held, and a plan was presented by the Meek and Wearstler Company on a Medical Credit Bureau, where each service rendered by a physician would be handled by this central bureau, at a nominal fee, which could be in conjunction with a central office. After going into detail and giving it considerable thought, this company finally withdrew their proposition, as it was too large an undertaking. Council is still discussing the proposition of a central office, as it is the opinion of all the members of Council that this is our only salvation to relieve some of the work that is being thrust onto our willing members. If any of the members of our society have any suggestions, your Council is open to receive them. Please give it some thought and let us hear from you.

Reports from Dr. O. W. Haulman are that he is improving, but will not be returning to his work for a considerable length of time. He is resting in the northern part of Michigan.

Dr. Richard Gross is improving, but is still at Saranac, New York.

Dr. Beers is still confined to his bed, but is improving.

The society as a whole, send these men greetings, and hope that they make an early recovery.

The Annual Golf Outing on July 28 at the Squaw Creek Country Club attracted ninety-nine doctors who found the fun all they expected and more. Old Man Bogey was hard pressed to keep under cover while pursued by this vigorous bunch of physicians who hunted him in wooded glade and tall weeds as much as on fairway and green, and under the turf as much as on it. Prizes galore were captured, the donations of our Bulletin Advertisers. The fortunate winners were as follows:

Low Gross—Dr. Joe Nagel
Blind Bogey—Dr. Sam Tamarkin
Low Net—Dr. Jim Brown
Most Par Holes—Dr. Sam Sedwitz
Best Poker Hand—Dr. Wendell Bennett (7 sixes)
Best Dressed Golfer—Dr. Bob Morrison

Old Jupe Pluvius presented everyone with prizes of hailstones the size of golf balls during the afternoon. In the evening an especially fine chicken dinner was enjoyed followed by various social divertissement.

STOCK TAKING IN MEDICINE

ABRAHAM J. RONGY, M. D.

NOTE—The following article was discussed in a local newspaper of August second, under the heading "Asks Doctors Cut Costs." For the benefit of those interested, we publish the article in full, from the Health Examiner of June 1932.—Ed.

Economic upheavals bring about vital changes in the social structure. Industry, finance, and labor have to be carefully and intelligently adjusted. In each field of human endeavor new problems arise, which must be correctly evaluated and appraised if society is to continue to function properly.

The practice of medicine is no exception to the general rule. Here, also, a readjustment should take place. The methods of medical practice, which obtained during an era of prosperity, can no longer continue. The lavish expenditures, which prevailed in the treatment of the sick, will no more be possible. This readjustment of methods as well as the manner of medical care is the order of the day. It should be accomplished intelligently with equity to all concerned.

How may this be accomplished? How shall the Medical profession proceed to bring about the necessary changes, which would result in the greatest benefit to both patient and doctor? It seems that the problem resolves itself into two distinct propositions: 1) affecting the individual physician, 2) affecting the collective action of the medical profession.

It is generally admitted that the family physician is the pivotal figure in the scheme of the practice of medicine. It is he who is the functional unit of the medical profession. His position must be economically sound, otherwise the health of the community will be endangered. The family physician must not be allowed to find himself in a situation, which would compel him to deviate from normal and legitimate channels of practice. He must not be forced, because of economic necessity to abandon medicine or to stoop to irregular practice.

Thoughtful people frequently ask whether the hardships and the difficulties, that many of the family physicians are undergoing now, are not in part at least of their own making. Has the family doctor really intelligently utilized all the opportunities afforded him to gain a decent livelihood, or did he neglect or abandon legitimate sources of income, which properly belong to him?

In recent years, the practice of medicine, not unlike finance and industry, became a bit frenzied. The family doctor, too, lost his equilibrium, consciously or unconsciously, he pursued methods in his practice, which reacted unfavorably on his medical position as well as on his reputation. The family doctor, instead of being the master in the sick chamber and assuming full responsibility for the case and the treatment of the patient, has permitted himself to be relegated to an inferior position, which is not at all in consonance with the dignity of his calling. What are some of the defects in the prevailing methods of the practice of medicine? How can the family doctor enhance his economic security? I shall cite only a few instances at this time.

The family doctor, to a large degree, is responsible for the tremendous and very often unnecessary hospitalization of patients throughout the country. Of course, in many instances he is not to be blamed for it, he is often forced to do it in order to maintain his position on the hospital staff. Many a patient, who could just as easily be cared for at home, is sent to the hospital. This generally proves costly to the patient. Any additional expense that a patient has to incur must necessarily affect the medical fee. The doctor's bill receives last consideration, and very often the patient's resources are so depleted by the hospital charges that he is unable to meet his obligation to the physician. The majority of patients, who suffer from uncomplicated medical conditions, do not require hospital attention. They could be and should be treated at home. This would help to reduce the cost of medical care and the patient would be in a better position to meet the medical fee. Furthermore, it would help to re-establish the old relationship between doctor and patient, and the family doctor would once again be in a position of dignity.

During a prosperous period it was inevitable that specialization, as we now know it, should grow to disproportionate prevalence. The function of the family doctor became so reduced that he practically became a referring agent for the specialists. His sphere of usefulness became so circumscribed that his opinion was not given serious consideration by the patient. Under such circumstances medical service became too costly. It came to pass that patients ceased to consult the family doctor whenever they required special medical service, and consulted the specialists directly. The family doctor, who knew the circumstances surrounding the case, was not given the opportunity to guide either the patient or the specialist.

There was a time when the family doctor was less equipped to practice medicine, and he practiced his profession more broadly than does the modern highly trained young doctor. Nowadays the family doctor is unwilling to treat simple medical or surgical conditions, which he is perfectly competent to do. Is there any reason why the general practitioner should not remove a cyst of the scalp, cauterize an infected cervix, remove a simple nasal polyp or a skin epithelioma? There are many minor surgical conditions, which properly belong in the domain of general practice of medicine. The family doctor is definitely responsible for this diversion of patients from his office. He eventually loses not only his patients, but also their friends, who are potential patients. Specialism, properly linked to the general practice of medicine, is beneficial both to patient and doctor; superspecialism is a canker sore, engrafted, a monstrosity created by and with the help of the family doctor, to the detriment of the public and the medical profession.

Personal preventive medicine has now a definite place in the scheme of medical practice. Periodic health examination of the healthy has proved to be beneficial beyond any shadow of doubt. The reports of large insurance companies and industrial organizations claim favorable gains in the health of large groups, where these examinations have been intelligently carried on.

The family doctor has been entirely remiss in this important phase of medical practice. Odd as it may seem, it is the laity who first appreciated and instituted these examinations. It is they who forced the issue on the medical profession. Isn't it logical to assume that the physician should have been primarily responsible for initiating the practice of health examinations? Who but the physician can best disseminate the idea among the public? No physician is so preoccupied that he could not spare the time or acquire the necessary technique to make a routine health examination. Every doctor could easily set apart one or two afternoons a week for this work. A sign in the waiting room, informing the patients that at a given hour he will devote himself to health examinations only, would in many instances be the starting point for a lucrative and beneficial practice.

It seems to me that the time is now ripe for the physicians to begin to consider seriously the question of personal preventive medicine. The value of such examinations must be emphasized more and more to the public. Such a campaign of education will begin to bear fruit when economic recovery takes place. At that time both the medical profession and the public will be ready to utilize one of the most beneficial procedures yet to be found within the entire range of medical practice.

A hospital interne spends at least four to six months in the clinical laboratory. He receives an intensive training in the ordinary laboratory methods. He is taught to examine blood and urine, and gains a fair knowledge of bacteriology; in short, he becomes fully equipped to make all the tests that are necessary to supplement clinical diagnosis. It is curious, however, how quickly the average hospital graduate discards his laboratory knowledge and begins to travel along the road of least resistance by referring his patients to commercial laboratories for the most simple blood and urine examinations.

Young physicians would add a great deal to their prestige and reputations by demonstrating to their patients that they are even capable of performing

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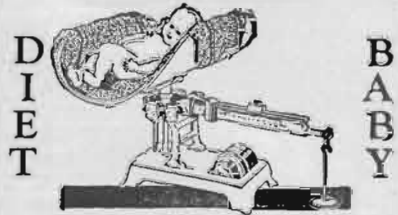
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YOUNGSTOWN, OHIO

PUBLIC HEALTH DEPARTMENT

COMMUNICABLE DISEASES, JULY 1932

Chicken pox	6
Diphtheria	3
Measles	2
Scarlet fever	13
Smallpox	12
Whooping cough	23
Epidemic-cerebro-spinal Men.	1
LaGrippe	3
Pneumonia	2
Mumps	2
Tuberculosis	5
Typhoid fever	5
Gastro enteritis	1
Syphilis	3
Total	81

MUNICIPAL HOSPITAL

Smallpox	9
Syphilis-Positive	1
Syphilis-Negative	1
Total	11

It will be noted by a careful study or comparison of the previous month's report that the Municipal Hospital cases have decreased approximately 75% or from a total of 43 to 11. The decrease in smallpox being decreased from 35 to 9.

The report for the month shows a very marked and gratifying decrease in the total number of communicable diseases reported. The total number for July being 81 as compared to 236 in June.

The spread of smallpox seems to be well in hand now as shown by the decreasing number of cases. However, extreme vigilance must be exercised and vaccination insisted upon if its recurrence is to be avoided.

This is the season of the year when typhoid fever must be carefully guarded against. It will be noted that the number of cases has increased from one to five in the last month.

The Health Department of the City of Youngstown urges the medical profession to report promptly any and all cases and their probable origin so that the spread of this disease may be avoided.

C. H. BEIGHT, M. D.

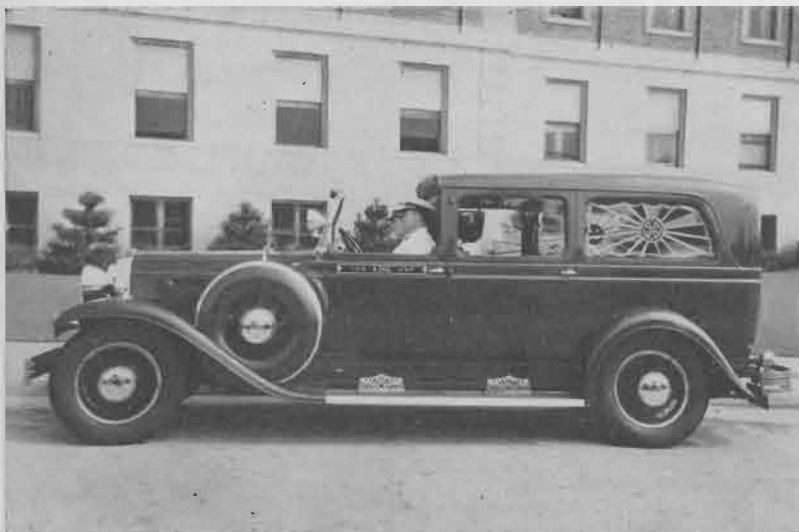
Arsenicals for treating indigent syphilitics may be obtained in any section of this State by any reputable physician upon requisition by the local health commissioner.

FINLEY VAN ORSDALL, M. D. Chief,
Division of Communicable Diseases.

Do you remember the old time picnics the Society held fifteen or more years ago out in Poland or up the Mill Creek in a section that is now covered by Lake Newport? And how Mr. Bunn and Doctors Buechner, Booth, Harry Evans, Tobey and Peck enjoyed them? There was always a ball game between the two hospitals and an argument with the umpire, and always chicken and corn.

Such an old time picnic has been arranged for next Thursday the eighteenth of August at Heberding's beautiful Indian Creek Farm. Here, for your enjoyment, will be baseball, horseshoe pitching, swimming and the fried springers with roast corn. Leave your clubs home for one day, but bring your bathing suit and come out the Tippecanoe Road south of the Poland Canfield Road, at one o'clock.

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STOCK TAKING IN MEDICINE

Continued from page 8

some of the more refined examinations. Extra medical work has its cumulative effects and eventually the doctor would gain by it even if his charges were most modest.

The average doctor is not resourceful. He fails to utilize all the legitimate avenues of income. He often undermines his economic position by refusing to apply his knowledge and skill whenever the opportunity presents itself. The successful physician is the one, who constantly increases his field of usefulness in the treatment of his patients.

Organized medicine, from time to time, guided the individual physician and indicated to him what course to pursue in the practice of his profession. It consistently tried to safeguard, although not always successfully, the interest of the physician. It always managed to steer the ship of medicine through troublesome seas. Organized medicine would have accomplished more, if the rank and file were not so nonchalant and lethargic about many problems that are important and vital to their existence. For many years, organized medicine, here and elsewhere, diligently tried to point out to physicians, especially to the family doctor, that the time has come for them to give serious thought to the practice of preventive medicine; that for the good of the public and the physicians periodic health examination must become an integral part of the practice of medicine. The response, however, of the average doctor to those exhortations, has been disappointing. It is only through the zealotry of a small group of doctors and a few intelligent laymen in every section of the country in spreading the gospel of preventive medicine, that any progress in this direction has been made.

It seems logical to assume that when organized medicine, after due deliberation, arrived at the conclusion that, in the interest of personal preventive medicine, it would urge upon every physician to advise his patients to have periodic health examinations, each and every physician would grasp the opportunity and immediately take the necessary steps to carry this idea into practice. Why are the physicians so tardy in accepting innovations? Is it mere inertia on their part, that something of which the medical profession has been guilty throughout its history?

The difficulties that are now facing the profession are partly of its own creation. No matter what phase of medical extravagance one may turn to, he will find that it is in part due to the fact that the physicians did not anticipate the demands of a highly organized social organism. This is true in both the field of curative and preventive medicine. This very often was the cause of friction and misunderstanding between the physicians and the public. The time is now propitious to correct many evils and abuses that have crept into the practice of medicine. When spiritual values are better appreciated, when less emphasis is being placed upon wealth, it is opportune to set the medical house in order.

The family doctor must call a halt on all unnecessary and superfluous special-istic expenditures; instead, he should try to broaden his sphere of medical practice. This will help to reduce the cost of medical care. It will tend to stabilize the practice of medicine. The problem of the cost of medical care must be solved by and through the medical profession. It can be accomplished if the individual physician will become more conscious of his function as the guardian of the health of the community.

The physicians individually and collectively must see to it that the practice of medicine is organized on a basis, which will redound to the best interest of the public and the medical profession.



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A DAY'S WORK WELL DONE

There was not much zest in the Fourth of July celebration at the nearby village of Petersburg this year. The din and racket of fireworks was hushed by the sad news that Dr. John M. Floor had just passed away. Only a few days ago he was still busily engaged in his practice. While on his way to make a call he was struck down by an automobile, which was to end his very busy and useful life; he died in the harness.

For over fifty years he had uninterruptedly ministered to the folks of his community and the surrounding territory. He brought them into the world, saw them through many illnesses, relieved their pain and suffering, and shared their joys and sorrows, trials and triumphs. He was called upon not alone in professional line of duty, but frequently had to draw up wills, settle disputes, give legal advice, and act as father confessor to many a troubled heart.

Beginning in 1878 as a raw graduate from medical school he traveled about the neighboring country lanes on horseback and in rig, by day and by night, through storm and sleet, doing obstetrics at five dollars and less, and everything else on a proportionate scale of prices. His fees were frequently collected in farm produce; in a country practice everything is legal tender. He did not grumble or complain, but valiantly carried on until the last day. There is a reason why many a farmer left his implements idle on the day of Dr. Floor's funeral. They came for miles, hundreds of them, to bestow a last loving look at the face and gentle pat on the shoulder of the man who was so much a part of their life. If the good doctor could only see the sad faces of the many friends who filed by the bier, he would be proud of his useful life. It would be some compensation for hours of weariness and sleeplessness, and he could enjoy his final rest with a clear conscience. A member of the family informed us, with a feeling of pardonable pride, that every member of the choir in this sad ceremony was ushered into the world by the deceased, and that every person present had, at one time or another, known of his gentle ministrations. We regret to state that we did not have the pleasure of Dr. Floor's acquaintance, but from information gathered from friends and patients, we can picture him as a kindly unostentatious gentleman and doctor of the old school, the type which is now rapidly passing along with a good many other noble institutions of a bygone generation.

Dr. John M. Floor was the last of a family of four physicians who have spent their lives in the practice of medicine in this vicinity. The family originally came from Maryland and settled in Berlin Township, where, for several generations, they engaged in farming. Frank Floor, an older brother of J. M., was the first member of the family, who, against the advice of his relatives, decided to take up a medical career. He entered Cincinnati Eclectic Medical College and after graduation took an allopathic course at Western Reserve University. He began to practice in New Middletown, but after several years there relinquished his practice to his younger brother Lee and moved to Youngstown. Here he engaged in practice and when his son, Chas. L., completed his medical studies he shared offices with his father, in rooms above Krauter's Drug Store. Father and son were active in Mahoning County Medical Society affairs in the eighties of the last century. They lived and practiced here the remainder of their lives.

To this notable list can be added two nurses in the immediate family: Bertha Floor, daughter of Dr. Lee, who took her training and served most of her life at Lakeside Hospital, and Edith S. Morgan a granddaughter of Dr. Frank V. Miss Morgan is remembered by many of us for her distinguished work in the late war, first with the Crile Unit and later with Base Hospital No. 9. Her fine career came to an untimely end in the Cleveland Clinic Disaster.

The Mahoning County Medical Society extends heartfelt condolences to the members of the bereaved family. It shares not only in their sorrow, but also in a consoling thought that Dr. Floor had spent a very useful life in the relief of pain and suffering of his fellow man. For when all accounts are balanced and each of us will come, as come we must, to the last crossroads, it is that thought which will give us the greatest amount of satisfaction.

L. S. D.

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S. Q. LAYPIUS OBSERVES :

Newspaper notes that manufacturers of sauer-kraut are initiating a campaign to make the nation "kraut-conscious". If this is carried to the extreme, some of us may become "kraut-unconscious".

Glad I do not live in Arkansas. In that state, auto licenses have the abbreviation "Ark". Mine looks enough like an ark without calling attention to that fact.

How could either national convention adopt other than a wet plank when "boo's" showed such popularity?

Yes, we are taking a vacation this month,—the same old vacation we've been on for 2½ years.

Of course the Democrats hope that it will be "roses for Roosevelt and herbs for Herbert", but the voters may be frankly for Hoover and who for Roosevelt.

This column has not yet been recognized by the Literary Digest. We might be said to have "Literary indigestion." Oh, well!

Here I paid good money to witness a movie of some snakes, and lots of other persons no doubt attained the same result by just staying home with a bottle.

Some of these radio singers are too sincere. They do put their hearts into their singing, but in addition they include their adenoids also.

These wet planks will be all right as long as no-one sits on them.

Hard times is right. Even our clothes are pressed for money.

During the Depression

First Thought -- Breast Milk

In addition to its many proved advantages over artificial feeding, breast milk during this time of financial stress has the advantage of economy. Breast milk is not only the best milk any baby can have, but it is also the least expensive feeding at the mother's command. It is also the most convenient feeding. It requires no mixing, sterilizing or warming.

WHEN breast milk fails, or when the mother's physical condition makes breast feeding inadvisable, a formula of cow's milk, water and Dextri-Maltose—adjusted by the physician to the infant's individual and changing requirements—is the next choice. Dextri-Maltose is readily assimilable with marked freedom from tendency to cause intestinal fermentation and upset; it is bacteriologically clean, it is supplied in dry powder form not readily subject to contamination. For three decades, its consistent clinical results have been known to physicians. In addition to these advantages, it costs but a few cents a day, so that it is within the reach of almost every mother even during the depression.

As a means of prolonging the infant's term at the breast, Casec (calcium-caseinate) is indicated as an antifermentative in colic and the mild diarrhoeas of breast-fed infants. Given in small amounts prior to nursing, its effectiveness is promptly manifested in most cases. Detailed literature and samples available to physicians, upon request.

MEAD JOHNSON & COMPANY,

Evansville, Ind., U. S. A.

—Exponents of Baby Feeding by Physicians—