



October Meeting

Monday, 22nd

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of the
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Vol. XV No. 10
October 1945

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Published monthly at 787 Wick Avenue, Youngstown, Ohio

Annual Subscription \$2.00

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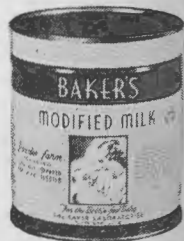
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PRESIDENT'S PAGE

The October meeting is planned to bring to the attention of the members of the Society and the public another of the weaknesses in our political system, namely, electing physicians to public office who have not had adequate special training.

Dr. Alan Moritz, the speaker, is Professor of Legal Medicine at Harvard University. He is a pioneer in this important department of medicine. In a sense he is a missionary willing to spend an evening in Youngstown to spread the gospel of "Special Training for Coroners." He will demonstrate by lantern slides and case records medical methods of crime detection. He will show how a coroner may be trained to observe clues and find medical evidence when foul play is suspected. In a very important way, his department at Harvard has helped to break some of the most puzzling police mysteries in New England.

When Dr. Moritz spoke in Cleveland, the members of the Bar Association were the guests of the Academy of Medicine. We regret that we can not extend a similar invitation here in Youngstown. We have, however, invited members of the Judiciary, the Prosecuting Attorney and his assistants, the Sheriff, local detectives and police officers, the Chief of the State Highway Police, and members of the Federal Bureau of Investigation in this district.

In order to meet Dr. Moritz' very full schedule, our meeting night had to be changed from the third Tuesday to Monday, October 22.

W. H. BUNN, M. D.,
President.

A DISCUSSION OF PUBLIC HEALTH

By ROGER E. HERRING, M.D., M.P.H., Dept. of Health, State of Ohio, Columbus, Ohio.
Presented to the Mahoning County Medical Society September 18, 1945

I appreciate the privilege of being with you this evening, not because I have anything in particular to offer, but because I hope this contact will help you to understand me and some of our problems and my attitude in general toward public health.

Public health is actually just becoming of age. It is becoming of age in rather turbulent times; in times when, because of conditions and circumstances, trends have developed which are upsetting somewhat, some of our conceptions as to what the responsibility of public health should be.

I have encountered considerable difficulty in attempting to determine what the content of this discussion should be because I was uncertain as to just what you wanted me to present and, on the other hand, there are several points that I wanted to cover.

As I have already stated, public health is actually just becoming of age. The fact is gradually being appreciated that this field is a specialty, just as is surgery, dermatology, pediatrics, and the like, and administrative positions in public health, if an effective service is to be rendered, can not be regarded as sinecures for physicians who by reason of age or professional incompetence, are unable to make a go of private practice.

In the early years of our country, the prevalence of disease in our cities was so great that the need for organized community action was self-evident. By comparison to our cities, the rural areas were regarded as a virtual paradise of health, the high

incidence of disease in the cities supposedly being due to the artificiality of urban life. Early efforts in our cities, primarily in the field of environmental sanitation, produced such startling results in the reduction of disease and mortality that when attention was turned back to the farmer, his lot was found to be far less happy by comparison.

The first health services for rural areas, as developed in the last quarter of the Nineteenth Century, were designed for the control of the communicable diseases and the abatement of nuisances. The inadequacy of transportation facilities prevented anything except a bare minimum of health protection services. Under present day circumstances and conditions, however, the rural community has every right to expect the same benefits from the progress of medical science as the urban community.

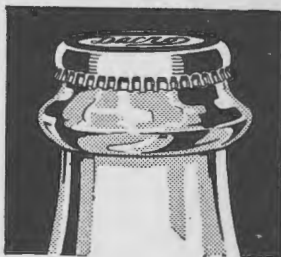
I have mentioned that during recent years trends have developed which are upsetting somewhat some of our conceptions of the responsibilities of public health. Here I refer to the fact that health departments more and more are being asked to assume greater responsibilities in the field of medical care. In this connection, I would like to give to you the philosophy of one of the recognized leaders in public health, written about ten years ago when he was associated with one of our leading medical schools in the east:

"Properly speaking, public health work, including care, is but one of many social measures: a manifestation of man's conscious effort to overcome a particular group of hazards or hardships. The relation between



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what may be called the part, public health work, and the whole, social betterment, may be summarized briefly as follows:

1. As health is an essential factor in human welfare its maintenance and protection are necessarily of social importance.

2. The extent and manner in which society concerns itself as to the public health depends upon the social philosophy which prevails.

3. Under a system where individualism obtains, society tends to take only those public health measures which are beyond the scope of individual action: such as, legislation, organization for the prevention and control of epidemics, the provision of public water supplies, sewer systems, milk sanitation, and so forth.

4. Since, for generations, the social philosophy in America was largely one of individualism, quite naturally public health work has been concerned with problems of the mass rather than of the individual.

5. Within recent years, society has shown an increasing tendency to assume responsibility for the individual as an individual: for his education, his employment, his general welfare.

6. Out of this evolution there has come a tendency to broaden and intensify public health work; and in this expansion, government, representing society, appears more and more inclined to regard provision of adequate public health and medical care as society's responsibility to each individual if he cannot himself procure such service.

"Opinions and conclusions as to the scope of the public health field are undergoing change. There are as many perspectives as there are interests concerned, and one's opinion is almost inevitably influenced by his own particular interests and background. A health problem becomes a public health responsibility if or

when it is of such character or extent as to be amenable to solution only through systematized social action, its relative importance varying with the hazard to the population exposed. This risk may be qualitative, in terms of disability or death; quantitative in terms of proportion of population affected; actual or potential.

"To go from this generalization to more specific items, the following will serve to illustrate the philosophy and application of this definition.

"Communicable diseases inevitably come within the scope of public health responsibility, not only because of actual and potential hazards to the population, but also because certain measures for the prevention and control of such diseases can only be brought about by community action: in legislation, provision of water purification plants or sewer systems, or the inspection of the large numbers of dairies from which a large city obtains its milk supply.

"Preventable diseases or diseases which in their early stages are amenable to control, generally fall within this definition because many of the preventable diseases are communicable in nature and certain others, as cancer and heart disease, are so widespread as to make public action—in research, public health education, properly equipped clinics—the only hope for a successful attack.

"Under the heading of health or life hazards, sufficiently wide spread to affect a relatively large number of people, come such problems as are met by tuberculosis and venereal disease clinics, maternal and child hygiene programs, care of the indigent and low-income-level sick.

"It is this sort of problem which makes up the greater part of the field of mutual interest to public health and the private practice of medicine. If systematized, public action is necessary for providing medical service, then perhaps ordinary

sickness becomes a public health problem.

"In contrast to the admittedly broad definition of public health given above, many public health administrators tend to use the phrase 'preventive medicine' as synonymous with 'public health.' They consider prevention of disease as the sole responsibility of the health department, disavowing any official interest in "curative medicine." The operation of a venereal disease or tuberculosis clinic is explained as but a means of discovering and eliminating a focus of disease. This attitude has resulted in an unfortunate tendency to narrow, continually, the scope of health department work, and many city and state health departments have relinquished or have never had, control of psychopathic, tuberculosis, general, and communicable disease hospitals. While in this mood of abnegation, most health officers have turned the supervision of water supplies and sewerage systems over to public works bureaus, and have washed their official and scientific hands of garbage disposal.

"Heretofore, the rendition of medical care has been accepted as a responsibility of society or government only in those instances where the need for community or social action was dramatically obvious: in the care of the insane, of lepers, of the tuberculosis, of inmates of public institutions, and in the emergency care of the pauper sick. Through a changing conception of social responsibility, because of a high specialization in medicine, because of the expense of elaborate diagnostic and therapeutic instruments and procedures, and perhaps because of a selfish demand or a need on the part of the public for medical service at a cost lower than could be rendered by a physician in private practice, the problem of providing high grade medical service at low cost has become a sociological one, and may in

part be transferred to health departments, representing government. As to whether or not the problem of medical care to the sick individual may best be solved by systematized public action is a question on which there is now much controversy. The spokesmen of medical organizations are, on the whole, opposed to it, while many economists and sociologists regard it as sensible and inevitable. Neither seems willing to concede honesty of purpose or intelligence to the other.

"The preventive work done by physicians is far greater than that of all health department services combined, except in community sanitation and in the various vaccinations. It is the private physician who first sees the case of communicable disease and who institutes immediate precautions; it is he who gives advice as to the care of infants, and who institutes regimes for those only mildly sick but in danger of becoming really ill. To the physician in private practice first goes that mass of humanity which is bothered by some sort of physical or mental problem, and in their daily work, the practicing physicians of the community are rendering indispensable service in this field. The effect of their work, however, is limited by the conditions under which private work is done. Ethically, physicians cannot well over-urge their patients to buy service, and the patients, on their part, as long as they feel reasonably well, are not inclined to spend for a physician's services. Obviously, this impasse is only one of the problems of a non-arranged preventive medical service."

Perhaps I might be regarded by some people as somewhat unprogressive, were it known that my attitude is significantly more conservative than the apparent attitude of the author of the quotation I have just given to you. *I would define public health work as the practical application of that branch of medical*

science known as preventive medicine, together with the practical application of that branch of engineering known as sanitary engineering, as the latter applies to the control of water supplies, the provision of adequate sewerage systems, food inspection, industrial hazards, and the control of insect and animal vectors of the diseases to which man is susceptible. It is my feeling that systematized social action is necessary, in addition to the above in the field of medical care, with respect to certain of our problems that can adequately be met only through such action. Here I refer to the care of tuberculosis, the control of venereal diseases, the care of crippled children, the mentally ill and lepers. Other than these examples, it is not my feeling that public health should assume the responsibility of providing direct medical care service to the individual.

At this time, our national congress in Washington is considering measures of far-reaching effect, and although the Wagner-Murray-Dingle bill is the main object of our interest at this time, I do not intend to involve myself in any discussion of so-called "socialized medicine." There are other bills, too, to be specific, with which you should be concerned, since their passage will have a direct effect on the private practice of medicine.

Senate bill 1318, known as the Maternal and Child Welfare Act, proposes to provide the authority for the appropriation of millions of dollars on the continuing basis to provide medical service to mothers and infants, regardless of their economic status. Actually, this bill provides for nothing more than a continuation of the present Emergency Maternal and Infant Care program, which was instituted a little more than two years ago as a means of providing assurance to our soldiers and sailors that their wives and infants would be

guaranteed adequate medical care. The intent of this measure was, indeed, laudible. It was originally designed as a morale-building factor. There is little doubt in my mind that it served and is serving its purpose well. To continue this sort of service in the postwar period to all mothers and children is the problem that is now before our national legislature.

I do not deny that there is a real need for an increase in availability of medical service, not only to expectant mothers and their infants, but to all. After all, the increase in life expectancy that has been accomplished over the last several decades is due primarily to a reduction in infant mortality and morbidity. Any measure than can be found to reduce infant mortality and morbidity and maternal mortality and morbidity further is certainly worth consideration. The question is, however, should this be attempted through the provision of a government-controlled medical service?

As you are probably all too well aware, the Emergency Maternal and Infant Care program is under the supervision of the Children's Bureau of the United States Department of Labor. This in itself is no criticism; however, our experience with this program over the past two years has impressed us with the fact that governmental agencies, when given responsibility of this sort, are all too prone to establish controls that are entirely too inelastic. At the local level, the administration of the program is the responsibility of the various state departments of health. Too little opportunity has been given to allow these state departments of health to make their own minor policies, admitting that the broader definitions must of necessity be laid down by the controlling governmental agencies.

Senate bill 191, known as the Hospital Construction Act, another measure now under consideration in

NOTICE THE DATE

MONDAY, OCTOBER 22, 1945—8:30

YOUNGSTOWN CLUB

Speaker:

ALAN RICHARDS MORITZ, M. D.

Harvard University

Subject:

**"MEDICAL SCIENCE IN THE INVESTIGATION
OF HOMICIDE"**

Pathologist; b. Dec. 25, 1899, Hastings, Neb., s. Richard D. and Genevieve (Richards) Moritz; ed.: U. of Neb., B.Sc. 1920, M.A. 1921, M.D. 1923; m. Velma Boardman, 1927. Pathologist-in-charge, University Hosps. of Cleveland, 1927-37. Instr. in Pathol., Western Reserve U., 1925-29, Asst. Prof. Pathol., 1929-32, Assoc. Prof. Pathol., 1932-37. Prof. Legal Med., Harvard Med. Sch. since 1937. Mem.: A.M.A.; Amer. Assn. of Pathologists and Bacteriologists (Sec.); Amer. Soc. for Cancer Res.; Soc. for Experimental Biol. and Med.; Amer. Soc. for Experimental Pathol.; Acad. of Med. of Cleveland; Ohio State Med. Soc. Author: "Tabische Arthropathie." 1928; "Arteriolar Disease in Hypertensive and Non-Hypertensive Individuals." 1937. Address: Harvard Med. Sch., Boston, Mass.

Washington, is of an entirely different nature. This bill, and there are several companion bills in the House, authorizes the appropriation of moneys for the allocation to the states on the basis of relative need for the construction of hospitals and health centers. The practice of medicine is usually regarded as an art, and the best results can be expected only when conditions are at their best. In far too many of our communities, hospital facilities are inadequate and a modern hospital with its various facilities provides the environment which is best suited to the provision of an adequate medical service.

Senate bill 191 has been viewed with alarm in some quarters because it has been interpreted to represent another step toward governmental control of medicine; however, as the bill now stands, this apprehension is entirely unjustified. The hospitals and health centers to be constructed with moneys appropriated under this measure will in no way be controlled by the government. The government's only responsibility is the allocation of moneys to the local communities, providing a need for the facilities can be adequately demonstrated.

The foregoing has all been rather general and now I would like to make a few remarks about some of the specific problems in our own state. One of these problems, and it is no minor one, is that of tuberculosis. In 1944, tuberculosis killed more than 2700 citizens of our state. On the basis that there are nine active cases of tuberculosis in existence for every death, there are more than 26,000 active cases in Ohio. I make mention of these facts because tuberculosis is one of the more serious diseases that can without question be adequately controlled.

The control of tuberculosis involves roughly four steps. The first consists of case finding. The second is isolation of communicable cases. The

third consists of the provision of adequate treatment facilities and means for the rehabilitation of arrested or already cured cases that they may assume a useful position in our society. Fourth, is the provision of some means of preventing financial embarrassment to the family of the infected individual.

All too frequently, it is the mother or father for whom care is necessary, which means that unless assistance can be rendered to the family, their standard of living must fall considerably. No head of a family will feel that he can afford to take the time usually necessary for the adequate treatment of tuberculosis if it means that his being away will result in suffering for his family. Tuberculosis is a catastrophic illness, less than five per cent of the people being able to afford the expense of proper care.

At the present time, the State of Ohio maintains no sanatoria for the care of the tuberculars. There has been a state sanatorium at Mt. Vernon, but this has been turned over to the Department of Welfare for the care of the mentally ill with tuberculosis. This leaves us nothing but a number of private, county, and district sanatoria, whose combined facilities are entirely inadequate to meet our needs. We lack a minimum of 1500 tuberculosis beds.

If the responsibility for the care of tuberculars is to be adequately assumed, provision must be made for the economic protection of the family of the tuberculous individual.

The venereal diseases represent another of our more serious problems—Ohio cities contributing the leading share of infections to the armed forces in the Fifth Service Command.

About two years ago, Dr. J. R. Heller, chief of the Division of Venereal Disease of the United States Public Health Service, made the

This Month
MONDAY, OCTOBER 22nd
YOUNGSTOWN CLUB

For Particulars—See Page 302

statement that there was evidence as yet unverified through final statistical analysis that there had been no increase in the venereal diseases in the civilian population since the beginning of the war. This, if true, was certainly a fact worth mentioning, since war has always been accompanied by a marked rise in the incidence of venereal infections. His statement could not, however, be reconciled with the picture portrayed by our reports in Ohio. In 1943, there was an increase of more than 50 per cent of reported cases of primary and secondary syphilis over 1940. In 1944, there was an increase of 66.7 per cent of reported cases of primary and secondary syphilis over 1940. I do not want to leave the impression that this increase is entirely real, since there are factors which have been operating which would have increased the proportion of cases reported. I think it is safe to say, however, that there has been some rise in the incidence of syphilis, but to what extent we are unable to say.

We do not know that in 1944 there was a considerable rise in the incidence of venereal diseases in the army for troops stationed within the continental limits of the United States. This increase was entirely due to gonorrhoea, the incidence of syphilis having remained practically station-

ary. I make mention of the army figures because it is impossible to give a true picture of the incidence and prevalence of venereal disease in a civilian population, while army recording is generally rated as relatively accurate and complete. During this war, the ratio of gonorrhoea to syphilis in the army has been constantly about 6 to 1. It is probably safe to assume that a similar situation exists in the civilian population.

Venereal disease is a symptom. It is evidence of what society is prone to regard as unconventional self-conduct. We find the greatest prevalence of venereal disease in those segments of the population where educational and cultural levels are low, where there is a lack of personal and social responsibility, and where there is prevalent a feeling of economic and social insecurity. Logically, then, it follows that we will always have a venereal disease problem as long as any significant proportion of our population find itself in these circumstances.

The control of the venereal disease resolves itself into about four definite phases. *First*, case finding. *Second*, education of the patients themselves, as well as the general population. *Third*, the provision of adequate treatment facilities, and *fourth*, the elimination of those conditions and circumstances in a community which tend to make accessible to the

infected individual the susceptible population.

During the war, we have heard much about facilities for the rapid and intensive treatment of the venereal diseases, particularly syphilis. Probably no more than twenty or twenty-five per cent of syphilitics attending V. D. clinics remained under Px long enough to receive minimum adequate treatment. Minimum adequate treatment is defined as that amount of arsenic and bismuth which is administered continuously in adequate doses to render the opportunity for the infection to become remote. Such being the case, if syphilis were to be controlled, means had to be found to provide adequate therapy in a shorter period of time than the conventional eighteen months of routine therapy.

With the introduction of penicillin to the armament view of therapeutic agents for syphilis and gonorrhoea, it became possible to provide with relative safety a curative regime of therapy within a matter of a few days, which is effective in the vast majority of cases.

The venereal diseases represent a group of human afflictions that, if they are to be controlled, must be attacked through the provision of an organized case finding and treatment system. It is my feeling, however, that the most effective weapon against the venereal diseases remains through adequate education.

Now, in closing, I would like to mention a few other facts representative of the general health situation in the state. After all, the basis for any public health program is sanitation, that is, the provision of safe water supply, sewage disposal, and restaurant milk, food and meat inspection. We still have a long way to go in Ohio with particular reference to restaurant and food inspection.

There are but a few local health districts in this state with adequate

sanitation personnel. Of 115 municipal health districts, only 84, or 73 per cent, report sanitation personnel available, and of 88 general health districts, only 49, or 60 per cent, report such personnel available.

Many of the persons at present engaged in this work, have either come out of retirement, or from other fields with inadequate training in the principles of sanitation. The work of many of these wartime workers has been excellent, but others because of physical disabilities or lack of experience have been incapable of filling their assignments.

In the field of milk sanitation this department has, for ten years, been recommending the adoption of the U. S. Public Health Service Milk Code as uniform regulations by local boards of health throughout the state. At the present time, 26 cities and 31 counties have adopted this code and two cities and two counties have adopted slight modifications of it. Sixty-five health districts and fourteen counties operate under milk codes drafted by local authorities. According to these reports 93 cities, or 81 per cent, and 47 counties, or 53 per cent, have adopted milk codes. This means that 19 per cent of our cities and 47 per cent of our counties have not taken the first step in protecting their citizens from milk borne disease. When one considers that many of the health districts which have reported adoption of milk regulations, have taken no action regarding their enforcement and lack of personnel to enforce them, the situation is certainly unsatisfactory.

In the field of restaurant sanitation, an even worse picture is presented. Twenty-one counties and twenty-nine

IMPORTANT

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cities report adoption of the U. S. Public Health Service regulations for eating and drinking establishments and three counties and twenty cities report adopting local regulations. This gives a grand total of 73 health districts in the state, or 36 per cent, which have reported adoptions of restaurant sanitation codes. As a matter of fact, it is only in the larger cities and in a few advanced counties that any attempt is made to control a potential source of more communicable disease than any other single agency.

Meat inspection in Ohio aside from federal inspection, seems to be confined to 23 of the larger cities and four counties. Detailed reports are lacking in this department and

no other agency seems to have complete information. Most of the local codes in Ohio conform to federal inspection requirements but antimortem inspection is not carried out in some districts. Although only a small number of meat inspection units are operating in Ohio, the percentage of inspected meat sold is high, due to the fact that many communities without local inspection secure the bulk of their supply from packing houses under federal inspection and inspection in other localities.

The figures used in the preceding paragraphs are based entirely on reports received at the offices of the Ohio Department of Health. Our staff is too limited to check them by means of a field survey.

WELCOME HOME SERVICE MEMBERS

POINTS! POINTS! POINTS!

Now that the war is over and much of the rationing is suspended we hear very little about food and gasoline points. The main point system now is the counting by the wives, sweethearts, parents, and doctors at home of how many points you doctors in service have and how soon you will be home. We hope it will be soon for all of you. You can be assured of a real welcome.

Knowing that you will have problems on your return, a special War Service Members Committee has been appointed by your Society. The function of which is to anticipate what we can do for you before and after your return. It is our desire to do everything possible for those who wish information or special cooperation in re-establishing or establishing practice in Mahoning County.

OFFICE SPACE

A survey of all office buildings has been made. The following buildings where one or two doctors previously were tenants assure us that these offices will be available: (1)

Mahoning National Bank, (1) City Trust & Savings Bank, (2) Medical Arts Building, (2) The Bennett Building, (1) Dollar Bank Bldg. No space has been reserved for eight doctors in the Central Tower Bldg., or one doctor in the Stambaugh Bldg. Either building has no office space available.

The Home Savings and Loan Bldg. deserves a special citation from the War Service Members Committee. Sixteen service doctors will return to their previous offices to find them as they were when they departed for service. This required the persistent refusal to rent 8,604 Sq. Ft. of floor space. This building charged no remaining rent, or storage charges. In addition the furniture and equipment was cleaned at least every two weeks.

The Huxley Building has two returning service doctors. At the present time the O. P. A. is occupying these rooms. Bob Huxley has assured us that as soon as the O. P. A. is discontinued these rooms will be reserved.

Dr. Smeltzer has space for two doctors.

HOSPITAL APPOINTMENTS

No new appointments have been made on the hospital staffs. St. Elizabeth Hospital and the Youngstown Hospital have assured us that each returning service doctor will have his place on the staff.

TELEPHONE DIRECTORY

The management of the Ohio Bell Telephone Co. cannot give us the date when the next directory will be issued. His opinion is about June, 1946. We will receive all advance information possible. For the doctors who are not home before the directory goes to press, we have a system arranged between the Medical-Dental Bureau and the Ohio Bell Telephone Co. to your advantage. In the meantime the Medical-Dental Bureau, by means of frequent newspaper announcements, will inform the public to telephone them for help in locating the returned service doctor.

PUBLICITY

Arrangements have been made with the Youngstown Vindicator for announcement of your return. This will appear as a news item, as you are all important enough to the community to rate this. The announcements will be handled by Esther Hamilton. On your return contact her, furnish her with a picture and give all details of your rank, length and kind of service, promotions, citations, etc. Also give Miss Hamilton your office location and telephone numbers. We feel that this is the best and most professional manner to announce your return to practice.

FINANCIAL AID

If a service doctor, on his return, needs reasonable financial aid contact the chairman of this committee and you will be received favorably.

TO HOME FRONT DOCTORS

Return patients to their former doctors. Return Industrial and Insurance

work to the doctors who were doing this work before entering service. Give all the boys a glad welcome and help them get started.

W. K. ALLSOP, M. D., *Chairman.*

If you have a problem now write before you return home and we will do everything possible to solve it.

COUNCIL MEETING

The regular monthly Council meeting was held at the office of the Secretary on September 10th. The following doctors were present: W. H. Bunn, C. A. Gustafson, V. L. Goodwin, E. J. Wenas, E. H. Nagel, R. B. Poling, and E. J. Reilly. Dr. Eugene E. Elder, newly appointed medical director of Youngstown Receiving Hospital was a guest.

Meeting was called to order at 9:00 P. M.

Minutes of the last two meetings were read and approved.

Council's attention was called to the need of purchasing an addressograph. Motion was made, seconded and duly passed to buy whatever was available at this time and consider a trade in later on.

Public health problems were discussed. No action taken.

Venereal Clinic discussed. No action taken.

The regular monthly meeting was held on the 18th of the month at the Youngstown Club. The speaker was Dr. Roger E. Herring, Department of Health, State of Ohio, Columbus, Ohio, and his subject: "Medicine in Public Health."

Dr. Herring's address is published elsewhere in this Bulletin and is not only timely but very interesting.

The Society elected the following to serve on the Executive Board of the Youngstown Receiving Hospital: Drs. E. H. Nagel, E. J. Reilly, W. M. Skipp, J. P. Harvey, F. F. Monroe, R. B. Poling, and W. H. Bunn.

G. M. McKELVEY, M. D., *Secretary.*

PHYSICAL MEDICINE

From the Baruch Committee, 597 Madison Ave. N. Y.

It is the conviction of Dr. George G. Deaver of New York University that no benefaction to American medicine has ever been more timely than that of Bernard M. Baruch when he donated \$1,190,000 to be devoted to teaching and training in the special field of physical medicine.

New York University participated in the gift to the extent of \$250,000 and Dr. Deaver, of the faculty of its College of Medicine, is now head of the college's department of physical medicine, which includes its former departments of physical and occupational therapy. The term "physical medicine" as now generally used among doctors, comprehends the whole field of physical restoration and rehabilitation—particularly of fighting men maimed in the war.

"Right now," said Dr. Deaver yesterday, supplementing a report already made to the Baruch Committee, "the practice of physical medicine within the general domain of medicine, bids fair to take on the character of a profession within the profession. Medicine has come to realize the necessity of treating the patient rather than the disease. And the need of working with him rather than on him. Physical medicine can perhaps best be described as the 'third phase' of medicine, or the phase which, following surgery and hospitalization, is of equal importance with the others—and not infrequently the most important of the three."

Like genius, which the familiar definition describes as an infinite capacity for taking pains, Dr. Deaver describes physical medicine as "an endless capacity for taking pains with the patient who has not only

lost the use of part of his body, but has all too often lost faith in himself as well—has reached the state of mind in which he foresees himself as a helpless and hopeless cripple. It is this state of mind and body which physical medicine deems itself obligated to overcome. And it is right now, when the war is sending home its thousands of war casualties, that this branch of medicine has opportunity to make clear that it has moved forward with the demands of war—that it can and will achieve results which, even at the end of the last war, were considered not only impossible but chimerical."

The New York University College of Medicine is working in the field of physical medicine in cooperation with the Army, the Navy, the Air Forces, the Veterans Administration and the National Rehabilitation Council. Dr. Deaver is the author of two short manuals of self-help which are put into the hands of all injured patients, injured veterans of the war particularly. Thousands of them have been distributed in the armed services. They explain in language simple enough to be understood by almost anyone, the basic structure and functions of the human body, and what must and can be done by the patient himself working with his physician, to bring about his own rehabilitation.

Dr. Deaver declares that when the Baruch Committee was founded, it was not only Mr. Baruch's gift of more than a million, but the timeliness of the creation of the committee that attracted national attention to physical medicine as a branch of the profession up to then insufficiently recognized. He says:

"The average doctor hadn't the time, nor the average hospital the trained men to carry the patient anywhere after his discharge from surgery. And of course at the patient's own home there was virtually no one to give him help or to comprehend that he required helping. Now, the dissemination of knowledge of what is needed for rehabilitation is becoming so wide and general that even in ordinary homes the families and relatives of patients know something of it. Or, at least, there is no longer the general public belief that a badly injured patient is just a perpetual family liability.

"Above all, the patient knows himself what has to be done, and he returns from us determined that he himself, if nobody else, is going to do it. We instill into patients the conviction that they can be restored to working activity because they have already come nearly back to it. And that while they were under our care they have seen others worse off than themselves help bring

themselves back."

Dr. Deaver's department at his university was fully established only last December with the consolidation of the two previous departments of physical and occupational therapy and the addition of the newer phases of physical rehabilitation. Its clinic is in Bellevue Hospital. He has fifteen trained therapists and a part-time physician working with him, with five special technicians soon to be added. Infinite patience and the instilling of morale are their two rules above and beyond the manipulative and structural mechanics. The number of patients they have brought back to working health is amazing. They have a patient in their charge who has been bedridden for fourteen years and is now walking. Another who had spent seven years in hospitals and is now getting about without help although on crutches. Fourth year medical students at the university are required to take Dr. Deaver's course. The university's School of Education also requires that certain of its students take his course.

RETURNED SERVICE MEMBERS

The following is a list of our members who have been discharged from service and are practicing medicine. Any omissions should be reported immediately.

C. H. Cronick, M. D.	160 W. Princeton Ave.	25300
C. W. Sears, M. D.	3031 Market St.	24617
J. E. L. Keyes, M. D.	617 Home Savings & Loan Bldg.	73643
P. R. McConnell, M. D.	19 Lincoln Ave.	38112
Samuel Klatman, M. D.	409 City Bank Bldg.	31422
G. E. DeCicco, M. D.	1008 Market St.	31215
S. D. Goldberg, M. D.	506 City Trust & Savings Bank	
Samuel Epstein, M. D.	2004 Elm St. (Dr. Yarmy's Off.)	32625
P. M. Kaufman, M. D.	304-6 Home Sav. & Loan Bldg.	

RUSH CLINIC FOR VETERANS

Move In Equipment at Cleveland for Big Medical Center

Several thousand dollars' worth of equipment is being moved into the Cuyahoga Building in Cleveland as the Veterans' Administration sets up a new medical center for northern Ohio veterans.

In time branches will be opened in Youngstown, Akron, and Toledo. Gen. William Marlin, Veterans Administration head for northern Ohio, said some time ago that a medical staff would be set up in Youngstown when personnel was available. For the present, qualified veterans will receive treatment through contract physicians in Youngstown, at the Veterans Administration Hospital in Brecksville, and now at the new Cleveland veterans' center.

General Marlin is rushing renovation of the Cuyahoga Building in preparation for the influx of large numbers of veterans. Two full floors of the building are being fitted with the latest medical equipment to give out-patient care to those who qualify under the various veteran bills. Much of the \$50,000 worth of equipment has improvements developed during the war. Lt. Col. Benjamin A. Cockrell, an army doctor of the first World War, active in medical care of veterans, will head the new out-patient division.

General Marlin predicts that in time it will be necessary to take over another nearby building to render all the services of the Veterans Administration to veterans from 44 northern Ohio counties.

Colonel Cockrell says his expanding offices are handling 40 veterans a day now, and expect to examine and treat 100 daily within a few months.

The staff of six, which includes dentists and psychiatrists, will be ex-

panded to 44 as quickly as they can be acquired—mostly from the ranks of the armed forces. About 135 technicians, nurses and specialists will be added until the yearly budget for the out-patient division will be about \$550,000—not including equipment or supplies.

Veterans who make applications for pensions, who seek treatment, or who need hospitalization, will come under Colonel Cockrell's jurisdiction. His department will examine them, make recommendations, and if their condition warrants it, see that they get into one of the veterans' hospitals.

Most of those needing extended hospitalization will go right to Brecksville, or to Marine Hospital in Cleveland.

For the time being it is necessary to send a number of veterans to Brecksville for some of the treatment and examinations.

To do this Colonel Cockrell has station wagons, passenger cars, and rented ambulances which whisk the veterans the 17 miles to Brecksville for quick service. Eventually all of such activity will be in Cleveland.

Wide Range of Treatment

Veterans will be able to get on-the-spot service for X-rays, dental work, minor operations, physical examinations, physical therapy treatment, psychiatric treatment, eye, ear, nose and throat treatment and general medical care.

"An applicant must be medically as well as legally eligible for treatment," Colonel Cockrell explains, "It will not be given to him solely because he wants it."

Here are some of the qualifications for obtaining service of the Veterans Administration:

A discharge other than dishonorable must be held by the veteran seeking service;

The condition he seeks treatment for must be service-connected. There are situations, however, where non-service-connected disabilities can be treated.

Treatment may be given for conditions which hamper or prevent a

veteran from continuing a rehabilitation program.

Service is available to all veterans whether serving in peacetime or wartime, but the types and amounts of service are governed by special regulations.

OHIO MEDICAL INDEMNITY MEETING

Members of the Board of Directors were elected and a Code of Regulations was adopted at a recent meeting in Columbus of the stockholders of Ohio Medical Indemnity, Inc.

Those elected to serve on the Board of Directors of the company which has been organized through the initiative of the Ohio State Medical Association and the Blue Cross Hospital Service Associations of Cincinnati, Columbus, Akron, Toledo, Canton, Youngstown, Lima, and Portsmouth to provide cash indemnity against medical, surgical and obstetrical expenses were:

L. H. Schriver, M. D., Cincinnati, President, Ohio State Medical Association.

Robert C. Rothenberg, M. D., Cincinnati, chairman, Committee on Medical Service Plans, Ohio State Medical Association.

R. K. Finley, M. D., Dayton, member, Committee on Medical Service Plans, Ohio State Medical Association.

Carl S. Mundy, M. D., Toledo, member, Committee on Medical Service Plans, OSMA, and member of the board, Hospital Service Association of Toledo.

Edgar P. McNamee, M. D., Cleveland, President-Elect, OSMA.

William M. Skipp, M. D., Youngs-

town, member, Committee on Medical Service Plans, and a former President, OSMA.

C. C. Sherburne, M. D., Columbus, immediate Past-President, OSMA.

Jonathan Forman, M. D., Columbus, member, Committee on Medical Service Plans, OSMA, and Editor, Ohio State Medical Journal.

Carl R. Steinke, M. D., Akron, Ohio Delegate to the American Medical Association.

J. Craig Bowman, M. D., Upper Sandusky, former member, Committee on Public Relations and Economics, OSMA, and chairman, Section on General Practice of Medicine, American Medical Association.

Carl A. Lincke, M. D., Carrollton, member, The Council, OSMA.

Barney J. Hein, M. D. Toledo, chairman, Committee on Public Relations and Economics, and former President, OSMA.

Charles L. Ferguson, M. D. Portsmouth, president, Portsmouth Hospital Service Assn., and former president, Hempstead Academy of Medicine.

Mr. Harold Vincent, Akron, assistant superintendent of schools, and member of board, Akron Hospital Service.

Judge Henry W. Harter, Canton, member of board, Hospital Service, Inc., of Stark Co., Canton.

Mr. L. F. Reinartz, Middletown, executive of American Rolling Mills, and a member of board, Hospital Care Corporation, of Cincinnati.

Mr. C. H. Neville, Lima, attorney and president of board, Hospital Ser-

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vice, Inc., of Lima.

Mr. Dave Endres, Youngstown, superintendent, Youngstown Hospital Association, and member of board, Associated Hospital Service, Inc., of Youngstown.

Mr. E. C. Pohlman, Columbus, superintendent, Grant Hospital, and member of board, Central Hospital Service, of Columbus.

The Most Reverend Karl J. Alter, D. D., Toledo, Bishop of the Toledo Diocese, Roman Catholic Church, and member of board, Hospital Service Association of Toledo.

Mr. Charles H. Mylander, Columbus, vice-president, Huntington National Bank, and member of Board of Trustees, White Cross Hospital.

Soon after a meeting of the Board of Directors, to be held in the near future, and at which an indemnity contract and rates will be adopted, application will be made by the company to the Superintendent of Insurance for a certificate of authority to start business.

The home office of the company will be located in Columbus with full-time, experienced and trained personnel in charge.

Returning to Practice

Kindly notify the Medical-Dental Bureau where you are going to practice—office hours and phone numbers and we will be glad to advise your patients.

Youngstown Boy Returns

Dr. W. R. Hubler, formerly from Youngstown, is now practicing at 244 Lincoln Avenue, after an absence of twenty-two years. Dr. Hubler graduated from Northwestern Medical School and took his Dermatology training in Cleveland at University Hospital and the Cleveland Clinic. For the past year and half he has been a member of the Cleveland Clinic Dermatology Staff. He is now associated with Dr. Claude B. Norris.

1945

THE LIBRARY CORNER

This column, prepared at the request of the editor, will attempt to keep you abreast of the new textbooks and journals arriving at The Youngstown Hospital Staff Library; and at times to abstract such articles as appear to your reporter to be outstanding and of general interest. However, I would like to tell you something about the Youngstown Hospital Staff Library.

The library is maintained by dues levied on the staff of The Youngstown Hospital and contributions from non-staff doctors and lay persons who are interested in the expansion of the library. The library committee has assured me that all contributions will be gratefully acknowledged and will see to it that they will be expended in the proper channels.

Since its origin some years ago with 100 volumes, the library has rapidly expanded so that today there are over 5000 volumes of current and reference volumes. New textbooks are purchased after review of staff members in the specialty covered by the book and recommended by them. In this way the best of the newer texts find their way on the shelves. 48 current literature journals, whose subject matter ranges from the purely scientific and research to practical applied medicine, are received at the library. All of the specialties are covered. In a future issue, a list of these journals will be published.

Because of the great loss of journals, which are hard to replace, the committee has posted a set of rules, which it hopes all will adhere to. The library is open to all doctors. The hospital staff extends the invitation to all doctors to use its facilities and comforts whenever they so desire.

FOR RENT: Excellent office space, suitable for either physician or dentist. Phone Mrs. J. B. Nelson, 36640.

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FROM OUR DOCTORS IN SERVICE—

September 3, 1945

"This is V-J Day and a very happy one for a lot of fellows out here who are getting pretty tired of looking at so much water. Now that we have the Japs defeated everyone is anxious to get back home and do the ordinary things that mean so much. My personal post-war project is to learn to drive my car, take my wife to the movies, listen to the Southernaires and see my old friends again. It looks like the medical officers will be the last out of this Navy, but like prosperity demobilization is just around the corner and it can't be very long.

Two of the things I have appreciated most are the Bulletin and those checks from the Bureau. Too bad the latter could not keep up forever but they were a great help. I appreciate the good work you have done in the Medical Society and the Bureau. These have been very trying times but the folks at home have backed us up splendidly. Keep pitching and we will soon be back to help."

Comm. J. L. Fisher

*

August 17, 1945

"It was grand to receive your V-letter and to learn the latest news "incidentally speaking." I like the idea of the penny post card messages every month. I had a very pleasant week end last Saturday and Sunday in Manila. Was there in time for the celebration of V-J Day, and what a celebration it was. Well, it was really something to get excited about, wasn't it? I saw Bob Harvey, who served his internship with me (in 1936-37). He is with the 31st General Hospital. Says there is another former Youngstown Hospital interne with him, a man named Hughes, was there a couple years before we were. Also hunted up and found Denny Thomas and Kenneth Camp. They are in the same Medical Clearing Company with the 38th Division—set up just outside of Manila. Glad DeCicco and Tims were able to get home. Hope they can be discharged soon. (Don't we all?)"

Sincerely,

Capt. Barclay Brandmiller

*

Aug. 15, 1945

"The local post office has advised me to notify the Bulletin of my correct address. I have not been at Camp Choffee, Ark., since February 27, 1945, since have been at Camp Masey Regional Hospital until July, 1945, and I am now at Fort Sam Houston, San Antonio, Texas.

I am enclosing last Bulletin folder to show difficulty Army post office had in locating me. Hoping to see you and all home medical men sometime in near future."

Capt. Lawrence W. Weller

*

Somewhere on Mindanao

30 August 1945

"Within the past several weeks I have received two welcome letters. You probably remember of sending them to me sometime ago but since they were sent to my last address in Georgia and I have been overseas for sometime, they were quite awhile in catching up with me. I was very glad to hear from you. It has been sometime since I have heard from anyone in Youngstown despite the fact that I have been writing fairly regularly. Mail means a great deal over here.

I have been overseas since the first of the year, and am chief surgeon in a Separate Clearing Company which, at least since I have been with it, has usually served as an Evacuation or Field Hospital. Consequently I have been doing a great deal of all kinds of surgery, including surgery on civilians and POW's. I have done some skin grafting, hernias, hemorrhoids, appendectomys, much chest and traumatic abdominal work including colostomys gut resections, anastomoses, etc. My two most enjoyable cases were a huge pancreatic cyst and removal of a very large fibroid of uterus. Of course there were plenty of amputations and debridements. So you can see, Bill, I am grateful for my surgical experience at Youngstown. Almost had a Filipino girl talked into a thyroectomy but I guess I didn't have enough salesmanship.

At present, however, we are staging. We came here shortly before the peace offer to stage for the "big blow." Thank the Lord it won't come off because we were going in on D-Day. What our plans will be now, no one has any idea. We are set up in garrison style and have nothing at all to do but read, write, eat and sleep. It is really hell, wasting day after day and wondering how long it will be before you get home. Just to sort of keep my hand in things, I have set up a small operating room and I am doing

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The B-Complex (containing 3 mg. of B-1 to the capsule) as the long-range reconstructive is amplified by 3 grains of ferrous sulphate and 7 grains of liver concentrate for quick, warm, blood-enriching, action.

This combination of speedy relief with the tried, thorough action of B-Complex is a fine preparation in convenient capsule form, to be administered three times daily.

WHITE'S DRUG STORES

Dependable Prescription Druggists

one circumcision each day. I have enough of them lined up to keep me in one a day for sometime. We are not operating a hospital at present.

I imagine the fellows will be coming home gradually now. I certainly would like to get back to Youngstown and see the friends I have back there. I imagine all of you have been terribly busy. Give my best regards to Dr. Elsasser and the rest of the staff. Things that all of you taught me have really come in handy since I left Youngstown. I appreciate more than I can ever say, all that was done for me in Youngstown. I hope that wherever I go, when this is all over, I shall be able to uphold the high standards of medicine with which I came in contact among you men there."

Capt. Sam Ziegler

Tokyo Bay, Sept. 14, 1945

Have been here a week or so and have been ashore several times taking in the sights. We are lying just off Yokohama Harbor within easy view of the wreckage there. Many of our ships are here now and at present three of our hospital ships are in, loading returning prisoners. The first time I went ashore I went to Yokosuka Naval Base and after seeing the town, I just got on the electric train and took it into Tokyo going through Yokohama. It's a 1½ hour train ride and there were only half a dozen of we officers and two newspaper men aboard outside of the hundred Jap civilians and Jap Army and Navy men who were evidently going home after being released. Trains compare favorably with ours outside of the odor. Civilians seemed to be carrying all their possessions on their backs or bundles wrapped in straw or matting. Most small towns on the way in seemed undamaged but Yokohama and Tokyo were flat, especially in their industrial areas. Saw a lot of fine gardens and rice fields. Living seems to be rather primitive in small towns. People were friendly enough and we had no trouble finding our way because of the great number of Japs who speak English.

In Tokyo the main station is burned out but trains are going every way continually. Every half-hour or so, and it all seemed very efficient. We headed for the Ginzo—the main street and shopping district of the town. This area had not been burned too badly although all

buildings had some damage. Streets are jammed with civilians and a few Army and Navy officers. We went to the Dai-ti Hotel which is one of their modern ones, elevators and everything else seemed to be functioning. This hotel is occupied by Army M. G. men and newspapermen. The few department stores open have very little to sell but prices as yet have not sky-rocketed. No silks or jewelry was to be found, but expect to make a better search when I go again. No restaurants are open and water cannot be drunk there, so unless you have connections with the Army, you can not stay there over night.

The Ginza is a pretty street, many large stone buildings and prewar English signs are seen everywhere. Yokohama is burnt out worse than Tokyo and I must say that both towns are in very, very bad shape. Street cars are running and some autos with charcoal burners are seen.

There is so much to say that I won't try to write more. I'm glad I got here but very happy it is all over so I can go home and earn some money again. Have no idea where I'll practice but more than likely in Youngstown.

Lt. E. L. Boye (DC) USNR

Auxiliary Picnic

The regular Annual Picnic of the Ladies Auxiliary, Mahoning County Medical Society, was held at the home of Mr. and Mrs. A. E. Brant on Thursday, Sept. 13th.

The occasion was attended by some fifty members and a very pleasant program was arranged.

Mrs. D. A. Gross, Chairman
Social Committee.

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**Stark County Medical Association
Postgraduate Assembly**

WEDNESDAY, OCTOBER 17th, 1945

Ball Room—Hotel Onesto, Canton, Ohio

PROGRAM—

Diagnostic Clinics at the Hotel

Lectures

Round Table Discussion by

Drs. Blankenhorn, Zinninger and others from
University of Cincinnati Medical School

Registration Fee \$5.00 (Includes Program and Steak Dinner)

MEN RETURNING FROM SERVICE

The Bureau is standing by ready and willing to help in every way possible. Many of the returning Doctors are interested in: Simple bookkeeping system—TELEPHONE SERVICE (RINGS IN BUREAU AND YOUR OFFICE AT SAME TIME) a secretary paid by the Bureau that works part time or at your discretion, no social security or withholding to bother with.

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Dr. Belinky Home Soon

Relatives of Captain Nathan D. Belinky have received word that he will "be home soon."

Captain Belinky interned here before entering service. He was captured by the Japs at Corregidor. A week ago a liberated prisoner revealed that the Youngstowner refused to change a death certificate that said an Englishman died of repeated blows on the head. After several demands were refused, the Jap commandant transferred Dr. Belinky to another prison camp.

SINCE LAST MONTH—

Dr. and Mrs. C. D. Hauser and their daughter, Elizabeth, spent a few days at Edgewater Beach Hotel, Chicago, enroute to Lake Forest, Ill., where Miss Hauser will resume her studies at Lake Forest College.

Dr. and Mrs. D. M. Rothrock have returned after a three-week vacation trip through Canada and Michigan.

Mrs. Brack M. Bowman has left for Iowa where she will visit her husband, Major Bowman, at Clinton, Ia.

Capt. B. I. Firestone of the Army Medical Corps, overseas 32 months, has arrived in this country on 30-day leave. Mrs. Firestone met him in Indianapolis. Capt. Firestone has been with the Sixth General Dispensary and for the past two and one-half years was stationed in Marseilles.

Dr. S. R. Cafaro is released from active military duty and is practicing in St. Augustine, Fla.

Maj. S. D. Goldberg, Maj. W. J. Tims, Lt. Col. W. D. McElroy, Capt. P. J. Boyle and Comm. O. M. Lawton are enjoying 30 day furloughs.

Major D'Amore Safe

A telegram received by Mr. and Mrs. Domenico D'Amore tells them their son Major Adanto D'Amore, a prisoner of the Japs, is safe. "Physical condition good," the telegram said. "He is being returned to the United States in the near future. He returned to military control Sept. 6th."

The next day a letter from their son told them that he was in Tokyo, just out of a prison camp, and was flying to the Philippines and home. Major D'Amore interned in 1936 at St. Elizabeth's Hospital and in 1937 at a marine hospital in Buffalo, N. Y. He joined the regular army then, becoming a flight surgeon. In October, 1941, he went to the Philippines where he was captured and held until last year when he was transferred to a Tokyo prison.

His two brothers also are doctors: Capt. Amanto D'Amore at Camp Campbell, Ky., and Capt. Arcangelo D'Amore overseas in Europe a year.

RADIO PROGRAMS

Radio programs given over WKBN every Saturday at 12:45 P. M.

A Heart to Heart Talk	Oct. 20
Prevention of Disease in the Pre-School Child	Oct. 27
Skin and Adolescence	Nov. 3
Eczema—Its Cause and Cure	Nov. 10
Cancer Is Curable	Nov. 17
Prevention and Treatment of Burns	Nov. 24
Little Glands with Big Jobs ..	Dec. 1
Who Has Traffic Accidents And Why	Dec. 8
Importance of the Medical Exam- ination in Motor Driving	Dec. 15
Have a Safe and Happy Christmas	Dec. 23
Starting the New Year Right	Dec. 29

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CORAMINE Liquid for oral use is available in bottles of 15 cc. ($\frac{1}{2}$ fl. oz.), 45 cc. ($1\frac{1}{2}$ fl. oz.) and 90 cc. (3 fl. oz.).

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IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

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This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly*.

EXIGENCY OF WAR

Oleum Percomorphum 50% is now known as Oleum Percomorphum With Other Fish Liver Oils and Viosterol. A source of vitamins A and D in which not more than 50% of the vitamin D is derived from Viosterol. The potency remains the same; namely, 60,000 vitamin A units and 8,500 vitamin D units per gram.

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