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John Alfred Langford

BULLETIN

of the
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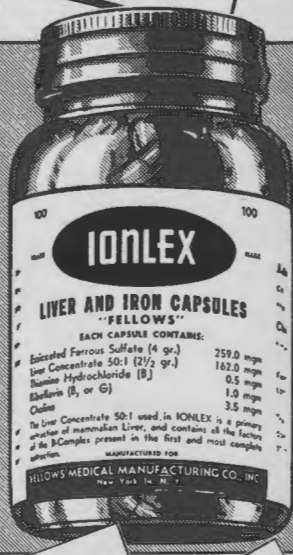
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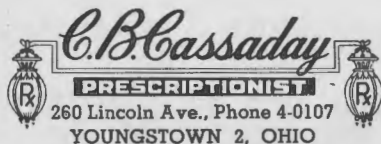
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PRESIDENT'S PAGE

•

By the time this publication goes to press, elections will be over. We hope those best qualified are the victors.

It is with great pride that we note recorded among the Official Citations to medical officers in the United States Armed Forces during World War II, one of our members, Dr. O. A. Axelson.

"Capt. Oscar A. Axelson, formerly of Youngstown, Ohio, was awarded the Bronze Star for meritorious service in support of combat operations in France, Belgium and Germany as divisional surgeon with the headquarters company of the Third Armored Division. Dr. Axelson was graduated from the University of Michigan Medical School, Ann Arbor, in 1930 and entered the service July 30th, 1942."

The official citation appears in the July edition of "Courage and Devotion Beyond the Call of Duty," published by Mead, Johnson & Company, Evansville, Indiana, and containing 1005 similar records of medical officers.

Our December meeting will be featured by election of officers for the ensuing year. Let's all remember the date and place, Tuesday, December 17th, Youngstown Club, and be on hand to vote for the man of our choice.

E. J. REILLY, M. D., President.

BULLETIN of the Mahoning County Medical Society

NOVEMBER

1946

OCTOBER MEETING

By F. S. Coombs, M. D.

The difficulties in early diagnosis as well as the therapeutic measures of proven value in Rheumatoid Arthritis were discussed by Dr. R. H. Freyberg, Associate Professor of Medicine at Cornell University, at the monthly meeting of the Society Tuesday, October 15, 1946, at the Youngstown Club. This was Dr. Freyberg's second appearance before the society and a large number of members attended the meeting.

Dr. Freyberg went on to discuss the various methods of treatment. He stressed the value of Physio-therapy methods as carried out in the home daily by the patient. He favored the use of analgesics such as acetyl salicylic acid, sodium salicylate, and possibly pyramidon in those patients who did not react unfavorably to it. The treatment of the associated anemia is best accomplished with iron, supplemented as necessary with transfusions. Deformities should be corrected by means of splints and traction, calling on the services of the orthopedic surgeon.

Dr. Freyberg decried any special diet, removal of foci of infection, or the use of vaccines. He spent a great deal of time discussing the advantages and disadvantages of gold therapy. He felt that gold possibly was of use in arresting early cases, but should not be used in doses exceeding 50 mg. per week. He pointed out that gold could not repair "broken down" joints. He admitted that he was not satisfied with gold, but thought it was the best therapeutic measure that has been brought out to date for use in early cases. He was impressed that once gold therapy is started it might be well not to stop it completely after a therapeutic course has been completed (1,000 to 1,250 mg.), but to continue to give small doses at intervals of several weeks or more.

Dr. Freyberg went on to discuss osteo-arthritis (hypertrophic arthritis) briefly. He advised that patients be reassured by being informed that the disease was not crippling to the extent that Rheumatoid Arthritis was. He advocated reduction of weight, elimination of excessive physical activity, and corrective orthopedic measures.

The Society was then shown some colored slides on Gout and Dr. Freyberg reviewed the diagnosis and treatment, advocating the use of colchicine.

He completed his talk with a movie illustrating the results obtained by the use of X-ray therapy in Spondylitis Rhizomyelique (Rheumatoid Arthritis of the spine).



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SWEDISH HOLIDAY

Samuel H. Sedwitz, M. D., F. A. C. S.

Looking for a good excuse for a long vacation I decided to take my wife and go to Sweden. The excuse was to work with the men on thrombophlebitis and heparin. After long correspondence with some of the surgeons of the university I finally made arrangements to meet them after their vacations and the opening of the university.

Then came the awful ordeal of arrangements, the obtaining of visas, passports, hotel and plane reservations, which demanded a lot of time and correspondence. We left Youngstown by plane and were to leave LaGuardia field the next morning for Sweden. On arriving at the airport we were told that the flight was postponed 24 hours. Then the question was to get a room in New York for the interval, which was hard indeed. When we got to the airfield to leave we found we had another delay of a few hours. It was a DC-4 and carried 40 passengers. Space was very limited and one couldn't stretch his legs or get about much. Most of the trip was monotonous but after the passengers became acquainted there was much chatter and talk that helped pass the time away. The trip was most delightful and smooth, even better than going from here to the coast. We stopped in Newfoundland, Ireland, Oslo, Norway and then Stockholm, 23 hours in all and 19 hours actual flying time. On our arrival in Stockholm we were delayed about one hour in attempting to get to the field as so many planes were coming in and we did not have the right of way, so our pilot gave us a panorama of the entire city and surroundings which was most enjoyable. It was a beautiful day, very warm and sunny, and one of the few that we experienced during our stay in Stockholm.

Arriving at Stockholm Airport our luggage was inspected, we had to declare all the money we had on us and were taxed for all the cigarettes at 22c a package. However, this was worthwhile because cigarettes there cost 78c and even with the tax it was cheaper to have them along. After about an hour delay in receiving our food and rationing coupons for bread, meat, butter, etc., we tried to get into our hotel.

On arriving at our hotel we were told that our rooms were taken since we were a day late. We then had to rush around in a taxi to try to find a place to sleep for the night, tired as we were and not having changed our clothes in 24 hours. We finally landed in a second class hotel which was clean but very crowded.

We were so disgusted with the whole procedure that I called Dr. Gunnar Bauer at Mariestad, about 180 miles away, to see if we couldn't come right out, but, unfortunately, we couldn't get any trains out at that hour Sunday night. We stuck it out in our little hotel for four days until we finally got to Mariestad. We spent three days with Dr. Bauer, went over the films of Dr. Baker, saw cases that received the treatments, and discussed the whole problem of heparin, etc.

Fortunate for me, Dr. Bauer sent Dr. Eric Jorpes to my rescue while in Stockholm and he arranged our hotel accommodations and also my program at the university and different hospitals. We hired a car to go to Mariestad at a very nominal rate, namely, \$150.00. It was a pleasure, indeed, to have him along as he explained all the interesting history and the living conditions of the peasants, etc. En route to Mariestad, we passed through ancient cities

(Continued on Page 374)

Dependable Nourishment



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CAMPAIGN TO COMBAT HEART DISEASE

(Submitted by Dr. Wm. H. Bunn)

The initiation of a nationwide program of public education and information on diseases of the heart was announced today by officials of the American Heart Association, Inc.

The program, according to Dr. Howard F. West, of Los Angeles, president of the association, will have as its prime purpose "the dissemination of educational information to the public in a broad effort to retard the rapid increase of heart disease throughout the nation.

"Fatalities ascribed to diseases of the heart" Dr. West said, "are greater than the total of the next five leading causes of death. It is essential, therefore, that the public know more about the significance of blood pressure, infections, overweight, rheumatic fever, and other factors which contribute to various types of heart disease."

It is estimated that there are more than 4,000,000 people in the United States today who have heart disease. Diseases of the heart and blood vessels, including cerebral hemorrhage, accounted for 575,000 deaths in 1944. Fatalities from the five other leading causes in 1944 were as follows:

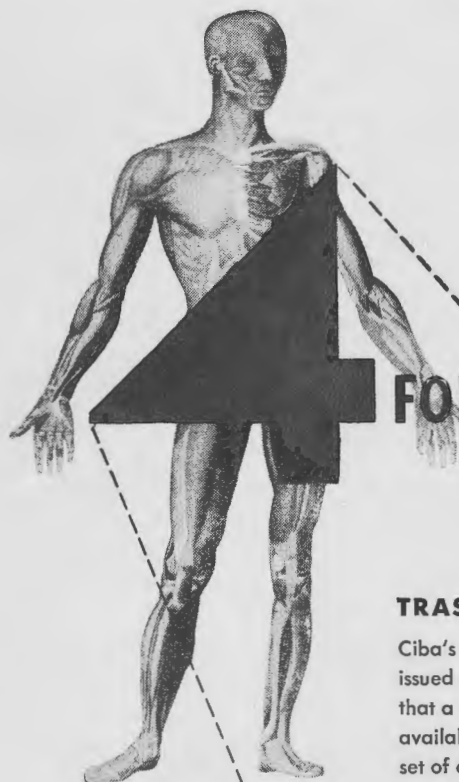
Cancer	171,000
Accidental Deaths	95,000
Pneumonia	64,000
Tuberculosis	55,000

In addition to accounting for more fatalities than these five causes combined, heart diseases are responsible for an annual loss of more than 100,000,000 work days.

Officials of the American Heart Association state that the association's program will call for emphasis on educational work with schools, parent-teachers' associations and other groups concerned with children because of the importance of rheumatic fever and heart disease. According to recent surveys, this scourge of children causes more than five times as many deaths as the combined total of deaths from infantile paralysis, scarlet fever, diphtheria, measles, meningitis, and whooping cough. It is a serious disease among adults, too, as illustrated by the estimated 40,000 veterans who acquired the disease during their recent military service.

The war forcibly dramatized the need for a national health program designed to retard the increase in heart disease cases. An estimated ten per cent of the men rejected by the U. S. Selective Service were disqualified because of cardio-vascular diseases (diseases of the heart and blood vessels). In a survey of a special sampling of 5,000 rejectees for cardio-vascular diseases in five major cities—Chicago, New York, Boston, Philadelphia, San Francisco—50 per cent had been disqualified because of rheumatic heart disease. The second greatest cause of rejection due to cardio-vascular diseases was hypertension (high blood pressure), which accounted for 25.6 per cent of the disqualifications.

The educational campaign of the American Heart Association will reach its
(Continued on Page 367)



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NOVEMBER

CLINICOPATHOLOGICAL CONFERENCE

By David J. Carlson, M. D.

"The incidence of rabies and lack of intelligent prevention in Mahoning County is a record of disgrace in any civilized community," Dr. Gustafson told his listeners at a Clinicopathological conference held at the South Side Hospital, October 11th. A recent fatal case of rabies was presented at the conference which was well-attended and interesting.

Following the presentation of the case by Dr. Tims, the neurological findings of rabies were given by Dr. O. A. Turner. Dr. H. K. Giffen then presented the pathological findings with the aid of photomicrographs. He stated that the lesions found in the brain, i.e., perivascular round-cell infiltration and focal necrosis, are not specific for rabies, but are also found in other virus diseases, such as Typhus and Rocky Mountain Spotted Fever. The Negri bodies associated with rabies may or may not be found; and only isolation of a typical strain of rabies virus from the brain is definite proof; as was done in this particular case at the National Institute of Health, Bethesda, Md.

Dr. Gustafson then prompted an open discussion of this serious communal problem by a concise and informative talk. He stated that records show that since 1935 Mahoning County has averaged one fatality a year due to rabies; or 20 per cent of the total in the State of Ohio, and more than 1 per cent of the nation.

In his talk and the discussion that followed, the opinion was that members of the medical profession are fully aware of the problem; they are on the alert for the occasional case and do take active measures in treatment. However, in spite of this awareness and therapeutic measures including cauterization and the Semple modification of the Pasteur treatment, fatalities continue. The inadequacy of treatment was recognized; for all know that the Pasteur treatment is not foolproof, as Dr. O. A. Turner mentioned, especially in treatment of bites about face and head or involving mucous membrane.

All of this points to a more active and more rigid program of prevention. Roving dogs in this community are a common sight and constitute a great threat. Only a program of long range view and careful planning can bring about complete eradication, or at least lowered incidence of the disease. Such a program should include the compulsory licensing of all dogs; the impounding of all stray dogs, licensed or not; immunization of all dogs against rabies and quarantine on canine immigration.

Such a program, moreover, calls for the education of the public who strenuously, and foolishly, oppose effective control measures. The prejudice against such a program is great. Members of Health and Police departments not only get little encouragement in their efforts, but even find themselves at times the object of open attack. A sustained program of education and informative discussion and advice, utilizing all available means, including press and radio, can do much to break down prejudice and awaken a sleeping and endangered public.

Elimination of rabies among dogs should be earnestly advocated, and the doctor should be among the first to propose it and among its strongest advocates and sponsors. It is scientifically feasible as demonstrated so well in England. When one realizes that England has had no fatality attributed to rabies since 1903, a period of over 40 years and with a population of 45 million, he can rightfully be ashamed of our record, and be sufficiently

(Continued on Page 382)

NOVEMBER MEETING

Speaker: ROBERT S. PALMER, M. D.

Subject: "The Syndrome of Cerebral Circulatory Insufficiency in Arterial Hypertension with Particular Reference to Malignant Hypertension."

A. B. Princeton, 1920.

M. D. Harvard Medical School, 1925.

1925 to date Massachusetts General Hospital; now Associate Physician and Chief of Hypertension Clinic.

Engaged chiefly in clinical research on problems related to hypertension with incidental graduate and undergraduate teaching.

Societies: American Medical Association, Massachusetts Medical Society, Society of Clinical Investigation, Fellow American College of Physicians, American Heart Association.

Tuesday, November 19th

8:30 P. M.

Youngstown Club

DECEMBER MEETING

ELECTION OF OFFICERS

Youngstown Club

Tuesday, December 17th

8:30 P. M.

BE SURE TO ATTEND!

TRUMBULL COUNTY MEDICAL SOCIETY

POSTGRADUATE ASSEMBLY

•

WEDNESDAY, NOVEMBER 20th, 1946

WARNER HOTEL

•

Program by a group from the
LAHEY CLINIC, BOSTON, MASSACHUSETTS

Opening Session at 2:00 P. M.

Afternoon and Evening Sessions

Dinner at 6:30 P. M.

Reservations for Banquet must be in by
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STORMY DAYS are usually followed by sharp increases in the incidence of upper respiratory infections, often the prelude to pneumococcal pneumonia. Fortunately, physicians are prepared to combat the pneumococci with sulfonamides and penicillin.

Although sulfonamides are generally effective, problems sometimes arise in their administration. In the patient with cardiac or renal disease, it may be difficult to maintain proper fluid balance. This imbalance may lead to urinary tract complications. Others may experience untoward toxic effects or lack of response to the drug. In these cases, Penicillin, Lilly, is particularly valuable. While the intramuscular injection of 10 to 15 thousand units every three hours throughout the night and day might be helpful, doses of 20 thousand or more units at the same intervals are preferable. Penicillin, Lilly, is available in 20-cc. ampoules containing 100,000, 200,000, or 500,000 units.

PROPOSED AMENDMENT TO THE BY-LAWS OF THE MAHONING COUNTY MEDICAL SOCIETY

DR. A. E. BRANT, *Chairman Committee on By-Laws*

CHAPTER 4, SECTION 1

Election of Officers

At the regular monthly meeting preceding the Annual Meeting of December, nominations for all elective officers of the Society shall be made from the floor of the Society. Each nomination shall be properly seconded. Not fewer than two (2) candidates shall be nominated for each elective office. In the event that two candidates are not named from the floor for any office as herein specified, or if by subsequent withdrawals on the part of candidates regularly named, the number for any office is reduced to fewer than two, it shall then be the duty of the Council immediately to nominate additional candidates to provide two nominees for each elective office on the printed Ballots.

Voting Procedure

During the following two weeks the Secretary shall cause to be printed and mailed to each active member in good standing a ballot bearing the impression seal of the Society and containing the names of all candidates for office, the names being arranged under each office in alphabetical order. With each ballot shall be enclosed two envelopes, one to be numbered and self-addressed to the Secretary of the Society who shall keep a corresponding list of the names and numbers, against which the returned envelopes shall be checked to guard against illegal voting. The marked ballot shall be enclosed and sealed within the second envelope, which shall be without identification, and returned to the Secretary in the self-addressed envelope.

The member shall place an X in front of the name of the candidate that he desires to be elected to each elective office, or shall write name in space provided for same, his choice to each elective office. No more than one candidate shall be selected for each office, or the ballot for those candidates so marked shall not be counted.

Counting of Ballots

The numbered envelopes shall be checked off against the list retained by the Secretary and the enclosed envelopes removed, the originals being destroyed. This ballot must be returned to the Secretary by 4:00 P. M. the day of the Annual Meeting. (Both envelopes must be returned.) If the self-addressed envelope is not returned, the sealed unnumbered envelope shall not be opened.

On receipt of the ballot doubly inclosed, the fact that the sender has voted shall be recorded and the ballot in the unidentifiable sealed envelopes removed from the outer envelope and deposited in a suitable container.

The unidentifiable sealed ballots shall be opened, counted and tallied by five tellers appointed by the President, at the Annual Meeting.

A majority of the votes cast shall constitute an election for each office voted.

In case of tie or non-majority vote (two highest), a secret ballot shall be taken of the assembled members at the Annual Meeting for all candidates for each office not receiving a majority, or for the two or more receiving a tie vote. The election of these candidates shall be held constitutional the same as those *receiving a majority vote by mail*.

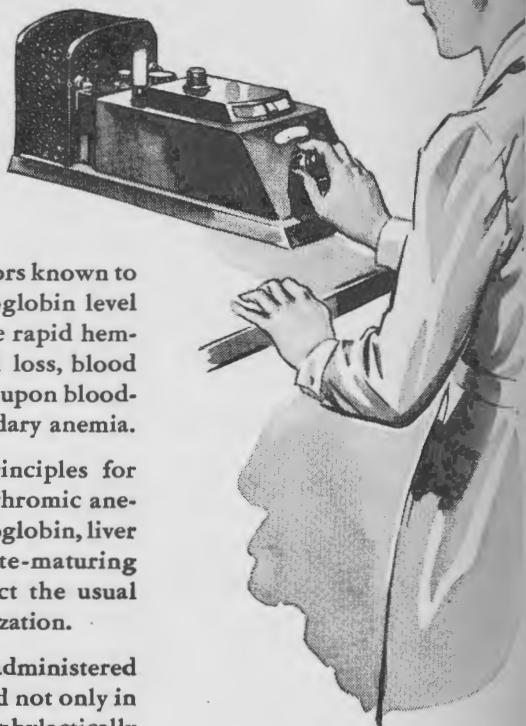
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IN HYPOCHROMIC ANEMIA

ADMINISTRATION of *all* the factors known to aid restoration of the hemoglobin level may be expected to produce more rapid hematopoiesis when excessive blood loss, blood destruction, or increased demand upon blood-forming organs results in secondary anemia.

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Nicotinamide (Niacinamide).....	25 mg.
Pyridoxine Hydrochloride (B ₆).....	1 mg.
Pantothenic Acid.....	5 mg.
Iron and Manganese Peptonized.....	30 gr.

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CAMPAIGN TO COMBAT HEART DISEASE*(Continued from Page 359)*

climax during National Heart Week to begin on February 9, 1947, which includes St. Valentine's Day. It is expected that all branches of medicine, pharmacy, insurance, industry and many other groups interested in health and public welfare will co-operate fully.

Supporting and co-operating groups will include the following national organizations which comprise the American Council on Rheumatic Fever of the American Heart Association:

- American Academy of Pediatrics
- American Association of Medical Social Workers
- American College of Physicians
- American Hospital Association
- American Medical Association
- American Nurses Association
- American Public Health Association
- American Rheumatism Association
- American School Health Association
- National Organization for Public Health Nursing
- National Society for Crippled Children and Adults.

The collaboration of the United States Public Health Service, National Tuberculosis Association and others is expected.

Local Heart Associations and affiliated groups in such cities as New York, Washington, Chicago, Boston, etc., will assist in the national campaign.

The directors of the American Heart Association are:

Dr. Edgar V. Allen, Rochester, Minn.; Dr. Graham Asher, Kansas City, Mo.; Dr. Arlie R. Barnes, Rochester, Minn.; Dr. Alfred Blalock, Baltimore, Md.; Dr. William H. Bunn, Youngstown, Ohio; Dr. Clarence de la Chapelle, New York City; Dr. Tinsley R. Harrison, Dallas; Dr. George R. Herrman, Galveston; Dr. T. Duckett Jones, Boston; Dr. Louis N. Katz, Chicago; Dr. Samuel A. Levine, Boston; Dr. Gilbert Marquardt, Chicago; Dr. H. M. Marvin, New Haven; Dr. Edwin P. Maynard, Jr., Brooklyn.

Dr. Thomas M. McMillan, Philadelphia; Dr. Jonathan Meakins, Montreal; Dr. M. Sterling Nichol, Miami; Dr. Harold E. B. Pardee, New York City; Dr. William B. Porter, Richmond, Va.; Dr. David D. Rutstein, New York City; Dr. John J. Sampson, San Francisco; Dr. Roy W. Scott, Cleveland; Dr. Howard B. Sprague, Boston; Dr. George F. Strong, Vancouver, B. C., Can.; Dr. William D. Stroud, Philadelphia; Dr. Homer F. Swift, New York City; Dr. William P. Thompson, Los Angeles; Dr. Harry E. Ungerleider, New York City; Dr. Howard F. West, Los Angeles; Dr. Paul D. White, Boston; Dr. Frank N. Wilson, Ann Arbor; Dr. Irving S. Wright, New York City; Dr. Wallace M. Yater, Washington, D. C.

—American Heart Association, Inc.

PROTECTION AGAINST INFLUENZA

By Dr. Arthur E. Rappoport, M. D.

Laboratories, Youngstown Hospital Association

The approach of winter necessitates consideration of influenza and means for its control. In the light of recent research, the outlook is not as hopeless as we have previously considered and it seems timely to discuss some of the advances in our knowledge of this subject which have been made in the last few years. Many of these advances are the outcome of experience gained by the armed forces and by the Commission on Influenza under the Surgeon General of the U. S. Army.

In 1933 Influenza virus Type A was discovered by Laidlaw, Smith and Andrews and Influenza virus Type B was identified in 1940 by Francis and Magill. It was shown that these viruses had been the cause of most of the epidemics of influenza in the past thirteen years. It has also been demonstrated that exposure to these organisms has been followed by a rapid increase in neutralizing antibodies.

The pathogenesis of influenza has also been clarified to a considerable degree. The virus apparently attacks the respiratory tract and causes a degeneration of the epithelium of the air passages which gives rise to an influenza bronchitis. The role of *H. influenzae* (Pfeiffer's bacillus) has also been elucidated. This organism is not the cause of influenza but is a secondary invader which frequently can cause many of the severe complications of the disease.

Following the isolation and identification of these viruses, vaccines were prepared and studied as to their protective action against human influenza. Military conditions permitted exact, controlled, epidemiological studies on the effect on these vaccines in vaccinated and non-vaccinated individuals. In a study of the protection afforded by influenza vaccine on 12,500 A.S.T.P. students, it was shown that 7.1% of unvaccinated and 2.2% vaccinated individuals were hospitalized with typical influenza; expressed in another way these figures show that 3.2 times as many control persons became ill as did those who were vaccinated, or that 76% of all cases occurred in the 50% of the population that was unvaccinated. Studies carried out at the University of Michigan and in many other parts of the country, corroborated these results.

On the basis of this experience a widespread program of vaccination of the entire army was carried out in 1945. At the same time, further controlled studies were performed in various universities. Under these conditions, the ratio of vaccinated cases versus the unvaccinated cases was 1 to 9. It would appear that the resistance of man to infection by the viruses of Influenza A and B can be enhanced by vaccination. The evidence also indicates that the problem of controlling epidemics of influenza by means of immunization cannot be approached only from the viewpoint of affording individual protection.

since it is clear that the individual influences the mass effects and that the mass effect influences the individual response.

Because of these advances, we raise the question as to whether the Mahoning County Medical Society should further a program of mass vaccination of the residents of Mahoning County, against influenza, inasmuch as it has been proven that the vaccination does confer immunity. The maximum immunity is obtained by the second week and stays at a high level for many months. Studies carried out after a year following vaccination have shown that the antibody titer at that time is considerably higher than the titer before vaccination. Certainly such a program would carry the individual through the winter and early spring months when the prevalence of influenza is at its greatest. The fact that immunity can exist for months and even years may explain the phenomenon of the two year cycle in influenza epidemics.

Objections to the vaccination because of reactions may be answered by stating that these reactions are no more severe than those following typhoid vaccination. Approximately one-half of those vaccinated had some complaints and these usually consisted of local reaction and tenderness at the site of injection. Only 1% or 2% developed febrile reactions of 101° F. within twenty-four hours of vaccination. Symptoms usually lasted no longer than one day. There is one specific indication for not vaccinating and that is sensitivity to egg albumen, inasmuch as the vaccine is manufactured in chick embryo. Such a program, it is believed, would certainly aid in conferring sufficient immunity to affect not only the individual response but that of the entire community.

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LOUIS S. DEITCHMAN, M. D.
1893 - 1946

Dr. Louis S. Deitchman was born in Russia Sept. 21, 1893, came to this country as a boy, was educated at Rayen School, Ohio State University, University of Missouri, and University of Pennsylvania. After a few years of general practice he learned his specialty at the New York Eye, Ear, Nose and Throat Hospital, and practiced it here until 1942. He served his country as a lieutenant colonel of the Army Air Force in Illinois, Texas, California, and England. He suffered a coronary attack while chief of the eye-ear-nose-throat division of the Regional Hospital at Oakland; died suddenly of a recurrence during a visit home.

These facts were the bare framework of "Lou" Deitchman's life. The man himself was much more. His ready smile was an accurate sign of a generally mild, friendly, helpful personality. Yet he was not lacking in forcefulness. He had a passion for justice which, as the Youngstown Vindicator noted in an appreciation, put his social and economic views "somewhat left of center." When his sense of justice was affronted his mild eyes would flash, his mouth set grimly, and he would pour forth his views with clarity and vigor, backed by a breadth of information which made him a formidable opponent.

Dr. Deitchman escaped the futility which overtakes some liberals, for if he was critical of organized society, he did not hesitate to lend a hand in carrying on its necessary existing activities. He served as treasurer and member of the executive board of the Mahoning County Medical Society, on the board of the Medical-Dental Bureau, as president of the staff of the Mahoning Tuberculosis Sanatorium. For many years his distinguished contributions to the Society's Bulletin gave it a tone which few such publications achieve.

These articles often dealt with Dr. Deitchman's hobby as an antiquary. He was an authority on early medicine and on old books and indeed nothing literary or artistic was foreign to him. He was a violinist and a connoisseur of good music, a sculptor of considerable facility.

In his medical practice Dr. Deitchman was well trained, skillful, intelligent, and ethical. By his too-early death the profession has lost a worthy representative, the community an example in the art of living.

George Madtes.

A. M. ROSENBLUM, M. D.
1890 - 1946

A deep love for humanity absorbed the life of Dr. Rosenblum. He gave of himself to elevate the physical and spiritual plane of his patients and those who were fortunate to be in his sphere. His bedside manner filled the patient with radiant hope and doctors who made rounds with him observed how a master practiced the art of medicine. He was a keen analyst and quickly utilized new methods of treatment and diagnosis.

He graduated from the University of Pennsylvania in 1912. He served as a medical officer in the army during the First World War. He served as chief of medical staff at St. Elizabeth's Hospital until 1944. He was appointed the first chairman of the Mahoning County Old Age Pension Board. Many a night he worked at the office to help the aged indigent. He was a most gracious host.

During World War 2 he attempted to carry on while his associates were in the service. He succeeded in maintaining the office until their return but it was too much for a frail body. He died knowing that the profession he loved would be perpetuated by his children.

Dr. M. W. Neidus

OUR WAY

*A highway through a wilderness,
A plodder with his load,
Weary footsteps onward going
Along a well-worn road.*

*A pathway through a garden fair,
A toiler with rare flowers,
A burst of bloom, a breath of song,
As speed the fruitful hours.*

*A way of life, a way of love,
Beneath the same warm sun,
Two ways that each alike may tread
Until they seem but one.*

Warren Deweese Coy.

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MEDICAL FEES

Submitted by Dr. J. P. Harvey

Proponents of regimentation claim that the fee for service system is hopelessly inadequate and they make much of instances where physicians overcharge their patients.

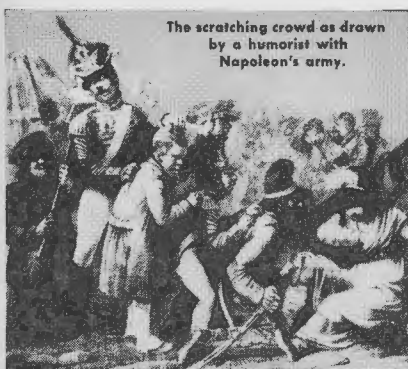
It can be safely said that every time a physician appears to demand all that the traffic will bear, he makes a new supporter for socialized medicine.

Most physicians welcome a frank discussion of fees before treatment is undertaken. Misunderstandings start with a failure on the part of the physician to come to a distinct understanding with his patient, and a failure on the part of the patient to ask for such an understanding. When asked about the fee, the physician should not evade a definite answer by reassuring the patient that all will be well and that he need not worry about the charges.

Bad practices of a few profiteering physicians can bring public censure on the whole profession.

County medical associations can fight socialized medicine in no more effective way than by placing a firm, restraining hand on any member who thus endangers the freedom of the whole profession. You have the mechanism. It requires courage to use them.

—Connecticut State Medical Journal.



The scratching crowd as drawn by a humorist with Napoleon's army.

ITCH in 1800

was treated medically by applying a mixture of lard and gunpowder.

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gallon bottles.



SWEDISH HOLIDAY*(Continued from Page 357)*

and spots that men had made famous in history through their scientific work.

In Mariestad there was a provincial hospital that is a unit of the University. Men from the teaching and surgical staff conduct the hospital and this was the position Dr. Gunnar Bauer had. He draws patients from a radius of 150 miles. The hospital is sustained by the state and all of the patients have hospitalization. They are not compelled to pay the surgeon for his services, but if they choose, they can become a private patient and then pay the surgeon a nominal fee for his work and attention. All medication, hospital expenses, x-rays, laboratory, etc., are taken care of by the state insurance.

Here I would state something about the hospitality of the Swedish people, that is something that cannot be described. One is killed with kindness in the way of food and attention and one's time is not his own insofar as plans are made for him to go to museums, fishing, boat riding, viewing the city, etc.

Sweden is a wonderful country, beautiful scenery, and the people, as a whole, are the most contented, self-satisfied and docile as can be. Law is highly respected. Living conditions are better than in this country, I believe, according to what they demand; there is one thing to be mentioned and that is, there are no strikes in Sweden. Everyone has a nice comfortable home, and as here, there is a shortage of housing conditions, but everyone, also has a summer home, maybe just a shack of a cottage on the lake, or ocean fronts, and there they spend their weekends. Everyone owns a boat. In the winter when the ground is covered with snow, they go upon skis. Bicycles are as profuse as ants on a country road, and the driving being on the left as in England, foreigners like we were, took their lives in their hands when they attempted to cross the narrow streets in Stockholm. There were far more news American cars, Cadillacs, Chryslers, Packards, Dodges and Fords galore, than we see on the streets in Youngstown. The prices are terrific, Cadillacs averaging from \$7,500 to \$8,000 and the same for the other cars in proportion. England has sent over some cheap cars that formerly sold from \$400 to \$500 and now are \$1,200 to \$1,400. They are something like the Austins that we have around town. Everyone has his bicycle and there is no parking allowed on the streets in Stockholm since the streets are so narrow. Stockholm is really a Scandinavian Venice insofar that the whole town is on islands with canals in between and numerous bridges. It is almost a Chinese puzzle to get around; one can start in the wrong direction and have to wind around the circle of towns to get to a spot where he only had to walk one or two blocks.

As I said before, people are most contented, well-dressed and the picture of health. The women are very sturdy and don't have to resort to cosmetics for their complexion. The men are very husky and even to the age of 80 they are most agile.

Food is plentiful, but clothes and shoe leather are scarce, likewise, so are tires. They have no coal in Sweden. We were astounded on our first arrival to see huge piles of cord wood placed in front of apartment homes, hospitals and hotels, four rows deep up to the second story window, and our first impression was that they were barricades during the war, but it really was the winter's supply being sent in. It is a very clean country, and as has been known, the Swedes are very clean and their hotels were spotless. The food

was very plentiful, all kinds of meats and butter, but as I mentioned, they have rationing on bread which was dark colored. The price of butter did not reach the price that we pay for it here. Sugar was somewhat scarce, and is very much rationed, but the hotel and the bakers had a sufficient supply.

The eating habits are practically the same as all over Europe, a very light breakfast, a quite heavy lunch with Smorgasbord, then tea or cocktails about 4 p. m., coffee at 7 p. m. and about 9 or 10 p. m. one eats his dinner, following which there is coffee again. The liquor is controlled by the state and Sweden is practically dry. The people are allowed two liters of hard liquor a month and about ten quarts of wine. They are, also, allowed three to four cases of near beer a month. On doctor's prescription, one can obtain additional liquor and, also, a heavier beer or malt or porter for nursing mothers, which is about 7 or 8 per cent and is very rich and good. One cannot obtain any liquor until noon but one has to order food from the main kitchen in order that it may be checked and then they're only allowed one drink of aquavite which is always followed by a bottle of near beer for a chaser and one goes through the routine of smorgasbord, etc. One may purchase his liquor according to the amount he spends for his meal. No water is served with meals. However, they use mineral water or bottled water that comes from their springs for drinking. Coffee is their favorite drink and they drink 5 to 6 cups with each meal. The cheeses and meats are very good.

Social life is very grand, and most gemietlich, as they say in Vienna. They are all very much interested in the arts and music. Everyone has a hobby, either painting or playing an instrument. Their chief sports are tennis, fishing, boating, swimming and long-distance running. Skiing is the main winter sport and children learn to ski at a very early age. Likewise, children learn to ride bicycles when they can hardly walk. Mothers strap their children to the handlebars and the rear seats and go shopping with huge baskets in front and back of their cars. That's what one sees on the streets all the time. In front of the university, hospitals or any public market place, etc., there are hundreds of cars that are stalled in racks, four deep on the sidewalks and close to the buildings.

They are very formal, in that they dress for dinner when they go out to dances or opera and have all the courtesies of the "old country." A woman's hand is kissed at the slightest provocation. The upper classes of people wear wonderful clothes (English and French made), and about the same that we wear. The women wear beautiful dresses, all coming from Paris. Prices seem no object to them since they spend anything to obtain what they want. They are far more exorbitant than we are in this country. Furs are plentiful, but very expensive, also. There is very little shoe leather and the chief leather they obtain is reindeer from Lapland. They wear wooden soled shoes that clack as they walk around and since all the streets are cobblestone, one is awakened in the morning with the clatter on the streets.

In the hospitals, one is astounded with the efficiency and the modern equipment. Of course, a great deal of the new hospitals are copied from America. Sweden's population is $6\frac{1}{2}$ million, and Stockholm's population is one-tenth of that. Therefore, all the hospitals in Stockholm, take care of the whole state of Sweden, except those that are situated in such places as Gottenberg or the provinces where they have branches of the university hospital. Everything is shining new, non-rust steel; even the hospital that I worked in (built in 1792), had most modern equipment. The operating

rooms are such, that one would be delighted to work in. Since the state pays for all the equipment, there is no worry about expenditures. Instruments and all the accessories are beautiful and the equipment is to be envied. The nurses are trained, like ours are, for three years and are very efficient. They, also, have to learn English. Their salaries are equivalent to what our nurses are paid. Special nurses receive from \$5 to \$8 a day for 8 hour duty.

The hospital staffs are run by professors who sometime are in charge for 25 to 30 years or more, and assistants for 15 to 20 years. The other residents are there from 3 to 15 years and they are only promoted with the death of the upper professor. They may be assigned to an outland hospital to fill in a gap. They receive equivalent salaries of our residents. An assistant professor receives a top salary of about \$200 a month. However, he is permitted to do private work a few hours a day and, also, sign all papers for the hospital insurance, for which he gets fees from the patients amounting to \$10 or \$15 a day. Incidentally, there was to be a walkout strike October 1st, the outcome of which, I have not as yet, ascertained. They objected to the state taking these fees for signing these papers and refused to work unless granted the privilege of accepting same. Every doctor, in order to become, what they call a real doctor, has to write a thesis, similar to what we do in the College of Surgeons or in the College of Physicians. In order to establish some credit to himself, he has to serve one of the university hospitals anywhere from 3 to 5 years and so, put himself down as a specialist in either medicine or surgery.

X-ray equipment is of the finest and very modern. Their radiological section at the university hospital is something to behold. I believe they have more radium there, than we have in the whole United States.

Their laboratories are very important to them and there is profound research, even while going through the routine examination of patients. The university, itself, giving courses of Anatomy and Chemistry has wonderful laboratories for same. As in this country, it is hard to obtain cadavers, but they do not waste one particle of what they do obtain. Every student has to work on some original problem and submit it before he can graduate and obtain his degree. They generally write these in Swedish and English. They are then published and handed out to various professors of the university and submitted for approval and then they are given an interview where they have to argue and talk to the men that ask them questions regarding this subject.

The surgery performed there is beyond question the best I've seen in Europe and one could really only desire that in this country. There are specialists in neuro-surgery, chest surgery and general surgeons who do general surgery and also orthopedics and urology. Everybody is vein conscious insofar that they respect the role that thrombophlebitis plays not only in disease but also in surgery.

Taking up the subject of heparin that I worked with Dr. Jorpes, who is the man that produced it in Sweden about three months before it was produced in this country, I had the experience of going through like a novice. I started at the slaughter house and went through the entire preparation, the chemical work on same and the standardization and also following that it was taken to see the various clinics where they use it and for what purposes. To describe this in detail would take an entire monograph since their use

of heparin is so profound and its adoption has been taken not only by the surgeons but more so by the medical men.

While there I lectured in various university hospitals and showed films that Dr. Baker and I selected and they were most enthused in view of the fact that they appreciated we brought out some factors that they couldn't demonstrate in their procedures, notwithstanding the fact that they originated same. I was greatly flattered in the compliments extended and I know that Dr. Baker was too when I related them to him.

Every hospital has its own library which is most complete. Eighty per cent of the books on the shelves are written in English, both from England and mostly from the U. S. It would surprise one to see the monthly publications that come there especially since the end of the war. They are missing of course those publications during the year of the war but are obtaining them gradually to fill in their shelves. As we do here they have their weekly conferences and their arguments are something to hear. These of course were in Swedish so I was at a loss save for the fact that my friend Dr. Jorpes was there to give me a hurried translation of same. They are most co-operative with one another, one department works with the other as we do here and their chief interest seems to be to get to the bottom of things and find out what they are doing wrong or unwisely and correct same. Every hospital has its artist and its photographer and they go to no end of expense to obtain records and prints for their publications.

Not to be too boring on this subject I only want to state that it was a great pleasure to visit this country and a revelation to one who has been to the main continent before and had seen all the major medical centers and find out how different these Swedes were. They were most hospitable and men would go out of their way to take one places and demonstrate things and take you to the laboratory and even to the library and show you references to prove their point of argument. My great sorrow was that they made you eat so much and at the same time drink and with a very heavy heart I regretted disembarking from Stockholm to America. Our flight home was very hazardous and proved quite thrilling after we got down on dry land, but we were delayed about 12 hours and we had to seek the northern routes by way of Iceland and Laborador to come to New York only to find that we couldn't land and fly about for a few hours and then land in Washington. It sure was grand to hit this country and all I can say is the next time I go to Europe I'm going by boat or if they build a roadway across by car. Flying I will leave to the time when they have some convenience when you don't have to sit up and be tense for 24 or 48 hours. I heartily recommend the trip to Scandinavian countries. To have been enlightened upon a people that are so restful, so enjoyable, so contented and are doing so much with so little at their hands to do it without complaint. The medical profession there can be very proud of themselves insofar that there is no such thing as quacks or patent medicines and it is indeed a pleasure to know that every man is sincere in his work and tries to do the best possible for the patients.

For pleasure, rest and a delightful vacation at the same time obtaining much clinical medicine and interest to any of our profession I heartily recommend this trip—but during their summer—June and July.

COUNCIL MEETING

The regular monthly Council Meeting was held at the office of the Secretary on the 9th of October.

The following application was acted upon favorably by Council.

Active Membership
Dr. John W. Tarnapowicz
448 Williamson Avenue

Unless objection in writing is filed with the Secretary within 15 days, above applicant becomes a member of the Society.

MONTHLY MEETING

OCTOBER 15 — YOUNGSTOWN CLUB

The regular monthly meeting of the Society was held at the Youngstown Club on the 15th of October.

The speaker for the evening was Dr. Richard H. Freyberg, director of the Department of Medicine, Hospital for Special Surgery; Associate Professor of Clinical Medicine, University of Cornell and Physician to the Out-Patient Department, New York Hospital.

The recommended change in the By-Laws on voting was read. Recommendation is printed elsewhere in this *Bulletin*.

Change in Fee Schedule

The following motion in its amended form, reading as follows, was voted on and passed: "That fees shall be \$3.00 for office calls, \$4.00 for house calls in daytime (7 a. m. to 6 p. m.); from 6 to 10 p. m., \$5.00 and from 10 p. m. to 7 a. m. \$6.00, effective November 1st, 1946."

V. L. GOODWIN, M. D., *Secretary*.

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DR. A. E. RAPPOPORT
Laboratory, Youngstown
Hospital Association

WOMEN'S AUXILIARY

A Report of the Annual President's Conference and State Board Meeting held at Columbus, September 18th and 19th, 1946.

Being the only member from Mahoning County at the Second Annual President's Conference and State Board Meeting held at the Deshler-Wallick Hotel, September 18th and 19th, I have been asked to write on the highlights of the meeting. The conference is held for informal discussion of problems and accomplishments of the various counties with the idea of benefit to all.

It is urged that all of our members subscribe to the Bulletin published by the Woman's Auxiliary to the American Medical Association, to keep informed of the activities of our National organization, thereby helping us locally.

A project of the State Auxiliary is the Nurses' Scholarship Loan Fund, and up to this time no contributions have come from the individual counties, but one county, feeling that they could not promote a project of this type, due to their small membership, asked if they might contribute to the State fund. The following day at the Board meeting a motion was made and carried that this be permitted.

Dr. H. M. Clodfelter, of Columbus, of our State Advisory Council, spoke at the President's Conference, and Mr. Charles S. Nelson, Executive Secretary of the Ohio State Medical Association, joined the Board at breakfast the following day, and both gave helpful suggestions for auxiliary activities, and among them the following:

"The 25 to Keep Alive," the constructive, forward-looking recommendations for "A Health Program for Ohio" adopted by the House of

Delegates of the Ohio State Medical Association May, 1946.

When Congress convenes in January, 1947, Senator Pepper's EMIC bill, and the Wagner-Murray-Dingell bill will come up again but will probably be changed somewhat. Pertaining to these bills do not over-emphasize your opponents by publicizing these issues at this time.

Also, be for something — know what the Medical Association is doing to aid public health problems, for instance the Blue Cross Plan and Ohio Medical Indemnity, Inc., which at the present time are operating in many parts of Ohio. These are gigantic undertakings and cannot be put in force all over the country at one time.

And quoting from an article written by Dr. John H. Fitzgibbon, Chairman, Council on Medical Service and Public Relations of the American Medical Association:

"The American people must understand that the attack upon medicine is part of a general attempt to socialize all enterprise. Naturally, this step cannot be accomplished suddenly, but only step by step. Resistance of small minority groups must be overcome first, and larger groups later. The medical profession is numerically a small minority. They are fighting against socialization of their patients."

MRS. DEAN NESBIT, *Treasurer*
Woman's Auxiliary to the Ohio
State Medical Association

WANTED!

Ex-G. I. physician, interning at St. Elizabeth's Hospital, urgently needs housing accommodations for himself and family; wife, infant son, and a second child to be born in mid-November. H. B. Munson, M. D. Telephone 4-4521.

THE MERCER SANITARIUM

MERCER, PENNSYLVANIA

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

JOHN A. McKAY, M. D., Medical Director

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Five Pharmacists To Serve You

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SCARLET FEVER QUARANTINE

There has been considerable confusion regarding the period of quarantine for scarlet fever since the Public Health Council, in June, 1945, adopted the new regulation providing that the period of isolation is to be determined on the basis of the clinical course of the infection. Under the old regulation it was required that a scarlet fever case could not be released from isolation in less than twenty-one days from the onset of the disease.

Now the local boards of health, by regulation, can establish any period of isolation considered desirable, and the comment which was included states, "In uncomplicated cases the period of communicability should be completed within fourteen days."

Recent scientific facts and modern methods of treatment have made this change desirable. Scarlet fever is now regarded as a symptom complex rather than a disease. Infection with a strain of the hemolytic streptococcus that produces an erythrogenic toxin will cause a rash in a sensitive individual. Persons who are not sensitive to this toxin will not develop a rash and a diagnosis of streptococcal sore throat is usually made. Thus the rash, which is only one part of the symptom complex, has been singled out for stringent control by quarantine regulations, while the other symptoms are regarded as less likely to be contagious.

—O. A. AXELSON, M. D.

TEMPUS FUGIT — Ann Howe

November, 1931

Dr. A. Graeme Mitchell, Professor of Pediatrics, University of Cincinnati, addressed the Society on the subject of "Practical Applications of the Principles of Nutrition."

Dr. Sidney McCurdy addressed the Union Medical Association at Wooster, Ohio, on "Some Effects of Excessive Heat Upon the Human Body."

Dr. A. W. Thomas addressed the Lawrence County Medical Society at New Castle on "Medical Economics." Drs. Fuzy, Skipp and Fisher were visitors.

Dr. W. H. Bunn addressed the Stark County Medical Society on "The Treatment of Congestive Heart Failure."

November, 1936

Dr. Harry E. Welsh Passed away.

Dr. H. E. Patrick writes a complete report of the Interstate Postgraduate Assembly, which was held in St. Paul. The fall roundup of diphtheria immunization was on.

November, 1941

Dr. Claude S. Beck addressed the Society on "Heart Disease Treated By Operation."

President O. J. Walker urged that we "Organize A Community Health Education Program."

J. L. F., the "Medical Crier," thinks that a doctor's bag should be a model of neatness and efficiency and should be repacked at least once a week.

CLINICOPATHOLOGICAL CONFERENCE

(Continued from Page 361)

reassured that eradication is possible. The incident of death from rabies in Mahoning County, is ten times greater than the average for the United States. With our death rate up 1000 per cent it is about time somebody started doing something about this matter. It is also economically sound for it not only saves human lives but money and livestock.

It is hoped that Federal, State, and Municipal governments will be goaded to continued and concerted attempts at rabies control and will inaugurate a program that is more effective than the meager control we now have.

FOR SALE

Instruments, equipment, office desk and chairs of the late Dr. Louis Deitchman. Call 3-1968 for appointment.

WAR RECORDS WANTED

We have had some response to letter sent out for data on war records. We urge each veteran to furnish the necessary information on the forms provided for that purpose so that the war record of all our members may ultimately be a part of this valuable historical compilation.

COMMITTEE CHAIRMEN

It is very gratifying to be able to say that some committee chairmen have already handed in their yearly report for publication in the December issue of *The Bulletin*. We want a report from each chairman of every committee. During the war, when we were all very busy, "Mary" wrote many reports for committee chairmen. Let's not impose on her this year, and get our reports in early.

FOR RENT . . .

WHEEL CHAIRS

CRUTCHES

HOSPITAL BEDS

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We Fit TRUSSES, BRACES, SURGICAL BELTS
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YOUNGSTOWN, OHIO

SINCE LAST MONTH

Dr. John Keyes conducted two instructional courses at the annual meeting of The American Academy of Ophthalmology and Otolaryngology at Chicago, October 13 to 18.

The subject of the first course was "The Interpretation of Retinal Vascular Disease." The second subject was "An Appraisal of Penicillin in Ophthalmology.

* * *

The annual meeting of the American Academy of Ophthalmology and Otolaryngology was held at the Palmer House, Chicago, from October 13th to 18th. Those attending from Youngstown were, Dr. and Mrs. Stanley Myers, Dr. and Mrs. R. E. Odom, Dr. and Mrs. E. J. Wenaas, Dr. and Mrs. V. L. Goodwin. Dr. and Mrs. Hatcher (formerly of Youngstown, now in Roanoke, Va.), also attended.

APPRECIATION

The Council of the Mahoning County Medical Society wishes to express thanks to their members who gave so freely of their time during the display at the Canfield Fair. Their generosity was indeed appreciated.

No program has met such an attentive reception or produced so much enthusiastic comment on the part of our visitors.

DUES FOR 1947

STATEMENTS FOR DUES FOR THE YEAR 1947
WILL SOON BE MAILED.

GET YOUR CHECKS IN PROMPTLY!



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.

To combat rickets simply, inexpensively, effectively —

OLEUM PERCOMORPHUM

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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