

BULLETIN

of the

Mahoning County
Medical Society



"All things change, creeds and philosophies
and outward system---but God remains."--
Mrs. Humphrey Ward

June, 1935

Volume 5

Number 6

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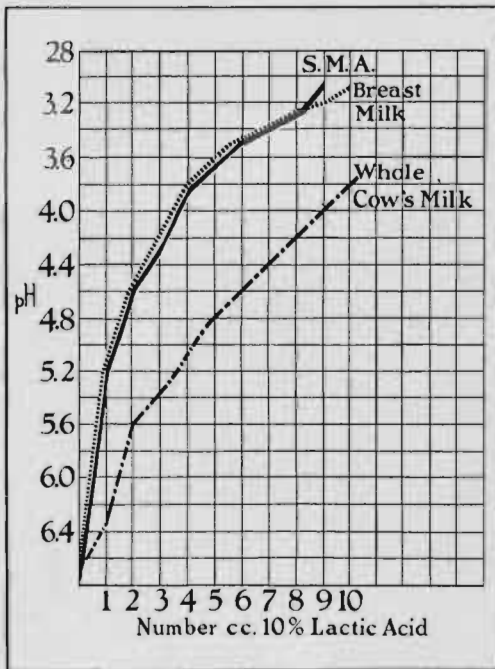


The "Continental" Breakfast is not suitable for a growing child

In far too many homes, a breakfast of a roll and a cup of coffee is the fare for children as well as adults. Woefully deficient in vitamins and minerals, such a meal furnishes little more than a small amount of calories. A dish of Pablum and milk, however, is just as easily prepared as a "continental breakfast," but furnishes a variety of minerals (calcium, phosphorus, iron, and copper) and vitamins (A, B, C, and E) not found so abundantly in any other cereal or breadstuff. The addition of a glass of orange juice and one Mead's Capsule of Viosterol in Halibut Liver Oil can easily build up this simple breakfast into a nourishing meal for the children of the family as well as the adult members. It is within the physician's province to inquire into and advise upon such matters, especially since Mead Products are never advertised to the public. *Servamus Fidem*, "We Are Keeping the Faith."

Pablum (Mead's Cereal pre-cooked) is a palatable cereal enriched with vitamin- and mineral-containing foods, consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, iron salt, sodium chloride.

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↑ This buffer chart shows the close similarity between the buffer value of S.M.A. and Breast Milk and the wide difference between cows' milk and Breast Milk. *This also explains why it is not necessary to add an acid to S. M. A.*



This photograph shows the equipment for determining hydrogen ion concentration necessary to plot the Buffer Curve. The chemist drops a measured quantity of acid (from the tall tube in the right foreground) into solution to be tested (in the beaker below) and records the readings from the dial before him.

S.M.A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an anti-rachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.



S. M. A. CORPORATION « © » CLEVELAND, OHIO

PRESIDENT'S PAGE

DURING the remaining months of this year Youngstown and vicinity will see a concerted drive conducted by this Medical Society towards the prevention of disease. Such activities are not new to us veterans of previous campaigns against cancer, diphtheria and smallpox, but the unique features of this one are embodied in its duration and broad scope.

Instead of an intensive short campaign limited to a narrow field, this one will be continuous and we hope will thrive like a hardy perennial from year to year. It will include educational messages to the public on the preventive aspects of a great many conditions. The method of approach to the laity will be through many channels—radio, newspaper, placards, posters and last, but by no means least, by personal contact of physician and patient.

The radio portion of our educational program was started on Tuesday, May 14, and has been proceeding each Tuesday at 5:15 p. m. over WKBN ever since. A definite program of radio talks covering the preventive aspects of diseases affecting every age of life has been laid out and most of the speakers have been assigned. Only material passed on by the Speaker's Bureau will be used and so far as humanly possible the information broadcast will be free from personal bias or unproved experiment.

Space in street cars for placards has been generously donated by the advertising company. Drug stores will display posters similar to those used in our last diphtheria campaign. Newspaper articles will appear from time to time, so that the opportunity for taking advantage of preventive measures will be kept fresh in the public mind.

Like all efforts of this Society, this campaign will represent the coöperative effort of several committees. Dominated and directed by the Public Health Committee it will also require the active participation of the Publicity Committee and Speaker's Bureau. And like all successful efforts it will depend on the backing of each member. You can help by calling your patient's attention to the Tuesday broadcasts and the newspaper articles. You can and should make it your responsibility to see that the children under your care are protected against diphtheria and smallpox at six months of age. The preventive possibilities of scarlet fever and whooping cough should be studied carefully. Your patients should be advised about typhoid inoculation before their vacation trips. It will help this campaign if every doctor will become preventive minded.

Dr. Haven Emerson said to us in 1932, "The influence of the practitioner of medicine in guiding the public to health is capable of benefits to a degree so far surpassing the possibilities of public health agencies, as to justify a criticism that it is too timidly conceived." Let us not be timid, but militant in our efforts in this worthy cause. We have demanded for ourselves the sole right to administer individual protective measures, especially in the field of childhood. *Along with this right goes the responsibility to do the job well.* It is time for every doctor to make his office a headquarters in preventive as well as curative medicine.

JAMES L. FISHER.



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

J U N E 1 9 3 5

WHAT ARE WE?

A recent editorial, printed in a leading medical publication, announced that the writer had at last arrived at the solution of a problem which had long defeated him. The problem was the question, "Is medicine a science or an art?" The writer says he has found the answer: "It is neither—it is a business."

Now, the said editor is an eminent man. That fact is stated to show the growing temerity of mere nobodies. That is, *we reply*: He is "cuckoo," or something, because he is only one-third right. But maybe he isn't so "berserk" after all. Most of us would be improving our score a lot if we could be right one-third of the time.

Anyway, he is wrong—by two-thirds. Medicine, as good practitioners handle it, is a science in that they observe results, even if they do not spread upon the pages of literature (with countless needless references to somebody else's scientific? findings) their checkings and double-checkings. They assemble within their own minds the facts—and interpret them. That is science. And, furthermore, that is what makes that "wise old family physician."

Yes, but that "wise old family physician" is more. He is the sublimated scientist—which means that he is the artist. Many a chemist can

synthesize colors; but it is only the Michael Angelo who paints the immortal picture—meaning the intelligent use "out in the field" of the work done with the test tube and the guinea pig! That's where the application comes in—and that's art, not science. That's the use of the "colors"—to relieve suffering and to save lives. Nobody does it so much as the "wise old family physician." And he may not be "old" in years; only in his artistry, evolved from long study.

To say that medicine not being all science nor all art is therefore neither, but is a business, is about as logical as to say that a jar of preserves not being all plum nor all peach is therefore neither, but is horse meat. A better basis from which to make such a deduction is to consider directly whether medicine is entirely a sacrificial ministry or altogether a business. Here, again, it is not all of the one nor all of the other. Fair minded people realize that it simply must be a mixture of both. Without the element of sacrificial ministry we *ought* to cease to exist; without decent compensation we *must* cease to exist.

Medical men are part and parcel of the rest of Society. They must live; they must pay taxes; they must clothe, house, feed, and educate their children; they must grow old and

have laid by a competence for declining years. Medicine is to that extent also a business.

We owe as a debt to society, our all—our lives, our utmost. If we pay that debt society owes us their reciprocal debt. *If we fail to pay our obligation we should be and will be damned; if society fail—WHAT?*

A New Youngstown

Our City and this Valley are happy, and look to the future with renewed hope. The long-awaited canal apparently is to become a reality. We are as one with our fellow citizens in praise of those whose untiring efforts have made this dream come true.

Whatever the final benefits may be, we nevertheless have in the fact of victory proof of the efficacy of united action. A community with just such a spirit must win. We now know that Youngstown has that spirit—and that that spirit, more than the canal, spells a wonderful future.

This project is but one of many sponsored by The Chamber of Commerce. The time may have been when the individual medical man could see no advantage to membership in that organization. Thanks to the present intelligent leadership of the Chamber, that time has now past.

Each one must decide for himself whether to join the organization or not. But, as Dr. Patrick and President Fisher have recently pointed out in the *Bulletin*, we have a part to play as citizens, a special duty as citizens which our training and experience make peculiarly valuable. The community needs us, and we frequently "crab" because the community seems to ignore us. We can correct that situation to everybody's advantage by "dipping in our oar" and pulling.

The reorganization of the Chamber into various "divisions" provides spheres of action for everybody. Of especial interest to us are those func-

tions under the heading "Civic Affairs." Here are listed, among other things, city beautification, city planning, traffic, education, fire prevention, grade elimination, public health, sanitation, taxation, and many other important things.

Indirectly, perhaps we should say directly, of real financial value to each of us is the Chamber's "Better Business Bureau." Our citizens are mulcted out of multiplied thousands of dollars annually by schemers of all sorts. Everybody knows about the fake stocks and bonds, shoddy goods, the whining appeals over the telephone for us to "kick in" to this or that. The "Better Business Bureau" is out to "get" these buzzards. Then there is this rank humbug, "The Bug." Fools fall for that to the tune of \$6,000.00 a day, we are reliably informed. Suppose that amount were added daily to paid doctor bills! Some of these savings will be so used. If The Chamber of Commerce has the moral courage, the "GUTS," to run these thieves, whether "high" or low, out of this town that organization will be entitled to our eternal loyalty and respect.

The present activity of the Chamber seems to be directed to the improvement of Youngstown as a whole, rather than to the selfish advantage of a few. If that principle is continued medical men will find it an attractive agency through which to join in the ever-present need for a better and better Youngstown.

Public Health Batters Up

Dr. Hathhorn and the Public Health Committee are swinging into action in their year-round public health educational plans. Already they have set up their radio schedule for the next 26 weeks. As contemplated the program includes addresses on diphtheria, cancer, and periodic physical examinations.

SECRETARY'S REPORT

Council met May 15, 1935. Routine business was attended to, such as payment of Postgraduate Day bills and current bills for the month.

The matter of loaning certain bound volumes of medical journals and medical books that are the property of the Society was discussed. A motion was passed to lend them to the Youngstown Hospital Library, ownership to be retained by the Society. They can be reclaimed later if the Society should desire to do so.

The meeting with the Union Medical Society was discussed. This meeting will be held in conjunction with the regular monthly meeting of the Society, the program being arranged by our Program Committee in conjunction with the Union Medical Association. The program will be "Gastro-intestinal Diseases."

Certain classes of patients are not being cared for by the members of our Profession. These individuals are on low incomes but are not on relief. Some have a hard time to get service when they call for a doctor. This matter was referred to the Public Relations Committee for adjustment.

The President introduced the matter of the Better Business Bureau, sponsored by the Chamber of Commerce, as to whether we should aid in this civic undertaking. It would cost the Society \$150.00 per year. It was the opinion of Council that this matter must be decided by the Society as a whole.

The Public Health and Publicity Committees and the Speakers' Bureau presented their program for the coming year, stressing the importance of the Diphtheria prevention campaign, which is running continuously, and that money has been set aside for this work by the Council of the City of Youngstown. All children should be immunized against this disease. Doctors are urged to cooperate to the fullest. These Committees have arranged for a weekly program over

WKBN and need your help in putting this over. The material for these broadcasts is being arranged. Due to the generosity of our local station, this is going forward. The subjects are not limited to one disease. They will cover all phases of the practice of medicine. When the Speakers' Bureau asks you, please give your whole-hearted support.

The Public Health Committee has requested that when any of our members are making an address, they stress small-pox and diphtheria prevention, regardless of their subject.

Council met May 21. The Medical-Economics Committee asked for the united support of the Profession in an attempt to cut down the pro-rata that is being handed to us by the Relief Organization. The Committee feels that this can be curtailed by cutting down some of the exorbitant bills of certain members of our Profession. That is, a maximum amount may be fixed and all over that amount will be cut off.

The Council vested this authority in the Committee and urged that the Committee get the matter adjusted at an early date.

The regular monthly meeting was held at the Youngstown Club, May 21, with Dr. William H. Gordon of Harper Hospital, Detroit, delivering a masterful address on "Malignant Neutropenia." We had a small attendance at this meeting. What is wrong? Are the fellows getting tired of our meetings? If so, tell the Program Committee how to change them so they will suit. You know we expect all of you out. It is the attendance at our meetings that brings us good speakers. Do not fail our Committees. The paper on "Malignant Neutropenia" was excellently presented. The Doctor gave us a good resumé of the etiology, symptoms, course, diagnosis and treatment. This paper should have been

of intense interest to all members of the Society.

Dr. Gordon is a good speaker and presented his paper as we always like to receive them—with vim, vigor and enthusiasm. But fellows, please let us keep up our enthusiasm and come to the meetings so our speakers are not disappointed in the Mahoning County Medical Society.

In Our Hospital Libraries

By J. ALLAN ALTDOERFFER, M. D.

Tannic Acid Treatment of Burns

(*The American Journal of Surgery*, May, 1935, page 370)

The coming vacation period for school-children, with a coincident increase of burns, prompts a review of probably the most satisfactory method of handling these surgically treated accidents.

McClure and Austin of Detroit review the research and philosophical background of this method of treating burns as devised by the late E. C. Davidson, and a short review of 476 burn cases is presented.

The report of Davidson's research and thought is a beautiful commentary on Davidson, the man. His conclusions were that death is caused by (1) Shock; (2) Toxemia due to absorption of destroyed and changed proteins; and (3) Toxemia from infection.

The treatment then evolved into treating shock by the usual methods of morphine, heat, blood transfusion and saline infusion. Toxemia from infection was treated by debridement and surgical asepsis in handling the wound and the surrounding skin.

Toxemia due to absorption of destroyed protein was controlled by spraying 5% tannic acid over the burned area every 15 minutes until a thick coagulum was formed. This procedure fixes the destroyed proteins in an almost insoluble tannate.

A collected series of cases in a group of hospitals shows a reduction

in the mortality rate from 32% to 12% after the introduction of the Tannic Acid treatment and a reduction of 25% in the hospital stay of these patients.

Dr. Davidson's original copy appeared in *Surgery, Gynecology and Obstetrics*, Vol. 41, pp. 202-221, Aug., 1925, under the title "Tannic Acid in the Treatment of Burns."

A few of his interesting and well-written papers were published as follows: "The Prevention of the Toxemia of Burns," *The American Journal of Surgery*, Vol. 40, pp. 114-116, May, 1926; "Sodium Chlorid Metabolism in Cutaneous Burns and Its Possible Significance for a Rational Therapy," *Archives of Surgery*, Vol. 13, pp. 262-277, Aug., 1926; "The Treatment of Acid and Alkali Burns," *Annals of Surgery*, Vol. 85, pp. 481-489, April, 1927.

Health Problems and Facts

By L. G. C.

One national survey reports that in 1929 families with \$600.00 or less income per year comprised 13.3% of our population; in 1934 they comprised 51.4% of our population.

Some health districts say they are unable to pay for the care of their sick poor. Who does? The following statistics should be studied in reference to the comparative cost of health expenditures in relation to the costs of other governmental activities.

State Tax Dollar—1932

Highways4851
Education224
Welfare1228
General Administration0669
Public Debt034
State Office Bldg.0213
Misc. Public Wks.0207
Military, Judicial and Legislative0188
Health0063

"Change is inevitable in a progressive country."—*Disraeli*.

June

MEDICAL FACTS

By J. G. B.

Progress in Gastro-Enterology for 1934*

W. Lintz states that gastro-intestinal allergy although rarely recognized is more frequent than either asthma or hay fever. He believes also that bleeding from mucous membranes and subcutaneously is often of allergic origin. The foods which give trouble most frequently are wheat, eggs, milk, cocoa, cabbage, orange, white potato, beans and peas. Veal and pork are the meats which most often give an allergic reaction.

* * *

Herrick *et al.* have studied the effect of digestion on the blood flow in dogs. They found that meals increase the blood-flow in the femorals, carotids, and jugular veins. This increase in blood-flow may be twice what it was in the fasting state. It is found to begin more rapidly after a carbohydrate than a protein meal. It is accompanied by an increase in the pulse rate and possibly in the cardiac output. These findings are of interest in that they may explain the reason for anginal pain after eating.

* * *

Goodall and Hoyt believe that the condition of thoracic stomach is fairly common. Dyspnea due to slight exertion and occurring in the latter part of life, as well as unmitigated gastro-intestinal symptoms with negative routine roentgen observations are suggestive of thoracic stomach. Its seeming rarity is due to the fact that it is being overlooked by the roentgenologist and probably by the pathologist.

* * *

Hurst states that without gastritis there is no achlorhydria but that gastritis does not cause achlorhydria unless the patient is predisposed by having the hyposthenic gastric constitution. It is gastritis which causes achlorhydria, and gastritis, not achlorhydria, which causes pernicious anemia and subacute combined degeneration of the cord and predisposes to

carcinoma of the stomach. The prophylaxis of gastritis is the prophylaxis of these diseases. One may therefore look forward to the time when the prevention of gastritis, and, when prevention fails, its early recognition and adequate treatment will lead to the early disappearance of carcinoma of the stomach.

* * *

Flynn and Duckett believe from their study of postoperative cases and autopsied cases that subtotal resection for cancer of the stomach, even in advanced stages, has a low primary mortality, a good chance of cure. Therefore, they believe that physicians should not hesitate to advise surgery even in patients who appear to be in an advanced state of the disease.

* * *

Eusterman and Mayo believe that there is adequate evidence to justify the contention that under exceptional circumstances a chronic ulcer of the stomach can have its origin in external, non-penetrating trauma to the epigastric region.

* * *

Boldyreff, a former associate of Pavlov, states that the bile plays no role in the neutralization of gastric juice by duodenal regurgitation. He believes that the pancreatic juice is entirely responsible.

* * *

A. L. Trowell has studied the relationship of tobacco smoking to peptic ulcer. He finds that the practice of inhaling cigarette smoke is more than twice as common among men with ulcer as among normal men.

*References may be found in N. E. J. M. Vol. 212, Nos. 15, 16, 17.

“This world has been harsh and strange;
Something is wrong; there needeth
a change.”

—Robert Browning.

OPINIONS OF OTHERS

By P. J. F.

Suggestions

I. Whether or not the former State Commissioner of Health of Oklahoma, Dr. A. R. Lewis (whose article is printed below), is right in urging physicians to "go into politics" by way of seeking strategic public positions, is a matter for individual decision. But he expresses concretely the same ideas as those suggested by Dr. Patrick in a recent issue of our *Bulletin*. It is worth thinking about.

The Doctor in Politics

The newspaper and many periodicals are constantly carrying articles in regard to medical services to people unable to pay for same. All kinds of plans are suggested for the benefit of the public, but very little for the benefit of the Doctor who is expected to render the service. We read about health insurance, health clubs, etc., in which a family of small income can pay a monthly or annual payment and receive medical care for same.

My experience with a railroad that carries health insurance, is that the people take advantage of the privilege in calling doctors to their homes or go to his office for the most insignificant complaints. I have been called at nights, in rain, off pavement, to some of these cases, to find the patient sitting by the fire reading a paper and said he believed he was taking a cold. Now all these so called panaceas for the dear public did not originate in the medical profession, but in clubs and legislatures in which no doctor was a member. There is no reason why the medical profession should not have some of their members in important political places. We are fortunate in now having a member in the Senate and should have one or two in the Legislature, one on the Board of Regents, who have control

of the Medical School and the University Hospital. The present condition, where the medical profession does not have full control could have been avoided, as they have all the work and assume all responsibility. In appointments of superintendents of state institutions such as the Tuberculosis Sanitariums, University Hospitals, asylums, etc., the medical profession should be consulted instead of politicians who know nothing about the qualifications of the applicants for the place. If three thousand doctors in Oklahoma would take an active interest in politics their influence would be strong enough to accomplish anything they might desire. We have a number of able doctors in Oklahoma that can afford to make the sacrifice to the profession in filling these places. The Medical Society should prevail upon them to become candidates and the whole society back them up in every possible way. This should be done in open meetings and not by a small clique that favor their personal friends, and do not have the support of the society. I know a great many doctors will say, "I have no time or inclination to bother with politics." Some undesirable form of legislation regarding medical service, similar to conditions in some foreign countries, is sure to spring up in the next few years and as a matter of self preservation the medical profession should be prepared to fight it. If we do not, some day when it is too late we will find laws being enacted that will place the incomes of doctors little better than the present "dole" of England.—*A. R. Lewis, M. D.—Bulletin of The Oklahoma County Medical Society.*

—◆—

"There is danger in reckless change; but greater danger in blind conservatism."—*Henry George.*

HEALTH NEWS

By H. A. K.

With the demise of prohibition comes another problem of public health importance. How can we assure the public clean servings of beverages?

This matter has become crystallized in the recent epidemic of Vincent's Angina in the area about Steubenville. Other epidemic diseases may be cultivated by "beer glass" transmission as well. You may say these beverages contain alcohol which is in itself a disinfectant, but with the coming hot weather and bustling beer business very little time elapses between lips wrapped around the same glass. Many beer parlors and soft drink stands do not have even hot water or provision for decent cleanliness of containers, without considering sterilization. One such stand at the City's outskirts had only a bucket of cold water which the attendants used for urination when caught short.

Such cases have had permits withdrawn when attention has been called to them. The law specifically states that provision for hot water, hot air, or live steam sterilization must be made. The order of granting license is wrong. The owner applies for and receives license before inspection of his place and then it is a hard matter to persuade him to conform. His place should be inspected first by public health authorities and then license be granted if his place of business is properly equipped. Attempts are now in progress to draw up satisfactory local ordinances. Watch your beer glass. Even the tap becomes infected from foam of previously used glasses.

The crimson flush of measles is much reduced and the scarlet glow of the fever of that name is less vivid, but diphtheria and whooping cough are more prevalent in Ohio. With 888 reported cases of diphtheria in the first 90 days of 1935, Ohio was none too early in its adoption of the new slogan, "Immunize Now—and Stamp out Diphtheria."

1935

Associate Members

The Mahoning County Medical Society is always happy to have any and all our colleagues from surrounding territory to come to our meetings. Some perhaps would like to become "Associate Members." We shall be happy to receive the applications of any such doctors. The dues are only nominal, \$2.00 per year. We are sure you will find the membership worth much more. The Associate member will receive the *Bulletin*, and, in addition, many other advantages.

P-5-5-1! The Treasurer

Our Treasurer, Dr. L. S. Deitchman, makes this statement: In some instances the State Association Secretary mailed the \$1.00 refund of State dues direct to the members. Our County Society, by Society action, voted to retain that dollar in our Society's Treasury, and requested that the State Association make the refund to our Society Treasurer. This was done, except for those to whom remittances were made direct. Dr. Deitchman, therefore, requests that those to whom the State Secretary remitted will please immediately transmit that amount (\$1.00) to the Treasurer of our Society.

On Ice

Arrangements are in the making for several important events for this autumn. The Program Committee is negotiating for another series of special lectures, and will have their plans completed before long.

Another event that will be most enjoyable is to be held in October, when The Union Medical Association of the Sixth Councillor's District holds its meeting here jointly with our Society. The plan is that the afternoon program will be supplied by our own members. This will be followed by dinner and an evening session to be addressed by Dr. Chas. Gordon Heyd.

DR. KARL W. ALLISON

Once more we bow our heads in profound grief because of the loss of another widely-beloved colleague, DR. KARL W. ALLISON. Always kind, faithful, patient, and cheerful, Dr. Allison leaves a host of sorrowing friends. Dr. Allison, after months of illness, seemed well on the way to recovery, when he was suddenly stricken on May 22, 1935.

DR. FRANK G. GREER

We of the Medical Profession join our Dental Brethren and his many other friends in deep sorrow at the untimely passing of DR. FRANK G. GREER, who died on May 20, 1935.

GLEANINGS

By W. M. S.

Dr. J. A. Sherbondy is improving at his home and we hope he will be with us real soon.

Dr. David Phillips is able to be about again. He was confined to the North Side Hospital for several weeks, and is now taking a long rest.

Dr. H. E. Welch is improving but is still confined to his home. Please go and see him.

By S. J. T.

Dr. J. E. Hardman, ailing for several weeks with a sore throat, had his tonsils removed May 25th. He is now convalescing.

Dr. W. J. Colbert was confined to his home for several weeks with a gastro-intestinal upset. He also spent several days in the hospital for observation.

Dr. A. M. Rosenblum attended the recent meeting of the American College of Physicians in Philadelphia.

Dr. M. W. Neidus spent a week

in Ann Arbor at the University of Michigan, where he took an intensive course in Electrocardiography under Dr. Frank Wilson.

Dr. M. D. Friedman of Cleveland presented a paper on "Coma" at the May meeting of the Staff of St. Elizabeth's Hospital.

What A Tribute!

"I have often thrilled at the discipline of the medical profession. A man comes forward with a "cure" for cancer. It is the greatest plague of our race. Doctors would rather see some alleviation of this curse than of anything in their purview. Yet, from experience before Galen, they know that there lies the greatest field for the exploitation of the desperate hopes and fears of man.

"In the face of that pressure they turn their faces like adamant until the case is proved beyond peradventure. Devotion to certainty is the golden wreath on the brow of that science."—*Gen. Hugh S. Johnson.*

This Month

DR. ARTHUR G. HYDE, Superintendent
DR. ARTHUR O. GILLAM, Ass't Supt.
Massillon Hospital

SUBJECTS:

DR. HYDE: "Modern Treatment of Mental Diseases."

DR. GILLAM: "Hallucinations and Diagnosis."

Tuesday, June 18th, 8:30 P. M.

YOUNGSTOWN CLUB

THIS MONTH'S FEATURE

Physicians are more and more realizing the important role of nervous and mental abnormalities as influencing other clinical problems. The enlightened doctor no longer dismisses with a wave of the hand the patient whose symptoms are "all in the head." The subject is of such significance both sociologically and medically, that we are indeed fortunate in having with us this month two men so highly qualified, by training and long experience, to discuss it.

DR. ARTHUR G. HYDE

Dr. Hyde was born in Ashland County. He received the Bachelor of Science Degree from Ohio Northern University, and his M. D. Degree from the Miami Medical College, at Cincinnati. After graduation Dr. Hyde did general practice for 5 years. He then became Assistant Physician at the Cleveland State Hospital. For the past 21 years he has ably presided over affairs at the Massillon State Hospital.

DR. ARTHUR C. GILLAM

Dr. Gillam is also a native of Ohio, having been born in Holmes County. The doctor is a graduate of Wooster College, and of Rush Medical College. After 10 years of Neuro-Psychiatric work with the U. S. Veterans Administration, he joined Dr. Hyde, as Assistant Superintendent, 5 years ago.

❖ [*July and August*] ❖

VACATION

For the Good of Our Patients

PLAY

WORK

PLAY

First Annual Meeting

of

THE MEDICAL-DENTAL BUREAU

Dinner; music by the Medical-Dental Bureau's Ensemble, with Dr. Segal as Soloist. Three new Directors will be elected, and the Secretary and Treasurer will give reports.

All members of The Mahoning County Medical Society, whether members of The Medical-Dental Bureau or not, are cordially invited.

Thursday, June 13th, 6:30 P. M.

ELKS CLUB

DR. WILLIAM S. MATTHEWS*(1843 to 1888)*By **SIDNEY M. McCURDY, M. D.**

Every person admires a successful man, but very few either take the time or are interested enough to study the essential qualities that enter into the formation of an outstanding personality. Dr. Matthews was born of good pioneer American settlers who located on a farm in Boardman Township. One would expect him to live his life as an agriculturist, first, because of his environment, and second, because his father did not see the advantages of a higher education. Somewhere in the family tree must have been ancestors who transmitted qualities and tendencies which predetermined that he should crave an association with learned men. His ambition was to be satisfied only by the accumulation of useful knowledge. He, as a youth, felt that the study and practice of medicine was his goal, and never did he deviate from his course in the preparation for his life's work. Never was he heard to regret that childhood selection.

His intellectual progress was interrupted by the Civil War but in this crisis he was able to develop and demonstrate his courage both physically and mentally. His uncle, Dr. Shannon, a Union medical officer, wrote home and requested that his favorite saddle horse be brought to

him. Young William took the horse south and pleaded with his uncle to stay with him. His uncle refused and William returned home. A little later he enlisted in Company 1, 16th Ohio, as a private. He soon won his commission and later "by Brevet"

he was promoted to a Captaincy, by President Lincoln. His bravery, which promoted him, was the removing of wounded between the two fighting lines at Petersburg, under the fire of both forces.

After Dr. Matthews was mustered out of service he returned home more determined than ever that he must procure an education. He enrolled at the Poland Seminary, from which so many prominent and famous men had been graduated,

after being taught by Dr. Lee, the founder and director of this institution. He next became associated with the well known Dr. Truesdale, who acted as his preceptor. A year was then spent in study at the University of Michigan, Medical Department, not then known by this name, and a year later he attended Western Reserve. His medical education completed, he located on Phelps Street, Youngstown, and was associated with Dr. Fowler, one of Youngstown's leading physicians and surgeons, in 1868.

**Dr. William S. Matthews**

His professional position was quickly assured, and he assumed in a short time a position of medical eminence. Dr. R. D. Gibson informs me that he was very progressive but that his opinions were beautifully tempered with conservatism. Dr. Gibson further states that Dr. Matthews had a very pleasing personality, and possessed a fine workable knowledge of medicine. Such a combination inevitably leads to prominence. Our records disclose that he was one of the organizers of the Mahoning County Medical Society, and that he filled the offices of President, Secretary, Treasurer, and Censor. He often discussed papers and presented original writings for the benefit of the members.

Dr. Matthews was one of the original staff of the Youngstown Hospital, being appointed in 1883 and was selected along with the others by a vote of the Medical Society. Two men were burned severely at the Brier Hill Iron and Coal Company a little time before the new hospital was completed. The Doctor obtained permission to treat them there, so that he really furnished the first two patients for the Youngstown Hospital. Dr. Matthews loyally served the interests of the hospital for about 20 years, and always valued very highly the institution and his connection with it. His life's work was unfortunately severed in the harvest time of its existence. Much service did he render while he was able, but how much more could he have given if only he could have retained his health. Forty-five years of life and about 20 given to medicine were his lot, and how well he crowded into those years his days of useful service. He held fast, with no compromise, to the highest medical ethics and ideals, and thus passed on to us to copy a spotless, un sullied medical career.

Youngstown, when Dr. Matthews started practice, was a thriving industrial community. In 1867 it had

grown sufficiently to be rated as a City of the second class. Its people numbered 5,000, but it was growing fast and had 8,000 by 1870. The iron and coal industries were prospering, until the panic of 1873, which threw the city in many ways into the same position it finds itself today, and for very similar reasons. Medical practice was then far from easy. The streets were muddy and unpaved, and many calls took the Doctor into the country. Fees were small and not easily paid. It was the day of horse and gig or buggy. A night call was prolonged because one had to hitch up, drive through mud and rain, unhitch and stable the horse before one could retire to bed again. There were no telephones over which to prescribe and personal visits at the home were necessary. It was truly a hard life, one much worse than any of us have ever experienced.

In 1870 Dr. Matthews was united in marriage with Miss Jessie Lee, who is still living in Poland. It is interesting that at the same time, Dr. Daniel Evans assumed the pastorate of the First Presbyterian Church, of which Dr. and Mrs. Matthews were members, and whose services they regularly attended. Dr. Matthews was of a religious nature and was present in church whenever it was possible.

Fraternally he belonged to the Masonic Order and was an enthusiastic and appreciative member. He loved their ritual and was esteemed by his lodge brothers.

Dr. and Mrs. Matthews built, in 1872, the house that now stands on Rayen Avenue, next to St. Joseph's School. Later when his health gave out he moved his office from Federal Street, to his residence. His last 2 years were filled with apprehension and worry for he saw his health failing and the possibility of fulfilling his ambitions decreasing. Through it all, he quietly, uncomplainingly, and

(Turn to page 201)

TULAREMIA—TWO CASES

By MORRIS S. ROSENBLUM, M. D.

Tularemia is a specific infectious disease which is caused by bacterium *tularensis*. It is transmitted from infected rodents, especially wild rabbits, by the bite of a blood-sucking insect, the deer-fly or wood tick, or by the handling of infected rodents, as in the case of market men or laboratory workers. In animals the disease occurs as a fatal bacteremia resembling plague. In humans the mortality is 6 to 8%.

Tularemia is apparently confined to the United States and has been reported from many states, extending from the Pacific to the Atlantic Coast, although a few cases have been reported from Japan. The name tularemia is derived from Tular Lake and County, California, where the first plague-like disease of ground squirrels was described by McCoy in 1911. Bacterium *tularensis* was discovered by McCoy and Chapin in 1912 as the cause of this plague-like disease of ground squirrels. Professor William B. Wherry of the University of Cincinnati Medical School and his assistant, B. H. Lamb, described the first case of tularemia in a human being in 1914. Bacterium *tularensis* is a small, non-motile, gram-negative coccus-bacillus, growing best in coagulated egg-yolk. In 1914 Dr. Francis in a report described the bacterium which caused deer fly fever in Pahvent Valley, Utah. It was proven later to be identical with bacterium *tularensis* which Dr. Wherry described in 1914.

Symptomatology

The incubation period of this disease is generally 2 to 5 days. Unusually the portal of entry, in cases where infected animals have been handled, is a scratch or open wound. Within a few days the initial lesion becomes a punched out ulcer. The patient may contract a conjunctivitis from rubbing his eyes with the infected

wound. The onset is characterized by a few days of general malaise, weakness and general arthralgia. For two days following this the patient has a constant frontal headache, and dizziness, severe enough to cause him to go to bed. Occasionally vomiting occurs. During the later part of the onset the person has chills, which come on every few hours and usually last an hour. The patient perspires freely. This goes on for two days.

The temperature is of a picket type, rising to 102-104 for two days and then coming down to within normal limits for two days. This continues for about two or three weeks.

The lymph nodes draining the affected area become enlarged about one week after the onset. At this time a node enlarges to the size of a walnut and becomes painful to touch. It usually increases in size unless treated with anti-tularemic serum, in which case it comes down within a week.

Diagnosis

The diagnosis of tularemia then depends upon the history of exposure, the previously described symptoms, and agglutination tests, which are not positive before the 8th to 18th day of the illness.

This disease must be differentiated from typhoid fever, pyogenic septi-cemia and bubonic plague.

Treatment

The treatment in the past took various forms, namely neo-arsphenamine, convalescent serums, and x-ray treatments of the primary lesions. Dr. Lee Foshay, working in Dr. Wherry's laboratory in Cincinnati, first tried vaccine therapy during the acute febrile stage, but found it unsatisfactory and soon abandoned it entirely in favor of serum therapy.

Dr. Foshay first made tularemia anti-serum in 1930, but did not use it clinically until a year later. During

the first two years Dr. Foshay used goat serum. During the past year, he and O'Neil have developed anti-tularemia horse serum.

In the *Ohio State Medical Journal*, January, 1935, Dr. Foshay reports on 240 patients treated with anti-tularemia serum; 90 with goat serum, and 150 with horse serum. Briefly, he has shown that by serum therapy he has been able to shorten the duration of disease 50%, shorten the duration of disability 50%, shorten the duration of adenopathies 45%, and lower the incidence of suppurative adenitis to 45%. His period of recumbency or hospitalization period averages 21 days; the duration of the fever has not been significantly altered. The average time of the initial injection was the 28th day of the disease, although some of the patients did not receive serum until the 48th day. Dr. Foshay believes that the earlier the patient is given the anti-serum the shorter the duration of illness.

CASE I.

The first case was that of a young man, age 18, who was employed at a fish and meat market. He had been skinning rabbits for 2 weeks previous to seeking medical advice. While at work, he wore a glove on his left hand but did not wear a glove on his right hand. He had a small scratch on the dorsal surface of the third finger of his bare hand for about a week, which became inflamed and had not healed. For one week before seeking medical advice he felt tired and weak. The patient said he did not have much "pep" and that he had had chills for two days. His past history was negative.

Upon physical examination, a small inflamed ulcerated laceration, about 1 cm. in length, was found on the dorsum of the third finger of his right hand. There were no red striae along the right forearm or arm. The epitrochlear nodes were not palpable, but the axillary nodes were enlarged to the size of a walnut. They were

hard, freely movable, and tender. The skin over the enlarged axillary nodes was not inflamed at this time. Otherwise the physical examination of the patient was negative. He did not look very sick. He was admitted to the hospital on November 25, 1934.

Fifteen cc. of anti-tularemia serum were given intravenously to the patient on the 5th and 6th days after the onset. The temperature then came down from 103 to normal within 24 hours. The axillary nodes before the serum was given measured 1 inch in diameter; and 4 days after the serum was given measured $\frac{3}{4}$ inches in diameter. The patient felt well until the 4th day after the serum was given, when, at 9:00 p. m. he had a typical serum reaction, and broke out in an urticaria, which began first at the site of the intravenous injection of anti-serum. The history given by the patient was that he never had had serum before—but later, after the serum was given and the reaction was present, a member of his family remembered that he had taken anti-tetanic serum two years previously. Nevertheless, he was relieved by a hypodermic injection of adrenalin chloride and also a lotion containing menthol and phenol.

From the 9th to the 20th day the patient had a stormy course, especially the first half of this period. On the 10th day the patient was very drowsy and stuporous. He had to be awakened for his meals, of which he partook very little. His temperature varied between 101 and 103. His blood pressure during his stuporous period was 98/52, previously it had been 130/80. He was given three intravenous injections of 25% glucose, in amounts of 100 cc., 200 cc., and 200 cc. during these 2 days. He also received 200 cc. of 25% glucose intravenously on the 12th, 13th, and 14th day. On the 12th day and again on the 21st day, he developed a conjunctivitis of both eyes. In both instances this lasted for a few days.

Boric acid irrigations were used.

On the 13th day after onset he complained of a little numbness and stiffness of his fingers, which lasted about a half hour. The infected finger did not heal completely until the 31st day. The finger was soaked in warm solution of magnesium sulphate. He was discharged from the hospital on December 27, 1934, 34 days after the onset, with a normal temperature. The axillary nodes measured 1 inch in diameter before the serum was given. They gradually became smaller until, on the 18th day, they measured $\frac{5}{8}$ inches. On December 30, 1934, 37 days after the onset, the nodes suddenly became larger and were slightly painful to touch. They looked as if they would break down, however, believing that they might absorb, nothing was done for it. There was no rise in temperature associated. On January 29, 1935, 67 days after onset, the axillary nodes measured 3 inches in length and $1\frac{1}{2}$ inches in width. Three days later the patient woke up and saw that the coat of his pajamas was wet near his right axilla. Upon examination he saw that a node was discharging cream-colored watery fluid. I saw him later that day at which time his temperature was 99.2, pulse 96. The wound was opened for purpose of better drainage, and a specimen of the exudate was sent to Dr. Foshay for examination. The node has continued to drain until, at present, the drainage has practically ceased.

At this time I wish to quote from 2 letters from Dr. Foshay, in which he discusses the recurrent lymph nodal enlargements of tularemia.

Letter of February 4, 1935

"I have twirled off the exudate you sent, from the swab, and have injected a guinea pig with the stuff. I would be greatly astonished to see the animal come down with tularemia. Almost invariably these late abscesses are sterile abscesses. I have inoculated susceptible rodents with large

amounts of such pus repeatedly, but have never yet gotten a take. This also was Wherry's experience; also that of Dr. Francis. What seems to happen is that central necrosis of some node has occurred, and to such a degree that it is not resorbable. The end result is a foreign body abscess. I have found beautiful giant cells of the foreign body type in such pus smears, never bacteria."

Letter of February 12, 1935

"Since you asked me about the incidence of recurrent adenopathies in tularemia patients, after serum therapy, I have completed scanning all completed records to date for the actual incidence. It is higher than even I had thought. In a series of 229 cases with lymph nodal involvements there were 44 instances of late recurrent adenitis. Of these, 26 proceeded to suppuration. In other words, to date the records show a 20% incidence of late recurrent adenitis, with a 60% incidence of suppuration in this group. The average time of appearance of recurrent adenitis, after serum therapy, was the end of the 6th week."

CASE II.

Patient stated that on December 8, 1934, he suddenly began having chills and felt weak and he had a severe headache. This lasted for 2 days and then he noticed that his body became jaundiced. He felt very dizzy and went to bed. He was seen 2 days later, December 10, 1934. Past history is entirely negative except that his father died of tuberculosis at the age of 42.

Physical examination on December 10, 1934, revealed a fairly well developed slender white male of about 21 years of age. There was a slight yellowish tinge to the skin. The positive findings were the following: In the eyes the sclerae were icteric. The liver was felt about $1\frac{1}{2}$ cm. below the costal margin. There was a small puncture wound on the me-

dial side of distal phalanx of the index finger. The right axillary node was about the size of a cherry.

When this patient was first seen with the above symptoms and findings, tularemia was thought of, since this young man also was employed at the same fish and meat market as the patient of Case I. But his jaundice made one think more of a hepatitis, a cholecystitis. His temperature was 102—and his axillary nodes were not very large, but tender to touch. The puncture wound did not look ulcerated. The treatment was symptomatic.

On the 8th day after the onset the index finger in the region of the puncture wound began to swell and on the next day a small fish bone, about $\frac{1}{4}$ inch in length, was removed. At the same time the axillary nodes became larger, measuring $\frac{3}{4}$ inch in diameter at this time. The largest size was attained on the 21st day after the onset, when they measured 1 inch by $1\frac{5}{8}$ inches. On the 16th day a sample of blood was sent to Dr. Foshay and also to the Health Bureau in Washington, for serological examination relative to tularemia. On the 21st day the report came from Dr. Foshay with a positive finding for bacterium tularense.

This patient was given 15 cc. anti-tularemia serum intravenously on the 22nd day and the 23rd day. He had a moderate serum reaction with some urticarial rash and a slight rise in temperature 10 days later. The primary lesion on the index finger healed on the 27th day and the axillary node was normal in size on the 30th day. He was discharged from the hospital 33 days after the onset and stayed in bed for 2 more weeks, until his jaundice disappeared entirely. He went back to work on February 4, 1935, feeling fine.

I wish to gratefully acknowledge the invaluable aid given me by Dr. Lee Foshay, Dr. R. M. Morrison, and Dr. W. H. Bunn.

"We" Arguments

By D. H. SMELTZER, M. D.

Let us examine some of the arguments used for buying and equipping a separate psychopathic hospital:

First: "The hospitals have refused to have anything to do with mental patients."

The only proposition the City Hospital ever had was that they were to give over part of the hospital for the care of these cases, but all appointments were to be made and controlled by the Probate Court.

Second: "It is illegal."

I have never found any citation saying it was illegal to send a patient to a hospital for treatment.

Third: "The hospitals don't want them."

Whenever a hospital gets this attitude such a hospital has reached the end of its usefulness. This is especially true when the public is paying thousands of dollars each year for hospital maintenance.

\$78,000.00 bond indebtedness is outstanding on the contagious hospital. At least \$30,000 additional will be required for remodeling. And then there are the x-ray, laboratories, and the remainder of equipment—another \$30,000.00 or more.

Wake up, Youngstown, or you will be buying something you don't want. Worse than that, you will be placing a greater stigma on these mental patients.

If anyone should wish to look upon a person who will kill one of his fellows before twelve months are out he need only halt and look at the drivers of the first seven hundred automobiles that pass. If the street is a busy one this will require only half an hour. Last year there was one automobile fatality for each six hundred and fifty cars on the road.—*William Jankin Cox, Harper's, June, 1935.*

YOUNGSTOWN HOSPITAL STAFF ACTIVITIES¹

By FREDERICK S. COOMBS, M. D.

Dr. E. C. Goldcamp on Dysphagia

Dysphagia in connection with lesions of the esophagus was discussed by Dr. E. C. Goldcamp at the May meeting of the Youngstown Hospital Staff.

In reporting the work of the Bronchoscopic Clinic which also does esophagoscopy, Dr. Goldcamp said the Clinic in the 4 years of its duration had taken care of 1,000 cases of which 125 dealt exclusively with the esophagus. He pointed out that general hospital statistics showed one out of every 100 patients admitted to hospitals complained of dysphagia.

The Clinic has seen 16 cases of carcinoma of the esophagus. To show the importance of this lesion, he cited figures to show that it caused 5 per cent. of all cancer deaths. Epidermoid cancer in this region is 6 times as common as adeno-carcinoma.

In all of these cases, Dr. Goldcamp related, dysphagia is a much more common symptom than pain.

In reviewing the causes of diverticuli, he attributed traction pouches to tuberculous mediastinal glands, while pulsion pouches may be due to a failure of crico-pharyngeus muscle to open (Jackson), or a congenital defect (Moser).

Pulsion pouches start in the upper esophagus in the midline because there isn't any muscle present. These really are pharyngeal, he said. Pulsion pouches occurring above a stenosed esophagus are rare.

The symptoms of foreign bodies in the esophagus are often respiratory as choking, strangling, or coughing.

Dr. Goldcamp, in collaboration with Dr. E. C. Baker, hospital roentgenologist, illustrated the rest of his talk with slides from x-rays demonstrating lesions of the esophagus as carcinoma, thoracic stomach, strictures, cardiospasm, and broncho-esophageal fistula.

House Staff Changes

Youngstown Hospital announces the appointment of 12 internes and 2 residents for the year July 1, 1935, to June 30, 1936. Word has been received that the two residencies are now on the approved list as mixed residencies. Dr. Joseph P. Keogh will be resident at the South Side Unit and Dr. Malcolm H. Hawk at the North Side. They will change about every three months. Both doctors are members of the present interne staff.

The new internes and their schools are as follows: John A. Rogers, University of Rochester; Allan A. Baldwin, University of Cincinnati; L. L. Hall and John A. Renner, University of Colorado; E. L. MacDougal, H. L. Bookwalter, and Vernon L. Goodwin, Western Reserve University; John A. Welter, University of Iowa; Herman Ipp, Ohio State University; James K. Herald, University of Maryland; James Hamilton, Oklahoma University; Adam J. Eearney, University of Wisconsin. Renner, Ipp, Herald, MacDougal, and Goodwin are from Youngstown, while Bookwalter is from Columbiana.

DR. MATTHEWS (From p. 196)

serenely continued to function the best he could, until at last he recognized the battle was lost.

My friends, we must realize that in this man's personality rested an unselfish soul, a soul dedicated to the service of the people and medicine. Here was a man who met the problems of his life with a clear understanding of his obligations, and who directed his talents toward solving the frailties of human existence for the benefit of mankind. It is a privilege to recall these events in the life of Dr. William S. Matthews, and to evaluate them for our inspiration and guidance.

OUR NURSES

Miss Gladys Harris, a graduate of Youngstown Hospital in 1929, was married May 15th, to Mr. Robert L. Wehr, Director of Boys' Work at Christ's Mission Settlement. Mr. and Mrs. Wehr will reside at the settlement. Mrs. Wehr is the president of the Youngstown Hospital Alumnae Association.

Miss Ruth Bailey, a graduate of Youngstown Hospital in 1932, was married in May to Mr. Glen Cutting. Mr. Cutting is associated with the Carnegie Steel Company.

Miss Florence Dillon, a graduate of Youngstown Hospital in 1931, was recently married to Dr. Lowell Stephens. Dr. and Mrs. Stephens will live in White Sulphur Springs, West Virginia.

A son was born at the North Side Unit of the Youngstown Hospital, April 24th, to Mr. and Mrs. Leroy Collingwood. Mrs. Collingwood, the former Violet Francis, graduated from Youngstown Hospital in 1931.

Page Miss Kilpatrick, night supervisor at Youngstown Hospital, if you wish to inquire about the sparrow that smokes.

Older members of the Medical Association will be interested to know that Miss Pearl Worley, Youngstown Hospital graduate in 1911, who has been associated with the Juvenile Court in Canton for several years, is now located in Ocala, Florida, as manager of the Highlands Hotel.

Miss Violet Campbell, anesthetist at St. Elizabeth's Hospital, was recently operated for appendicitis. Her recovery was uneventful.

St. Elizabeth's Alumnae Association held a Mother-Daughter Banquet at Scotwik Food House, May 13.

A recent number of the *Survey* published an article concerning the decline in the use of hospitals and nursing schools. Concerning the

schools, "Nursing Schools show a decline over a period of years that will hearten educators in that professional field. In 1934 there were 1531 accredited and 18 unaccredited schools of nursing, in contrast to 1914 accredited and 264 unaccredited in 1927."

The Medical Association will no doubt be interested in the proposed course offered by the Youngstown Hospital Association and Youngstown College:

A college course in pre-nursing will be offered by the Youngstown Hospital School of Nursing and Youngstown College with the opening of the new school year in September.

The course was set up by a committee composed of Dr. Wendell H. Bennett, Dr. W. H. Bunn, Sup't. Byron W. Stewart, of Youngstown Hospital; Miss Dorothy Windley, superintendent of nurses at Youngstown Hospital; and President Howard W. Jones, of Youngstown College.

The course is optional for applicants for nurses' training who are anxious to obtain college credits. It will consist of theoretical subjects which will provide the student with a sound background for the nursing course. The student will carry academic subjects entirely at Youngstown College during the first semester from September to February, thereby decreasing the theoretical load after the ward practice is begun.

Half of the second semester's work will be done at Youngstown College and half at the Youngstown Hospital.

Students taking this combined course will reside at home and attend classes as other college students until after June 1, when they will live in the Nurses' Home, and will become part of the active nursing staff.

This affiliation will increase the period of the nursing course approximately six months, but the student

will be benefited in that she will have one year of college work and six months of practical hospital training at the end of the calendar year.

The National League of Nursing Education is at the present time revising the curriculum for nursing schools and the trend is toward more pre-nursing requirements. In order to be in line with the advance in nursing education this step seems essential.

All in P(h)un !

"Mr. Hay was rather hazy; Mr. Wu was rather woozy."—*Adee.*

* * *

"Whoever weds the young doctor at C.

Will surely have prospects most cheering,

For what must his person and intellect be,

When even his name is 'N. Deering'?"

—*L. M. Child.*

"We found on his nails, which were taper,

What is frequent in taper—that's wax."

—*Bret Harte.*

* * *

"My sense of sight is very keen,

My sense of hearing weak.

One time I saw a mountain pass,

But could not hear its peak."

—*Oliver Herford.*

* * *

"His death, which happened in his berth,

At forty-odd befell;

They went and told the sexton, and

The sexton toll'd the bell."

—*Thomas Hood.*

* * *

"We wanted Li Wing but we winged Willie Wong,

A sad but excusable slip of the tong."

—*Keith Preston.*

THE MERCER SANITARIUM

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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:

W. W. RICHARDSON, M. D., Medical Director

Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.

"THE OLD ONES ARE THE BEST"

By FLATUS

We did not hear any great clamor for our stories but we are going to try once more.

To begin with, one that always amused us was of the young author who aspired to be a playwright. He completed his play and sent his manuscript to a famous critic for his opinion. After a few days he received the manuscript back with a letter which read as follows:

"My Dear Sir:

"I have read your manuscript, Oh, my dear sir."

Remember the old one about the colored man who was in court for maiming another man of his same color? The judge said: "Why in the world did you break this man's arm, cut him on the cheek, cut him on the hand, break his nose and knock out four of his teeth?" and the colored man answered: "The devil told me to do it," and the judge said, "You mean the devil told you to break this man's arm?" "Yes, suh!" "And you mean the devil told you to cut this man on the cheek?" "Yes, suh!" "And the devil told you to break this man's nose?" And the colored man answered: "Yes, suh, your honor, the debil tole me to do all these things but bitin' off his ear was ma own idea."

Once there was a farmer who had an extra crop of wheat and he took it to town and sold it at a very good

price. He was wearing some old ragged, tattered clothes, due to the fact that he could not procure any others, and so having made a profit on his wheat he decided he would get an entire new outfit of wearing apparel, and as he bought his new suit, shoes, hat, etc., he got thinking how surprised his wife would be when she saw him driving in with his new clothes. So he had the clothes all wrapped up, got in the old wagon, and was saying to his horse, "Well, old horse, we'll surprise the old lady; well, old horse, we'll surprise the old lady." Just before they got to his home they had to cross a small stream and here he discarded his old clothes, wrapped them in a bundle, threw them into the creek, and they floated merrily down the stream. He plunged in, took a nice swim, cleaned all up, and when he looked for his new clothes they were gone. Then he did not know what to do. Finally, he got into his wagon behind his horse and said, "Get up, old horse, we'll surprise the old lady anyway."

There was at one time a small kingdom in a remote part of the world and the King was very much discontented. He consulted his wise men and they said that he should send out couriers to find a man who was contented. And they should procure his shirt and the King should wear the shirt and he would then be contented. So the couriers started out in all directions. They hunted and hunted for a man who was absolutely contented, and they could find none. Finally, in the most remote part of the kingdom, on an island, living all by himself, they found a man who was absolutely contented, but he did not have a shirt.

◆

"They must often change who would be constant in happiness or wisdom."—*Confucius*.

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Speakers' Bureau

By W. M. S.

The following have made addresses since the former report:

Dr. L. G. Coe, to the Women's Benefit Association, May 6th, on "Prevention of Diphtheria."

Dr. Morris Deitchman, to the Alumnae of the Youngstown Hospital, May 6th, on "The Heart."

Drs. E. C. Goldcamp and E. C. Baker, to The Pittsburgh Otological Society, May 6th, on "Some Clinical and Roentgenologic Aspects of the Esophagus."

Dr. W. M. Skipp, to The Columbian County Medical Society, May 14th, on "Medical Economics."

Dr. D. H. Smeltzer, to The Ministers' Association, May 26th, on "Condemnation of the Separate Psychopathic Hospital."

Dr. W. H. Bunn, to the Kiwanis Club, May 24th, on "Causes of Death."

Dr. Sidney McCurdy, to the Niles Exchange Club, May 27th, on "Primitive Man."

Dr. E. H. Jones, over WKBN, for The Youngstown Federation of Women's Clubs, May 28th, on "The Truth About Athlete's Foot."

Dr. J. L. Fisher, over WKBN, for The Society, May 14th, on "The Importance of Community Coöperation in Health Programs."

Dr. H. E. Hathhorn, over WKBN,

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as Chairman of the Public Health Committee, May 21st, on "The Public's Duty to Have the Children Immunized."

Dr. Claude B. Norris, to the Graduating Class of the Ashtabula General Hospital, May 31st, on "Vital Book-Keeping."

Ode To A Panacea

Apologies to JAMES RUSSELL LOWELL

Woman, walk up at once, it soon will
be too late,
And purchase this package, which I
will here state
Transcends all others the ladies to
please,
As attested by world-famous doctors,
who seize
This chance to improve their own
fortunes; the while
Their employer's wild claims the
ladies beguile.

What dame does not crave that beautiful skin,
Those come-hither eyes which never
grow dim,
That lustreful hair, figure lissom and
sveltd,
With not too much adipose under
the belt?
The appearance alert, the manner so
charming,
The tout ensemble which is quite
disarming?
Thus the endocrine glands with vitamins
blended,
Make all organs function as Nature
intended.

So, gentle reader,
If the "ads" tell the truth and all
photos are true
What YEAST does for others it
should do for you.

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(*Apropos of
"Phaker Phleischmann" and his
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—*Bulletin of the Pierce County Medical Society.*

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