

BULLETIN

of the
Mahoning County
Medical Society



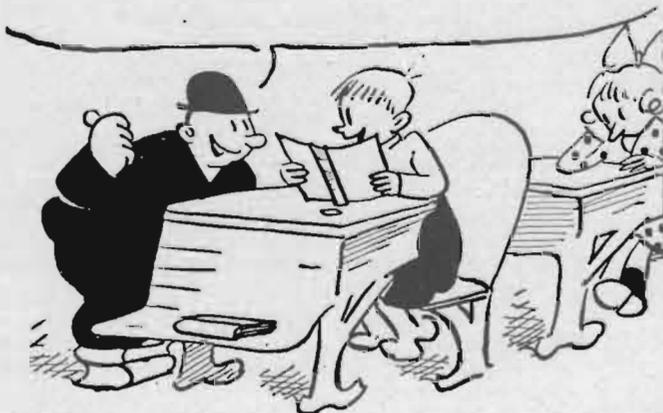
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September 1937

Volume 7

Number 9

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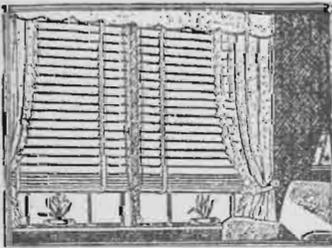


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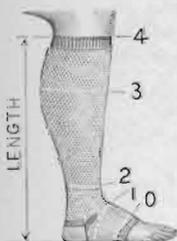
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PRESIDENT'S PAGE

The annual picnic last month was without doubt, one of the best outings we have had for several years. It is at such outings that good fellowships and good professional relationships are developed and maintained. It is regrettable that the summer vacation is so short that we can have but one such outing.

However, I wish to propose to you that we initiate, foster, or foment some action that will make more doctors conscious of the physical benefits to be derived from bowling. Could we interest enough doctors to form a bowling league with some good natured rivalry? Off hand, as a suggestion, the teams could represent both hospital staffs, the Medical Society, and the Medical-Dental Bureau. This would make four teams. Others could be added as prospects arose.

Bowling is an excellent source of exercise and diversion that is suited to the physician who is by his duties prevented from engaging in too strenuous exercises.

This activity can be initiated by the Entertainment Committee if enough men are interested. Signify your interest by telling Dr. Wm. Evans or myself and the "ball can be started rolling."

Yours for a Doctors' Bowling League:

PAUL J. FUZY, M. D.

BULLETIN *of the*

Mahoning County Medical Society

S E P T E M B E R

1 9 3 7

TORSION OF THE GREAT OMENTUM ASSOCIATED WITH SUBACUTE APPENDICITIS

By ROBERT B. POLING, M. D.

Pierre De Marchettis reported the first case of torsion of the great omentum in 1851. Corner and Pinches, in 1905, collected fifty-four cases. From 1905 to 1929, 167 additional cases were reported making a total of 217 cases. The first full description of torsion of the great omentum was written by Oberst in 1882. Hoehenegg wrote a full treatise in 1900.

Dr. John H. Morris made a comprehensive study of the subject as reported in the January, 1932, number of Archives of Surgery. The salient features of torsion of the omentum are summarized in this article as follows:

1. The normal environment and anatomic arrangement of the great omentum are such as to favor rotation of this structure about its long axis, while the introduction of certain mechanical conditions and pathologic changes within and adjacent to it supply the immediate exciting causes of such rotation.

2. It is clearly established that omental twists are capable of producing clinical symptoms of an acute and chronic character, and that this condition therefore merits some consideration in the diagnosis of abdominal conditions.

3. Variation in the intensity of degree of rotation determines two basic clinical and anatomic types of torsion: (1) the complete, in which acute, progressive symptoms and

marked circulatory obstruction at the site of the twist, and (2) the incomplete which is characterized by vague, chronic recurring symptoms and mild pathologic changes in consequence of incomplete, partial or temporary obstruction which permits repeated spontaneous restitution before pronounced organic changes develop.

4. Diagnosis presents obvious difficulties as indicated by the fact that a correct preoperative diagnosis was recorded in only 7.9 per cent of 217 cases. A statistical report of the series, however, emphasizes certain essential clinical manifestations and points of history, the recognition of which should enhance the precision of a preoperative diagnosis.

5. The deliberate fixation of the free margin of the omentum by suture to an adjacent structure may be the source of future complications and its accidental inclusion during abdominal closure is to be avoided carefully.

Case Report

P. M., male, aged 30 years, electrician, was seized with a sudden but severe abdominal pain while eating his dinner. It is said that he turned pale and felt faint. This lasted but a short duration of time after which he was better. During the afternoon he did not feel well and retired as soon as possible in the evening. He thought that he was having gas pains and took a laxative for relief. He spent a restless night accompanied by abdominal distress. Early in the

morning the condition became sufficiently severe for him to call for medical aid.

A history of abdominal distress on previous occasions was obtained. These were not frequent or severe. Two years ago patient was seized by a pain in the region of the external abdominal ring and a diagnosis of beginning of inguinal hernia was made. A truss has been used ever since with no further trouble.

He had some of the usual childhood diseases and always recovered without complications.

Physical examination at 8:30 a. m. showed a temperature of 98° F., pulse 80, blood pressure 130-80. Head region, neck, heart and lungs did not give evidence of pathological change. The abdomen showed marked tenderness of the right upper quadrant, umbilical region and at McBurney's point on deep pressure. There was rigidity of the upper half of the abdominal musculature on the right side. The left side of the abdomen was free from tenderness and rigidity. At 2:00 p. m. temperature was 98.6° F., pulse 86, leucocyte count 8,400. Tenderness and rigidity of the right hypochondrium and umbilical region was increased. The lower part of the right side was soft but tender with deep pressure. At 4:00 p. m. the above symptoms and signs were increased and the patient felt worse. Temperature 99° F. There was complaint of increased abdominal distress.

Dr. J. M. Ranz was called in for surgical consultation. After further analysis of the case a diagnosis of acute appendicitis was considered correct and the patient was advised to submit to a laparotomy. This was done at 8:30 p. m. the same day.

A right rectus incision was made. Immediately on dividing the peritoneum it was found that the peritoneal cavity contained blood tinged fluid. On further investigation a mass was observed just under the anterior ab-

dominal wall. It was the greater omentum twisted two and one-half turns causing strangulation of the mesenteric blood vessels. This was resected and the appendix removed.

The pathological examination revealed a mass 11 by 7 by 3 cm. Reddish gray. Tissue was folded on itself and the basal portion was twisted. Tissue was hemorrhagic and surface studded with lobules of fat. The omental apron was thick and firm. One portion gives the consistency of liver. Section shows the space between the layers of mesothelium filled with clots of blood. The blood vessels were thrombosed.

Microscopical examination presented the usual structure of omental tissue. It was markedly congested and there was moderate leucocytic infiltration.

The appendix was 6 by 7 cm. Reddish gray, serosa injected. On section the wall was edematous and lumen contained blood. Mucosa was congested.

Microscopical examination showed the mucous membrane moderately inflamed and contained numerous eosinophiles. Submucosa and subserosa were inflamed. Miliary abscesses were noted. Muscular bundles were separated by a chronic inflammatory reaction.

The pathological diagnosis was torsion of the omentum and subacute appendicitis.

The patient made an uneventful recovery and is well at the present time.

2218 Market St.

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Pathologist, St. Elizabeth Hospital.

(Reproduced from The Ohio State Medical Journal, November, 1934.)

A GRADUATE OF 15 YEARS AGO LOOKS BACK

Dr. Dixon urges the need for thorough training in general medicine before any effort is made in the direction of specialization

By CLAUDE F. DIXON, M. D.

If one could impart to the medical student one's exact ideas after having practiced medicine for some years, doubtless some of them would prove of value, but somehow it is difficult to accept advice even when it is strongly suspected that it may be good. As I review my student days, I think I had the wrong viewpoint regarding almost everything that dealt with my teachings. It is perhaps difficult for *most medical* students to obtain the correct perspective with regard to training. I am of the impression that the average medical student spends much of his time thinking about grades and graduation. Perhaps the present system of grading employed in most universities is partially responsible for this attitude. I wonder if considerable of the anxiety about grades would not be dispensed with if it were possible to have only two grades, satisfactory and unsatisfactory. Since I know nothing about teaching, you might expect that I would make some recommendations on this subject.

During the time of undergraduate study, I think that most medical students attempt to think too far ahead, while others doubtless go to the other extreme and apparently think little or do not think at all. Osler, in addressing the medical students at Yale University, said that every man has worked out a philosophy for himself. I suppose that is true, but I am of the opinion that as students are confronted by various obstacles their philosophy changes at least once each semester. Naturally, what I say that the undergraduate student should do—call it advice if you like—is what I think I would do if I were again a medical student. I can fully sympa-

thize with the student who not infrequently wonders just what certain parts of his medical curriculum have to do with people who are sick. . . . I can only say . . . that knowledge of the fundamental subjects will be required and that in many instances such knowledge will be conspicuously absent.

The study of medicine is long and arduous. As Hippocrates said, "Life is short, the art is long." At the time of graduation the task will not have been completed. By that time, however, the new physician will be supposed to have acquired such knowledge and wisdom that he can make some practical application of it. It is well, I think, to remember that receipt of the diploma makes the recipient a doctor largely by title only. I make this statement not to be discouraging, but rather to encourage study. Internship is the young physician's first great opportunity to apply to clinical medicine the results of didactic teaching. I have heard students discuss, at the time of graduation, whether an internship was a complete, or only a partial, waste of time. To those students who have doubt about the value of an internship, the time is probably entirely wasted. The question of compulsory internship needs no comment, except to say that the doctor without postgraduate training wanders around more aimlessly than a ship without a rudder. The period of postgraduate training is the physician's first good chance to discover himself. By hard work, study, and observation, it affords a test of his potential wisdom. The tool of common sense is here imperative. Some students perhaps consider an internship a rest period

in which they relax for a time before retiring to their home towns, where they will gladly enlighten older contemporaries on the new theories of disease and its treatment. Such students, however, usually develop into those young doctors who change location frequently, because it is difficult for them to find a community which appreciates their talent.

The intern year should be a year of work. Promptness, seriousness, and thorough study of cases are good investments. This is the period when one can learn to evaluate the patient's story of his illness, and can develop expertness in physical examination. These two factors form parts of the equation, and ability to correlate them will be the result. Careful observation of the methods of members of the staff, whether they prove to be right or wrong, all give to the young man an invaluable perspective.

Some graduates in medicine become general practitioners; others continue training in special fields. To determine just what branch of this vast subject one will become most interested in requires time. Things apparently of a trivial nature may influence one. Osler matriculated at Trinity College, in Ontario, because he read in one of the college bulletins that dancing and singing were taught to the senior class. It was here that he met Rev. W. A. Johnson, who, he said, was the sole influence that enabled him to become what he did become. Choice of a specialty should be determined entirely by one's interest in the subject.

Many students become disillusioned regarding specialization. I refer to the individual who selects a special field in medicine because it appears easy, a short cut to fame and possible fortune. Regardless of what branch of medicine is most intriguing, a general knowledge of the subject of medicine is necessary. A successful internist is one who has some knowl-

edge of surgery. The surgeon who is successful must understand and know the fundamentals of diagnosis. The doctor who classifies himself as a surgeon because he cuts when and where the internist or physician instructs him to cut, is an operator only, and fortunately his type is fading into the background.

I am trying to emphasize the importance of a thorough training in medicine as a whole before any effort is expended in the direction of specialization. The eye specialist must know something of systemic disease. He must have a fundamental knowledge of neurology. He who attempts correction of vision when the cause of impaired eyesight is a tumor of the brain or nephritis is a mere fitter of glasses. The orthopedist needs more knowledge than a thorough understanding of anatomy of the skeletal system. To a degree he, too, must be an internist, a physician. He must know the effects of certain systemic diseases on the structures with which his special field is concerned. Every so-called specialty of medicine could be considered in this way, and it would be found that those who are outstanding in special fields are those who have a good knowledge of general medicine.

When should the student or young physician, who intends to specialize, decide what his specialty is to be? The majority of those who think they know this at an early period of their education doubtless will be like Saul seeking his asses. "They suddenly will come on something more important." Therefore, there is no need to occupy the mind with this problem until more has been learned than can be acquired in the classroom. Sometime during the first or second year of internship is perhaps early enough to decide. All of any given class will not become specialists, perhaps only a small percentage will specialize; the remainder will become general practitioners.

During the last decade the general practitioner, the country doctor, and the specialist have all been criticized.

What is the trend of medicine with regard to the specialist and the general practitioner? The country doctor formerly was, for the majority of the community, the authority on many subjects. Along with the minister and the lawyer, he was called on to settle all controversies of the vicinity. The family physician is now consulted only for the professional service he can render, and that professional service is more limited than it was formerly. The family doctor, who twenty-five years ago extracted teeth, fitted glasses, cared for confinement cases, treated fractures, and so forth, is finding himself more limited because of the specialist. I do not misjudge the importance of the family doctor, for I realize that he can and does treat 80 per cent of all sickness. Furthermore, I think no one deserves more praise than the general practitioner who ministers to sick and suffering humanity. He gives freely of himself; his judgment in regard to the diagnosis and treatment of many maladies is founded on experience and in many instances is irreproachable. The medical graduate just out of school cannot compete with many of the widely experienced general practitioners in the average case. Years of experience have enabled the family doctor to practice medicine by ear better than the inexperienced man can practice by note. However, the recent graduate who is fundamentally well informed and makes practical application of his information, with accumulating experience, can place himself in a superior position which will qualify him scientifically to diagnose and treat not only the usual garden varieties of diseases but the more unusual cases as well.

The trend of medicine seems to be toward specialization and group practice. It is not difficult to imagine that

the patient who has an unusual condition receives better attention if all those who attend him are exceptionally well trained in one or two certain fields. Individualism in medicine can be compared to individualism in industry. Every well organized business today is operated not entirely by one individual but by groups of persons, each of whom is an expert in a particular department. It is true that the ailments of many patients are not difficult to diagnose and no more difficult to treat, but the unusual conditions which afflict roughly 20 per cent of people who seek medical advice can be managed best by a group of specialists. The trend of medicine toward specialization will answer, I think, a common question of the present time: Is the production of doctors today greater than the demand? According to the number being graduated from medical schools at present the supply will not meet the demand if specialization is taken seriously.

As I have said before, specialization is not infrequently criticized. Most of the criticism, however, is aroused by those individuals who have declared themselves to be specialists by desire rather than by extensive training. Can you imagine a physician who has done general practice for a number of years suddenly limiting himself to urology and thereby administering expertly to his clientele? He certainly cannot do so without special training and by that I do not mean a few weeks or months spent in observing someone who does things the way they should be done. The so-called specialists who are trained overnight are largely responsible for the criticisms against specialization. It is reasonable to assume, I think, that intensive training in a certain field of medicine, precluded by the acquirement of a thorough, general fundamental knowledge of the subject, qualifies one to do better work in a specialty than does the informa-

(Continued on Page 291)

**MEDICAL SOCIETY OF THE
SIXTH COUNCILOR DISTRICT**

Millersburg, Ohio

September 15, 1937



PROGRAM

Afternoon—Golf.

6:00 P. M.—Dinner.

7:30 P. M.—DR. CHARLES W. PAVEY, Columbus, Ohio,
Instructor in Obstetrics of Ohio State Uni-
versity: "Eclamptic Convulsions."
Motion Pictures.

DR. JAMES V. SEIDS, Cleveland, Ohio, Instruc-
tor in Surgery at Western Reserve University:
"Gall Bladder Disease."
Lantern Slides.

September Meeting

Dr. L. J. Karnosh

Subject:

"Three Mile Posts of Modern Psychiatry"

- (a) Fever Treatment;
- (b) Vitamin Therapy in Deficiency Diseases;
- (c) Insulin Shock for Dementia Precox.

TUESDAY, SEPTEMBER 21, 1937

YOUNGSTOWN COUNTRY CLUB

8:30 P. M.

Joint Meeting

**CLEVELAND OTO-LARYNGOLOGICAL CLUB
PITTSBURGH OTO-LARYNGOLOGICAL SOCIETY**

Youngstown Club, September 29, 1937

DINNER 6:00 P. M.

Speaker

Dr. A. W. Adsow

Associate Professor of Surgery, Mayo Clinic

Subject

Neurological Complications of Sinus and Mastoid Infections.

The Medical Profession of Youngstown and neighboring territory are cordially invited. Phone Dr. W. H. Evans for reservations.

This is an opportunity for the Mahoning County Society to aid our members, who are affiliated with the Cleveland and Pittsburgh Societies, in entertaining their guests. Endeavor to be present.

Coming Events —

HERBERT S. REICH,
 (City Hospital)
 FIRST CHAIR
 Corner Wick Ave.
 Wednesday Evening

October 6—

I. The Neoplasm.

1. Introductory Remarks.
2. The Biopsy
 - a. Technique
 - b. Indications
 - c. Limitations.
3. Presentation of Neoplastic Disease According to Organ Origin.

October 13—

II. The Neoplasm (continued).

October 20—

III. The Neoplasm (concluded).

October 27—

IV. The Degenerative, Defensive and Regenerative Processes in Pathology.

1. Definition of Inflammation: The defensive reaction.
2. Arteriosclerosis: The degenerative process.
 - a. Definition
 - b. Histopathology.
3. Manifestations of Arteriosclerotic Disease in Various Organs as Contrasted with Inflammatory Lesions.
 - a. Coronary sclerosis vs. myocarditis
 - b. Vascular disease of kidney vs. nephritis

Lectures on Pathology

E. M. D., Pathologist
(Cleveland, Ohio)

IAN CHURCH
at Spring Street
ings, 8:30 P. M.

- c. Vascular disease of brain vs. encephalitis
- d. Arteriosclerosis of aorta vs. luetic medial disease.
- 4. Regeneration as a Pathological Process—The cirrhoses.

November 3—

- V. **The Degenerative, Defensive and Regenerative Processes in Pathology** (continued).

November 10—

- VI. **The Degenerative, Defensive and Regenerative Processes in Pathology** (concluded).

November 17—

- VII. **The Law of Obstruction in Pathology.**

- 1. Definition.
- 2. Effects as Illustrated by Various Organ Systems.
 - a. Genito-urinary
 - b. Gastro-intestinal
 - c. Gall bladder and pancreas
 - d. Stone formation
 - e. Hydrocephalus.

November 24—

- VIII. **The Phenomenon of Foreign Protein Sensitivity in Pathology—Normergy, Allergy and Anergy.**

- 1. Definition.
- 2. Tuberculous Disease.
 - a. Primary infection
 - b. Reinfection (adult disease)
 - c. Hematogenous spread.
- 3. The Pneumonias.

**You are especially urged to attend
6th DIST. GOLF - DINNER - PROGRAM**

**THE SIXTH DISTRICT OF THE
OHIO STATE MEDICAL ASSOCIATION**

ON

**Wednesday, September 15th, 1937
MILLERSBURG, OHIO**



AFTERNOON - GOLF

Briar Hill Country Club

6:00 P. M. - DINNER

Fisher's Dining Room



7:30 P. M. - EVENING PROGRAM

"Eclamptic Convulsions" — Motion Pictures

Dr. Charles W. Pavey, Columbus, Ohio

Instructor in Obstetrics, Ohio State University

"Gall Bladder Disease" — Lantern Slides

Dr. James V. Seids, Cleveland, Ohio

Instructor in Surgery, Western Reserve University

**WM. M. SKIPP, Councilor
A. J. EARNEY, Program Committee
W. A. McCONKEY, President
JOHN M. VAN DYKE, Sec'y.**

A Graduate of 15 Years Ago Looks Back

(Continued from Page 285)

tion gained through attempts to do everything. It requires time to become a true specialist; therefore, those who choose this type of practice will not be worthy of the designation until a considerable period has elapsed following their graduation from medical school.

The public is becoming educated regarding professional requirements. Charlatans are being discovered earlier in their activities and are being punished. When those who patronize quacks decide to secure the services of doctors, more of the latter will be required. The various mediums for education of the public will have the desired effect, and "cure-alls" will fade into oblivion, where they have always belonged.

Regardless of how well trained a physician becomes, he will make mistakes of which he will not be proud, but if he is properly prepared to practice scientific medicine his "batting average" will be high and his results commendable.

. . . I cannot refrain from emphasizing some ideals which I think are worth considering seriously. The physician should be interested in medicine to such an extent that commercialism does not enter his mind. If he works hard and takes advantage of his opportunities for training, remuneration for his efforts will be sufficient to furnish more than the necessities of life.

Even while a medical student it is well to acquire what some may term "useless knowledge." I refer to the reading of worthwhile literature. This must not be done at the expense of school work, but it can be done at the cost of a few hours of sleep, and it will broaden the view and increase the appreciation of all that is good. It is delightful, if possible, to

be well informed on subjects other than medicine.

Time spent in ridiculing a competitor is wasted. Osler said never to believe what a patient tells about another doctor even though there is reason to suspect that it is true.

No one dedicates his life more assiduously to humanity and its suffering than does the honest, painstaking, sympathetic physician who spends no small share of his life in arduous toil of preparation only to give freely of his knowledge and skill. I recite from Stephen Paget's "Confessio Medici," quoted by Cushing: "Every year, young men enter the medical profession who neither are born doctors, nor have any great love of science, nor are helped by name or influence. Without welcome, without money, without prospects, they fight their way into practice, and in practice they find it hard work, ill-thanked, ill-paid; there are times when they say, 'What call had I to be a doctor? I should have done better for myself and my wife and the children in some other calling.' But they stick to it, and that not only from necessity, but from pride, honor, conviction; and Heaven, sooner or later, lets them know what it thinks of them. The information comes quite as a surprise to them, being the first received from any source, that they were indeed called to be doctors; and they hesitate to give the name of vocation to work paid by the job, and shamefully underpaid at that. Calls, they imagine, should master men, beating down on them: surely a diploma, obtained by hard examination and hard cash, and signed and sealed by earthly examiners, cannot be a summons from Heaven. But it may be. For, if a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine."

—From the Journal of The Michigan State Medical Society.

THE TREATMENT OF CHRONIC ARTHRITIS

Notes from Lecture by Dr. J. Douglas Taylor

Comparable to Syphilis with the utterance that to know arthritis is to know medicine one is not far wrong. Arthritis does not deal with a single disease but a whole family of diseases. It may be compared with tuberculosis except that in the latter there is a known cause. This is not true in the case of arthritis. Each specialist has his own classification. Often no thought is taken with the numerous types of arthritis. Effort is being made to prevent the publication of premature studies of arthritis. Cures are presented but curing arthritis is a silly idea. Patients with joint destruction are difficult to cure.

The various stages of arthritis are:

1. Soft tissue involvement with slight decalcification.
2. Joint spaces altered. There is a moderate degree of symptomatology. Patient is usually able to work.
3. Destruction of joints. Patient is markedly incapacitated and must depend upon other people for a living. They cannot go to the office or clinic.
4. Extreme cases. There is wide spread joint destruction ankylosis in the hypertrophic stage. The patient is bed ridden.

Classification of Arthritis

1. Fibrositis—Extraarticular, no joint involvement—a myositis, bursitis, vesicular, senile fibrositis.
2. Rheumatic fever.
3. Rheumatoid arthritis—chronic infectious, proliferative. Still's disease (juvenile form).
4. Osteoarthritis — hypertrophic changes in the joints (degenerative).
5. Specific Infectious Arthritis apparently due to known organism's or infections, viz:
 1. G. C.
 2. Tuberculosis.
 3. Lues.
 4. Streptococcus, Staphylococcus, and Pneumococcus.
 5. Organism from focal infection.

6. With scarlet fever and ulcerative colitis, etc.

7. Miscellaneous types of Arthritis—

- a) Gout; b) Traumatic; c) Allergic; d) Hemophilic; e) Mixed arthritis; f) Bursitis; g) Synovitis; h) Endocrine; i) Neoplastic; j) Intermittent; k) Neurotrophic; l) Aseptic bone necrosis; m) Pulmonary arthritis; n) Hysterical involvement.

Fibrositis—

1. General, any climate, adults chiefly. No joint changes, x-rays are negative.
2. Family history irrelevant.
3. Personal—occasional rheumatic prodrome.

Rheumatic Fever—

1. General—Temperate climate, any age.
2. Family—rheumatic 50-70%.
3. Personal — Prodromes sickly childhood, chorea, epistaxis, anemia.
4. Present illness—onset is sudden.

Rheumatoid Arthritis—

1. Primary, typical polyarthritis.
2. Primary, juvenile, polyarthritis.
3. Spondylitis, ankylosis.
4. Secondary to; Rheumatic fever, pneumonia and gout.

Rheumatoid Arthritis—

1. General—any climate—allergic diathesis in family.
2. Family.
3. Personal; frequent prodromes.
4. Present illness. Onset gradual, malnutrition, malaise, vasomotor instability, anemia. 90% of crippling can be prevented if treated early.
5. Laboratory, X-ray. Basal metabolism is low. Electrocardiograph is normal, hyperchronic anemia is present. Sedimentation rate is rapid. There is joint destruction and deformities in x-ray pictures. A pillow should never be put under knee without putting one lower down.

September

Osteoarthritis—To switch from rheumatoid arthritis to osteoarthritis is like being in a different country. It is old age of the tissues. It is really osteoarthrosis. It is a state but not a disease. It is useless to remove tonsils or teeth from the patient or to give vaccines is of no value.

Gonococcal Arthritis is secondary to GC infection. It may be acute or chronic. It is not a monoarticular arthritis. Study as follows:

1. General features.
2. Family history.
3. Personal history.
4. Present illness. General malaise, prostration salicylates respond poorly. Do x-ray examination early, and local decalcification is found. Soft tissue swells. GC arthritis responds to treatment well.

Method in Treatment

I. General—

Improve general health. Treatment depends on the type of arthritis. It must be individual. Rest the patient both physically and mentally. Nutritive diet, hydroelectro, massage. Hygiene physical and mental. Environment—climate—occupation.

II. Local—

Preserve function of joints and muscle—Prevent deformities.

1. Rest; immobilization, temporary.
2. Deformities may be due to faulty weight bearing. It is a degenerative process with altered tissue, loss of cartilage, overgrowth of bones and it does not tend to deformities.

III. Aids—

1. Surgery—aspiration drainage, synnectomy, fusion.
2. Orthopedic—braces, jackets, traction, corrective surgery.
3. Roentgen therapy.
4. Medication—Thyroid, endocrine.
5. Hyperthermia—electric, proteins.

IV. Methods occasionally advocated indiscriminantly for any and

all types of arthritis; Standard diets, vaccines, foot twisting, electric machines, radical operation, radical colonic therapy. Drugs: Super D. Concentrates, etc. Put plaster bandages on for one to two hours daily to prevent deformity. One motion a day will keep the heat away. Medication consists of salicylates, iron, cod liver oil, and vitamins. Avoid fatigue and strain. Vaccines may be used either autogenous or stock—as strep, staph or mixed. Protein shock—bacteria or milk. Insulin. Intestinal antiseptics, gold, sulphur, calcium, cincophen, colchicine, chaulmoogra oil, transfusion, vasodilators.

Use vaccines as an experiment.

Arthritis causes more debility than tuberculosis and heart disease put together.

ROBERT B. POLING, M. D.,
Secretary.

A NEW MEDICAL PROBLEM

The medical profession as a whole depends upon the highways as a means of travel. It would follow, therefore, that as a body we should try to lead all other classes in endeavoring to make our thoroughfares more safe.

The automobile manufacturer will continue to make new cars, and these cars are going to be sold. It takes a long time to wear out the modern car, yet the ever-increasing automobile graveyards we see in every city and town are evidence of what is really happening—our highways are becoming more congested each year.

We are apt to take driving too much for granted, an inherited trait as it were, an evidence of our advancing racial ability.

In spite of the painstaking and continual teaching of careful driving, we see the death rate and number of injured increasing each year.

The estimated loss of life this year will be near forty thousand with a million and a quarter disabling accidents. At this rate, it means that one

out of every twenty in the United States will be killed or injured in an automobile accident in the next five years. It is from these statistics that it ought to be our personal problem, because it means one out of twenty in our family or relatives, one out of twenty of our social associates, or one out of twenty of our colleagues will meet death or will be injured within this time by an automobile.

As a professional problem, this condition ought to be included in our program of preventive medicine.—*The Wisconsin Medical Journal.*

SECRETARY'S REPORT

September, 1937

The second mid-summer picnic for members of the Society and their friends was held at Bert Millikin's farm August 19th.

One needs only to know that Bill Evans and his committee members are going to put on a frolic for the interested ones and no more concern is necessary except just to get there. All is well with the world from that time on to the finale. The evening picnic dinner, served in the true style of such affairs and by an excellent caterer, was indulged in faithfully, vigorously and zealously. The smear of corn on the cob and the grease of the heavy smudges of butter were all in the business of self defense.

Many games were involved in the festivities of the afternoon and evening: Baseball, where the rusty hinges were smoothed (ah! but what about the next day?); broad jumping—where old backs were subluxated, and Patrick proved the shining star; a little poker and the back alley game of old, and last but not least was the farmer's game where great accuracy is encountered—Quoits. In this sense the game became warmer and warmer. It came to a white heat when Cafaro was putting the smear on J. B. Nelson with confidence overplus. Just then a bet was thought advisable by Cafaro and less so by

J. B. N., but being the game one that he is, J. B. N. threw his dollar in the pot for the following game. With great struggle and in high heat of battle, the score came out 20-21 in favor of Nelson. So, at the height of his great career Cafaro went down in defeat. He took it like a true sportsman and a great athlete.

There was a regular meeting of Council on August 24th. A decision was made to put the surplus of the Society's money on interest. The Treasurer proceeded to purchase some baby government bonds for the Society.

The new Constitution and By-Laws for the Mahoning County Medical Society is in the process of printing and will be put in booklet form. Each member of the Society will receive a copy. On recommendation of Council, copies of the "Code of Ethics" are being purchased. All members may secure a copy as soon as they are available.

A personal history of each member of the Society is desired and efforts will be made to secure this. It is thought advisable that a record of each member be preserved in the Secretary's office for posterity. Cooperation in filling out these blanks when presented is requested.

Other matters of minor nature were attended to by Council at this meeting.

ROBERT B. POLING, M. D.,
Secretary.

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SOME PRINCIPLES OF HEALTH EDUCATION For Medical Societies

(From the Bureau of Health and Public Instruction, American Medical Association)

Use of publicity media for educational purposes by medical societies is desirable and ethical.

Use of names of physicians in ethical educational projects is subject to approval of the local society.

The public prefers to listen to a person, not an anonymous "representative."

A lay secretary or an announcer may broadcast for the society.

The principal media available to local societies are:

- newspapers (almost anywhere)
- speakers' bureaus (anywhere)
- pamphlets (anywhere)
- radio (in many localities).

Newspaper Publicity

Newspapers publish two kinds of material useful for educational purposes:

- news, with pictures
- features, with pictures.

Timely local news items are valuable, to inform the public about medical affairs.

Educational material alone, unless exceptionally well done, is not interesting to newspaper readers.

Educational material can be incorporated in news stories, by the exercise of a little ingenuity.

The gist of a news story should be told in the first paragraph; if the editor cuts the rest, nothing essential is lost.

News stories should be offered to the press regularly to establish the society as the source of medical news.

Speakers' Bureau

Speakers' bureaus can be organized in any community with a medical society. The more rural, the greater the need.

Speakers should be under the supervision of a committee. Talks should represent accepted opinion, not individual ideas.

Audiences already assembled offer the best assurance of larger numbers and receptive minds.

Special public health meetings can be arranged, but require much forethought and labor.

Printed Material

Pamphlets are useful for distribution, in connection with talks, through doctors' waiting rooms, or by the Auxiliary.

Pamphlets must be authoritative, attractive, easy to read, and inexpensive.

The American Medical Association publishes pamphlets, and so do other agencies.

Under exceptional circumstances, pamphlets may be prepared locally. Such pamphlets have unusual interest.

Radio Publicity

Radio is a good medium where available. Radio time is customarily extended gratis to medical societies.

Radio talks should convey only one basic message, with a bit of humor, and perhaps a touch of pathos.

Radio talks should be short, simple, and clear.

Radio talks should deal with timely subjects, interesting to the listener.

Poor delivery alienates the audience.

Radio delivery should be learned before radio appearances are attempted.

Radio delivery is conversational, not oratorical.

All publicity media, when used for educational purposes, are forms of communication to the public.

Educational Programs by individual physicians, not sponsored by the local Society are inadvisable.

Seven Points in Newspaper Cooperation

Assign responsibility to an active standing committee.

Get acquainted with local editors.

Learn what kind of material interests newspaper readers.

Learn that pictures tell stories better than words.

Hang your education matter on spot NEWS.

Learn the essentials of a news story:

"I keep six honest serving men
(They taught me all I knew);
Their names are What and Why
and When
And How and Where and Who."
—Kipling.

Get help from the BUREAU OF HEALTH AND PUBLIC INSTRUCTION:

HYGEIA clip-sheets regularly by mail.

HYGEIA tear-sheets on request.

Special suggestions on request.

Seven Ideas for Speakers' Bureaus

Assign responsibility to an active standing committee.

Enlist as many members as possible to make talks.

Carefully edit the talks for authenticity and interest.

Rehearse the talks so they can be given from notes only.

Notify all community organizations that speakers are furnished on invitation.

Choose audiences already assembled when possible:

Men's luncheon clubs

Woman's clubs

Parent-Teacher associations

Study groups

Church groups

Chambers of commerce

College convocations

High school assemblies

Boys' and girls' clubs

Professional groups

Special meetings carefully organized when necessary.

Get help from the BUREAU OF HEALTH AND PUBLIC INSTRUCTION:

Lists of popular topics

Collections of materials

Outlines for talks

How to organize public meetings.

Seven Suggestions for Using Pamphlets

Assign responsibility to an active standing committee.

Decide what subjects are to be covered.

Pamphlets should be paid for by the reader at nominal prices, except under special conditions.

Free pamphlets are suitable for exhibits, speaking engagements, and for personal giving out.

Liberal giving away of pamphlets is wasteful and ineffective.

Pamphlets may be distributed:
in connection with exhibits
through offices of physicians
in cooperation with health department (nurses)
in connection with speakers' appearances.

Consult pamphlet sources:

American Medical Association

State Board of Health

National Health Council

Carefully selected commercial source.

Six Steps Toward Radio Success

Assign responsibility to an active standing committee.

Get acquainted with local radio station managers.

Choose timely and seasonable subjects that interest the listener, not the speaker.

Employ interview or dramatization when possible in preference to talks.

Learn to write a radio message:

Authenticity Every day words

Simplicity A smile

Sincerity A tear

Short sentences An idea

Learn to deliver a radio message:

Conversational tone

Slow and distinct enunciation

Naturalness.

THE MEDICAL CRIER

A Page of Sidelights, News and Views from the Medical Field

• Quite a few members of the Mahoning County Bar Association have asked why we don't put on an entertainment and invite them. They have even gone so far as offer to help. Of course, we can't steal their "Grid-iron" idea, but we could put on a "Medico-Legal Clinic" to diagnose, treat and forever dispel the glooms, foibles, frauds and fancies that affect lawyer and doctor alike. We could show them what a lawyer looks like when dissected. We could take them apart and forget to put them together again. All done, of course, to proper accompaniment of music and other entertainment to make them like it. As little Isadore said, "A Clinic is the noise that two glasses make." It's a colossal idea—it's stupendous, and the Program Committee can have the suggestion for nothing.

• In the Supplement to the Bulletin published up in Buffalo, the Editor went clear radical on the Socialization of Medicine idea and decided to "shoot the works." For doctors under state medicine, he demanded the following: 1. An adequate salary. 2. An eight hour day. 3. Compensation for sickness and injury arising out of employment. 4. Pension for widows and orphans. 5. Retirement at age sixty or sixty-five. 6. Fifteen days sick leave each year. 7. Vacations with pay. 8. Postgraduate courses. Far fetched? Well, they are granted to other government employees.

• It used to be the complaint around here that we never got any recognition from the State Medical Association. But things are different now. Look at Skipp on the Council, O. J. Walker on the Legislative Committee, W. K. Stewart on the Poor Relief Committee, Paul Fuzy on the Committee on District Meetings, Norris on the Committee on Scien-

tific Work and the Editorial Committee, John Noll as Secretary of the Medical section and Bill Allsop, Secretary of the Surgical Section. The State Association not only does us an honor, but does itself a good turn to have such men serving it.

• Be sure to read about the Toledo Academy of Medicine in the August number of the State Journal, then read "Now is the Time For Each County Society to Make an Appraisal." Then cogitate on our position. Are we going to go forward or slip backward? We can't stay stationary in the "status quo." We have an active organization which has impressed this community with the progressive spirit of its doctors. We have a prestige which brings the cream of scientific programs here. We have a Service Bureau which outshines any we have seen. Do we not need a home, a central headquarters, a library and a place for Council and Committee meetings? Are we not large enough for Section meetings, for more lecture series like those of Karnosh, Wiggers et al? Let's think about it during this vacation season and do something when the fall activities start.

• The book salesmen were certainly overwhelmed with the orders for Meakin's new Medicine. One of them said that "everyone in town bought it." Now they are here with Wiggers' Physiology and meeting the same response. We recommend it as one of the most understandable, thorough and practical treatises we ever had our hands on.

And while we are talking of books, don't miss "Northwest Passage." If the *Bulletin* is late going to press you can blame Kenneth Roberts. We couldn't put it down.



Allergy

Allergic conditions of intestinal origin have been definitely benefited by the administration of Soricin. Migraine and vertigo, when due to toxic absorption from the bowel, frequently respond to Soricin. Likewise urticaria, some forms of eczema, and allergic diarrhea have in many cases been relieved with Soricin.

Soricin (sodium ricinoleate) is a detoxifying agent which apparently acts in vivo. It is of value in the

treatment of non-ulcerative colitis, "irritable colon," and toxic absorption from the intestinal tract.

Soricin is available in two dosage forms for internal administration:

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FEDERALIZATION OF MEDICINE

It has been said that the medical profession is at the crossroads in dictating the policies that concern our future.

The Government, with the aid of every social organization and big business has decided that we need supervision and regimentation; that we are not capable of handling our own affairs. Also, that we are not taking care of the sick of our communities. This may be so, but we feel that we are doing a very good job, without complaining. No one is ever turned away that needs medical care.

Business complains about the Government supervising its activities, telling them how to run its affairs, how much wages are to be paid; how many hours men and women shall work. The government says that medicine should be supervised, under government control clinics of all kinds should be started, and doctors told how much they shall do and what they shall not do. Our own profession is at fault for this situation because we have permitted these inroads without protest (but it is undignified to assert ourselves) and we have watched Government, Social organizations, hospitals and business, step in and practice medicine.

It is about time, we as a profession protested some of the activities of our government, because it is stepping in further and further each month. This is not a new procedure as far as the Federal Government is concerned. The Postal employees have had an insurance or Federal Workmen's Compensation Commission and when injured or sickness has developed in line of employment, they have been sent to a certain group of doctors, or sent to a government hos-

pital. They do not have free choice of physician.

This applies not only to the postal employees, but since the W. P. A. has been in operation all W. P. A. employees needing hospitalization, both surgical and medical, are sent to the nearest government maintained hospital. The patient has no choice in the matter and the professional men of the community are deprived of this work. We are taxpayers, but still we allow this to go on. The profession as a whole should protest this practice as being very unfair to us.

Recently the profession was appraised of the fact that our Government was going to socialize medicine. So far as we know, no protest has been made, so that now the Federal Government, under the Social Security Act, has started a system of Social Insurance. This includes all employees of the H. O. L. C. and the F. H. A. These employees are to pay a certain amount each month for complete medical care. But—does the Government say how they will be treated? Will it be by hiring a group of doctors that will treat the entire group at a fixed amount, and all hospitalization done in the nearest Government hospital? If this is the case, we should protest at once, urging that the County Medical Society should be in direct control of these patients, and that all work should be done in the local community.

Stop and think. The Government takes all Postal and W. P. A. employees as wards of the State, and now the H. O. L. C. and the F. H. A. employees. These patients are yours and mine. It is time we were asserting ourselves.

WM. M. SKIPP, M. D.,
Councilor Sixth District.



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JUNIOR CHAMBER TO SPONSOR SYMPHONY ORCHESTRA SERIES

A Series of Concerts which Music Lovers Will Enjoy

The Junior Chamber of Commerce is hard at work on the Youngstown Symphony Campaign, which is its fourth "Boost Youngstown" promotion. Last year this energetic organization promoted "Mill Creek Park Day." This Spring the Junior Chamber sponsored "Library Week" and "Youngstown College Week."

The Campaign Executive Committee, and John D. Barbour, Campaign Chairman, has set a complete sell-out for its goal.

The Youngstown Symphony Society, headed by Al Kindler, former President of the Junior Chamber, is presenting one of the most attractive musical series ever offered in Youngstown. The Youngstown Symphony Orchestra will give seven evening concerts. Local soloists will be featured as well as Albert Spalding, Rosa Tentoni, Nino Martini, and Harold Bauer, internationally famous artists. The Youngstown Civic Chorus will make its first appearance at Stambaugh Auditorium with the or-

chestra. Kindler stated that the Society was engaging out-of-town soloists to help the orchestra financially, and to continue the growth and progress which this organization of Youngstown musicians deserves.

New York orchestras experimented by dispensing with soloists on some concerts this summer at the famous Stadium series. The audience fell to less than 2,000. On the other hand programs with Harold Bauer and Albert Spalding as soloists brought in attendances of 9,100. The handwriting on the wall indicates that Symphony audiences want striking features and magnetic soloists. Michael Ficocelli, conductor, stated that the Youngstown Symphony Orchestra is not overlooking any opportunity to satisfy its patrons and to increase the prestige of Youngstown talent as well.

Reservations can be made after September 13 at McKelvey's, Rudolph Wurlitzer Co., Schaefer Music Shoppe, Strouss-Hirshberg Co., and Warner Music Co.

A. M. A. BROADCASTS

To America's Schools—YOUR HEALTH!

Once more, during the coming fall, winter and spring, the Voices of Medicine will salute the people of America, with the toast "YOUR HEALTH." This is the well-known title of the radio program of the American Medical Association and the National Broadcasting Company. The coming season will be the fifth; the first two years were devoted to health talks, and the last two seasons to dramatized health messages. This year, the salutation will be addressed particularly to the teachers and students in the Junior and Senior high schools, in the hope that the program will be helpful in illustrating, amplifying, and enriching the health teaching in those schools. The program will be on the air while schools are

in session, so that the program may be utilized directly in the thousands of schools which now have or soon will have radio and public address systems reaching the class-rooms. Programs will be announced in advance in *HYGEIA*, The Health Magazine. While the program is planned especially for high schools, it will not sacrifice the interest which it has held for listeners in the home. To teachers, students and stay-at-homes, the American Medical Association and the National Broadcasting Company will address their message of health education with the familiar musical theme *HALE AND HEARTY*, written especially for the program, and the toast, "To America's Schools, YOUR HEALTH!"

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OUR BUDGET

One would suppose that such a beneficial act as The Social Security Act could function through the voluntary payments of its beneficiaries, rather than by means of the "Check Off." Mr. Lewis probably knows whereof he speaks, when he demands a signed contract, embodying the "Check Off."

This old government of ours is having a hard time. First, Mr. Morgenthau of the Treasury sets out to corner all the gold at \$35.00 per ounce, just at a time when new methods of recovery from old workings, and fresh fields are being opened up, to increase the gold production. Then Mr. Wallace, of the Department of Agriculture, pegs the price of cotton at 12c in the face of the largest cotton crop in 15 years.

Already 72% of the savings deposits of the country are invested in Government bonds which are being pegged at par by the Treasury.

How long can Uncle Sam stand up in the face of such economic policies?

Napoleon wasn't so dumb! You remember his remark, do you not? "After me, the deluge."

"Fifteen men on a dead man's chest" never made any sense until the W. P. A. came along and put meaning into the old refrain. The way in which those birds can "sit" around the carrion of a piece of work is truly a work of art.

One wonders how the various contractors are enjoying the W. P. A. invasion into their respective fields. There are the painting jobs, the car-

entering jobs and the cement jobs done by W. P. A. labor. Of course, the owner buys the material, but what a saving on labor! More power to them! I only wish I could afford to buy the material.

Let's balance the Budget.

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MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

HOW TO PREPARE CONCENTRATED **LIQUID** (STERILIZED) **S. M. A.**



1. Empty one can into a quart milk bottle.



2. Fill with cold boiled water and mix.

That's All There Is To It!



No powdered or dried product can be as simple and easy to prepare as Liquid S. M. A. Feedings are prepared quickly and accurately. Cooperation of the mother is easier to secure, and mistakes in following your directions are less likely to occur because preparation of Liquid S. M. A. is so easy.



Advantages of S. M. A.

- 1 Only fresh tuberculin-tested cows' milk is used as a basis for its production.
- 2 Designed solely for infant feeding.
- 3 Resembles breast milk in so many respects.
- 4 Needs no modification for normal full-term infants.
- 5 Simple to prescribe.
- 6 Simple to prepare.
- 7 Prevents ticks and spasmodic.
- 8 Liberal provision of vitamin A activity is constant and uniform in S. M. A. throughout all seasons.
- 9 Gives excellent nutritional results in most cases.
- 10 Obtains these results more simply and more quickly.

S. M. A. CORPORATION • CLEVELAND, OHIO