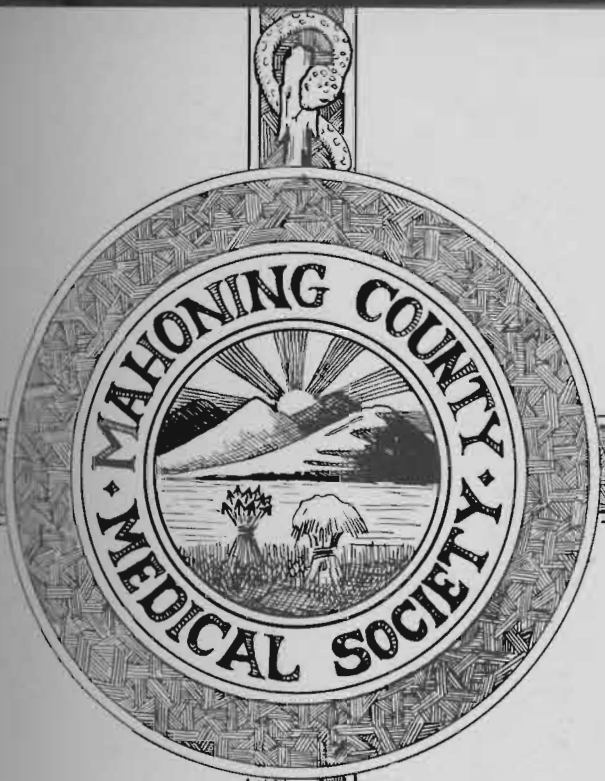

"Ah, March! We know that thou art kind hearted,
'spite of ugly looks and threats,
And, out of sight, art nursing April's violets."
—HELEN HUNT JACKSON.

BULLETIN

of the

Mahoning
County
Medical
Society

Vol. VIII No. 3
March 1938

SILHOUETTE W. C. WEST

ALYCIN

Alycin may be used wherever there is need for salicylate therapy. More especially is it of value in those cases which require massive doses. In Alycin only *Natural* Salicylate is used, in combination with *selected* alkaline salts. This fact makes Alycin more effective therapeutically and easier to tolerate than ordinary salicylate.

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WRITE FOR DESCRIPTIVE LITERATURE AND A SAMPLE

The Wm. S. Merrell Company

CINCINNATI, U. S. A.

MEDICAL CALENDAR

March 15—Dr. M. Ed. Davis, University of Chicago—Lying-in Hospital.

April 28—Postgraduate Day—The Lahey Clinic, Boston, Mass.

May 17—Dr. Paul White, Cardiologist, Massachusetts General Hospital.

June 21—Interne Competition with Case Presentations.

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Advertisers List

Patronize them—they make the "Bulletin" possible.

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POSTGRADUATE DAY—APRIL 28

PRESIDENT'S PAGE

WE HAVE A JOB TO DO

Please permit me to call to your especial attention, and ask you to read carefully again, all of the following: Page 212, of the Journal of the A. M. A., January 15, 1938; Pages 77B to 80B (beginning opposite Text Page 542) of the Journal of the A. M. A., February 12, 1938; Pages 1338 to 1342 of the Journal of the Ohio State Medical Association, December 1937; then the next-to-the-last paragraph of the first column, Page 84, of the State Journal, January 1938 (this being the Resolution of our own Council).

This may seem quite an assignment, but it is very important. Since Mahoning County physicians decidedly do not live in a vacuum, willy-nilly, they are going to be affected by whatever is done regarding medical practice. And as surely as you are alive SOMETHING is going to be done.

We have promised, both by implication as a component Society and directly by our Resolution, to coöperate with the State Medical Association and the American Medical Association. Self interest, as well as the welfare of our community, commands our faithful performance.

The assembling of specific facts, as requested by the A. M. A., revealing the nature and extent of our local problems, is the first step. When practically every county in the nation has done this, then and then only may constructive plans be devised and adapted to the varying local requirements everywhere.

We believe all of you will lend your aid unstintedly.

CLAUDE B. NORRIS, M. D.

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BULLETIN of the . . . . . .
Mahoning County Medical Society
M A R C H 1 9 3 8

THOUGHTS ON THE PRACTICE OF ALLERGY

By SAMUEL R. ZOSS, M. D.

If one has been associated with the study of Allergy for many years, he is impressed with the chronicity of its duration, the multiplicity of its manifestations, and the variability of its attack. Its chronicity is shown by numerous patients, who acquire hay fever and asthma after an infancy of colic and eczema. Hay fever, asthma, eczema, urticaria, angioneurotic edema, and migraine are only a few of the manifestations which attest to its multiplicity. Its variability of attack is proven by the presence of allergic disease in practically every organ of the body. Considering these viewpoints, Allergy simulates other chronic diseases such as syphilis and tuberculosis.

The very nature of this disease demands the utmost coöperation between physician and patient over a long period of time. Therefore, allergic individuals should be treated by the case rather than the visit basis. Since fees are not prohibitive when charged on a case basis, most allergists today use the yearly fee method in the care of their patients.

Since skin testing is an integral part of the diagnosis of Allergy, many will be inclined to label Allergy a laboratory disease. We must remember that skin testing is not the panacea in allergic diagnosis, and that often, because of negative tests, we are compelled to rely entirely on an accurate history and physical examination. Clinical judgment still maintains its supremacy over laboratory procedures, but we must not forget that skin testing is a valuable adjunct to the diagnosis of allergic disease.

Is Allergy inherited? Opinion seems to be divided at the present time. Ratner of New York has demonstrated experimentally that protein sensitivities can be transmitted from mother to child in utero through the placenta. Cohen in Cleveland has recently shown that passive sensitization to egg white can be transmitted through many generations in guinea pigs. Nevertheless, in most allergic practices, practically 50 to 60 percent of patients present a positive family history of Allergy. Based on his detailed study of children at the Brush Foundation in Cleveland, T. Wingate Todd believes that an allergic constitution is inherited. Duke of Kansas City, a few years back, described an allergic facies, characterized by a long narrow face, high arched palate, flatness of the malar bones, and irregularity and overbite of the teeth. In a talk before the Society for the Study of Asthma and Allied Conditions recently, Todd explained this facies as a defect in the bony development due to active nasal allergy. Allergic activity in childhood cripples the child just as effectively as infantile paralysis.

The need for adequate care of allergic disease is quite evident, but what is more important than the adequate regime for affected children. Early treatment can forestall the injurious effects of bony underdevelopment. Balyeat once said, "If the study and treatment in other chronic diseases are worthwhile, and they are, although the outlook is not bright, how much more is one justified in a careful study and treatment of allergic children?"

REVIEW OF THE PRESENT STATUS OF THE ETIOLOGY OF CANCER

By HOWARD T. KARSNER, M. D.
Director of Pathology, University Hospitals

(Reprinted from the Clinical Bulletin of University Hospitals of Cleveland)

Introduction. In this discussion, the word cancer is used to include all varieties of malignant tumor, both of epithelial and connective tissue origin. The cells which participate in the production of the various neoplastic diseases are different from normal cells in that they grow without restraint and fail properly to differentiate. Thus, rather than seeking a cause, the search must be for those factors which so condition the cells that they take on these peculiarities of growth.

Cell Characters. Certain features of the cancer cell, morphological and functional, have been thought to distinguish it from normal cells. Morphologically, the cell is likely to be larger than its normal counterpart and where gland formation takes place there is disturbance of polarity. The cytoplasm is often, but not invariably, basophilic. The nucleus is likely to be large. The nucleo-nucleolar ratio may be materially decreased. These various anatomical changes, however, are not distinctive because they may occur in other than malignant disease. Hypertrophy, hyperplasia, inflammatory reactions, non-malignant proliferation, and even non-malignant tumors may show certain of these features. Mitosis is common in various normal and abnormal conditions as well as in cancer, but when the conformation of the mitotic figure is abnormal there is a definite departure from anything that is seen in physiological processes. This is the one feature that is more distinctive of malignant tumor than any other. The spindle angles are different in certain malignant tumors from those of the normal cell, but this requires careful analysis and there is a wide spread of distribution in the individual instance.

The chemical make-up of the cell of malignant tumors is not strikingly altered. Thus, even although water is increased in amount, that is true of other manifestations of proliferation. It is probable that cholesterol and its esters, as well as phospholipids are increased, but this is not regular and has no functional significance. The protein content is normal although it is said that creatinine and creatine show a slight decrease. Carbohydrates are present in usual amounts. Of the mineral constituents, potassium and calcium are found to be decreased in young rapidly growing tumors but this is not true of those which grow slowly. Histochemically it has been found that there is no alteration in the amount of nucleoprotein present.

The metabolic activity has been studied extensively in recent years because of Warburg's discovery of the capacity for aerobic glycolysis. This phenomenon is not constant in malignant tumor cells and is exhibited by certain normal and proliferating cells. It has been suggested that the injury to the cells in the Warburg method may play a part, but Cori's demonstration of increased lactic acid in blood flowing from tumors suggests strongly that there is an altered metabolism. The fact that the growth of tumor cells in tissue culture spares ammonia is not highly characteristic because this may be exhibited by regenerating cells. The administration of glutathione increases the growth of tumors but at the same time increases the growth of the animals which harbor the tumors. Thus, there appears to be no particular significance to oxidation reduction phenomena in tumors. Tumor cells appear to contain

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essentially the same enzymes as their normal prototypes and there is no evidence whatever of abnormal synthesis of protein in tumor cells.

Conditions of Origin of Tumors. The conditions which lead to malignant disease are generally divided into extrinsic and intrinsic factors. Of the extrinsic factors, irritation is the best known and evidently the most significant, but discussion has been raised about the influence of hormones, vitamins and viruses. Of the intrinsic factors, heredity has been studied most extensively, but there may very well be changes within the cells other than those of constitutional character, there may be alterations of chemical balance and viruses may perhaps operate as intrinsic factors.

Extrinsic Factors. Irritation. Irritation probably plays a part in the development of certain occupational tumors, as for example, those occurring in chimney sweeps, copper smelters, coal tar distillers, cobalt miners, aniline workers, x-ray workers, and several other occupations. Environmental conditions have appeared to bring about the development of malignant tumors, as for example, the use of the Kangri basket, the chewing of betel nuts, the presence of jagged teeth, the presence of certain parasites (e.g. the liver flukes) and the scars of burns. The most widely accepted view about the activity of single traumatic injury is to the effect that this does not produce the conditions necessary for the development of tumor. In patients late in the course of the disease it may be presupposed that tumor cells are found frequently in the circulation, and if this be true, it is at least conceivable that injury may determine the site of metastatic growth but the trauma does not cause that metastasis. There is no reason, on the basis of either human or experimental observation, to believe that trauma causes or accelerates tumor growth.

Various irritants have been studied experimentally and much attention was given to the work of Fibiger, who fed gonglyonema to rats. There is now serious question as to whether the tumor was produced by the gonglyonema or by the diets which he used. Certainly, diets low in protein may lead to the development of epithelial hyperplasia in the forestomach of rats, which may be prevented by the administration of cystine, but no malignant change has been observed. Clinical observations indicate that arsenic produces an irritation of the skin which may go on to the development of malignant tumor, but this has not been confirmed by experimental work. It is generally agreed that workers in aniline dyes develop carcinoma of the bladder more often than is true of others. Experimentally, however, these anilines do not produce tumors and suspicion is directed toward certain degradation products. Of these, dibenzcarbole has been found to be carcinogenic but other products operate either in less degree or not at all. Exposure to x-rays certainly is capable of producing cancer. The same is true of radium and mesothorium. These observations are confirmed by experimental work.

Of the greatest interest is the series of studies on the hydrocarbons, particularly those derived from tar. It was found by Yamagiwa and Ichikawa as early as 1915 that the repeated application of tar to the skin of mice would lead to the development of cancer. The principal development of this discovery has been through the work of Kennaway and his colleagues. It is well known that there are several hundred fractions of tar but only about 150 have been isolated. Important highlights are the synthesis of 1:2:5:6 dibenzanthracene and the distillation of 3:4 benzpyrene. These are active carcinogenic agents capable of leading to the development of malignant tumors in a comparatively short time. The most active of all, however, is methylcholanthrene, which was prepared from dioxycholic acid, a bile acid. There is no reason

for assuming, however, that methylcholanthrene is produced in the body. It was at first thought that the phenanthrene nucleus is common to all the carcinogenic agents, but it has been shown that this nucleus is found in non-carcinogenic substances, as for example strophanthine, digitoxin, morphine and colchicine, and subsequently that other carcinogenic hydrocarbons contain only one or two benzene rings. Benzpyrene is a fluorescent substance, and it has been noted that non-fluorescent antagonizers prevent the action of benzpyrene.

Probably irritant in nature is the development of sarcoma of the liver due to infestation with the tenia fasciolaris. Similarly, development of cancer of the breast following repeated non-suckling pregnancy or ligation of the excretory duct of the breast is irritative in nature. Common to all of the irritants is the fact that the development of tumor is gradual and in all likelihood preceded by a stage of inflammation and inflammatory hyperplasia. Thus, the change from normal cell to malignant cell is gradual rather than abrupt.

Hormones. Of the hormones, earliest attention was given to the influence of the ovary. Loeb has shown that ovariectomy decreases the incidence of breast carcinoma in strains of mice which ordinarily have high rates of incidence of this tumor. The earlier the ovaries are excised the more striking are the results. Nevertheless, the administration of estrogenic substance to such castrated mice does not make them as susceptible as would naturally by the case in the given strain. Lacassagne reported the development of cancer of the breast following administration of what is believed to be an estrogenic substance to male mice of a strain in which the females are especially susceptible to breast carcinoma. More recently, Bonser, Strickland and Connal have produced cancer of the breast in female mice, ordinarily refractory to the development of carcinoma spontaneously, by the administration of estrone. In the rabbit, however, the administration of estrone produces proliferation of epithelium of the breast but no carcinoma. Anterior pituitary hormones may also be significant. The direct injection of calcium chloride into the testis of roosters produces teratoma but this occurs only during periods of high sexual activity or with associated injections of anterior pituitary hormones. Prolan-like substance may produce carcinoma of the uterus of rabbits but this occurs only after a prolonged intervening period of inflammation. It also hinders the development of carcinoma in castrated mice. It must be apparent that any carcinogenic action on the part of hormones is found only in organs upon which those hormones have a natural physiological activity. There is no general effect as is observed with the carcinogenic hydrocarbons.

Since certain of the carcinogenic hydrocarbons may produce estrus and since certain estrogenic substances appear to have a slight capacity for the production of malignant tumors, attention has been directed to this relation. Nevertheless, the best carcinogenic hydrocarbons are deficient in estrus producing capacity, and the best estrus producing substances have no carcinogenic properties. Thus, if any real relation exists it can only be indirect.

Vitamines. The part played by dietary deficiencies is by no means certain except in a few instances. As has been mentioned before, a diet low in protein may produce epithelial hyperplasia in the forestomach of rats but no malignant tumors develop. A diet deficient in cystine and methionine delays the growth of tumors but at the same time delays the growth of the mice. The addition of cystine or of glutathione increases the growth of both. It is probably true that diets definitely deficient in vitamin A may be followed by the growth of odontomas in rats, but claims made that

such dietary deficiency leads to the development of malignant tumor have not been adequately supported. Deficiency or absence of B1 complex may induce epithelial hyperplasia, as is true of the low protein diet, but no carcinoma has been observed. As regards vitamin C, it is stated that ascorbic acid favors the growth of a mouse sarcoma in tissue culture. Vitamin D has certain chemical resemblances to the estrogenic hormone but has not been shown to be carcinogenic. Deficiency of vitamin E in chicks has been followed by the development of lymphoblastomata, apparently due solely to this deficiency. Rowntree found that feeding of wheat germ oil produces a transplantable spindle cell sarcoma in rats, but pure vitamin E has no such effect.

Intrinsic Factors. Heredity. There has been some confusion introduced into the discussion of heredity because of the use of the term familial. If a disease appears within a family on some basis other than that of habit, diet, environment and the like, which may be caused by family associations, that condition is upon a hereditary basis. The influence of heredity in human tumors is unquestioned. For example, the familial incidence of retinal glioma, neurofibromatosis, multiple cartilaginous exostoses, and multiple polyposis of the intestine leaves no doubt that there is some heritable factor which plays a part. The incidence of tumors of the same nature in the same situations and at the same time in identical twins must have a hereditary basis. Statistical analysis shows that the occurrence of more than one tumor in the same individual is more frequent than can be explained upon the laws of chance. It is now generally accepted that in experimental animals the hereditary influences concerning tumors affect not only the tumors themselves but also their situations. In line with this is the fact that the famous Warthin family of cancer patients on latest study shows 41 cases in 175 individuals, 25 years or more of age. Of these, 26 are in the gastro-intestinal tract, 16 are in the endometrium.

Experimental observations have been numerous. It is established that the fruit fly tumors follow Mendelian laws. Slye has contended that spontaneous tumors of mice follow Mendelian laws, and that heredity as a factor resides within the chromosomes. The conflict between Slye's views and those of Little has now become crystallized into a difference of opinion as to whether the hereditary factor is transmitted through chromosomes or is extrachromosomal. Little has produced considerable evidence in support of the view that it is largely if not entirely extrachromosomal. Lynch has not resolved these differences in opinion but is satisfied that there are differences in susceptibility which are inherited and are organ specific. She looks upon this as a semidominant character of susceptibility. She has also shown that the effect of carcinogenic hydrocarbons is greater in susceptible than in non-susceptible strains and is therefore limited by constitutional factors. Certainly, the leucemia of fowl and of mice is limited in transmission by hereditary factors. The species limitation and specificity of tumors is well known and is widespread except as regards certain of the fowl tumors where this limitation is not absolute.

Changes in the Cell. The chemical changes in the cell have been commented upon above. Warburg's demonstrations of the aerobic glycolysis in tumor cells cannot be regarded definitely as primary. This may be the result, quite as well as the cause, of the change in the cell. The abnormal mitotic figures are characteristic, but there is no positive information to indicate whether this is the primary or secondary change. The latter seems more likely because in transplantable tumors, one generation may show a considerable number of abnormal mitoses and the next generation be devoid of them. They are

not regular in all parts of a malignant tumor.

Certainly the Cohnheim theory of the development of tumor is applicable in certain instances. If this were to be accepted as a general point of origin of tumors it would have to be supposed that together with the embryonal displacement there is an inherent change within the cells which makes them more susceptible to the operation of incitants of one kind or another. Recently, Fischer has made homologous implants of breast tissue into animals and has found that after a considerable number of such implants malignant tumors arise. This is interpreted to mean that in normal tissues there are certain distinct cells, which upon alteration of environment may proceed actively to tumor growth. The suggestion is offered by many authorities that the change by which a normal cell becomes malignant is a mutation. If this be true, it is not mutation in the ordinary genetic sense and is not an abrupt change in the genesis of cells. Thus, it must be regarded as a somatic mutation, which is gradual rather than sudden.

Intracellular Balance. The work of Murphy and his associates on chemical changes within the cell has been extensive, but is not as yet widely confirmed. Murphy believes that there is within the cell a normal balance between inhibitors and stimulators and that this balance controls the growth of differentiation of the cells. Thus, either an accumulation of stimulator or loss of inhibitor may give rise to the changes necessary for malignant growth. He would look upon malignancy as a universal cell potentiality, the degree of which is in certain measure determined by hereditary factors.

Viruses. That many tumors of the fowl, a single tumor of the frog, and perhaps certain other tumors may be transmitted by filtrates is unquestioned. The nature of the viruses is now under process of clarification, especially because of the crystallization of the virus of tobacco mosaic disease and the purification of the virus of Shope papilloma. The tendency now is away from the view that these viruses are parasitic in the sense of bacteria, or other living agents, but whether they reside within the cell or are a product of the cell is uncertain. The specific substance of pneumococci is obviously a product of the cell. The changes in type of Brucella may be determined by environment conditions and may therefore be products of the cell. The viruses probably are catalytic or even enzymatic in nature. They differ from parasites in that they act specifically upon a specific type of cell (and are referred to by Murphy as transmissible mutagens). Their action produces definite changes in growth characters of the cells, transmissible either by the filtrate or the cells themselves.

Summary. If definite etiological agents are to be described, they must be different for each different type of tumor. Therefore, it is wiser to look for those factors which so condition the life of the cell that it departs from the normal mode of growth. In other words, malignant tumors are conditioned rather than caused. In this conditioning, heredity and environment appear to interact. Of the environmental factors, irritation appears to be the best established, but this is a variable in the equation and certainly not a sole cause. Irritation acts differently upon different individuals. Its effects depend to a considerable degree upon its intensity and its duration and appear to be conditioned by constitutional and perhaps other factors. Fundamentally, cancer is the result of a self-perpetuating intracellular change associated with an alteration of capacity for growth and differentiation.

March

Why the Dispensaries Should Open?

It seems to me extremely wise and worthwhile to re-open the Out Patient Department of our Hospitals, as a community benefit, for these reasons:

1. It is the most efficient way to render professional service to ambulant patients of the group unable to pay usual offices fees. Complete equipment and trained assistance makes for the best treatment; and thereby shortens the patient's disability.

2. It is the most valuable experience and training for the physicians and surgeons attending the O. P. D. It enables them to keep themselves expert in their several specialties, and to apply and become familiar with the most recent advances in our profession in all its branches.

3. It is invaluable training for the Internes and Residents, in actually doing repeatedly, the work they have been so well trained to do, and that they miss in doing only ward work. For myself I feel that my training in the O. P. D. has been useful in practice every day since that time.

4. All of this experience and training of the attending and interne staff is not at the expense of, but greatly to the benefit of, the whole group of patients of this department. And particularly note—all of this experience and training benefits the entire community in making available better surgery and better medicine in all branches to each and every one.

C. R. CLARK, M. D.

DISPENSARY FEVER AN ECONOMIC SYNDROME?

By WALTER KING STEWART, M. D.

Dispensary fever is a symptom complex characterized by periods of remissions and exasperation of symptoms. The neurological findings are prolonged, with profound melancholic states followed by periods of excitation. On the circulatory side there may be hypertension or hypotension. Nausea may be a gastro-intestinal symptom. But one constant finding is a pain in the post-cervical region.

The etiology is well known. There are two groups of organisms found in dispensary fever. There is first, the Staff Group, with several well known strains of organisms: (1) the C. M. Bug (Clinical Material); (2) the I. E. Bug (Interne Education); (3) the S. C. Bug (Specialist's Care); (4) the G. P. S. Bug (Grandiosity of a Particular Specialty). The latter is of little or no importance at the present time because the education of the laity to all of the specialties is fairly complete. These above named organisms do not do harm and are of some benefit to a few; not unlike the "laudable pus" era of medicine before asepsis was accepted.

The other group of organisms might be called the Strep Rubra Group. This group also has several strains: (1) the D. P. P. R. Bug (Disturbance of the Patient-Physician Relationship); (2) the H. C. Bug (High Cost); (3) the N. H. T. Bug (No Home Treatment); (4) the D. N. Bug (Doting on Numbers); (5) the P. I. Bug (Poor Investigation); (6) the N. M. S. S. Bug (Not Medical Society Supervised); (7) the T. I. P. Bug (Taking Income from Physicians).

The prognosis of this condition may be favorable or unfavorable depending on the group of organisms involved—and we hope on the widespread, general response of the Mahoning County Medical Society to its acceptance or rejection.

If my fun offends, forgive me; but this whole problem is so important that each member of the Soci-

ety should give it his most serious thought. Later on each member will be given an opportunity to decide by confidential ballot what his wishes may be in the important matter.

Just take time to read from week to week the Organization Section of the A. M. A. Journal. You will be enlightened to this extent, I'm sure: their fundamental principles of medical care of the indigent are in theory and practice the same plan which has been actively in force in Mahoning County for some five years. These fundamental principles represent the thought and experience of many localities. If they are sound and successful, it seems to me to be folly to disturb them for the renewal of the dispensary plan of indigent medical care. I now go on record as being opposed to any dispensary program which interferes with the present medical care of the relief patient and I shall try to explain my reasons for such a definite stand.

One of the major problems in the attendance of the indigent is his home care. I am referring to the needs of the patient himself. An ambulatory patient is less likely to desire his own physician but the psychology of the patient sick enough to stay in bed exhibits a great desire to have the attendance of his own physician. Surely, our memories are not so short, that we cannot remember the ills and embarrassments of the City Physician treatment of bed-fast patients. All due respect to our colleagues who perform this service: but the number of calls per day was entirely out of proportion and the psychology was all wrong. In a 1-2-3 survey taken some three years ago every indigent contacted preferred the patient-physician plan to the former city physician plan of treatment.

Then don't forget the physician of 1938 thinks differently economically from the way he did in the dispensary days of 1929 or '30. He has tasted the fruits of a minimum fee for the care of the indigent. Would you say he is not entitled to this fee? Would anyone, thinking seriously, by one stroke, take this fee away from him? You may recall a statement I made in this Bulletin a few years ago: "Whether you like this program or not, it did keep some fifty physicians in the practice of medicine." Again we are experiencing a recession. The relief rolls mount day by day. Again physicians are being financially assisted by this program. Do you wonder why I feel this plan should be kept intact and not disturbed by a few physicians who do not suffer from financial fluctuations? Personally, I feel, if we all would lend as much effort toward paid hospitalization of the indigent as we do toward upsetting the plan in force, we would be accomplishing much more toward obtaining clinical material and interne education. And we would not be destroying, but adding to, the incomes of physicians.

What is the per patient cost of dispensary care? The experience of the Youngstown Hospital was ninety-six cents per patient in 1929. The national figures presented recently show $1.12, and as high and sixty-two cents is the low figure per patient. We can estimate eighty-two to eighty-six cents per patient as an average experience for our costs in Youngstown. The argument of these figures is this: Does the desire for clinical material or the need for interne education outweigh the cost of re-opening the dispensary?

Obviously, we cannot run a dispensary without money. It is customary for the physician to reason that the need for the dispensary being well founded, the money should correlate with this need without much effort. All you have to do is to sell this dispensary need to some lay foundation and the flow of finances will follow. It will work, but oh! the headaches of that lay foundation dictating the policies of management of that dis-

In Memoriam

James H. Bennett

March 2, 1938

pensary. Isn't this Socialized Medicine, not in name but in fact? Don't forget, this lay foundation can furnish a flow of finances perhaps for a month but not for years to follow. Sooner than later, tax monies must be used. Personally, I don't believe any hospital can afford to open a dispensary again without definite assurance that not a lay foundation but tax monies will operate it. My answer to that question is this: You must convince politically installed County Commissioners or City Administrators that the great number of indigent voters desire dispensary care over the patient-physician relationship care.

One of the admitted ills of dispensary care is the desire for numbers. Shall we call it herding? This is also the fault of most social service ventures. Can such an evil be corrected if the dispensary re-opens. I would say, "yes." If the patients permitted to receive this service are limited to a low-bracket group whose incomes are, say, sixty dollars or less per month. There would not be a large number but adequate, I believe, for clinical material and interne education and at the same time not up-set the working plan for indigent medical care. This type of patient would be receiving a better medical service than he is now able to obtain and fulfilling the dispensary need so vital in the minds of some of our members.

If the dispensary is re-opened, I would like to see the interne *really* benefit by its educational features. The argument now is that the interne has not opportunity to test his diagnostic ability. Patients come into the hospital for treatment already diagnosed. Unless he is of a very inquisitive mind, he will accept the diagnosis made and from there on becomes merely a medical clerk. I would vision under dispensary care a receiving room where every new dispensary patient must go for diagnosis, and thence be referred to the various specialized departments. Likewise, no patient can be referred to another department unless so ordered after further examination by the interne in the receiving room service. This program should control malingering to some extent.

I wish to mention, in brief, the matter of investigation of patients should the dispensary be re-opened. Investigation by social workers is to my notion worthless. This type of investigation needs to be done by a male "credit stool pigeon" whose qualities are more those of a ferret than a social worker. Physicians in the dispensary should be granted the opportunity of questioning patients as to their ability to pay. If it is found they can pay a reduced fee, the patient should be in some physician's office and not in the dispensary.

There are other points which I have not covered, one of which is supervision by the medical society. In closing, let me say that it is my sincere wish that each member of the Society will give this matter serious thought; will discuss it freely with his colleagues; will conscientiously vote when the time comes—then, and only then, will I feel the preparation and writing of this difficult paper has not been in vain.

OTITIS MEDIA AND THE COMMON ACUTE DISEASES OF CHILDHOOD

By ROBERT E. ODOM, M. D.
Youngstown, Ohio

The frequency of middle ear infection complicating acute diseases in children makes necessary the routine initial and follow-up examinations of the membrana tympani by the attending physician. This thought is given greater significance when we think more specifically of otitis being a secondary complication of acute upper respiratory disease, acute exanthemata, pneumonia, cerebrospinal meningintis, etc. The most frequent of the infecting organisms are the streptococcus, the streptococcus mucosus, the pneumococcus, and staphylococcus; organisms lying in wait in the nose and throat awaiting the opportunity through increase in virility of themselves or decrease in resistance of the host for greater activity.

Assuming the membrana tympani to be intact we have infection passing by way of the Eustachian canal to the middle ear from the nose and throat. Anatomically, infection is more likely in the young child than the adult. The Eustachian canal in the child is (1) much shorter, (2) the tympanic orifice and the calibre of the bony tubes are quite as large as in the adult, (3) the entire canal is more nearly in the same straight line, (4) and is more horizontal and (5) the pharyngeal mouth of the canal is closer to the level of the hard palate, whereas in the adult it is not less than 10 mm. above the hard palate. (Kerrison). Added to the above, the presence of hypertrophic adenoids and tonsils make aeration and drainage of the nose and nasopharynx even less effective in the presence of the acute infectious disease which finds its entrance and foothold in an initial rhinitis, pharyngitis and tonsillitis.

The incidence of otitis media in children secondary to acute infectious diseases probably vary considerably in different localities and hospitals. However, Kerrisons' figures of complicating otitis media at the Williard-Parker Hospital for infectious diseases are interesting. He considers otitis media in some degree complicating scarlatina and measles in 10 percent of cases a conservative figure, and 5 percent in diphtheria. He considers influenza or grippe a frequent cause of otitis media; typhoid fever and mumps are considered less frequent causes.

Symptoms of complicating otitis vary in order of significance in the individual case. Earache of course directs attention to the ears when the child is old enough to complain of it. Unexplained rise in temperature, especially following subsidence of the temperature of the primary disease calls for investigation of the ears. Restlessness, loss of appetite, crying out in sleep, and pulling at ears, are all possible indications of aural disease.

Diagnosis of a complicating otitis media rests finally upon inspection of the membrana typmani. This fact in itself reiterates the necessity of frequent observations of the ears for aural disease.

The drum may vary from normal merely by a red stripe at the center of the drum (along the handle of the malleus), or a red bulging upper posterior part of the drum (Shrapnell's membrane) to a frank bright red bulging of the entire drum. If perforation of the drum has already occurred then the external canal is more or less filled with a thin pink to a thick purulent pus.

Complications of otitis media may develop with relative rapidity especially when it is of the purulent necrotic type complicating measles, scarlatine, and influenza. There may be rapid

(Continued on Page 102)

Regular Meeting

MAHONING COUNTY MEDICAL SOCIETY

Tuesday Evening, March 15, 8:30

SPEAKER

DR. M. EDWARD DAVIS

Associate Professor of Obstetrics and Gynecology
at the University of Chicago Medical School

SUBJECT:

The Treatment of Hemorrhage Occurring Late in Pregnancy.

INVITATION

To attend the First Program of the

Julius J. Selman Memorial Lectureship

MONDAY, MARCH 14, 8:15 P. M.

Nurses' Auditorium of Mount Sinai Hospital
Cleveland, Ohio

Dr. A. A. Epstein will speak on "Nephrosis."

SPECIAL TRAIN TO SAN FRANCISCO

Ohio State Medical Association will sponsor and operate a special train to the 1938 Session of the American Medical Association at San Francisco June 13-17. The March 1 issue of *The Ohio State Medical Journal* will give you complete data concerning the itinerary, reservations, expense, etc.

Members who are interested in joining the special train party should communicate directly with Charles S. Nelson, Ex. Sec'y., Ohio State Medical Association, Columbus, O.

(Remember the date, June 13 to 17.)

POSTGRADUATE DAY

THURSDAY, APRIL 28, 1938

at the

HOTEL OHIO

The Lahey Clinic is sending four outstanding men of the profession to conduct this day for us. Dr. Frank H. Lahey is Director of the Lahey Clinic and heads the group. He is a graduate of Harvard, 1904; Professor of Surgery Tufts Medical School, 1913-1917; Director of Surgery A. E. F. Evacuation Hospital No. 30; Major Medical Corps, World War; Professor of Clinical Surgery Harvard Medical School, 1923-1924. Surgeon-in-chief New England Deaconess Hospital, Surgeon-in-chief New England Baptist Hospital. President American Association for the Study of Goitre, Member of the American Surgical Society, International Surgical Society, Regent of the American College of Surgeons.

Dr. Gilbert Horrax—B.A. Williams College, 1909; Sc.D. Williams College, 1936; (Hon.) M.D. Johns Hopkins Medical School, 1913. Major in U.S.M.C. in France, 1917-1919; on Staff Peter Bent Brigham Hospital, 1919-1932; last few years as senior assistant in neuro-surgery. Assistant instructor and Assistant Professor of Surgery in Harvard Medical School, 1919-1932. In charge of neurosurgical service the Lahey Clinic, 1932-date. Neurosurgeon to New England Deaconess and New England Baptist Hospitals, Boston.

Dr. Everett D. Kiefer — A.B. University of Kansas, 1921; M.D. Harvard Medical School, 1926; Interne in Medicine Royal Victoria Hospital, Montreal, 1926-1927; Physician, Section of Gastro-Enterology, Lahey Clinic, Boston, since 1927. Member American Gastro-Enterological Association.

Dr. Elmer C. Bartels — University of Illinois College of Medicine B.S. and M.D., Fellow in Internal Medicine, Mayo Clinic, 1928-1932. Fellow A.M.P. Member Board of Internal Medicine, Physician, Internal Medicine, Lahey Clinic, 1932 to date.

REMEMBER THE DATE. THE MEETING BEGINS AT 9 A. M.

Registration for the entire meeting is $5.00. This includes luncheon and dinner.

DR. M. EDWARD DAVIS

The regular March meeting of the Mahoning County Medical Society will be held at the Youngstown Club on Tuesday evening, March 15, at 8:30. Dr. M. Edward Davis, Associate Professor of Obstetrics and Gynecology at the University of Chicago Medical School, will be the speaker. His subject will be: "The Treatment of Hemorrhage Occurring Late in Pregnancy."

Dr. Davis is attending obstetrician at the Chicago Lying-in Hospital and attending gynecologist to the Albert Merritt Billings Memorial Hospital. His work has been partly clinical and partly research and teaching.

In 1935 the staff were recipients of the gold medal presented by the American Medical Association for their investigations on ergonovine. This year they have been awarded the annual prize for investigation by the Central Association for experimental work in the production of artificial ovulation in the human.

Dr. Davis is an excellent teacher and comes to us well recommended for a worthwhile meeting.

Remember the date: Tuesday, 8:30 P. M., March 15, 1938, at the Youngstown Club.

Otitis Media and the Common Acute Diseases of Childhood

(Continued from Page 98)

destruction of the membrana tympani especially in scarlatina.

Acute suppurative mastoiditis is the most frequent complication. This in turn may give rise to acute infective sinus thrombosis with septicemia, brain abscess, or meningitis.

Acute labyrinthitis of serous or purulent type may develop directly from acute purulent otitis media.

More rarely especially if there is a dehiscence in the floor of the middle ear there may be a complicating infection of the jugular bulb giving rise to lateral sinus thrombosis and septicemia.

Though not of immediate consideration chronic purulent otitis media must be given a place among the important complications of acute otitis.

Treatment of complicating otitis media is both general and local. General treatment is first of all directed to the primary acute disease. General hygienic care, rest in bed and supportive measures to prevent debility as much as possible, is preventive and corrective. Local treatment takes two forms. First, measures directed to promote resolution of the complicating otitis without myringotomy and secondly, measures taken to insure adequate drainage of an infected middle ear with myringotomy.

Measures taken to promote resolution of the process without myringotomy and directed to improvement of the general condition of the patient and relief of pain. This is admissible where the drum is red but not bulging with retained pus. Cleansing of the alimentary tract is necessary. Pain is kept under control with paregoric or codeine. Local heat is applied with a hot water bottle in conjunction with warm irrigations of the external auditory canal when tolerated well. Poultices are thought to be dangerous by many otologists.

Ear drops may or may not be of some benefit in relief of middle ear pain. There are several combinations of aural drops, using the doubtful action of an anaesthetic agent in glycerine as an anhydrous base. One of the most popular is phenol grains 6 with or without menthol, or cocaine crystals in equal quantity in glycerine drams 2.

If the acute process continues to bulging of the drum membrane, myringotomy must be resorted to, to insure drainage of the retained pus. The earlier this is done the less likely are complications to develop.

After myringotomy the discharge may continue from one day to three or four weeks. After care should be directed locally to keeping the ear canal clean with saline or boric irrigations as often as every hour or two as long as the discharge is copious enough to warrant it. Pain should be relieved soon after myringotomy. Continuation or return of pain, temperature, restlessness and loss of appetite should again direct attention to the ears for too rapid healing of the affected ear or ears, or the involvement of the other ear.

Cleanliness of the nose before and after myringotomy is a necessary adjuvant to treatment. This may be accomplished by the use of mild silver salts such as argyrol 10% or neoslivol 5 or 10% with or without a shrinkage agent such as ephedrine ½ to 1%.

Prontylin in selected cases is no doubt a valuable aid in the treatment of complicating otitis media. It is logical that it be an aid in the streptococcus infection of scarlatina. Since most statistical data also place streptococcus as the offending organism in the majority of cases of otitis media it has a definite place in the treatment of these cases.

First Man: Dija hear about my mother-in-law? She gave a sick guy a pint of her blood for a transfusion.

Second Man: How generous of her! And did the patient recover?

First Man: Naw—he froze to death!

INFORMATION RELATING TO SERVICES OF THE DIVISION OF LABORATORIES

Ohio Department of Health, O. S. U. Campus

By LEO F. EY, Chief

The Division of Laboratories was originally established in 1898. In that year the State Legislature appropriated sufficient funds to employ a chemist-bacteriologist, and equip two office rooms for the laboratory. The primary object for making this service available under the direction of the then State Board of Health was to examine samples of water collected from public supplies in the State in an effort to protect the public against prevalent water-borne diseases.

In the years which followed the laboratory expanded its scope to keep abreast with modern trends pertaining to public health. Today the laboratory is one of the largest divisions in the Department, and the activities are classified into seven different branches as follows: administrative, bacteriological examinations, serological tests, chemical analyses, preparation of prophylactics, preparation and distribution of mailing containers, special investigations and research.

The services dispensed by these branches are necessarily limited to those which logically come under the designation of the public health. In its broadest interpretation this represents many human infectious diseases or affections, the etiology of which is determined by a chemical or bacteriological procedure. To illustrate, the laboratory makes bacteriological and serological examinations on cultures for diphtheria, Vincent's Angina, scarlet fever (Hemolytic streptococci), septic sore throat, meningitis, tuberculosis, typhoid paratyphoid A & B, dysentery, undulant fever, tularemia, malaria, intestinal parasites, rabies, gonorrhea, ophthalmia neonatorum, and syphilis (Wassermann, Kahn & Kline, also dark field).

Types of specimens as enumerated herewith in the great majority of cases are submitted, in accordance with the intentions of the Department regulations, to the Laboratory by practicing physicians, health departments, hospitals and public supported institutions. Upon completion of the examinations, the reports in such cases are forwarded directly to the sender.

In addition the laboratory furnishes other important routine service, but the method under which it is provided differs somewhat than that mentioned above. For example, bacteriological and chemical analyses of water and milk are regular functions when the work is handled through proper channels of the local health departments. Thus, local health commissioners or their authorized inspectors arrange for the collection of water samples intended for bacteriological examinations from either private, public or semi-public supplies.

In the chemical branch of the laboratory the services performed are essentially related to studies and problems which originate with the Division of Engineers. The routine duties consist of making sanitary analysis of public water supplies, the examination of sewage, sewage effluents, industrial and mine-sealing wastes. Chemical determinations are also made on miscellaneous types of liquids and foods, depending upon the nature of the material and the public health aspects of the situation. For example, dental fluorosis, commonly known as mottled enamel of teeth is now definitely associated with fluorine as it is found in private or public water supplies. The chemical laboratory has furnished valuable studies on this subject as regards methods of detecting fluorine in water, and as a means of reducing it in public water supplies. Considerable assistance is also furnished on samples of water collected

In the *Pneumonias*

(whatever the type)

Sample on request

focus your local treatment on

Antiphlogistine

applied as a poultice over the entire thoracic wall

THE DENVER CHEMICAL MFG. CO.

163 VARICK STREET - - NEW YORK, N. Y.

from abandoned mines. The purpose of this work is to prevent the acid-water polluting streams or rivers.

The laboratory functions further include services coming under investigation of epidemics, or outbreaks of food poisoning. This activity is usually carried out in coöperation with field studies made by other Divisions of the Department, Communicable Disease or Engineers in particular. In such situations it is necessary to collect material that can be definitely identified as having direct bearing on the outbreak.

All laboratory service is provided without expense to the physician or patient as no charge is permitted for any of the examinations or supplies furnished. Here it may be emphasized that specimens must be submitted, for one or two important reasons, in containers supplied by the laboratory. First, it is in violation of the U. S. Postal regulations to mail infectious disease material in an outfit not approved by the post office department. Second, little or no dependence can be attached to cultural or other results obtained on specimens collected in improvised or irregular types of containers. The official approval of containers also provides for the use of third and fourth class postage rates.

The laboratory prepares a one percent silver nitrate solution for use in ophthalmia neonatorum. The solution is filled in small wax ampules. Plain typhoid vaccine is supplied in vials containing 5, 10, 20 and 50 c.c. each. Mailing containers and prophylactic products may be procured through the respective county or city health department offices. Public institutions, however, may obtain such supplies directly through the State Department. The laboratory has a booklet available for distribution which explains the procedures of obtaining all types of services.

MEDICAL EDUCATION AND THE MAHONING COUNTY MEDICAL SOCIETY

By WM. M. SKIPP, M. D.

We realize that medical progress is made by continuous education and if we are to keep abreast of the times and know all the newer advances that are brought forward for the prevention and aleviation of disease, we must read continuously and post-graduate courses of study are necessary in the teaching and experimental centers of our profession. To keep up with the times requires the buying of new books, subscribing to numerous medical periodicals, and leaving your practice to attend meetings and conventions so that we are better able to practice the "healing art"; and so that our patients will receive the best that we can give them in the way of recent advances in our practice, or science of medicine. This requires a great deal of time, effort and money for the busy practitioner and many times is beyond his reach, or he will not take the time; or feels that he cannot afford to spend the money and time for this type of study. He can buy journals and books, but many times he is tired from a busy practice and needs the rest. If he did have the desire to read his tired mind and body refuse to function and so it is passed for the time, never to be taken up again until the new Journal has arrived with no time to peruse the old one.

It has been said he can buy books and Journals. True. But the truth of the matter is if he attempted to read everything necessary he would get nothing else done and the purchase of the books and journals necessary would be a financial impossibility.

The healing art has advanced by leaps and bounds and the general practitioner finds that he has to be

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well-versed in the many specialties if he is to give his patients the best. Again, this requires expensive courses and extensive reading with long periods away from his practice.

With this thought in mind, our predecessors over a decade ago conceived the idea of bringing the teachers and the professors to the practitioner of medicine rather than have the doctor go to the teacher. That is why, eleven years ago our First Postgraduate Course was held. It gives the physician an intensive one day of study; the cost is nil. He does not have to be away from his practice except for one day. He receives the newest advances in medicine from the foremost men of our profession. Our program committees have attempted to always make the subjects interesting and valuable so that they can be used in everyday practice. No "bunk or flim-flam" is handed out; only known facts.

We believe our idea is good as attested by the large attendance at these meetings and the enthusiasm shown by the men attending. But we must remember that our idea has not remained with us, for now many of our neighboring counties are doing the same thing, even larger counties than our own.

The State, through its Annual Meeting, is giving a two or three day intensive Postgraduate Course which is primarily set up for the man who is practicing general medicine. The State Association has also set up a Speakers' Bureau, which is bringing teachers and men in the specialties to the County Societies, so again the teacher is brought to the practitioner.

The State, seeing that the Postgraduate Course is working out and is of benefit to the practitioner of medicine, has instituted what is called Regional Postgraduate Courses, and are being conducted over sections of the State where the need is most urgent, with no cost to the men attending.

All this has grown out of the activities of our Society, which was one of the first to institute a Postgraduate Day. We do not want to let our heads get so large that our hats will not fit, but we are more than proud of our record. So when we think of medical education, we think of the Society in Northeastern Ohio who really does put on a day of education which is of benefit to the general practitioner, leaving out the specialist for he is following a limited field and can get the newer advances in his field direct from the teaching centers. The general course is of much value to the specialist for he is treating the human body and all ills to which we humans are heir, which affect his specialty and will have to be considered in treatment.

In addition to this, we must not forget our refresher courses lasting six or eight weeks that have been successfully carried on through years and held usually in the fall months. These courses bring to our doors the essential advances in the basic sciences; they may be a review to some, but to many others they are new additions to old fundamentals.

So let us remember when we are members of the Mahoning County Medical Society we are honored. Our Society has always been a leader in education. Its members know that the professional man of this county is as well if not better prepared to treat the ills of our people than any other county in the country.

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THE ADVANTAGES OF A MEDICAL-DENTAL BUREAU*

By JAMES L. FISHER, M. D.

Organizations intended to render service do not just happen. They develop in answer to a need. The successful ones never spring up over night, they are built up slowly by the hard work of a few men who have vision. They are kept going by maintaining a high standard of efficiency and they last as long as the need exists or they are able to fill it.

So it is with the Medical-Dental Bureau which did not burst upon us in full bloom. The need for better business methods in the two professions of medicine and dentistry has long existed and doctors have tried to meet it with various make-shift methods. As early as 1924 a telephone service for doctors was started in Youngstown by a layman. Commercial collection agencies have been used by doctors for many years with varying results. Small groups such as the South Side Dentists have banded together for the exchange of credit information. Gradually the idea crystallized that these activities were closely related and should be combined; that there were other services which could advantageously be included and that there would be greater good accomplished if the greater number of doctors and dentists could participate.

And so the Medical-Dental Bureau was formed to bring all these things under the ownership and control of the physicians and dentists. It has been dedicated to the improvement of the business side of practice. Some of its departments are intended for the improvement of the doctor's service to his patients (telephone, secretarial, partial-payment plans). Some are intended for the improvement of the doctor's income (credit rating, collections). Its activities have been so widespread and the use made of it so great that in the three years of its existence it has grown from a one-room office to a suite of eight rooms and employs a manager, an attorney and a staff of twelve assistants. Its benefits are both tangible, in the form of direct payments to its members, and intangible. The intangible benefits are perhaps the least appreciated yet they are what the members pay dues for, and it might be well to consider them a little more fully. Broadly speaking, these benefits arise from the Bureau's constant effort to supply its members with pertinent information, to help them with their office routine and to educate the public to the importance of maintaining good professional credit.

Every month the Bureau publishes a Credit Bulletin giving up-to-the-minute news of payments, defaults and bankruptcies. We are all familiar with its contents. But in the meantime, night and day, there is available to every member a credit rating service which covers over seventy-five percent of the families of the Youngstown District and is steadily growing. This credit rating department has a unique method of keeping itself up-to-date. It is of incalculable value to those who use it, by telling them the paying habits of the people they depend on for their living. Its information is based on medical and dental experience, rather than commercial which is entirely different. By making proper use of it, each member can know in advance the ability and willingness to pay of each new patient.

In helping the doctor with his office routine the Bureau supplies him with a telephone service which will search heaven and earth for him at any hour of the day or night. Using the most modern switchboard equipment, every call is handled promptly and a record kept of its disposition. If the doctor has no secretary the Bureau will run an extension to his

*This is the first of a series of articles on Medical-Dental Bureau operations. The next will appear in an early issue.—Editor.

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office and answer every call as though it were his private office. If he wishes to hire a secretary, the Bureau will send him one from their Employment Service. Meetings are held between Bureau personnel and secretaries to discuss office problems and methods. Every month at a luncheon meeting of doctors, their mutual problems are discussed, questions are answered and Bureau procedures are reviewed. The importance of keeping good records, the workings of the Partial Payment Plan, methods of improving the service are gone over and the members find these meetings stimulating and helpful.

Since the organization is owned and operated by the doctors themselves, its policies are under their direct control and its methods are kept to ethical standards. Only those who are members in good standing of their respective medical and dental societies are permitted to join. The value of these intangible benefits cannot be estimated in dollars and cents but they are worth far more than the small amount charged for dues. The mere presence in the community of a Medical-Dental credit organization has a far-reaching effect in making people more conscious of the value of good credit reputation. Even the physicians and dentists who are not members of the Bureau reap some of the benefit of its educational impression on the public. By taking some of the financial load off the doctor's shoulders, the Bureau increases his efficiency so that the public receives better service.

SUMMIT COUNTY AND DEPENDENT CHILDREN

The following is from the Advisory Committee of Summit County:

"The Professional Advisory Committee of the Summit County Medical Society has been formulating a fee schedule and considering policies governing the medical care of indigent widows and their dependent children who are under the care of the Bureau of Aid to Dependent Children.

"As you know, this bureau is a branch of the Division of Public Assistance of the State Department of Public Welfare. By state law this bureau is provided with funds for, and charged with the duty of providing necessary subsistence, including shelter, fuel, clothing, food, hospitalization and medical care for these dependents. The funds for the general support of this group of dependents are derived one-third from the Federal Government under a provision of the Social Security Act, one-third from the State of Ohio, and one-third from county funds. However, the funds for medical care are derived only from state and county funds.

"According to a letter from the Columbus headquarters of the Bureau dated December 1, 1937, the state authorities are demanding for these children a very high standard of medical care, which, according to their bulletin 'shall conform to accepted standards of recognized pediatricians.'

"The executive secretary of the Akron Bureau of Aid to Dependent Children informed this committee at the start of our negotiations that it was not the purpose of his organization to treat these people as indigent paupers, but to render them adequate medical care of the same type that private patients receive, and to preserve complete freedom of choice of physicians. *He assured us that ample funds were available for this purpose.*

"However, we have heard recently that the Bureau has requested the local hospitals to sign a contract to admit these patients as house cases, hospitalization to be provided at the usual per diem rate for house cases, and medical services to be provided gratis by physicians on house service.

"This committee therefore went on record as being unqualifiedly opposed

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to this for the following reasons:

1. It would not permit free choice of physicians.
2. It would impose an unjust burden on house physicians.
3. It would be an unjust discrimination against doctors not on hospital staffs.
4. It would not provide the adequate and complete care desired.
5. It would be unfair to the doctors to expect them to render service gratis when funds have been provided by the government to pay for this service.

"It is the opinion of this committee that when the government undertakes to provide dependents with shelter, fuel, clothing, food, and to educate their children, it is imperative that medical service be provided as well, for the latter is no less an economic necessity than the others.

"The medical profession has always borne more than its share of caring for indigents. This has been true to such an extent that it is taken as a matter of course and is no longer appreciated—so much so that in all previous plans for providing the necessities of life everybody has been paid but the doctor. We feel that this state of affairs has persisted too long, and that there is no reason why the physician should not be paid for his services as well as the lawyer, the landlord, the coal dealer, the clothier, the grocer and the hospital.

"We feel that this program may well be the proving ground of a more widespread application of State Medicine in the near future. Any fee schedule adopted now may well be a precedent for fair and just remuneration for good service, or it may set a degrading standard for future medical care and be a menace to the future economic existence of the medical profession.

"We believe that matters of this kind should be handled for the whole state by negotiations between the State Society and the Columbus office of the Bureau so that uniform regulations might be adopted for the entire state. However, the Bureau decided to dump the problem into the laps of the local communities, which can only result in a profusion of conflicting agreements and varying schedules. We believe it is the purpose of the Bureau to set the standards prevailing in one locality against those agreed upon in other communities, so that ultimately fees might be reduced all over the State of Ohio to those prevailing in communities with the lowest standards.

"It therefore behooves all local committees who are negotiating contracts and fee schedules with the Bureau of Aid to Dependent Children to bear in mind the sinister implications of this program and not set up schedules which may provide a debasing precedent for future standards of remuneration in the event of more widespread application of this type of paternalism.

"We are therefore writing to let you know what we have done in Summit County with this problem.

"The following fee schedule and contract is the basis upon which we are negotiating with the Bureau. We have taken cognizance of the assurance of the Bureau that payment for medical services would be 100% cash. We have considered the fact that funds for this purpose come out of the taxpayer's pocket, and we have therefore reduced our standard fees to the minimum which by any proper standard could be considered compatible with good care, sound medical practice and a fair economic return to the doctor.

"We are submitting this schedule to you because of the need for an interchange of views on this matter, and in the hope that it may be of some assistance to your local committee in their negotiations with the Bureau of Aid to Dependent Children."

(Space does not permit inclusion of the Fee Schedule.)

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THE MEDICAL CRIER

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

• The Medical Rehabilitation Project as carried on in West Virginia is producing many good results. Through the coöperation of the State Medical Society and the State Department of Welfare, arrangements are made to correct physical disabilities of heads of families who are on relief rolls because they are unfit for gainful employment but who could be rehabilitated by medical treatment. The Medical Society arranges for the proper surgical or medical treatment and when the man is restored to useful capacity the welfare department assists him in obtaining employment. As a result the man and his family no longer need to be carried on the relief roll. He again becomes economically independent, his health restored and physical handicaps corrected — all at approximately one-third of the cost of public relief for one year, to say nothing of the economic saving of added years of relief if his disabilities were not corrected. This is good business and good social work.

• As this is being written the Wayne County Medical Society Ball is on in full blast at the Detroit Golf Club. Five course turkey dinner, specialty acts, novelties and a swing band. We can almost hear them from here.

• At first it seemed that there was a serious disagreement between Hospital Insurance Plans and the principles adopted by the A. M. A. in regard to physician's services (laboratory, x-ray, etc.) covered by them. But we note that in St. Louis, Detroit and Pittsburgh the differences have been adjusted and the Plan is working with the sanction of the local medical societies. The method agreed on is usually to have a separate fund set aside so that the patient can pay for laboratory and x-ray service rendered by physicians in the hospital.

• We were amused to read in the tales of Hajji Baba of the complaint of Mirza Akmak, chief physician to the Shah of Persia, against an English physician newly arrived with the British Ambassador. In his alarm he cried out, "He treats his patients in a manner quite new to us, and has arrived with a chest full of medicines, of which we do not even know the names. He pretends to the knowledge of a great many things of which we have never yet heard in Persia. He makes no distinction between hot and cold diseases, and hot and cold remedies, as Galenus and Avicenna have ordained, but gives mercury by way of a cooling medicine; stabs the belly with a sharp instrument for wind in the stomach; and what is worse than all, pretends to do away with the smallpox altogether, by infusing into our nature a certain extract of cow. Now this will never do, Hajji. The smallpox has always been a comfortable source of revenue to me; I cannot afford to lose it because an infidel chooses to come here and treat us like cattle. We cannot allow him to take the bread out of our mouths!"

—J. L. F.

SECRETARY'S REPORT

February, 1938

The second meeting of Council of Mahoning County Medical Society for the new year was held February 7, 1938.

Reports were made by the chairmen of the Relief Committee and Hospital Committee. The hospital insurance plan is receiving consideration and the Hospital Committee is working with the problem.

A decision was made by Council that the Postgraduate Day Committee shall be permitted to present statements of expenses involved, to the secretary and treasurer for immediate payment, the same being O.K.'d by the chairman of this committee. Like-

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wise, the same proposition was put into effect relative to the expenses arising in the execution of "Bulletin" affairs.

The Treasurer explained about the depositories in the various banks. Council requested the Treasurer to withdraw funds from banks paying less than 3% interest and buy Baby Bonds with this money. This has been accomplished.

The last regular general meeting of the Society was held jointly with the meeting of the Sixth Councillor district. A group of local Orthopedists presented the scentific papers for this meeting. The various local specialists, viz. Drs. Morrall, Golden, McElroy, Lowendorf and Buchanan presented an excellent symposium on Fractures. Proof was plenty that this phase of medicine is well cared for in this vicinity.

The entire program of this Sixth Councillor district was packed full of well chosen subjects, all of which were good. The Councillor, Dr. Wm. Skipp, is congratulated for arousing the interest and attention given to this meeting.

The following applicants were elected to active membership of the Mahoning County Medical Society:

DR. J. J. WASILKO
DR. A. R. CUKERBAUM
DR. ALICE W. ELLIOTT
DR. M. H. HAWK

Dr. W. D. Collier was elected to Associate Membership of the Mahoning County Medical Society.

Any objections to the above applicants should be made in writing to the Secretary within 15 days.

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

Esculapius Mahoningi

Our Sixth Councilor District Meeting, February 16, 1938, surely was a success. The short discussion on various topics of medicine was well presented. There was a little of everything, discussed well.

Our Councilor, Dr. Skipp, was the busiest man there. His vest was off and I suppose if the meeting went on a little longer his coat, etc., etc., would have been off too. Dr. John Noll wasn't far behind him in being kept busy.

Besides the fine program and turnout, what impressed me was the cozy home the American Legion Post has. The auditorium and downstairs lounge was very cozy in appearance. Everything seemed to be in the right place.

Think how we would enjoy having a regular meeting place in *our own home*. No more roaming around.

NEWS ITEMS

By S. J. T.

Dr. W. H. Evans is on an extended trip through the South American countries. He expects to be back in the harness about March 17th.

Dr. & Mrs. W. J. Colbert have embarked on a Carribbean cruise. They plan to be gone about five weeks.

Dr. & Mrs. J. M. Ranz are in Miami Beach, Florida. Dr. Ranz is convalescing from his recent illness. He reports that he is feeling very much better and plans to be back at work in the near future.

Dr. & Mrs. F. W. McNamara have returned from a three weeks cruise to South America.

Dr. & Mrs. A. M. Rosenblum are back from a four weeks trip. They went to California by rail and then by boat through the Panama Canal to New York. While in the East they visited with their son, Alex Jr., who is a student at Swarthmore.

Dr. J. Nagle presented a paper on Infections and Dr. R. V. Clifford a paper on Shock at the February meeting of the Staff of St. Elizabeth's Hospital.

By C. A. G.

At the March 1st Youngstown

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Hospital Staff meeting four very interesting papers were presented:

"Physiotherapy at Youngstown Hospital"—Miss Vogan.

"Management of Stiff Painful Shoulders"—Dr. R. R. Morrall.

"Injuries of the Knee"—Dr. McElroy.

"The Use of Surgery in Post Infantile Paralysis Cases"—Dr. Buchanan.

Dr. W. H. Bunn recently spent a week at the Massachusetts General at Boston, and Harlem Hospital of New York. He was especially interested in the treatment of Pneumonia.

Dr. Morris Deitchman is ill at the North Side Hospital with Pneumonia. He is doing well however.

Dr. W. B. and Mrs. Turner have returned from a twenty-two day Southern Cruise aboard the Normandie. Places of interest at which they stopped were Rio de Janeiro, Nassau, Trinidad the port of Spain, etc.

Dr. Turner visited hospitals in Rio which are very unlike our own. They have no internes and no anesthetists. They have to call on outside help for these services. In the city of Rio there is only one English doctor.

Ask Dr. Turner about his "diploma" from King Neptune.

Dr. James D. Brown addressed the P. T. A., Girard, February 23. Subject: Acute Appendicitis in Children.

Lawrence County Indigent Care

"The County Commissioners and the Lawrence County Medical Society have contracted for the care of the County indigent cases. Only cases certified by the County Welfare Director, Mr. Reed, can be recognized. If in doubt, call Mr. Reed at the County Welfare Office, preferably in the forenoon. Do not call the County Secretary as he cannot give you this information. Fee schedule is as follows:

Office Calls	$1.00
House Visits	$3.00
Confinement Cases	$20.00

"All drugs are furnished by the Physician except liver extract, insulin and serums. No allowance is made for mileage. Bills must be mailed to the Secretary of the Lawrence County Medical Society, not later than the 10th of the month for the preceding month. They will be acted upon by the Committee and ordered paid. Bills must be itemized and give the name of the patient, the address and the diagnosis. Bills not received by the Secretary by the 10th will not be paid.

"Patients may be hospitalized only by consent of the county physician or a county welfare official.

"This new plan is of our own choosing. We have made the rules ourselves and cannot blame anyone else. If we observe the golden rule we will have little trouble. If each one of us takes care of his cases economically there will be no cause for complaint."

—Bulletin, Lawrence County Medical Society.

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In the past a frequent complaint from mothers was the expense incurred when the large bottle of antiricketic was accidentally upset.

"Busy fingers" can't spill

OLEUM PERCOMORPHUM

Even if the bottle of Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price:

Unbreakable

Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

Accurate

This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

No deterioration

Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

*Supplied only on the 50 c.c. size; the 10 c.c. size is still supplied with the ordinary type of dropper.

How to Use MEAD'S *Vacap-Dropper*

Remove both top and side caps. Wipe dropper tip. Regulate rate of flow by using finger to control entrance of air through top opening (see below). Oleum Percomorphum is best measured into the child's tomato juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.

U.S. Pat. Nos. 2105022 and 1013775

OLEUM PERCOMORPHUM

More Economical Now Than Ever

MEAD JOHNSON & CO. • EVANSVILLE, INDIANA, U. S. A.

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

—Maybe an Elephant Never Forgets,

But Human Beings DO!

Modern mothers with constant distractions sometimes do forget. But if you have prescribed S. M. A., the antirachitic and antispasmophilic breast milk adaptation, the mother cannot forget to give her infant the antirachitic factor it needs. For ample vitamin D is *included in* S. M. A.

Ever since the inception of S. M. A. in 1914, there has been incorporated in S. M. A. enough cod liver oil to prevent rickets and spasmophilia. Infants fed S. M. A. automatically get the antirachitic factor in every feeding. Careless or forgetful mothers cannot fail to provide necessary vitamin D activity nor ca they give the wrong amount.

Furthermore—exclusive with S. M. A.—the vit min A activity in each S.M.A. feeding is uniform an constant every month of the year, unlike cow milk, fresh or evaporated.

Inclusion of these vital factors in S. M. A. is a other reason why physicians prescribing S. M. A continue to report excellent results and why the find S. M. A. so easy to prescribe.

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 antirachitic food. When diluted according to directions, it is *essentially similar to human milk* in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and in physical properties.

S. M. A. CORPORATION
CLEVELAND, OHIO

Producers of: SMAco Carotene-in-oil • SMAco Carotene-with-vitamin-D-concentrate-in-oil
Alerdex • Hypo-Allergic Milk • Protein S. M. A. (Acidulated) • S. M. A.

All of these are Council-Accepted Products