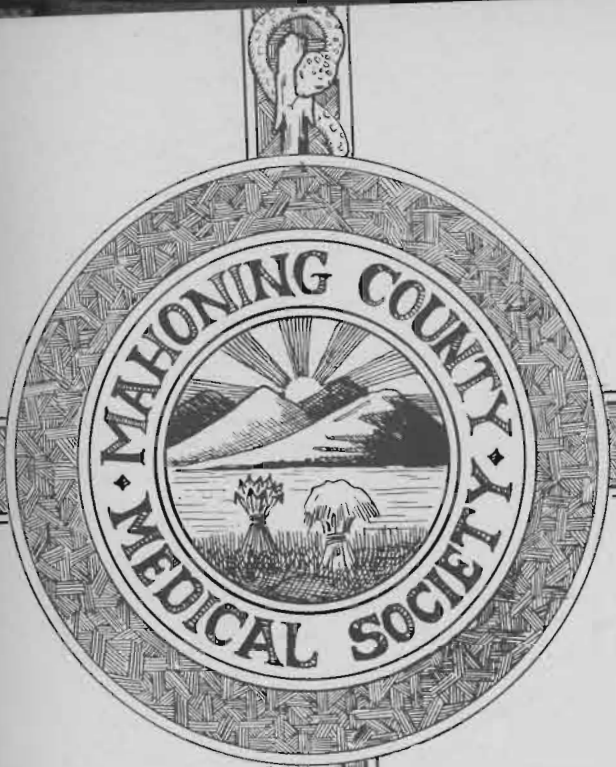

"Preventive medicine dreams of a time when there shall be no unnecessary suffering and no premature deaths, when the welfare of the people shall replace greed and selfishness, and it dreams that all these things will be accomplished through the wisdom of man."

From *"Industrial Medicine of Tomorrow"*
—Robert T. Legge, M. D.

BULLETIN

of the

Mahoning
County
Medical
Society

Vol. VIII No. 8
August 1938

Now...

Corrective Management of CONSTIPATION

takes a big step forward

The physician's need for a truly satisfactory basis for corrective management of constipation led to the development of

BASSORAN

This practical combination of ***adsorption*** with ***mechanical stimulation*** affords prompt relief to the patient, reduces fecal toxicity, and helps restore normal peristaltic rhythm.

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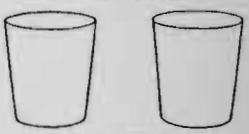

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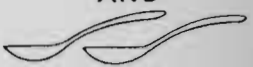

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Please send me professional literature and clinical sample BASSORAN (both types).

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B. M. 8

RADIO TALKS

Aug. 12—Why Is a Child Always Hungry - - - - Dr. J. P. Kupec

Aug. 19—Importance of Physical Examination of the Pre-School Child - - - - - - - - - - Dr. P. H. Fusco

Aug. 26—Happier, Safer Childbirth - - - - - - Dr. J. A. Altdoerffer

MEDICAL CALENDAR

Sept. 20—Dr. Perrin H. Long, Johns Hopkins University—Sulfanilamide.

Oct. 18—Dr. Bradley M. Patten, University of Michigan—Movies on Embryology.

Nov. 15—Dr. John Talbot, Massachusetts General Hospital—General Use of the Chemical Laboratory in the Diagnosis and Practice of Medicine.

Dec. 20—Annual Business Meeting.

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August, 1938

ADVERTISERS' LIST

Patronize them—they make the "Bulletin" possible

THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

Inquiries and remittances for advertising or subscription should be addressed to Dr. Morris S. Rosenblum, Home Savings and Loan Bldg., Youngstown, Ohio.

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PRESIDENT'S PAGE

The Venereal Clinic

After receiving the approval of the Society, subject to certain conditions, the Youngstown Venereal Clinic opened and began treating patients eight months ago, the Clinics being held from 4 o'clock P. M., Tuesdays and Fridays. The conditions were practically the same as those recently adopted for the opening of the hospital general dispensaries. They were:

1. That no Relief patients shall be admitted for treatment.

Serological tests have been done on a few of these but not one has been treated, nor is being treated, at least not knowingly. A few have been accepted while indigent, but not yet on Relief, who later were placed on Relief. These were immediately thereafter discharged from the Clinic. If anyone knows of any person on Relief who is being treated in this Clinic, or if anyone at any time should learn of such, those in charge will be grateful for the information.

Extending this restriction, patients are not admitted if they are receiving support from another tax fund, as, for example, patients benefiting under the "Aid to Dependent Children" law.

2. That all patients seeking admission must bring a written request therefor from their attending physician, or must be referred by the City Health Department.

Physicians sometimes simply write, "Please admit so and so to the Clinic," not stating specifically whether in their opinion the patient is unable to pay a reasonable medical fee. Doctors should refer none other.

Those from the Health Department specifically state that the patient is unable to pay.

3. All patients must be investigated as to their financial status.

Only those with mere "subsistence" incomes are (knowingly) admitted. By "subsistence" is meant only enough to buy necessary food, clothes, and housing. Until recently the working personnel has been kept quite busy with organizing and routine clinical work. But, thanks to Dr. Ryall, the Visiting Nurses have been, by City Ordinance, added to the staff of the Health Department. This is already bearing rich fruit. It is possible, of course, that some patients may have "put one over." Here again, if anyone knows of any such, a "tip" will be appreciated.

Use is being made of a Consulting Staff and an Attending Staff. The former makes special examinations, particularly of the cardio-vascular system, and of the eyes, nose, and throat. The consultants also advise as to proper treatment in special cases.

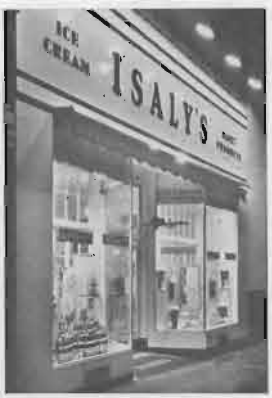
The attending staff consists of the Chief of G. C. and other venereal diseases except syphilis, and one assistant; the Chief of Syphilis work and two assistants; and the doctor in charge of laboratory work. The laboratory man cannot be rotated unless and until some member of the Society with dependable experience in the laboratory declares himself willing to serve. That leaves only the G. C. assistant and two assistants in syphilis, and these rotate each three months. The men who have filed their names for service are placed on the list as nearly as possible in the order of their applications. After all on the list have once been used, the plan is to take them in alphabetical rotation. Nearly all who have so far applied are young men.

Elsewhere in this *Bulletin* is shown the work being done in the Clinic.

CLAUDE B. NORRIS, M. D.

Because of ADDED Food Value

Both bottles of milk are from our modern sanitary plant. Yet, because of the "added" food value, one is a "better" bottle of milk. • Vitamin D is that food factor which helps promote good growth and aids the development and protection of strong bones and sound teeth. Isaly's Vitamin D milk contains the Vitamin D concentrate Vitex—400 U. S. P. units of Vitamin D per quart, extracted from and equivalent to the Vitamin D of 1¼ teaspoonfuls of U. S. P. cod liver oil. • Milk, the most nearly perfect food, plus the Vitamin D of cod liver oil—without the oil itself. Vitamin D is absent in most common, every-day foods. Yet, in Isaly's Vitamin D milk you get this important vitamin. Truly, a "better milk."



The seal of acceptance of the Committee on Foods of the American Medical Association appears on the cap of every bottle of Isaly's Vitamin D Milk. Phone 40227 for Informative Booklet or the home delivery of this new Isaly product.

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BULLETIN of the . . . . . .
Mahoning County Medical Society
AUGUST 1938

A LIFE OF SERVICE

There are many things in this life that people value, some possessions are more valuable than others due to what they represent to their owner and what may be of extreme value to one, may be of no value to another. But the one thing that we can all agree upon, that possibly outranks anything else is unselfish service to one's fellow men, whether to a small group, a community or a nation.

Somehow it seems to me it is more fitting to express our appreciation during the life time of those in our community who show this type of service rather than to wait until they have passed away and then to heap voluminous praise upon their loved ones, which does very little to appease the pain of their loss.

Therefore, it gives us a great sense of satisfaction to have this opportunity to show our appreciation of Dr. R. M. ("Pop") Morrison's latest effort towards producing a better Youngstown, and that is the completion of the new unit of the Youngstown Hospital Association.

To say that Youngstown is a better place to live in due to the efforts of Dr. Morrison in the past 40 years does not adequately express the value of his service to the community.

Endowed with the ability for keen planning, organizing and ability to carry these plans to completion, and a keen business sense, Dr. Morrison's service in aiding in the construction of the Valley Hospital, the old South Side Unit, the North Side Hospital and finally the new addition to the South Side Unit is a service rendered to the community that is so far reaching in its scope to help suffering humanity that mere words seem very inadequate when it comes to placing value on such service.

I am sure that this service of Dr. Morrison's has been given freely and he would not wish for praise. We would agree that the results of the unselfish efforts put forth by Dr. Morrison in all this work, results which will carry on in continued good for the community, should be an inspiration to all of us. To have the willingness to use this ability for so many years for the welfare of Youngstown, the least we can say is that in an age such as the present, in which the commercial aspect is being brought to the fore, gives us an excellent opportunity to show to the young men of our profession a life that has been dedicated to service.

A talent well used, a work well done, a service rendered that cannot be bought with money has been given to us by Dr. R. M. ("Pop") Morrison. To him, then, we are glad to take off our hats, to say congratulations, and to say to our young men starting out, "If you would gain the most from this life, serve your fellowmen well. It pays well, not in money but with something money cannot buy.

JAMES D. BROWN, M. D.

COOPERATING WITH THE INEVITABLE

By CLAUDE B. NORRIS, M. D.

In November, 1934 (*Bulletin*, page 10) we wrote:

"Shall we go on as we have for hundreds of years, and make no effort to correct defects? Or shall we, ourselves, try constructively to diagnose and eradicate the evils of the old way, with the idea of preserving the traditional independent relationship of physician and patient?

"Most of us, I believe, prefer the way of tradition, plus the 'mending' necessary to make it work fairly and efficiently. Voluntary health insurance, old age and employment insurance: Why not try them? The health benefits must be governed exactly as is now the case with privately-purchased health insurance. In the latter the individual chooses his own doctor, hospitals, and all the rest. That arrangement must be included in whatever plans are adopted. A system offering fair compensation to doctors who work hard and are honest and well-trained; and one which least hampers both physician and patient: These are the *sine qua non*.

"It is beside the point to argue that in those countries where such plans are in force the public health, mortality, preventive work, and medical service are inferior to our own. Rather, if that is the situation, the explanation may lie in the unselfish devotion, regardless of his financial returns, of the American physician. Or perhaps it is due to our superior facilities of medical instruction and our ability in the past to go out and get the finest teachers the world affords. But we must remember that only a very small proportion of this educational financial outlay comes from physicians' incomes. Most of it is from State support and endowments from large industrial fortunes.

"Let us continue to coöperate freely in this emergency. We must continue to be anxious to do more than our part. We are accustomed to doing it; in fact, we like to do it. BUT, sooner or later, a more lasting and efficient system must be devised. The Profession in Mahoning County ought to be leaders in this matter."

(Old age and employment insurance is now written into the Federal law. The principle is accepted by all political leaders, although there is objection to the methods embodied in the present law.)

In June, 1935, *Bulletin*, page 185, appears the following:

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

(Certainly there is a business side to medicine, exactly as there is to the clergy, school teaching, or to any other profession. To deny it is hypocritical; not to try to handle it wisely, for the good of patient and doctor alike, is silly.)

On page 285 of the September, 1935, *Bulletin* these words are to be found:

"Unanimity of purpose and sentiment does not necessarily imply exact similarity of views as to method. But sportsmanship, as well as effectiveness in what we set out to do, requires that each of us shall go along whole-

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heartedly once the Society has acted upon any matter of policy. Sportsmanship also commands that we discuss and deal with affairs before us in good spirit, recognizing gallantly that each of us has a right to give expression to honest opinions."

* * *

"We are for our State Organization, also for the American Medical Association—heart and soul. In all good things we stand ready to serve and to coöperate."

(Believing that by the free expression of honest convictions only may a democracy really function, which, of course, all lovers of our Profession and loyal patriots will gladly concede, the rest of this will deal with possible ways to end the threat to socialize medicine.)

On pages 171-3 of the May, 1937, *Bulletin,* we wrote as follows:

"May they (obstacles to the distribution of our services) be remedied without 'essential' change in our traditional methods? I believe so.

"Just what is 'Socialized Medicine'? The sense in which the term is generally used and feared is that the relations between the physician and the patient will no longer be within their own control; that the physician will cease to render his service at the direct and voluntary call of his patient—and the patient, in turn will cease to pay directly to the physician the fee incident to the service; but that governmental 'Bureaucrats,' mostly non-medical people, will seize this control, and even say what service shall or shall not be performed, when and who shall perform it, how, and for whom. The expense of all this would be paid by the government.

"No such 'essential' change of our methods is necessary to remedy existing defects of distribution of our service. To think otherwise is to place 'the cart before the horse,' unless we are prepared to go all the way into socialism.

"After all, we must not get too far away from the time-tested tradition that 'Each tub must sit on its own bottom.' But the 'bottom' should be afforded something solid upon which to rest. Of what should that solid 'something' consist?

"First, useful work for every one who is able to work. Remember, education for the young is useful work; also, that the housewife who keeps a happy home for her family does useful work. But those who should be income-earners should have that continuous opportunity. And, second, the pay should be fair, simply just—no more and no less. To some of us these favorable conditions may be regarded as already existing. Others who do not agree that they do exist may ask, 'How do you expect to bring them about?'. At the beginning I admitted that I do not 'know all the answers.' That problem is not confined to medical service. Let the labor leaders, the financiers, the industrialists, the columnists, the farm leaders, the economists—particularly the columnists and the economists, since they seem to think they 'know all the answers'—let these people answer us.

"However, with the requirements as to work and pay met, still more may reasonably be done. The people involved (those whose annual earnings are below, say $2,500.00) may be encouraged to participate in the prepayment of sickness-hazards. Governmental agencies, similar to that of the Veterans' Bureau, could work out the problem on an actuarial basis. Private profits and large salaries eliminated, the costs should be greatly cut. Participation should be voluntary, but through education and sincerity of management the advantages could be made so obvious that only a few congenital irresponsibles will fail to avail themselves of it. No compensation for loss of time should be involved in the contract. (Cover this by modifying old age and unemployment statutes.) The 'policy' should belong to the pa-

tient exactly as does the privately-purchased health policy, which most of us deem it wise to carry. The patient should be as free in the choice of his physician as if the policy were purchased from a private underwriting concern. Proper and fair total time limits for illness during a given period, and the total amounts of money available to pay the physician, should be set out in the contract. No government subsidies, except for education and administration, are necessary.

"As to the particular governmental agency, the problem is so obviously national in its scope as to compel the conclusion that these functions belong properly to the Federal Government. Responsibilities of government, national in their nature, such as the post office or the army, if they are to be effectively handled must be handled by the National Government.

"So far we have discussed the means by which self-sustaining, and reasonably prudent, people may protect themselves by prepayment of at least a large part of their probable sickness-hazards. It remains to deal with the class of citizens whose incomes are perpetually inadequate. The burden of medical care for these people has consistently fallen upon the shoulders of the Medical Profession. This is as illogical as that the butcher should supply their meat, the clothier their wearing apparel, the barber their tonsorial needs. For these a frank recourse to the public treasury is necessary. The mode of administering the work will be variable. *To the extent necessary for teaching purposes there can be little objection to public clinics.* Beyond that, however, these patients should be treated individually by physicians of their own choice, and these physicians should receive directly from the government adequate compensation for their services."

(Certain fears of any kind of government-administered insurance, voluntary or otherwise, are widely held. The main fears are: first, that non-medical administrators will constitute an onerous burden through red tape and a lack of sympathetic understanding. That would be true unless whatever plan is adopted is controlled by the Profession. But here we emphasize that no plan will work unless the executive control resides within the Profession. The personnel in charge should be medical people, just as the judiciary is in charge of lawyers. Fear on the part of the Profession of losing that control, if for no worthier reason, will protect the public in granting it. This does not preclude lay-counsel on policy-forming boards. Voluntary participation only is "American," besides compulsion would likely be unconstitutional. The second fear is that such a plan would be the opening wedge to further and more serious changes. It ought to be easy to show the lack of need for such changes.)

It is pleasant to find extensive concurrence in one's ideas, more so, of course, when the agreement is such as is indicated by Dr. Bates' editorial, entitled "The Trend," in the Detroit Medical News, for June 27, 1938. Dr. Bates would have citizens take commercial insurance. To reduce costs, I would prefer governmental administration (see above), but not governmental subsidy.

Under either plan, such a "policy" or contract would make much more certain that the physician would be paid for his services. Furthermore, the inability of a non-indigent employed person to meet his doctor's bills is likely to result in a demand from his doctor to explain why he is not insured. That will serve as compulsion enough.

Dr. Bates' editorial:

"Reports on two surveys of more than passing significance to physicians have recently been released by the American Institute of Public Opinion. That they represent a fair sampling of public and professional

opinion may be assumed, and because of their content they demand our consideration.

"The first survey indicates that a majority of the middle income group would back a plan to insure themselves against expenses of medical and hospital care. A sizable minority expressed no opinion, and therefore must be regarded as potential backers if such a plan should be presented. Only one in eight of those questioned was unwilling to enroll. Voluntary health insurance is not new. It is estimated that from one and a half to two million Americans already have such insurance, the majority being employees in large industries where group insurance plans are in force. Individual health and accident policies have been available for years. The trend is toward a more widespread application whereby greater participation will sharply reduce the cost. At this point the physician begins to wonder if, under prescribed indemnities, his fees will be dictated, his professional judgment warped by the influence of interested parties, his time and patience consumed by petty complaints and the preparation of inevitable reports, and whether the principle of free choice of physician will be violated or abolished.

"Surprising, perhaps, is the revealed attitude of physicians from every section of the country and every type of practice as shown by the second survey, a preliminary one. This shows that more than seven out of ten physicians approve of a plan of voluntary health insurance whereby an individual insures himself medical and hospital care by making regular payments to a health fund. And more than eight out of ten believe that this movement will gather strength in the next few years. Apparently a majority of physicians believe the previously mentioned evils are not inherent in the plan. We are seeing in successful operation, and in increasing numbers, voluntary non-profit group hospitalization plans wherein the rights of both physician and patient appear to be securely guarded. It seems not unreasonable to expect voluntary health insurance plans to be developed on a non-profit basis, and under professional guidance. Such plans will be carefully studied by the medical profession to see that the high standards of medical practice will be maintained. That they would be outside Federal largesse and control is a merit not to be lightly regarded; that they may prevent political domination of private practice is not to be ignored.

"One is reminded of the profound wisdom expressed by a colored gentleman whose worldly success was being acclaimed by a large gathering in his honor. Asked to what he attributed his success, he replied, 'Ah aims to avoid de impossible, and Ah strives to coöperate with the inevitable'."

The present situation certainly makes *a propos* the philosophy of the colored gentleman: "Ah aims to avoid de impossible, and Ah strives to cooperate with the inevitable."

For those whose incomes are above $2500.00 to $3000.00 per year, there is no urgency for change. Let us keep the *status quo* as far as possible until experience, cautiously gained, points to a better way. As for the other considerations, such as governmental subsidies of medical schools, hospitals, the public health services, and research: Whenever those concerned are able to show need for assistance, can justify their projects as to usefulness, and give proper assurance of the ability and integrity of personnel, grants in aid without "strings" do no great violence to democratic concepts. Such grants, in coöperation with the States, have been in vogue for 75 years, and represent, in fact, democratic functioning at its best.

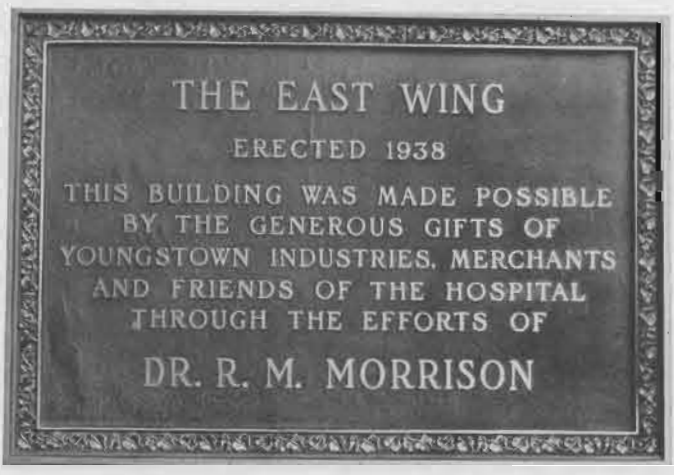
Just a few more observations: If the system of distribution of medical services long in use is perfect, it is the first example, in a big way, of human perfection. If it is not per-

fect, the Medical Profession should lead in sane efforts to improve it. The present tumult is but the "heading" of a social furuncle that has been festering for a long time. The Chamberlin-Kahn Bill, 1918, was designed to combat venereal diseases. The Sheppard-Towner Bill, passed by Congress in 1921, "inaugurated a federal program for maternity and infancy care." The Journal of the Michigan Medical Association, in 1922, warned the Medical Profession that action by the Profession was then necessary if governmental intervention was to be long avoided. The Committee on the Costs of Medical Care was organized, in response to sentiment existing therefor, in 1927. President Hoover, in 1929, selected his Research Committee on Social Trends, whose report, in 1933, shows conclusively that there was at that time wide interest in the subject among all economic classes and political creeds. Recent articles and editorials in support of change reflect the views of journalists of all political and religious viewpoints. This "heading" is only by co-incidence a happening associated with the New Deal.

The proposals herein set out are not presented as panaceas. They may be found inadequate or unworkable. There are certainly serious difficulties. For example, upon what basis would the individual, such as the farmer, whose income is largely not cash and whose costs of living, including costs of medical services, are much less than the industrial employe, be accepted? The Technical Committee on Medical Care evidently believes those needing insurance could not afford it without aid from employers or taxation or both. It may be that their estimates, with improved service will be found much too high.

I wish change could be avoided. Personally, I should be more comfortable "as is." But since that, in my judgment is out of the question, why not make slow, experimental, and conservative changes — honestly and constructively directed towards improvement in those fields wherein we appear to need it? Why not act —yes, act—but "make haste slowly"?

PLAQUE ON NEW SOUTH SIDE WING



JOHN TOD

He ALSO Serves Who Does NOT Sit and Wait!

In Youngstown you will find *this* kind of citizen and *that* kind of citizen—and John Tod.

Mr. Tod is of that famous Ohio family in whose name there is only one "d". They explain that if one "d" is enough for God, one "d" certainly is enough for a Tod.

This is the truth: Mr. Tod knows that to be well-born carries with it responsibility as well as privilege, and that to merit the privilege its possessor must be true to the responsibility.

With his wealth, it is barely possible that Mr. Tod could have been a mere "play boy" or a dilettante, dibbling here and piddling there—just uselessly splashing around. This man had no taste for that sort of thing. Neither does he devote his fine energies to making more money just to make more money.

No; it is to the special care of those who suffer the aches and pains, mental and physical, common to us all, that he devotes his money and his leadership, lavishly and—happily.

Look at the North Side Unit of the Youngstown Hospital Association: There's John Tod; look at the Nurses's Home—John Tod; early in the morning, late at night, week-day or Sunday, holiday or regular day—go into the hospitals and before long you'll see—John Tod. He gives *himself* as well as his money.

Doubtless, Mr. Tod, you feel that what you do is but a duty that you owe—but how thoroughly you perform it, how useful alike to all, rich, poor, and "betwixt and between," are your works—and how cheerfully and quietly you carry on!

CONGRATULATIONS, DR. MORRISON

ROBERT M. MORRISON, M. D.

Loved and cussed; cussed and loved, both at the same time and by the same people—as is usually true of a man of great energy, intelligence, and purpose—Dr. Robert Mehard Morrison occupies a position all his own, high in the honor roll of Youngstown's citizens. Truly the Creator made him, and is still making him, in a special mold.

Dr. Morrison's well-known virtues as a husband and father, as a citizen, and as a beloved and yet strictly up-to-date family physician, alone would place him high in the respect of our people. But these virtues, meritorious as they are, fall in the category of "what every man owes."

Dr. Morrison's special, great, and lasting contribution lies in bringing about the building, equipping, and administration of the hospitals of the Youngstown Hospital Association. At this very moment a magnificent new wing to the South Side Unit, just completed, is being opened to patients.

For this, all honor and praise to Dr. Morrison! He, far more than anyone else, made it possible. In times like these, without Dr. Morrison's youthful, boyishly enthusiastic spirit, it just could not have been done. They call it the "East Wing"—but it should have been named the "Morrison Wing."

As Citizens, Doctors, and Sick Folks—we all salute you, "Pop"!

LOOK!

MILLIKEN'S FARM

Thursday, September 1, 1938

"PAT" and "CO(E)"

Famous

PICNIC PROMOTERS

Present

RETURN ENGAGEMENT

by

Popular Demand!

If you were at Southern Hills July 28th,
You'll be at Milliken's Farm,
Thursday, September 1, 1938.

Members that day will miss A GREAT PARTY
If they're not present—

Come One, Come All!

Get into

Baseball
Horseshoes
Mumble-ty Peg
African Dominoes
Penny-Ante or
Worse
And so forth!

Expense includes dinner plus!!!

In Memoriam

Lloyd L. Hall, M. D.

1875—1938

Died August 1, 1938

AMERICAN MEDICINE ON THE "GRIDDLE"

By WM. M. SKIPP, M. D.

Down through the ages there always has been some group that has been stoned, so today the American type of practice of medicine is taking the "rap."

We are a minority group. Forces that are in power have joined hands in attempting to show that we of the medical profession are at fault, that we have not performed a good job in caring for the sick of our nation. We have not refused any individual who will apply to us for aid, but must admit there are numerous people of the low-income group who will not, because of financial conditions, come to their doctor when sick. They are honest, worthy people and what little care they receive is good, but inadequate.

We give of our knowledge, time, and service to an extent that no other profession would dream of. We have prevented disease, prolonged life, lowered mortality, and restored the crippled to somewhat of a useful life.

The social worker, who is a paid employee, has continually found fault with our system of medicine. Their propaganda has brought the American public to believe we are all "rotters" and joining with them is labor. For some reason these groups are demanding free medical care for all classes of people.

To hold their jobs they must make prolific reports. So, at our expense they claim we are not worthy of directing the care of the sick, and should be put under government supervision. This they are attempting to bring about under the premise that one-third of our people do not have sufficient medical care.

The indigent are being cared for even though the government acknowledge it is their responsibility. There never is sufficient money to give adequate care although money can be found for other purposes. Because of the plea "no money" the doctors are expected to give service to the wards of the state free. No other profession would do this.

The American Medical Profession, for the past ten years, has been accused of not caring how the people are treated medically, that doctors are selfish and that it is a medical trust. These untrue accusations have been answered by the Profession; that we are giving adequate medical care and are satisfied with the present setup. The time is past to remain on the defensive. It is time for the whole profession to take up the offensive, and show the American public that we are not such "rotters" as painted by the social workers who have come into power and favor with the "New Deal."

We have some dissenters in our own organization who are thinking men but who have brought discord among us and have caused us to be

ATTENTION, PLEASE!

Only pressing necessity could induce me to make this appeal to you.

It is not necessary for me to say that in filling out the blanks submitted to you through the County Society by the American Medical Association, you show your willingness to do all you can for our common Profession—Medicine. Important things are about to happen, and the entire Profession needs the cooperation of every one of us.

Let me say this to those who have failed to fill out their reports: whether through neglect, carelessness, or whatever the cause may be—whoever you are—*you do not need to be convinced that it is your duty to attend to this at once. You KNOW it is your duty.*

Next month the Committee will submit for publication in the *Bulletin* a preliminary report of their findings. In this will appear the names of those who have completed and returned their blanks and cards.

So, come on, gentlemen—you who haven't taken care of this—and do it right away, won't you?

CLAUDE B. NORRIS, M. D.

THE YOUNGSTOWN VENEREAL CLINIC

By W. W. RYALL, M. D.
Commissioner of Health of Youngstown

The following presents statistics of work in the Youngstown Venereal Clinic. The work covered includes all that has been done since the opening of the Clinic, November 20, 1937, to July 1, 1938.

Due to the fact that the type or stage of the disease was not shown on the records of a few cases, the total number of the colored under these various groups adds up to only 65, whereas the whole number of the colored is 79.

	Syphilis	Gonorrhea
Total Number of Patients Received	260	94
Total Number of Patients Diagnosed	182	71

	Syphilis		Gonorrhea	
	White	*Colored*	*White*	*Colored*
Males	56	41	45	12
Females	47	38	10	4
Total	103	79	55	16

Syphilis

Primary	17	7	Congenitals	13	17
Secondary	35	22	Lumbar Punctures	28	10
Late Asymptomatic	28	14	Special Exams	130	68
C. N. S.	8	4	Eye Exams	35	3
Late Skin Lesions	2	1	Chest Exams	11	5

criticized for remaining conservative. It is time the leaders of organized medicine swing a little to the right and face the fact that there is a change ahead and they will have to adapt themselves to it. They should come out flat-footed and admit they have been just a little too conservative, propose a method which can be applied to all sections of the country so that the low income groups ($1200 per annum and below), including the indigent, can and will receive adequate medical care.

The County Society should govern this set up, and direct its activities. The politicians should absolutely be excluded.

The dissenting group should be called into conference with the conservatives and a united front presented for the common good. A central attack should be made using the best of both for a forward step.

Both sides of the question should be discussed, good points of both applied to the method that will best serve all, with little argument.

We all must apply ourselves to the cause, for there are too many of us who do not seem to realize there are serious times ahead for the Profession. The practice of medicine is to be remade over night, then some of the high and mighty will fall, crying out that nothing has been done about the situation that has been creeping upon us for years. These men have been notified but being in the high seat have cried "radical," blaspheming, to those who even dare mention this change. It behooves every doctor of medicine to realize that the very institutions he has fostered, suckled and supported are his master. By this we understand lay bodies have edged into (with the doctor's aid) the practice of medicine, those lay organizations are now dictating the type of practice he may do or whether he is capable of practicing even though he holds a state license to follow his life work.

Do you realize that it has been predicted, there will be a great change in the practice of medicine within the year.

Give your support to the men that are trying to aid you, stick to them even if the going is rough, you will benefit the same as they.

Ornate'n, Orate'n and Golf

The Social Committee did its stuff on July 28th, at the Southern Hills Country Club, — no foolin'.

Golf was "undertaken" by more than a hundred — even if actually "played" by not so many. Dinner, a dandy one, too—such thick juicy steaks, Oh, boy! was well-handled by an overflow crowd—by putting tables into the adjoining ballroom.

Dr. M. E. Hayes received the door prize, a lovely silver thermos jug, donated by Mr. Earl Huffman, of the Coöperative Adjustment Agency. Among golf's other lucky stiffs were Bill Bunn, who had a magnificent kangaroo leather bag already—he gets the sack—yeah, the right way. Nobody begrudges Bill's luck, but doggonit, *my bag's plum louzy*—and collections aren't so hot.

Several more of these fiends for luck included Ralph Morrall, nine balls for the bull's eye on blind bogey; Bill Welsh took low-gross, which surprised nobody, nor should it, for he's not to be licked; then others who were pretty good included Sam Sedwitz, Chester Askue, Ed. Wenaas and Allen Altdoerffer, all of whom won recognition for one thing or another.

The rest of the crowd had a lot of good luck, too—just in being there.

And "Pat's" oratin' was sure enough Ornate'n to the good old medical practitioner. And he proved everything: by Drs. Hayes, Hall, Blott, and several other juveniles. "Pat" swears the "corn roast" is where you'll want to see him next: And How!

—N. T. E.

ANESTHESIA SHOCK

By FRANCIS W. McNAMARA, M. D.*

In this paper there will be presented a discussion of surgical shock with particular reference to the role of anesthesia as a causative factor.

Bickham[1] defines shock as a reflex depression of the vital functions due to bodily injury, traumatic or operative; due to prolonged operation, or error of anesthetization; due to psychic influence, especially strong emotions of a distressing nature, or due to any other cause resulting in the exhaustion or inhibition of the vasomotor mechanism.

Wright[2] states that shock is a condition in which the motor parts of the reflex arc are paralyzed to a greater or less degree, together with a profound disturbance of the circulation, subnormal temperature, and usually frequent shallow breathing; it may be seen typically following severe injuries.

Orr[3] outlines shock as a generalized bodily state which occurs after severe injury and which is characterized by a low or falling arterial pressure, a rapid, thready pulse and diminished blood volume.

According to *Crile*[4] shock is a state of exhaustion which has been developed rapidly by psychic, traumatic, toxic or thermal stimula. He states that whatever the cause the basic phenomena are the same—diminished reserve alkalinity, increased H-ion concentration of the blood, and intracellular changes in the brain, liver and adrenals.

Bazett[5] defines shock as a condition of circulatory failure induced by trauma, in which the blood volume is inadequate and to the production of which many factors may contribute.

Primary shock is that which is attendant immediately on the receipt of an injury. A slight injury in an excitable individual often induces primary shock. The degree of the shock is fairly constant with the severity of the injury.

Secondary shock is that which occurs some hours after injury. In these cases the volume of blood in active circulation is reduced. The hemoglobin per cent and the red cell count may be above normal. It has been found that individuals in secondary shock are susceptible to ether, extremely so to chloroform, but are not adversely affected by nitrous oxide and oxygen.

Postoperative shock is secondary shock complicated by all the insults associated with operation—anesthesia, hemorrhage and surgical trauma. Although the symptoms of shock may not be apparent for several hours following the operation, there is usually a history of some crisis during the surgical attack. Here anesthesia is an important factor contributing to shock and hemorrhage. It has been demonstrated experimentally that in the etherized dog the amount of blood that can be lost without circulatory failure is much less than in the unanesthetized animal.[6]

Knoefel[7] states the secondary or delayed shock that may be produced by prolonged anesthesia is due to a concentration and reduction in volume of the circulating blood resulting from general stimulation of the sympathetic system including the outpouring of adrenin.

The Nature of Shock

Bazett[8] states that shock is circulatory failure in which blood volume is diminished, arterial pressure lowered, and cardiac output reduced. This change in blood volume may be increased by hemorrhage or sweating, but it can be the result of displacement of fluids within the body. Vasodilatation may cause a loss of circulating fluid because large quantities of blood are trapped in the expanded vascular beds. In postoperative shock complicated by anesthesia there is a

*Read at the meeting of the Ohio Nurse Anesthetists' Association held in Columbus, Ohio, April 6-7, 1938.

differential loss of blood plasma, not the actual loss which one sees in hemorrhage. The small vessels of the peripheral vascular system are not dilated. On the contrary, the vessels in the skin, including both capillaries and venules, are constricted. In other areas of the body, however, the capillaries are enormously dilated, causing stagnation of large volumes of blood which are practically taken out of circulation. When such a condition arises, shock is exaggerated by anesthesia, by lack of oxygen, and by depressed respiration or excessive ventilation with loss of carbon dioxide, causing damage to the capillary wall, and thus resulting in further loss of fluid into the tissues. Excessive ventilation with its loss of carbon dioxide interferes with vasomotor control and also produces long periods of cessation of respiration with consequent loss of oxygen.

Many theories have been advanced and considerable research has been done to advance a single causative agent. It is more likely that shock is due to a combination of many factors. Shock appears to be induced by some effect of damaged tissues, nervous or chemical in origin, or a combination of these two. Hemorrhage can be a contributory factor only, unless blood loss has been so great as to cause circulatory failure.

Yandell Henderson[9] has advanced the theory that acapnia is the cause of surgical shock. He has shown that hyperventilation can cause circulatory failure in animals. A certain type of anesthesia, that is, light anesthesia with hyperexcitability and with rapid, shallow respirations, may produce shock. This example of faulty anesthesia brings about shock because of the loss of carbon dioxide and oxygen which hyperventilation produces.

The neurogenic theory of shock was first advanced by *Melzer*. It explains one type of primary shock, sudden in onset, resulting in syncope or fainting. Here is the clinical picture of shock with unconsciousness. Psychic shock, the effect on the brain of impulses from the centers of consciousness, may be in itself fatal apart from any trauma or anesthesia.

The most popular theory of shock at present is that of traumatic toxemia. *Bayliss* and *Canon*[10] found experimental evidence that certain toxic substances, particularly histamine, are generated in injured tissues and that when large quantities of these toxins are absorbed into the general circulation, the picture of secondary shock is produced. Other investigators have recently held this theory in doubt.

Symptoms and Signs of Shock

In shock the symptom-complex expresses itself in the following characteristic signs and symptoms: Low or falling arterial pressure, low venous pressure, rapid, thready pulse with diminished blood volume, increased peripheral red cell count and hemoglobin, leucocytosis, lowered metabolism, cold moist skin, pallor or cyanosis, thirst, rapid respirations, vomiting, restlessness and anxiety progressing to apathy and coma. Age, sex and race have some predisposing influence. The aged are more susceptible, due to changes in the circulatory apparatus. They have less compensatory reserve. Infants and children stand shock poorly due to their more sensitive nervous mechanism. After puberty the female has less resistance to shock than the male, excepting during pregnancy and the menopause, when her resistance increases.[11] The effect of shock is more profound in the negro race.

Can anesthesia produce primary shock? Occasionally one encounters the hypersensitive, emotional, apprehensive individual who is terrorized at the approach of anesthesia. The confusion which attends the hastily and poorly arranged operation; the unnecessary noises and tactless conversations of operating room attendants; the obvious array of instruments and appliances; the fear that operation may be started before the patient is adequately anesthetized;—

all of these may produce shock or a susceptibility to it. The quiet, isolated anesthetizing room has much to recommend it.

Primary shock of course may be produced by overdosage of anesthesia. Anesthesia, however, is more often an important causative factor of secondary shock or postoperative shock.

Kemp[12] details a number of important conditions related to anesthesia and operation which in time produce shock. He calls them "time shock factors." They are: the lack of preoperative preparation; the shock-producing nature of the operation; a shock-producing method of operating; the dehydration incidental to operation. And more intimately related to anesthesia itself are fear; a rapid or stormy induction; the use of an unsuitable anesthetic agent; the maintenance of an unsuitable plane of anesthesia; the failure to offset dehydration; the failure to maintain an open air way and to sustain blood oxygenation; an irrational or handicapping posture on the operating table; and undue cooling of the patient.

Pressure on the carotid sinus either by operative manipulations or by the thumbs of the anesthetist is said to cause respiratory depression with resulting anoxemia. *Downs*[13] believes that some unexplained causes of death under nitrous oxide-oxygen anesthesia were due to mechanical stimulation of the carotid sinus.

The preventive treatment of shock, engaging the coöperative efforts of anesthetist, internist and surgeon has been productive of very gratifying results. Certainly in selective operations every means is exhausted to bring the patient to anesthesia and operation in the best mental and physical condition. The psychic element may and should be eliminated by the proper selection of hypnotic, narcotic and analgesic agents. The type of anesthetic agent should fit the individual patient and should be adequate for the particular needs of the surgeon. The anesthetist should be forewarned (by the surgeon) of special shock-producing manipulations and the plane of anesthesia adapted to meet the contingency. Muscular rigidity, when due to imperfect blocking of nervous impulses, is a danger signal of impending shock. The prolonged use of unnatural positions on the operating table should be discouraged. Hyperventilation and excessive loss of carbon dioxide by too light an anesthesia should be avoided.

In the management of shock the time element is as important as it is in hemorrhage. Blood volume should be restored promptly by the infusion of fluids. Blood transfusion is most effective. Glucose and saline in hypertonic solutions are helpful in the emergency. Isotonic or normal saline solution is too rapidly diffused into the tissues. Its effect is temporary. Gum acacia in solution restores blood volume promptly and its benefit is prolonged. Its use has been objected to on account of its toxicity. Recent preparations are free of impurities and may be used with safety. Saline and glucose should be injected slowly into the vein to prevent cardiac embarrassment. A vein of the leg is chosen preferably. The large venous reservoir in the inferior vena caval system acts as a buffer and consequent cardiac distention is avoided. An additional advantage of using veins of the leg is that during actual operation these parts are more accessible, interfering less with the surgeon and the anesthetist. External heat is an important aid, provided it is not carried to the point of dehydration. A moderate Trendelenberg position is valuable in combating cerebral anemia.

In anesthetic and surgical shock, adrenalin is contraindicated because it tends to produce a more marked decrease in the capillary circulation. When the heart is failing it may be used with advantage to stimulate, temporarily, coronary circulation. Coramine has the greatest value. It is much more effective than caffein-

sodium benzoate, and 1 to 5 cc. may be given intravenously if necessary. It has the advantage of frequent repetition.

Every precaution should be exercised to prevent shock. With its onset every therapeutic measure should be instituted to prevent its advance to the critical stage of collapse.

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Visiting Nurses Health Officers

July 19, 1938

Dr. R. B. Poling, Sec'y.,
Mahoning County Med. Ass'n.,
2218 Market Street
Youngstown, Ohio.

Dear Dr. Poling:

For many years the soundness of the policy of having public health nurses as a part of any well-organized Health Department has been recognized and accepted.

Youngstown Health Department has been very weak in this particular phase of its work. Lack of funds to properly carry on this type of work, together with the excellent work that has been done by our local Visiting Nurses Association, have been largely the factors that have delayed such additional personnel. The need has always existed and I am pleased to say that on my recommendation, City Council has seen the need and advisability of such work. As a result, on June 21, 1938, City Council passed an ordinance appropriating a sum of money to be used to help pay for the services of Visiting Nurses Association.

The work that is done along these lines is to be directly under the supervision of the City Health Commissioner. While it is recognized that this is not as satisfactory a plan as having several full time nurses attached to the Health Department, yet it is felt that it is a step in the right direction and will eventually lead to the raising of the standards of and scope of work done by the City Health Department for the benefit of the general public.

The object of this work is primarily educational, in that the nurses will call upon quarantined contagious disease cases, explaining the necessary quarantine regulations, advising the family how they can best handle the case in order to prevent the spread of disease and for the best interest of the patient. This will also include the follow up work on many cases of Syphilis and Hospitalization cases.

The coöperation and assistance of the Mahoning County Medical Association is earnestly solicited in assisting to build Youngstown City Health Department up to the point where it will be the envy of every city in the State.

Very truly yours,

W. W. RYALL, M. D.,
Commissioner of Health.

NEWS ITEMS

Dr. J. L. Fisher is taking a special course in Surgery at the Cleveland Clinic.

Proud Parents—Mr. and Mrs. M. M. Szucs, a boy; Mr. and Mrs. John A. Rogers, a boy.

Dr. G. M. McKelvey and family have just returned from a two weeks' visit at Cape Cod. Dr. George went down with the idea of getting two weeks of rest and glorious sunshine, but guess the weather man was out to spite him, 'cause it rained and rained.

Dr. John Noll and family are vacationing at Madison-on-the-Lake. They will return in two weeks only to be off to the seashore for another week.

Dr. Sam Weaver and family spent last week end with the Noll's at the lake.

Dr. A. E. Brant and family have recently returned from a delightful fishing trip at Honey Harbor on the Georgian Bay, Canada. He doesn't seem to have any tall fish stories to tell other than they *did* have a lot of fish to *eat*.

Dr. Morris Deitchman it seems just won't take a rest for himself. He is planning to leave for Chicago about the 20th of August for a few weeks at the Michael Reese.

Dr. S. M. Hartzell is spending the next week at Lake Erie. I think to maybe catch his breath before starting to California where he expects to spend the next two months.

Drs. Hathhorn and Fusselman returned last Sunday from a six weeks' sojourn at Boston. Dr. Hathhorn says they are "fit as a fiddle and ready for work." They have just completed Dr. Denny Adams's course in General Medicine.

Dr. R. B. Poling is back to work after a six months' absence due to sickness. His secretary reports he looks very fine. We are sure all glad to see you back on your feet, doctor.

Dr. Paul Kaufman is fishing at Bobcaygeon, Canada. So far the only news from him is that he has caught some bass.

Dr. C. M. Askue has returned from Chicago where he spent a few days observing at the Chicago Lying-In Hospital.

Note: Due to an oversight Mark Hanna's name was omitted from the list of donations for the Medical-Dental Secretaries' Banquet. We wish to extend at this time our sincere appreciation to him for furnishing a suite of rooms at the Hotel Ohio in which to rehearse our programme.

Fall Course of Clinical Lectures

The Fall course of clinical lectures will begin Wednesday evening, September 28, at 8:30, at the First Christian Church, Wick and Spring Street.

This year the course will be given by Dr. Russell L. Haden of the Cleveland Clinic and two of his associates, Dr. E. N. Collins and Dr. A. Carlton Ernstene.

The object of this course is to give Therapeutic discussions to some of the modern frequent diseases and is planned to be very practical. It is with pleasure that we announce this course with the titles of the lectures and hope it will meet with the approval of the membership.

Lecture begins September 28—Drug Treatment of Heart Disease—A. Carlton Ernstene.

POISON IVY

Diagnosis, Treatment and Prophylaxis

By ALFRED R. CUKERBAUM, M. D.

The advent of the summer with its increase in out-of-door activity brings an influx of poison ivy cases walking in the door of the physician's office.

The active principle of poison ivy (Rhus toxicodendron) is toxico-dendrol, an oil isolated by Phaff. Individual susceptibility is an important etiological factor. Attacks may occur in highly susceptible individuals during the winter season, when there is little chance of any contact with the plant. This is due to the fact that the oil of the Rhus toxicodendron may be present on the clothing and in a highly susceptible person cause a poison ivy dermatitis.

The eruption usually occurs on the exposed surfaces. The areas commonly involved are the dorsal surfaces of the hands, forearms, arms, face, neck, genitals, feet and legs. The earliest change noted is erythema. This is followed by swelling, vesiculation, exudation and bullous formation. One of the most characteristic lesions of ivy poisoning is the linear arrangement of small vesicles. This is a pathognomonic criterion in itself.

The patient will frequently give a history of having been in the fields, woods, or park a day or two before the appearance of this eruption; and of moderate to marked itching being present, also in many cases a history of prior attacks.

The therapy of a poison ivy dermatitis during its acute manifestations is similar to that of an acute eczema. The use of ointments and pastes are contra-indicated. They do not absorb the exudates and will involve other areas. Compresses of boric acid, or Potassium Permanganate baths or soaks, and bland lotions such as Phenol 2.0; Zinc Oxide 15.0; Lime Water q. s. 250.0 may be used. Also useful are Lotio Calamine and Zinc Oxide; solutions of sugar of lead, or other similar bland non-irritating lotions with the addition of mild anti-pruritics.

Then in addition to the local treatment, the injection of the rhus antigen as prepared by many of the commercial drug companies is of marked benefit. During an acute attack a full dose may cause a severe flare-up. By using one-half of the dose for the first treatment and then repeating in two days with a full dose the results appear to be much better.

I have found the method advocated by Spain to be most efficacious. The poison ivy extract is prepared by using 10 grams of the dried leaves to 100 c.c. of absolute alcohol. This is considered the concentrate solution and then dilutions are made with absolute alcohol in 1-10, 1-20, 1-50, 1-100, 1-500, and 1-1000.

In a patient having an attack; give without patch testing 1/20 c.c. of 1-1000 made up to 1 c.c. with buffered saline, shade and inject subcutaneously. Repeat every two days. There is considerable improvement after the second dose.

In pre-seasonal treatment first gauge the degree of sensitivity with patch tests of 1-500 dilution. Leave the patch test on 24 hours; if there is no reaction, reapply and leave on another 24 hours. If a vesicular eruption is present on removal of patch test start treatment with 1-1000. If reaction is less than vesicular eruption, start treatment with 1-500 dilution. First dose 1/20 c.c. of 1-1000 dilution mixed with .95 c.c. of buffered saline and inject subcutaneously. Remember that the active principle is being given; the site must be properly wiped off, not allowing the ex-

★ PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN ★

tract to contact normal skin; wipe off with soap and water.

1st Treatment—0.05 c.c. of 1-1000 dilution;
2nd Treatment—1 week later, 0.05 c.c. of 1-500 dilution;
3rd Treatment—1 week later, 0.05 c.c. of 1-100 dilution;
4th Treatment—1 week later, 0.05 c.c. of 1-50 dilution;
5th Treatment—1 week later, 0.05 c.c. of 1-20 dilution;
6th Treatment—1 week later, 0.05 c.c. of 1-10 dilution.

Treatment every 2-4 weeks for the rest of the poison ivy season: 0.05 c.c. of 1-10 dilution.

Dilute all injections to 1 c.c. with buffered saline.

Tablets can also be made up of the following Rx.

Milk Sugar 50 grains
Ivy Extract 1-50 dilution of 1 c.c.
Water ½ c.c.
Make up into fifty 1 grain tablets.
Sig: One tablet daily for 2 to 3 months.

The tablets will not take the place of the injections in prophylactic treatment but should be taken with the injections.

By the use of either the commercial oils or the antigen extract advocated by Spain in combination with bland and soothing local treatment excellent results will be achieved in poison ivy cases.

Suggestion for Sunburn

One of the most common ailments of the summer season is sunburn. Usually not serious, it is, however, extremely uncomfortable and often quite painful.

To soothe the skin, reduce the inflammation and withdraw the fluid from the blisters and blebs of sunburn, an Antiphlogistine dressing applied cold, is markedly efficient. Put on before retiring and left until morning, it will frequently make the patient quite comfortable.

THE MEDICAL CRIER

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

• A lot of us are wondering what we are going to do with Socialized Medicine if and when it comes. It might be well to call to mind the words of the old colored minister who uttered a sound bit of philosophy when he said, "Ah aims to avoid the impossible, but ah tries to coöperate with the inevitable!"

• What this country needs is more missionaries. We can think of a lot of jobs that missionaries can do to free our poor people from slavery. Take for instance the slavery to fashion. Think of the suffering caused by feet deformed by bunions, corns, hammer toes and callouses due to the barbarous footwear our poor deluded women feel forced to wear. It is impossible to buy a pair of shoes in the women's department of any stylish shoe store which will not produce deformities. This includes the so-called sensible shoes.

• Among our earliest recollections was one of hearing missionaries newly returned from China tell about the sufferings of the girl children of the better classes from having their feet bound. It seems these deformities were produced in the name of grace and beauty. So it is in our backward land except that the women of all classes, rich and poor alike, are the victims of this heathenish practice. The missionaries have been very successful in showing the Chinese the evil of their ways and to do so they must have developed a pretty efficient technique of persuasion. Since China has become unsafe even for American gunboats, let us start a W. P. A. project to bring back the missionaries so they can teach us how to live. More about missionary projects later.

• Nobody should be more eager than the doctors to see the bond issues for the City P. W. A. Improvement Program successfully put over. Think of trying to get from the South Side Unit to St. Elizabeth's Hospital in a hurry through the bottle neck at Spring Common—what a boon the Marshall Street Bridge will be! Then try to get from Himrod Avenue to care for an accident on Poland Avenue or out South Avenue, through the corkscrew turns and back alleys to the South Avenue bridge. The new Cedar Street span or the Watt Street widening will give you two ways to get there quickly. Old choked up Market Street and Mahoning Avenue will be widened and resurfaced and what a blessing that will be! New schools and playgrounds, more beauty, less congestion. Yes, you ought to talk it up to your patients and help to get those votes.

• Last winter an article in Fortune magazine said that Youngstown was through as a steel center. We believe they were wrong. We believe that Youngstown is going to see an era of prosperity the like of which has never been before, and when it comes Youngstown is going to be all dressed up to greet it. Come on, Prosperity! Come on, Youngstown!

Secretary's Report

The Society's activities are "low," due to vacation season and hot weather. The golf meet July 28th was a huge success, the attendance being well over the 100 mark.

As usual July and August are vacation months for Council.

The Public Relations and Economics Committee will have a full report on the A. M. A. Survey for the September issue.

The following applications for Associate Membership to the Society have been acted upon favorably.

Dr. Anton P. Huml
Dr. Stephen W. Ondash
Dr. Harold J. Reese
Dr. George L. Ambrecht.

Should there be any objections, present them in writing to the Society's Secretary within 15 days.

WM. M. SKIPP, M. D.,
Secretary Pro-Tem.

The Summer-Time Use of Mead's Oleum Percomorphum

During the hot weather, when fat tolerance is lowest, many physicians have found it a successful practice to transfer cod liver oil patients to Mead's Oleum Percomorphum.

Due to its negligible oil content and its small dosage, this product does not upset the digestion, so that even the most squeamish patient can "stomach" it without protest.

There are at least two facts that strongly indicate the reasonableness of the above suggestion: (1) In prematures, to whom cod liver oil cannot be given in sufficient dosage without serious digestive upset, Mead's Oleum Percomorphum is the antiricketic agent of choice. (2) In Florida, Arizona and New Mexico, where an unusually high percentage of sunshine prevails at all seasons, Mead's Oleum Percomorphum continues increasingly in demand, as physicians realize that sunshine alone does not always prevent or cure rickets.

Mead Johnson & Company, Evansville, Indiana, invite you to send for samples of Mead's Oleum Percomorphum for clinical use during the summer months to replace cod liver oil.

His First Solid Food

PABLUM is now being fed to infants as early as the third or fourth month because it gets the baby accustomed to taking food from a spoon, but, most important, Pablum early adds essential accessory food substances to the diet. Among these are vitamins B_1 and G and calcium and, perhaps most necessary, iron. Soon after a child is born its early store of iron rapidly diminishes and, as milk is poor in iron, the loss is not replenished by the usual bottle-formula. Pablum, therefore, fills a long-felt need, for it is so well tolerated that it can be fed even to the three-weeks'-old infant with pyloric stenosis, and yet is richer than fruits, eggs, meats, and vegetables in iron. Even more significant, Pablum has succeeded in raising the hemoglobin of infants in certain cases where an iron-rich vegetable failed. Pablum is an ideal "first solid food." ***Mothers appreciate the convenience of Pablum as it needs no cooking. Even a tablespoonful can be prepared simply by adding milk or water of any temperature.***

Pablum consists of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, iron salt, and sodium chloride.

PABLUM IS ADVERTISED ONLY TO PHYSICIANS

Mead Johnson & Company
Evansville, Indiana, U.S.A.

The baby's first solid food always excites the parents' interest. Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important than the child's "cute" reactions is the fact that figuratively and physiologically this little fellow is just beginning to eat like a man.

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 rickets and spasmophilia.
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 • Chicago, Illinois
8100 McCormick Boulevard