

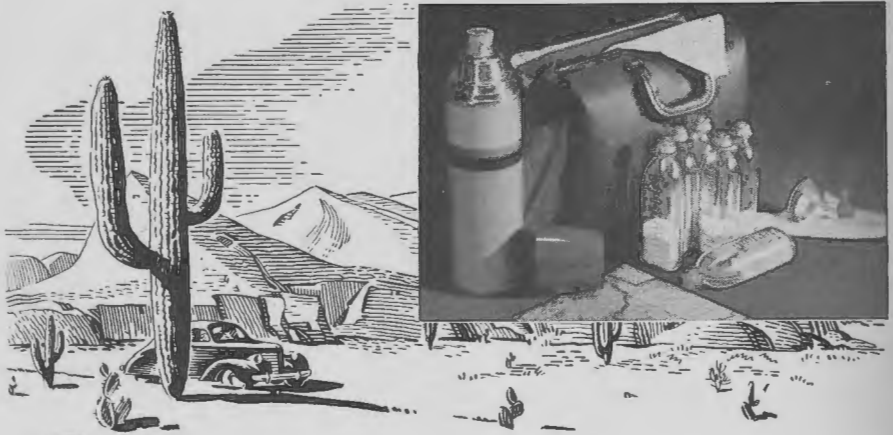


"Only charlatans are certain."
—VOLTAIRE.

BULLETIN

of the
**Mahoning
County
Medical
Society**

Vol. IX No. 7
July 1939



Suggestion **FOR THE CONVENIENT PREPARATION OF BABY'S FEEDINGS**

• We suggest the ease and simplicity with which Similac feedings can be prepared when traveling, anticipating that when you prescribe Similac for this special convenience during the vacation season, and observe the consistent results, Similac will be your choice throughout the year. While simplicity and convenience are definite advantages, the outstanding characteristic of Similac is its striking similarity to breast milk. Similac should be continued from birth until weaning, when breast milk is insufficient or entirely lacking.

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BULLETIN *of the*

Mahoning County Medical Society

J U N E

1 9 3 9

Published monthly at
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R. B. POLING, M. D., President-Elect

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MEDICAL CALENDAR

- July 20**—Golf Party, So. Hills Country Club.
August 17—Golf Party, So. Hills Country Club.
September 14—Corn Roast and Clam Bake, Bert Millikin's Farm.
September 19—Speaker, Dr. Walter M. Simpson, Artificial Fever Therapy. Youngstown Club, 8:30 P. M.
October 17—Youngstown Club, 6:30 P. M. Speaker.*
October 21—Second Annual Dinner Dance.
November 21—Youngstown Club, 6:30 P. M. Speaker.*
December 19—Annual Business Meeting, Youngstown Club.
*Speaker announced later.

FALL LECTURES

in charge of

DR. HARRY BECKMAN

of the

MARQUETTE UNIVERSITY SCHOOL OF MEDICINE

Dates To Be Announced Later

MEDICAL TALKS OVER WKBN FOR JUNE AND JULY

- July 7**—Chronic Arthritis - - - - - Dr. R. W. Rummell
July 14—Physicians' Drugs & Their Control - - - Dr. H. S. Banninga
July 21—Vaccines and Serums - - - - - Dr. W. D. Coy
July 28—Surgery in Diabetics - - - - - Dr. James D. Brown

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PRESIDENT'S PAGE

The activities of the Society have been curtailed during the summer months, but still there is work to be carried on. Remember that your Committees and Officers are on the active list despite no monthly meetings.

The lull in monthly scientific meetings is offset by a series of get-togethers, whereby we get to know each other better, as we really and truly are, what each and every one of us is made up of and whether we are just heels or a bunch of good fellows. I feel that many of us will find, after we have played together, that we just did not know the fellow we thought was no good. Let's all be on hand for the picnics, corn roasts, clam bakes, dances, or what have you. Also may I urge you to inform the Committee if you will be on hand for each affair, as it certainly does handicap them when many attend who had not signified their intention of doing so. But remember, whether you send in your card or not, come if you find you can after first thinking it was impossible to be there. We want to see all of you.

The serious side of the business of medicine is still with us. By that I mean the "Federalization of Medicine." Hearings are being held pro and con on the Wagner Bill and after reading the procedure of the hearing before the Senate Committee on this Bill may I urge each and every one of you to read the procedures as published in the American Medical Association Journal. You will find that the members of that Committee are well versed in the matter before them and all through the hearings are trying to learn, if possible, what is best for the medical needy of this proud land of ours. Also in the hearings they are asking for help from the profession and many points brought out show that for all we feel we are on the spot, it is because of our own doing that we find ourselves in such a position.

Following the hearing as conducted, to my way of thinking we have added nothing. We propose no plan. We just say we do not want the government to do anything and we offer nothing in return for what they propose. In other words, we are "agin you." We do not know what we want. We are content, but still we cry out to heaven against something that is proposed but cannot or will not offer anything any better.

The hearings so far have indicated that the Medical Profession will be permitted to oversee and direct the whole affair if they so desire. The Committee has indicated that National, State and Local Committees can be appointed, leaving out politics as much as possible. It is this part that is the thorn in our side. Can politicians be kept out when they are putting in the money? But we have demonstrated it can be done by honest administration of an active and interested Medical Society.

Give this matter a lot of thought, for ideas and plans are needed.

We still have before us the need of coverage for the low income group. Our legislature turned down our plan for an enabling act, however, the State Medical Association has a plan ready. We still have not perfected a local set-up. Your Committee under Dr. W. K. Stewart is still working on this plan. How are we to manage it? We cannot expect our Medical Secretary to take over this task. Let us hear from you.

I am able to be back on the job. May I thank each and every member of the Society for the many kindnesses shown me when down, for it is then that one realizes what grand fellows each of you are and from the bottom of my heart may I thank you again.

WM. M. SKIPP, M. D.



THE 6 ROBBERS

Science tells us that the Vitamin D requirement is almost completely absent in everyday common foods. The ultra-violet light of the sun rays produces it *ONLY* when these rays come in *direct* contact with the skin. It is also found in cod liver oil. • Because of the six robbers, "Bricks & Mortar," "Shade of Buildings," "Clothing," "Window Panes," "Smoke & Dust in City Air" and "Clouds," it is essential that men, women and children assure their quota of Vitamin D from some other source. Isaly's Vitamin D milk, containing Vitex, is a most efficient answer. This is Isaly's same pure, rich pasteurized milk to which has been added 400 U. S. P. units per quart, the Vitamin D equivalent of 1¼ teaspoonfuls of U. S. P. cod liver oil, extracted from cod liver oil, but without the oil itself.

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ISALY'S

ACROMEGALY*

By A. S. PARKER, M. D.

The patient is a 54-year-old white female admitted to the hospital with the chief complaint of amenorrhea, and a slow but progressive enlargement of the hands and face of thirty years' duration, and an insidious but progressive weakness extending over the past ten years.

Present Illness:

The patient states that at 23 years of age, she was a slim, well developed, vigorous and dynamic individual, the possessor of mature feminine characteristics. One year later, however, in 1909, while carrying her 4-year-old child, she fell down a flight of steps, and in trying to protect the child, she struck her head. She was dazed but not rendered unconscious.

Although her periods previous to this time had been normal in every respect, she had only a slight spotting the following month and then a complete and persistent amenorrhea. She thought herself pregnant. As time passed she noted for the first time some enlargement of her hands and face. Her face felt bloated and uncomfortable. She states that she had changed so much that many of her friends who had not seen her for sometime failed to recognize her.

She was treated for Bright's disease. Her hands were clumsy, she continued to drop dishes and her writing was unsteady. She had slight irregular headaches and an increased appetite. Her physician sent her to the Massachusetts General Hospital for a complete study. The significant findings of the various examinations there were as follows:

The x-ray showed the sella turcica to be slightly enlarged backwards. The eye, blood and urine examinations were negative, while the patient

was found to have a high carbohydrate tolerance. In view of these findings, the lack of intracranial pressure manifestations and because of the great operative risk, it was deemed advisable not to operate but should pressure manifestations arise, an operation should then be seriously considered.

The patient was therefore seen by her physician at regular intervals for the next 6 years, there being no particular changes in her symptomatology; and over this period, she received pituitary extract without beneficial results.

From this point until now, there has apparently been a gradual progression of the disease. By 1935, her jaw had enlarged to such a degree that a small finger could be inserted between the massive irregular teeth when closed. Since the teeth had grown in such a fashion as to impinge upon the tongue, they were extracted in pairs. By this time, the patients' resistance was at such a low ebb that this procedure confined her to bed for nearly a year.

For the past 9 years over which period she has been seen at frequent intervals at St. Elizabeth's Hospital, she has been known to have had a polyuria with a diurnal frequency of 6 to 12, a nocturia of 1 to 2, and has been drinking approximately a gallon of water per day. Over this period she has been treated for her diabetic manifestations.

Although she has only infrequently complained of irregular headaches and sensations of blankness particularly in the morning, she has noticed as the years have progressed an ever-increasing lassitude and fatigue; cardiac palpitation with every effort, muscle and joint pains, various momentary paresthesias in her arms and legs likened to electric shocks, some excessive nervousness and a profuse perspiration of a peculiar odor.

*Case report presented to the Mahoning County Medical Society, May 16th, 1939, at their Annual Internes' Contest, and won second prize.

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The past history is uneventful while the systemic review reveals no significant points which have not already been elicited in the present illness.

Physical Examination:

The patient is a 54-year-old white female, 5' 3" tall, weighing 140 pounds; a stoop-shouldered, kyphotic type of individual with a somewhat (apelike) leontine stature, her head and neck protruding somewhat forward and her arms dangling at her sides.

The skin was roughened, thickened, moist, furrowed and somewhat oily, with areas of yellowish-brown pigmentation scattered over the abdomen.

The hair was black with beginning signs of greyness, dry and coarse. There was a marked overgrowth of hair in the pubic region which extended down the inner aspects of the thighs, the hair being essentially of female distribution.

The appearance of the face was coarse and disproportionate since the head was enlarged more in its facial portion while the cranial bones were involved to a lesser degree.

The prominence of the frontal bosses, the zygomatic and the maxillary arches, the exaggerated superciliary ridges and the coarse arched eye brows made the eyes appear somewhat sunken.

The eye examination revealed no impairment in ocular movements, the pupils were equal and reacted equally to light and accommodation, the fundi were normal—there being no engorgement or tortuosity of the vessels. The peripheral fields for both form and color were essentially negative in both eyes. A tangent screen study at a distance of one meter showed a considerable enlargement of the blind spot of the right eye with a relative blurring of the temporal field of vision which means

there is some slight pressure involvement of the nasal side of the right optic nerve which fibers cross at the optic chiasma to form a portion of the left optic tract.

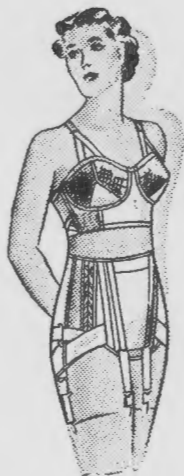
The nose was massive, the lips large and thick. The gums were irregular due to areas of hypertrophy which made false teeth an impossibility without a surgical procedure. The mucous membranes were somewhat dry; the voice was soft yet harsh but the powers of enunciation remained fairly good. There was a marked prognathism.

A markedly hypertrophic thickened heavily coated and moderately fissured tongue filled the enormous mouth cavity.

There was a marked submaxillary lymphadenopathy; the thyroid gland was palpable as a slightly enlarged and rather firm mass. The clavicles were notably large, the breasts atrophic. The kyphosis present along with the hypertrophied protruding sternum gave the appearance of a somewhat pigeon-breasted, yet barrel-chested type of individual with a disproportionately heavy appearance to the upper half of the body. The right half of the chest was greater in its anteroposterior diameter than the left. Exostoses were noted at the costicartilaginous junctions especially to the right of the sternum. The physical signs were those of an emphysematous type of chest—the breathing being mainly abdominal in type, with hyperresonance and distant breath sounds. The heart was slightly enlarged, the B. P. 140/90.

One interesting finding was the extremely short distance between the lower costal margins and the iliac crests. The liver, palpable at the right costal margin, was firm and somewhat tender. The kidneys and spleen were not palpable.

A study of the hands show the skin to be coarse and moist. The configuration was thick and spade-



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like; the bones stood out prominently and the lateral diameter both at the wrist and knuckles was markedly increased. The fingers were generally broadened and stubby and ended in thick, brittle, striated nails deeply burrowed in overgrown skin.

The left ankle and foot were considerably larger than the right.

Laboratory procedures:

The hemogram and Kline have always been negative. The B.M.R. on two occasions was +21 and +17. The blood calcium 10 mg., blood phosphorus 6 mg., N.P.N. 28.5 mg., urea nitrogen 14 mg.

All within normal limits.

When readmitted to the hospital in 1936, the urinary sugar was found to be 6% and the blood sugar 363 mg. per 100 cc. of blood. The patient was placed back on her diabetic diet consisting of Carbohydrates 60G, Proteins 60G and Fat 120G—the result being that the blood sugar dropped to 210 mg. per 1000 cc. of blood and remained essentially at that level while the urinary sugar ranged from merely a trace to 0.8%. A glucose tolerance test was then performed which showed a marked elevation at the end of one hour to 363 mg. and then a decline to the original starting point of 200 mg. at the end of the third hour which is not the typical gradual falling off as is found in diabetes due merely to a pancreatic deficiency.

The sella was seen on the x-ray plate of 1936 as a balloon-like enlargement being one inch in its anteroposterior diameter as compared with the maximum limit of normality $\frac{5}{8}$ ". The anterior clinoids were thick, elongated and overhanging while the dorsum of the sella and the posterior clinoid processes were definitely eroded with a widening and extension into the sphenoid bone.

The frontal sinus was enormous extending upward a distance of 3" and inward to a depth of $1\frac{1}{2}$ ". There

was also a hyperpneumatization of all the other sinuses; the mastoid area was grossly overdeveloped; the external occipital protuberance was enlarged to many times its normal size, and there was a marked thickening and increased density of the entire skull table.

The x-ray study of the skull three months ago shows a further progression of the disease, the dorsum of the sella and the posterior clinoids are nearly completely eroded with a further extension into the sphenoidal area; the other bones remaining essentially the same.

It will be remembered that the sella was only slightly enlarged in 1910.

The latest film of the skull shows the massive enlargement of the mandible with its increase in angulation and protrusion of the bone.

In the hands and feet there was a tufting of the terminal phalanges. This fanlike appearance was contrasted to the slenderness of the shafts. There was also noted little knobs at the sides of the bones make patterns faintly resembling soap bubbles. The total bone density was greater than normal.

And now as to the treatment employed in the disease. Every non-surgical procedure has been given an adequate trial which has proven beneficial in other cases.

There has been some success reported from the use of estrogenic hormone which is thought to operate by exerting an inhibitory effort on the anterior pituitary. Amniotin, theelin and similar preparations were of no avail.

Pituitary extract and vitamin B have been tried.

Salt drams I q.i.d. was given, the logic being that the pituitary gland was possibly exerting some inhibitory effect on the adrenal simulating an adrenal insufficiency.

Doctor-

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Lugol's iodine minims VII t.i.d. has been of value for the activity of the thyroid was so reduced that what nervous manifestations she had has almost disappeared while her perspiration has been so reduced that instead of having to have her bed clothing changed 4-5 times during the night, this has had to be done only once.

The one form of treatment however, that has given marked symptomatic relief has been x-ray therapy applied directly over the sella turcica. She has received 4 complete courses of treatment extending over the past four years the dosage being 1200, 1200, 1300 and 1300 "r" units respectively. This has lessened her fatigue and lassitude; has apparently made

her feel stronger and more capable of performing her daily duties.

In conclusion, the patient has an advanced stage of acromegaly and although she dates the onset of her condition to a traumatic injury, a picture of the patient at ten years of age, leaves us with the impression that the disease was probably incipient at that time. Whether the advent of trauma at 24 years was a precipitant of a rapid progression of the disease is problematical, for in a photograph at 28 years of age, there was no considerable unexpected involvement—while 15 years later, we do note how the condition has gradually progressed.

THE MEDICAL CRIER

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

● At last the Ohio State Medical Association is to have a press agent and publicity man. Or at least that is what Richard A. Azling, the Director of the new Bureau of Public Education, might be called. The new department is just getting under way and it will tackle the job of getting the story of medicine across to the public. Such a program calls for nicety of judgment and knowledge of mass psychology to attract and hold reader interest. In our opinion Mr. Azling's newspaper experience will stand him in good stead.

● After reading John Steinbeck's book "The Grapes of Wrath" we feel like taking a hot bath and washing the mouth out with soap. Certainly a powerful book, but is the power due solely to its rawness? Anyone can talk powerfully when he uses a string of oaths, but the writer who has a real command of language can be powerful without being profane. Steinbeck shows an intimate knowledge of the lives and experiences of those poor unfortunates driven from their homes in the dust bowl into an unfriendly land. He makes his reader live through the

whole wretched struggle, the hunger, the despair, the inhuman treatment by their fellow men and the experience is not pleasant. It leaves the reader completely exhausted and at a loss to find a solution for such a desperate situation.

● Doctors in Detroit who commute back and forth from their summer homes on the Canadian shore have found that by taking their professional bags and contents with them they commit five legal violations every time they cross the international border. Importation laws and exportation laws of both the United States and Canada each way, plus the medical practice laws of Canada, in case any drugs are dispensed on the other side. Federal officials allow no exceptions in the case of physician commuters and the suggestion is proffered that professional bags and narcotic drugs be filed in the checking lockers or with an appropriate officer at the bridge or tunnel. The penalty for exporting narcotic drugs is a fine not exceeding \$5,000 nor less than \$50.00, or imprisonment for any time not exceeding two years, or both.

(Continued on Page 205)

GOLF MEET

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DINNER 6:30

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DINNER

6:30

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THE MEDICAL CRIER

(Continued from Page 201)

● Dr. Ralph Pino of Detroit who was here to address our Society in 1934 on "The Pino Plan of Medical Care" is the new President of the Wayne County Medical Society. In his inaugural address he said, "Every Doctor of Medicine can give some time and energy to organized medicine and to keeping up to date." Also, "We should unite with the great religious forces against bad movies, bad radio programs, bad literature, bad propaganda of any type, particularly as these may influence the youth of America. . . We should not stand aloof when the outstanding journalists and scientists of our day are recognizing that the greatest re-armament needed in these times is moral re-armament."

● We hope you will all read the testimony given before the Senate Committee considering the Wagner Health Bill as transcribed in the A. M. A. Journal. If you never before appreciated what the profession is up against, you will after reading it. Try to keep the picture in mind as you read—the witness seated below in a sort of three-cornered pit with stenographers taking down every word, with reporters exploding flash bulbs in his face, while the senators seated in comfortable chairs above him question, interrupt and heckle at will. At that I think those doctors did a wonderful job of presenting our viewpoint and objections to the bill.

J. L. F.

DR. WEST ANSWERS "BIG SHOT" ARTICLE

Dr. Olin West, Secretary and General Manager of the American Medical Association, has granted me permission to print his letter of June 21st, which follows. The letter is self-explanatory and it is well worth your careful reading. It will give you a better understanding of the spirit and workings of the American Medical Association, it will focus your attention especially upon the sacrificial service of the Board of Trustees, and will enlighten you upon points which may have remained obscure to you even after you have tried to study them. At least it has done these things for me.

The letter corrects certain misapprehensions that may arise in your mind, growing out of my recent article, "How the Big Shots Act and React." The parts regarded as erroneous in that article were under "Impressions." It is far from my wish to mislead by any statement, and while much that I wrote was in the spirit of fun, I am anxious that none of it shall be misconstrued.


CLAUDE B. NORRIS.

Dr. Claude B. Norris,
244 Lincoln Avenue,
Youngstown, Ohio.

Dear Doctor Norris:

I have just read with very great interest and with some amusement a statement which appears in the Mahoning County Medical Society Bulletin for June 1939 entitled, "How the Big Shots Act and React." However, quite aside from its interesting and entertaining nature, your statement will, I fear, create some erroneous and harmful impressions in the minds of some of those who may read it for the reason that in some respects it contains individual statements that are not in keeping with the facts and are entirely misleading.

In one place you specifically mention the names of certain councils and bureaus and refer to standing committees and special committees. While it is true that those councils that are specifically mentioned in your statement are standing committees of the Board of Trustees and, therefore, operate under the direction of the



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Board of Trustees, it is also true that there are other councils not mentioned in your statement that are standing committees of the House of Delegates and strictly responsible to that body.

You refer to certain provisions of the By-Laws of the Association requiring that resolutions or recommendations pertaining to the expenditure of money must be approved by the Board of Trustees before becoming effective. This procedure is in strict accord with the provisions of the statutes of the state in which the American Medical Association is incorporated. The Board of Trustees as an official body is comparable to the board of directors of any corporation, and such boards under the law are collectively and individually responsible for the disposition of funds belonging to the corporation.

Your estimate of the number of members of the Association, "130,000," is somewhat generous. The present membership of the Association is slightly in excess of 113,000 and approximately 10,000 of this number have become members of the Association within the last three years. I greatly appreciate, of course, your kindly and complimentary remarks pertaining to myself. I am quite willing for you to formulate and to hold your own opinion concerning me in other particulars, but I must tell you that your reference to me as a keen politician is not at all in accord with opinions held by many others, who seem disposed to criticize some of us on the ground that we are not keen enough as politicians. Believe it or not, I have never attempted or intended to produce any political "spinach." Your very pointed intimations to the effect that the officers of the Association are greatly influenced by me and by others is quite in keeping with the contentions of the most bitter enemies of the organized medical profession in the United States, who have industriously attempted to create the impression in the public mind

that a small clique in the offices of the Association presume to dictate if not to establish the policies of the Association. That contention is as far from the truth as it could possibly be. In all of the seventeen years during which I have been officially connected with the American Medical Association, I have never known of any effort on the part of any member of its administrative personnel to do anything other than maintain and carry out to the best of his ability the policies defined and established by the House of Delegates, in which all constituent state and territorial medical associations are represented by delegates of their own choosing who are selected without any suggestion of any sort from anybody connected with the American Medical Association.

I think that in seventeen years there have probably been not more than eight or ten meetings of the Board of Trustees that were not attended by the full membership of the Board and I cannot recall any instance in which more than one member at a time has been absent from a meeting of the Board of Trustees. The By-Laws of the Association provide for an annual meeting of the Board and the time for that meeting is specifically stated in the By-Laws. The By-Laws also provide that the Board of Trustees shall hold meetings during each annual session of the Association. It is required by law that one meeting of a board of trustees or a board of directors of a corporation shall be designated as the regular annual meeting. The mere fact that it is expressly stipulated in the By-Laws that the Board of Trustees shall meet twice each year at specified times does not mean that the Board does not hold other official meetings. As a matter of fact, the Board of Trustees meets each year in February, in September and in November and each day except Friday during the week of each annual session of the Association. In addition



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District Representative—WM. E. METTLER, 2580 Fenwick Road, Cleveland, Ohio

the Board has from time to time held special called meetings. The Executive Committee of the Board of Trustees meets regularly each month except in some years a regular meeting of the Executive Committee of the Board of Trustees has not been held during the month immediately after the annual session. The Board of Trustees has its own chairman and its own secretary elected by vote of its own members. The Executive Committee of the Board of Trustees is selected, of course, by the members of the Board. The secretary of the Board of Trustees presents a great deal of the material that is submitted to the Board for official consideration. Incidentally, it may interest you to know that in many instances the meetings of the Board of Trustees have extended over a period of three and occasionally four days. I hope that sometime you will be in Chicago when a meeting of the Board of Trustees is being held so that you may look in on it and see for yourself the nature and scope of matters that are brought before the Board for consideration, and observe for yourself the earnestness with which the members of this body devote themselves to their official duties.

Among your observations about the House of Delegates is one to the effect that there are spotted here and there in the House of Delegates "10 or 15 automatons who jump very quickly when the string is pulled." If there have ever been "automatons" or agents of any other nature "spotted" in the House of Delegates of the American Medical Association, I have never known of it. I dare say, on the basis of my own close personal observation over a long period of years, that there is no representative body on earth which operates in more truly democratic fashion or with less interference, suggestion, or dictation than the House of Delegates of the American Medical Association, and I feel quite sure that as your service in the House of Delegates continues

you will find this out for yourself.

I was particularly interested in your criticism concerning the selection of members of the Board of Trustees with respect to representation of various sections of the nation. I wonder if you have ever tried to district the United States with a view to the selection of trustees with due regard for the factor of numerical representation, which is supposed to be the proper basis of selection of official representatives of any large group. I think, if you will attempt to do that, you will find it a rather difficult undertaking. I have made the effort at various times, as others have done. Minnesota is generally regarded as a western state and, if it is so accepted, the West is represented by two members of the Board of Trustees of the American Medical Association and that situation has existed for many years. At one time there were three members of the Board of Trustees from western states.

Please understand that this letter is written not in any spirit of complaint or resentment, but simply to inform you of certain facts with which you apparently are not familiar.

I hope that whenever you come to Chicago you will come by to see us, visit the offices of our various councils, bureaus and departments and see for yourself at first hand something of the nature and scope of the work the Association is trying to do and just how these efforts are directed. We shall all feel honored to see you at any time.

In the meantime, if there is anything that I can do to be helpful to you in connection with your duties as a member of the House of Delegates of the American Medical Association, it will give me genuine pleasure to do whatever I can to that end.

With most cordial good wishes,
I am

Very truly yours,

OLIN WEST.

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POLITICAL MEDICINE AND PUBLIC HEALTH*

By HAVEN EMERSON

The assumptions upon which the proposed national health program is based are essentially fallacious.

In the first place it is assumed that the health of the people of the United States is neglected and is of low order. The record is consistently to the contrary effect—in fact, I believe it would be impossible to find in the history of any country such an experience as we have had since 1929. There is no exception to the steady annual improvement in the national health from 1929 to 1939. There has never been a period when so many people under one government have been so effectively protected against the major hazards of all the preventive diseases with which we have acquaintance. This is not merely in one particular disease, such as tuberculosis; it runs all through the picture.

It cannot be an accident that we should have not only the lowest general death rate, but the lowest maternal mortality, the lowest infant mortality, the lowest tuberculosis, the lowest typhoid, the lowest diphtheria rate ever in the history of our country. There has been no exception to this continual improvement in health and it can be said that no 130,000,000 people under one government in the history of the world has such a record of freedom from preventive diseases as the United States now enjoys. And yet we are assuming that to go forward, it is necessary for us to undertake an entirely new project in public health.

There is a fallacy in the assumption that there is a mysterious need for reconsidering the methods by which the present progress has been attained. It is assumed that 40,000,000 people in the United States are unable to

An internationally recognized authority here states the case against political medicine. Dr. Emerson is Professor of Public Health Administration at Columbia, former Health Commissioner of New York City and is a grand-nephew of Ralph Waldo Emerson.

get—in fact do not get—the medical care they need. The evidence of physicians, medical institutions and the wide-spread human experience of all of us is to the effect that those who need medical care

and want it are receiving it—except where poverty and sparsity of population groups has failed to attract physicians to settle among them.

Again, it is assumed that large expenditures of federal money will make great improvements in the health and care of the sick while skill, economic and social inequalities of serious degree remain uncorrected.

Experience suggests that expenditures for health and the care of the sick in the United States have been increasing at as rapid a rate as the several states, cities and counties can afford and as fast as trained personnel can be had to carry out the technological procedures. In fact, under the pressure of the Social Security money, commissioners of health of the various states of the Union have had to enlist for their forces persons they know are ill-prepared to carry this extended load. There has been more money available to hire people to go into public health than there are trained persons to carry out the intent of the Social Security Act at present.

Whatever money is granted from Washington to the States has been first taken out of the states and to that degree has deprived these states and their local health jurisdictions of resources which they know better how to spend for their benefit than do the officers of the federal government.

It is assumed there is a spontaneous, informed and wide-spread demand by the laity, particularly unemployed and unemployable and those on relief

*Reprint from *America's Future*.

and subsistence level wage earners, for a quality of medical care and health protection not now available to them. This assumption, I believe to be false. The record would point to ingenious, persistent organized propaganda and costly federal publicity and promotion to create a sense of dissatisfaction with the present medical services for the indigent and low income groups, who almost without exception have shown grateful appreciation for and confidence in the care provided through existing administrative institutions and agencies for the sick. No one can have contact with the sick as they come to us willingly, hopefully, confident and expectantly without knowing that they are grateful and satisfied that they are getting the best that can be offered. The best that can be had.

There are areas to which physicians and institutions have not gone and thus must be provided for by new or extended assistance to the location of physicians in these parts.

It is assumed that the health officers and organizations for the sick of the states and subordinate jurisdictions of civil government—authorities appointed, trained and qualified for expert care in public health—can, by virtue of federal grants and under federal regulation and restrictive standards, deal expertly with the elaborate services required for the sick in hospitals, dispensaries and in individual homes, in spite of their lack of qualifications or familiarity with the diagnosis and treatment of disease.

You must distinguish the fact that the technique and responsibility of public health constitutes a specialty of medicine as different from all other specialties as obstetrics differs from psychiatry. Practitioners of public health cannot be expected to take on the entire responsibility for organized care of the sick in the United States and yet that is precisely the mechanism which has been created and provided for under the Wagner Bill.

The only person in any state who shall have a chance to administer any of these several services that you have heard of in coöperation with the federal government, is the state health officer.

The state health officer has been picked not for his knowledge of the care of the sick, not for experience in clinical medicine, not because he has a reputation as a diagnostician in the treatment of disease, but because he has been trained to prevent disease, and that is as different as I say, from care of the sick as obstetrics is from psychiatry.

It is quite impractical to take the 48 different state health officers in the United States and create in them a super-council responsible for the care of the sick. Remember how these health officers are appointed. Remember that the state of Texas had 22 health officers in 23 years. Remember that one qualification of the newly appointed health officer of the state of Pennsylvania is because he married the daughter of a Philadelphia boss. Remember that the newly appointed health officer of the state of Massachusetts was appointed as a result of a political huddle just before the new governor came in and in the face of the opposition of the entire medical profession in the State.

About one-third of the health officers in the United States are not trained for the positions which they hold—to say nothing of them dominating the whole practice of medicine. This is a mechanism that just cannot work because there is neither the experience nor the responsibility in those men to carry it. It is recognized by the medical profession that these are not possible.

In New York we are blessed with a great health commissioner. We have a tradition of having good health commissioners, but if you ask that same man to take these great responsibilities of health and add to them the care of the sick, his efficiency will

be lost by having his interest diverted to that end. Familiarity with this professional group of public health workers convinces me that the health services of the cities, counties, and states will deteriorate if the major responsibility of the health departments is in the care of general sickness.

It is assumed in this structure that the education of physicians, sanitarians, nurses and other associated professional personnel can be extended and hastened better by federal subsidies to individuals or institutions than by independent development of physicians in educational institutions under present auspices and with present resources. There is no experience, accomplishment or leadership in the field of professional education in the federal government of a quality equal to what is to be observed in the non-political and endowed institutions of education in the United States today.

Every draft of funds from the state is distributed according to some federal formula or departmental criterion. The backward and impoverished states are encouraged to depend upon federal doles for purely local state functions. This device represents a duplication of the unsatisfactory system of medical services developed in an era of social conception and central government dominated by Bismarck and Lloyd George, neither of which has brought adequate support or lay satisfaction to Germany or Great Britain.

The United States is now at the head of the modern nations in the performance of medical functions for social ends. The structure created by the local and state governments and by society has functioned, is delicately adjusted—it is well understood by the communities concerned and is improved as fast as human resources and funds will permit.

The undertakings provided for in the Wagner Bill would set back rather than advance public health, and

would destroy the strongest motives of self-reliance of local responsibility by dependence upon remote government officials unfamiliar with the respective needs, ambitions and capacities of widely varied state populations and government.

Nothing but a threatened calamity of catastrophic propositions could justify such control over functions which are reserved by the constitution to the police powers of the sovereign state. Calamity of an enduring kind to the applications of medical science for social ends is likely to follow any general acceptance of the policies and programs provided for in the Wagner Bill.

A Swell Story

Recently an elderly foreign Italian patient came to my office complaining about a visual impairment. In the process of taking the history, I came upon the circulatory system. The routine associated questions were all negative until I asked him, "Do your feet ever swell?" In answer to this he replied in a somewhat furious but sincere manner:

"Listen here, doc. Are you craze or sumpting? Whatsa matter with you? Once for always I am gonna tell you that my feet is swell, my head is swell, my brains is swell, my heart is swell, and everything else is swell, but just my eyes is not swell. Please, doc, justa fixem up the eyes."

(Submitted by Albert G. Weiss, M. D., Chicago, Ill.)

ENJOY THE BULLETIN?

Look over the Advertisers' List on page 190 and patronize them.

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NEWS

St. Elizabeth's Hospital

By S. TAMARKIN, M. D.

Among the new arrivals this month are sons to Dr. and Mrs. Paul Mahar and Dr. and Mrs. J. J. McDonough.

Dr. S. R. Cafaro and Miss Eloise Fisher, Anaesthetist at St. Elizabeth's, will be listed among the newly weds sometime this fall.

Dr. W. E. Ranz is convalescing at St. Elizabeth's from a recent heart attack.

Dr. and Mrs. C. S. Lowendorf have returned from their honeymoon and are at home at 573 W. Indianola.

Youngstown Hospital

By DR. KLATMAN

The last staff meeting of the season was held June 6th. Papers were read by Drs. Middleton and Miglets.

The annual reunion of former Internes will be held on July 27th at Squaw Creek Country Club. From the advance interest shown, a large crowd is expected and a good time awaits all. The Staff is invited, so let's make it 100% attendance.

Luke Reed has been passing the cigars, commemorating the recent arrival of the new Miss Reed.

Have you noticed the sheepish look on Stan Myers' face recently? It is because of his recent return from his honeymoon. Mrs. Myers hasn't been introduced around as yet, but congratulations and lots of luck (Good Luck). Ask Stan to tell you about his homecoming.

Drs. Morris Rosenblum and Happy Hathhorn are attending a Postgraduate Course in Gastro-enterology, Boston, Mass.

Dr. McReynolds is a patient at the South Side Hospital.

The following is the new Interne Staff for 1939 and 1940:

(Beginning July 1, 1939)

Chief Resident Physician

Term expires July 1, 1940
Charles Frederick Wagner, Mineral City, Ohio.

Resident in Medicine

Term expires July 1, 1940
Louis Donald Chapin, Cleveland, Ohio.

First Year Internes

Term expires July 1, 1941
W. Frederick Bartz, 746 Linwood Ave., Youngstown, Ohio.
Marion Crier Fisher, McConnellsville, Ohio.

Woodrow S. Hazel, 2557 McGuffey Road, Youngstown, Ohio.

Louis Richard Kent, 3 Summit Road, Port Washington, N. Y.

Robt. Stone McClintock, 2723 Nebraska St., Sioux City, Iowa.

Nevin Ray Trimbur, 524 Elm St., Niles, Ohio.

Walter Bosworth Webb, Brecksville, Ohio.

Second Year Internes

Term expires July 1, 1940
Waldemar R. Agricola, Baltic, O.
Howard Anthony Voskuil, Cedar Grove, Wis.

Myron Stanley Owen, Wayland, Ohio.

Albert Louis Williamson, Troy, Kansas.

Herbert Bryan Hutt, Florence, South Carolina.

John Emory Holler, Batesboro, South Carolina.

Fred Lewis Ruhl Tingwald, Fort Madison, Iowa.

A True Diagnosis

A spinster came into my office one morning and complained of neuritis, saying her bones ached all over. I jestingly replied, "You must have growing pains."

"Yes," she chirped, "'growing old' pains."

(Submitted by G. D. Head, M. D., Minneapolis, Minn.)

SECRETARY'S REPORT

June, 1939

The regular June Council Meeting of the Mahoning County Medical Society was held June 12, 1939. The following applicants were approved:

For Active Membership:

Dr. Joseph Patrick Keogh
Dr. John McDonough

For Associate Class D Membership:

Dr. John Evans Allgood, Jr.

Unless objection in writing to any of these applicants is filed with the Secretary within fifteen days, they will become members of the Society.

The regular June meeting was held Tuesday evening, June 20, at the Youngstown Club. Dr. Robert Poling presided due to Dr. Skipp's illness.

Dr. August A. Werner delivered a most interesting lecture on "The Influence of the Ductless Glands on Growth and Development." This was illustrated with lantern slides of clinical cases and had many practical points.

The following applications for membership were read:

For Active Membership:

Dr. Fred Stanley Coombs
Dr. A. R. Rosapepe
Dr. David A. Belinky

For Associate Class D Membership:

Dr. Vernon LeRoy Goodwin.

This meeting concluded the scientific sessions until September.

DR. JOHN NOLL, Secretary.

OLD AGE

When is a man old?

Elbert Hubbard once remarked "The good die young—no matter how long they live."

Upon mature consideration we feel

1939

that the word, "good," in this aphorism, might be replaced by "active," "progressive," "enthusiastic," or any other word which would indicate that a man is keeping up a vital interest in life, changing as times change and *growing* all the while.

When should a physician—or any other man—retire?

As soon as he loses interest in and enthusiasm for his work or feels that he knows all there is to know about it.

We all know that the number of years a man has lived is no adequate index of his age. There are some who are antediluvian mummies at thirty, and others who are vital factors in the life of their communities at ninety. So long as a man is doing something worth while and means something to the world he is young. . .

If you have lost interest in medical society meetings; if you "cannot find time" to read one or two medical journals (at least); if the last book in your library is ten years old, or the later ones haven't been *studied*; if "what you learned in medical college is good enough for you"; if "all these new-fangled notions are damned foolishness," you are growing old, as a doctor. . .

Don't let life bury you until you are dead. Keep *living* and learning and loving and you will stay young.

—Dr. George B. Lake in *Clinical Medicine and Surgery*.

While on a mission to England during the World War, Ambassador Dwight Morrow overheard a British cabinet minister caution an overzealous subordinate "Don't Forget Rule Six." When the subordinate had departed, the American turned to his host and said that he did not wish to ask questions out of turn but would he mind explaining "Rule Six." "Not at all," the Britisher replied with a smile. "Rule Six is 'Don't Take Yourself Too Seriously'."

"And what," asked Mr. Morrow, "are the other rules?" "There are no others," he was told.

Just Asking

We had been in practice long enough for me to try to protect my husband from night calls. One night, when the telephone rang, I told the man who called that the doctor was out on a case, and I did not know when he would be back.

"My kid's got the colic, ma'am," came a worried voice. "Can you suggest something I could do?"

"Who is it? What do they want?" my husband kept whispering at me. So I put my hand over the mouthpiece and gave him the information. "Tell him to give a soapsuds enema," was his whispered advice.

"Have you tried a soapsuds enema?" I asked the telephone.

"Hot water?" went on the anxious father. "How much? Any particular kind of soap?"

At each question I dutifully covered the mouthpiece while I consulted my husband, and then transferred his whispered instructions to the telephone. Finally the voice at the other end asked, "Are you SURE the doctor isn't there?"

"Of course not," I answered. (What else COULD I say?) "The doctor is out on a case."

"Well then, lady," came the sarcastic voice, "would you mind telling me who sleeps with you when the doctor is out?"

(Submitted by Mrs. Wm. H. Best, Brooklyn, N. Y.)

The Animal Kingdom

A doctor was confronted with the problem of how to inform his patient, a very young unmarried woman, that she was pregnant when the Friedman test was positive.

He said very tentatively, "My child, that rabbit says that you are going to have a baby."

The patient answered, quite innocently, "Doctor, I've heard that birdies say things are going to happen, but never knew that bunnies also tell."

(Submitted by Ruth V. Liroff, M. D., Birmingham, Ala.)

SOCIALISM

You have two cows and you give one to your neighbor.

COMMUNISM

You have two cows; you give both to the government, and it gives you the milk.

FASCISM

You keep the cows and give the milk to the government and the government sells part of it back to you.

NEW DEALISM

The government shoots one cow, milks the other and pours the milk down the sink.

NAZIISM

The government shoots you and takes the cows.

CAPITALISM

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



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1/17 as much Fe,
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as PABLUM



1 oz. of Pablum contains 221 mg. Ca, 8.5 mg. Fe—So absorptive is Pablum that when mixed to the consistency of ordinary hot cooked cereals it holds 7 times its weight in milk—before being served with milk or cream. Hence an ounce serving of Pablum thus mixed with milk adds at least .53 Gm. calcium to the diet.

Tomatoes

1/70 as much Fe,
1/71 as much Ca
as PABLUM



Carrots

1/50 as much Fe,
1/17 as much Ca
as PABLUM



NOT only does Pablum have a higher iron and calcium content than vegetables but, most important, clinical studies of children have demonstrated that in Pablum these minerals are in available form. Investigations by Stearns and Stinger, Schlutz, and Cowgill show that even such an iron-rich vegetable as spinach did not increase iron storage in the body, in fact, caused a loss in some instances. A factor responsible for this difference may be the higher content of *soluble* iron in Pablum—7.8 mg. per oz. Then, too, the water in which Pablum is cooked (by a patented process) is dried with it, whereas the cooking water of vegetables is usually discarded, with its valuable content of minerals and vitamins. Stearns reports difficulty in feeding spinach in sufficient quantities to affect the iron balance of children. Spinach and other highly flavored vegetables are often difficult to feed. Pablum, on the other hand, is a palatable cereal that can be fed as early as the third month, and for older children it can be varied in dozens of appetizing dishes. Recipes and samples available on request of physicians.

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1/12 as much Fe,
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String Beans

1/31 as much Fe,
1/15 as much Ca
as PABLUM

Spinach

1/12 as much Fe,
1/10 as much Ca
as PABLUM



	Mg. per Oz.	
	Iron	Calcium
PABLUM	8.5	221.0
Beets	0.67	6.8
Carrots	0.17	13.1
Peas	0.50	8.0
Spinach	1.13	21.8
String Beans	0.27	14.2
Tomatoes	0.12	3.1

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