

"Resistance to tyranny is  
obedience to God."

—Thomas Jefferson

# BULLETIN

of the  
**Mahoning  
County  
Medical  
Society**

Vol. XII      No. 5

May          1942



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## PRESIDENT'S PAGE



My sincerest thanks to the Committee Chairmen and members of their respective committees who made the Post Graduate Day such a rousing success. With pre-Post Graduate Day prospects very dubious in a war year, several counties gave up their Day entirely. But the success of our P. G. Day reveals the great need for such a program, especially in war years. Congratulations are very justly in order to the distinguished essayists from Northwestern Medical School for their scholarly, appropriate and voluminous papers. Orchids go to the Auxiliary for the excellent attendance and fine management of the lay program for the ladies.

The entertainment committee deserves much praise for the fine management of the Annual Dance. Those who failed to attend missed a beautiful and enjoyable party. It is the opinion of the writer that this annual event hereafter should belong to our Auxiliary. Sponsored by our Auxiliary, this annual event will place the enthusiasm and detailed management in the hands best fitted to conduct such a party—our wives.

Those who were privileged to attend the Smoker for councillors, delegates, presidents and secretaries at the State Meeting came away from the meeting with a profound feeling that: First, the Ohio State Medical Association is definitely doing a wide-awake and satisfactory job of supplying physicians for the present needs; Second, the red tape is being cut to a minimum and needed younger physicians will get their commissions without untoward delay. (This latest point is very important when 3A is no longer a feature with the local draft boards.) Third, every physician, regardless of age, has a definite place in this war program. It is, therefore, vitally important that every physician *MAIL AT ONCE* his enrollment blank for procurement and assignment.

WALTER KING STEWART, M. D.  
*President.*

## Editorial---

### OUR HERITAGE

*(Dr. Coy's editorial is one of several to be carried this year. The writers are asked to express their own views, guided by one purpose—the best good of our Society.)*

By Warren DeWeese Coy, M. D.

During this time of world upheaval in which our special skills will be in demand under conditions and with implications that we had not previously considered, it is necessary that we do not become confused by objectives that are first taken and then rationalized.

The principal of reasonableness is still valid. Its application to the practice of medicine and surgery needs no defense. Whether it be responsive to the influences outside of the profession or to the tendencies within, the principal remains the basis for advancement, for continuation of the progress that has been comparable to that in other branches of science.

War does not necessarily arrest our progress, although it will greatly alter the conditions and in many ways broaden our experience. But there has been thrust upon us the necessity of justifying, through our efficiency, our professional value and our independence of outside restraint; and this has come at a time when reason is least tolerated and when emotion determines values.

This becomes a challenge to the sense of duty to medical men all over the world. If the purpose of the individual be to have a short strenuous existence, terminating in battle or in consequence of it, our entire effort of conservation beyond the alert, responsive, reproductive age must be superseded by a scheme of selective breeding which has been balanced so that enterprising individuals may have under their control sufficient power and an economic number of exploitable beings through whose efforts they may be fed. With the greatest military power that the world has ever known proceeding with this in view, we cannot dismiss this as inconsequential.

Nor can we disregard the implication that medicine does not exist through any intrinsic value, that our ministrations are not a sufficient objective, but must be directed toward furthering social, political or economic ends, with which we have not been concerned.

The effect of both these extraneous forces upon research can be anticipated; and as its interest declines or is obstructed, progress is arrested. There is no middle ground upon which we can meet either of these militant and less humanitarian ideals. Our position is the reasonable one that we have occupied throughout the time of our rapid progress. We would still be more interested in the individual



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under our care for his own sake, and through his welfare make contribution by a natural process.

We have no doubt of the ability of the profession through adequate organization to meet the demands that war may occasion. We believe it will avoid the over-organization that precludes efficiency and if permitted freedom of action in matters within its sphere, will do much toward maintaining public confidence.

We had the same confidence in the previous war. We believe that we made a satisfactory response to the needs of the time. New methods were introduced and experiences recorded that have contributed much to medical and surgical knowledge. Enough time has elapsed to enable us to assimilate the gains and to discontinue much that had been promising.

We expect a repetition of this experience and expect different methods to be adopted with the same enthusiasm. It probably will not take as long to evaluate them. We are aware of the eagerness for recognition that attends new ideas and new methods and these need not mislead us. Special methods become of less value to ultimate progress than the alert attitude toward all methods.

The spirit of inquiry into immediate needs, application of discoveries in other branches of science, and reasonable interpretation are still as essential to progress as we have held them to be. We have become so indoctrinated with the idea of change that it is the normal expectation. We are apt to confuse its significance. Changes that are both beneficial and enduring are more apt to be emergent than revolutionary.

### STATE PRESIDENT COMING TO YOUNGSTOWN

Dr. Edward J. McCormick of Toledo, the new president of the Ohio State Medical Association, will be in Youngstown on Thursday, May 14, to speak at the monthly luncheon of the Medical-Dental Bureau at the Tod Hotel. Dr. McCormick will represent the National Physicians Committee for the Extension of Medical Care, an organization devoted to maintaining the high ideals of American medical practice and opposing movements which would lower standards by taking away the individuality and freedom of the practicing physician. The subject of his talk before the Medical-Dental group will be "The American Way."

Dr. McCormick is intensely patriotic. He is well known as a bril-

liant speaker and a national authority on medical affairs. Those who heard him address the Convention of The Ohio State Medical Association on "Medicine of the Past, Present and Future," were tremendously impressed. Doctors of Youngstown and vicinity will be pleased to have the opportunity to meet him personally and express their loyalty to the principles he upholds.

The Medical-Dental Bureau takes pleasure in inviting all physicians and dentists to be its guests at this luncheon meeting which will end this year's educational program.

Be sure to tune in on the Mutual Network radio program sponsored by the National Physicians Committee every Friday evening.

## SOME CRITERIA FOR THE SELECTION OF INTRA- VENOUS FLUID ADMINISTRATION

By E. H. Young, M. D.

Read Before the Staff of St. Elizabeth's Hospital, January 7, 1942.

The purpose of this paper is to suggest some criteria for the choice of intravenous fluid therapy. While other types of fluid might be discussed, the three types, which we wish to discuss are whole blood, plasma and saline. Each of these and their closely related variants have clearly indicated usefulness and the use of fluids without critical evaluation of the indications for their use may do harm.

The criteria for the selection of fluid are simple, and they indicate both the quality and the quantity of fluid that should be given. They are simple, exact determinations which give evidence of a therapeutic need before the clinical manifestations become apparent, in most cases. They allow the institution of therapy in this preclinical period which is the much more effective time for therapy and sometimes irreversible damage has been done by the time that clinical manifestations have appeared. The necessary data for these criteria are obtained from the determination of the hematocrit, the specific gravity of the plasma or serum (most easily expressed in terms of protein per cent), the red blood cell count, the hemoglobin content and the blood pressure. We have found the basic level for these determinations to be: hematocrit 45, plasma protein 6, red count five million, hemoglobin 15 grams and the total blood volume 6 liters. If the determinations upon the patient differ from these basic figures, the needs of the patient are clearly indicated and it is no difficult problem to decide which of the three fluids and how much should be given.

The conditions in which intravenous fluid is more commonly indicated are: abnormal hemoconcentration from water starvation or excess fluid loss from excessive per-

spiration, diarrhoea and vomiting; tissue anoxia due to blood loss; deficient plasma protein due to increased capillary permeability protein starvation, impaired absorption of primary substances or their synthesis in the liver to plasma protein; decreased cardiac output with low blood pressure due to peripheral vascular collapse, shock or other discrepancy between blood volume and capacity of vascular bed.

The use of the word "shock" demands some apology. The concepts of the meaning of this term have changed greatly but the definition most commonly accepted by critical workers at the moment is that shock is the body state produced by capillary atony. The etiology may be anything that destroys capillary tonus and contractility such as protein cleavage products, tissue extracts, anoxia, bacterial products and chemical poisons. The manifestations of capillary atony are increased capillary permeability, blood fluid and plasma protein loss, hemoconcentration, disparity between blood volume and volume capacity of the vascular bed, lowered blood pressure, diminished minute volume output of the heart, tissue anoxia, tissue damage particularly of parenchyma and smooth muscle with further involvement of the capillary tone. And so a vicious cycle is established. Many things previously considered an essential part of shock are found to be precursors of or complications of it. This is particularly true of the cardiac and vascular insufficiencies seen in cardiac infarction and venous collapse. These and other conditions may condition capillary atony and shock by starting the vicious cycle through their effect in producing tissue anoxia and the discrepancy between blood volume and capacity of the vascular bed. Peri-

pheral vascular collapse and coronary occlusion present many of the clinical manifestations of capillary atony but their pathological anatomy and physiology are fundamentally different although they eventually interact in most cases. A critical analysis of the different mechanisms involved is imperative, however, if substitutive fluid therapy is to be justified and efficient. For these reasons, similar clinical manifestations and laboratory determinations must be interpreted in the light of the mechanisms involved.

The problem is simple in cases of simple dehydration. The hematocrit, the specific gravity, the blood count and the hemoglobin determinations will all be relatively equally increased and saline alone is indicated. The quantity is indicated by the relative percentage above normal times 6 liters. The subsequent needs can be estimated with fewer determinations probably best by repeated hematocrit determinations.

In cases of tissue anoxia due to hemorrhage without the manifestations of shock, the hematocrit, the specific gravity, the red count and the hemoglobin will be relatively equally decreased. The indication is clearly for whole blood in a quantity equal to the percentage below normal times 6 liters. However, it has been found that plasma alone will substitute very well for whole blood unless the hemorrhage has been particularly great.

In cases of deficient plasma protein without manifestations of shock, there is usually a moderate anemia with low hematocrit, low blood count, low hemoglobin and low specific gravity. Most cases will indicate some whole blood and some extra plasma.

In cases of hemoconcentration due to shock, the hematocrit and the blood count are relatively greater than the level of the specific gravity of the plasma as compared with the

normal. Plasma in quantities sufficient to return the hematocrit to normal is indicated. Since milder shock or shorter duration is the more effectively combatted, the element of degree and duration will suggest the interval of repetitions of hematocrit determinations in order to hold the blood elements as near normal as possible. It may also be necessary to give plasma in excess of the indicated quantity to bring the hematocrit to normal if the discrepancy between blood volume and dilated vascular bed is so great that blood pressure is appreciably lowered. It is also to be remembered that grave capillary atony of long duration may not be capable of response and that the state of shock has passed into an irreversible state.

In cases of falling blood pressure due to shock or to vascular collapse without excessive hemorrhage, where there is a low blood pressure due to the discrepancy between blood volume and vascular bed capacity, the indications are for plasma rather than whole blood regardless of the hematocrit readings and specific gravity findings of the moment because the early stage of peripheral vascular failure may show little hemoconcentration until the anoxia of the peripheral vascular failure causes the capillary atony and fluid loss characteristic of shock. It would be unwise to give whole blood which might later become a problem when shock is added to the peripheral vascular failure and the hemoconcentration of shock would occur. Saline is never a fluid of choice in this condition and its use often does much more damage than good since it passes into the tissues readily and further increases the difficulty of tissue respiration and hastens the intensity of shock.

In cases of shock and hemorrhage there may be some difficulty in the interpretation of the findings but the relative degree of shock can be de-

terminated by a study of the urine and the determination of N. P. N., calcium and chlorides of the blood. The blood loss would mask the hemoconcentration of shock but the increased concentration of N. P. N. or calcium and the decreased calcium value of the blood will indicate the hemoconcentration in this complex state. It is also to be remembered that the differentiation of hemorrhage and peripheral vascular failure from

shock can be determined by the examination of the urine. Peripheral vascular failure is a venous congestive phenomenon, hemorrhage is a local vascular phenomenon while shock is a capillary atony and increased permeability phenomenon so that its presence will be denoted by albuminuria, casts, red blood cell loss in the urine since the urinary filtrate depends upon capillary permeability.

### ANOTHER 10-STRIKE

Nobody can possibly feel that the Fifteenth Annual Postgraduate Day, held April 15th, was anything but a triumph.

All the requisites were met. First, of course, was that the faculty and the subjects should be very good. They were all we could ask for and then some. The ladies and the Rotarians were delighted. Nothing but praise is to be heard of Dr. Miller's and Dr. Gardner's excellent performances before these groups.

Equally enthusiastic were the Postgraduate audiences over the excellent lectures of both of these men and of Dr. Buchbinder, Dr. Culver, and Dr. Rhoads. The vast amount of hard, careful work that lay back of their papers was so obvious that, fortunately, we all realized it then and there. The spontaneous applause must have conveyed convincing proof to our guests that what they had done for us was not "Love's Labor's Lost."

Second, was the other objective, good will, the fine fellowship of our own men with one another and with visiting physicians from other counties. Not a discordant note, comradeship, friendship, good will, but unity—the essences which bind us together, make us strong and effective in fighting disease, make us invincible against arrogance and hatred—were all there. Hitler and Company won't like that, but they can't do anything about it!

President Stewart, Program Committee Chairman Evans, Postgraduate

Day Committee Chairman Wales, Social Committee Chairman Wenaas, and all the members of these committees, did themselves "proud." As always, also, the Society as a whole did, each man, his "bit."

One doctor, Dr. McElhane of Greenville, Pa., who has attended these annual affairs twelve consecutive years, voiced what is the unanimous verdict—"One of the best in all those years!" The set-up rated that praise. C. B. N.

### Boy Scout Health Week

The week of May 25th will be Annual Boy Scout Health Week. Every Boy Scout in the county will take his health examination. He will be instructed to go to his family physician, therefore, doctors are expected to examine these boys, fill out blanks and make recommendations relative to corrective defects and limitations if any, of his summer activities.

Defects of teeth, tonsils, ears, heart, allergy and joint disturbances should receive special attention.

The Boy Scout Camp needs ten volunteers for medical supervision, to advise the First Aid Leader and visit the camp once or twice each week during the camping season.

This would mean one doctor a week, changing each Sunday for 10 weeks.

If you are willing to serve, will you communicate with Dr. J. P. Harvey, Chairman, Health and Safety of Boy Scouts Committee.

May



## NOTES ON P. G. DAY

Bright and sunny—the traditional Postgraduate Day weather. Our research department always takes care of that! The committee on hand bright and early to greet everybody. Wales, DeCicco, Reilly and Wasilko at the registration table. Altdoerffer with the Northwestern group in tow and looking mighty proud. Mary Herald beaming and handing out the cards. Here's the bunch from New Castle; Aquaviva and Prioletti, J. R. Cooper and McDowell, Grossman, Popp, Hinkson and Rice, the two Perry's and Hindman.

Time for the first lecture. Projector and loud speaker all ready, but where's Rhoads? Let's see who is here from Warren—there's Caldwell and Heeley, Shapiro and Bolotin, Myers, Rogers, McKay, Knox and Drown (master of the fox hounds.) There's Massey and Merkel from Sharon, where's Moses? Only three visitors from Salem, ought to be more. Funny how the doctors will come from long distances for a good program, when the boys right around close can't get here! Here's Hurwitz from Jamestown, N. Y.

You have to hand it to those fellows from Pennsylvania, they like our Postgraduate Day! There's Hamilton from Greensburg, our old interne and regular attender. Nast from Butler came down with Collins from Adamsville. McElhaney, Bailey and Knapp from Greenville. Tuthill came up from Pittsburgh and Brant from Crafton. J. A. Welty and Sharp came all the way from Oil City; Blanchard and Beals from Franklin. Jamison is an old regular from Grove City; and Vincent from Slippery Rock (beautiful country up there.) Magoffin, Crumay and Emery drove over from Mercer, Campbell came from Bessemer, Lane from Corapolis and Summers from Ellwood City.

Now that the first two lectures

are over and we know all about strep throat and ruptured bladder, let's look at the exhibits (those nice samples.) Don't shove boys, let me get some of that Pepsi-Cola. Here's a Hayford from Zimmers, what's the news? Yes, it's a dandy crowd. Don't stab me with that knife, Frank Lyons. A letter opener, well it looks like a stilleto to me. Sure, I'll see you upstairs later. Medical-Dental Bureau and Price explaining facts and figures. Corsets, baby-food, Ralph White and Ralph Jr. passing out cigars. Merrel's natural salicylates, a movie on birth control (shades of Mussolini.) Infant Di-Dee Service, no samples please! Treudley's office furniture and Cross Drug Co.—more samples. Oh, a pencil from Mead-Johnson—a leather key case from Similac—Let's get back to the lectures.

Duodenal Ulcer and Pelvic Endometriosis, both serious problems and well presented. We should have these meetings more often. If we can't go to Chicago to hear these teachers, the next best thing is to bring them here. You have to give these men a lot of credit for coming away out here to tell us about the new things. And they seem to enjoy it. Greatest profession in the world!

Quite a crowd at lunch. Loud speaker in the Cascades Room so everybody can hear Dean Miller's speech to Rotary on "American Medicine During Wartime." He says the army will need every able bodied physician under fifty years of age. He ought to know, so I better get measured for that uniform!

There's Copeland from Bedford. He will make a fine major. Wyckoff and Glass with him and having a great time. There's Lyle and Whitaker from Minerva! Meacham, Painter and Kauffman from Kent. R. E. Bunker from Magnolia was the first to register this morning.

(Continued on Page 147)



# Honor Roll

## *In Military Service*



### From Private Practice

Raymond S. Cafaro	S. D. Goldberg	Stanley A. Myers
Richard V. Clifford	J. S. Goldcamp	Thomas E. Patton
Martin E. Conti	Joseph P. Keogh	Asher Randell
A. R. Cukerbaum	S. J. Klatman	J. A. Renner
Sidney L. Davidow	Herman H. Ipp	J. A. Rogers
Samuel Epstein	O. M. Lawton	Samuel Schwebel
Henry Sisek	W. J. Tims	

### St. Elizabeth's Internes

Nathan D. Belinky	Stephen W. Ondash	Geo. L. Armbrecht
John T. Murphy	Donald Birmingham	David D. Calucci
Edw. F. Hardman	Morris I. Heller	Adanto D. Amore

### Youngstown Hospitals' Internes

Louis R. Kent	Charles R. Sokol	W. Frederick Bartz
Paul W. Suito	Woodrow S. Hazel	Frederick R. Tingwald

### St. Elizabeth's Hospital Nurses

Ann Hassage	Ann Dorsey	Ethel Baksa
Rose Vertucci	Margaret M. Hogan	Mary Ribich
Virginia Frame	Josephine Malito	Ann Pintar
Ethel Yavorsky	Hilda Cherasin	Regina Aleksiejezyk
Catherine Doyle	Alma Pepper	Margaret Meletic

### Youngstown Hospital Nurses

Betty Boyer	Katherine Keshock	Ursula Thomas
Margaret Davis	Dorothy Oswald	Madaline Vrancich
Dorothy Dibble	M. Schnurrenberger	Ellen Andre
Mary Hovanec	Mary Taddei	Mary Louise Smith
Agnes Keane	Freda Theil	Stella Sylak

We shall do our very best to carry each month the names of all medical professional people who are in any branch of Military Service. In order that we may miss nobody, will those who enter the service, and other members of the Society, please see that I am notified promptly? Furthermore, we at home would be delighted to have a word from you for the Bulletin. Won't you tell us about yourselves and as much as you can about your service?

CLAUDE B. NORRIS, Editor

Phone 37418

## THIS MONTH

### Speaker

**DR. JOSEPH A. KASPER**

Director—Bureau of Laboratories  
Detroit Department of Health

### Subject

## ACUTE INFECTIONS

Dr. Kasper's Address will include Aids to Diagnosis and Recent Improvements in Therapy. He will discuss, also, interesting observations in conditions such as diphtheria, erysipelas, meningitis, infectious jaundice, whooping cough, and food poisoning. These observations will be illustrated with lantern slides.

**Tuesday at 8:30 P. M., May 19th, 1942**

**Youngstown Club**



## JUNE MEETING

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**JUNE 16th.**

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### Notes on P. G. Day

(Continued from Page 143)

Only four from Canton this year: Kaufman, Feingold, Bowman and Frank Hart, and four from Akron: Pond, Voke, Palmer and McErtt. Harry Bookwalter, the biggest little fellow from the biggest little town in Ohio—Columbiana. And Chester Denault from there, too. Where's young Bookwalter? Our former internes: List from Andover, Smith from Bristolville and McConkey without his father. We miss that fine old gentleman.

Our Bulletin sure gets around. You would be surprised at the number of men in this part of the country who read it. Our Program Committee is providing fine speakers not only on Postgraduate Day but every month and we are happy to have our neighbors come any time they can. Space does not permit mentioning all our guests, like Harry Harris, Harry Hurd, L. L. Liggett, Siver, Berlesly and Ball but you are all welcome, and we hope you will come again soon!

J. L. F.

### P. G. Chairman—Wales

I wish to thank the Post-Graduate Committee, the Program Committee and the Social Committee for their splendid co-operation in putting across another successful event.

Of course the membership, their loyalty in attendance and eagerness to support, is what we depend upon from year to year. They have never failed us.

This year, feeling the need of much support, Drs. Alice W. Elliot and J. C. Vance were added to the committee and their efforts were much appreciated.

CRAIG C. WALES, M. D.

### Medical Society Spring Dance

On Saturday evening, April eighth, members of the society brought their wives and sweethearts to the Youngstown Country Club for an enjoyable evening of informal dancing. Approximately a hundred attended the gay affair which marked the last opportunity for many of them to meet together before being scattered on their war duties. There was no evident sadness, for cares were left outside the door and a gala spirit prevailed. The ladies were lovely in their dancing frocks and everyone enjoyed the perfect rhythm of Wick Mackey's orchestra.

The party this year was not scheduled as a formal dinner dance but quite a few came early to dine together and then join the larger group which came later. Dancing began at nine o'clock and continued until one. The arrangements were under the capable direction of the Social Committee, Dr. E. J. Wenaas, chairman, with Dr. Barclay Brandmiller as co-chairman.

J. L. F.

### SECRETARY'S REPORT

The regular April Council meeting was held at the office of the Secretary on the 13th of the month.

The Fifteenth Annual Post-Graduate Assembly was held on the 15th, thereby eliminating the regular monthly meeting.

**Members entering military service please notify the secretary in writing, stating rank, date and new address.**

G. M. McKELVEY, M. D.,  
Secretary.

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## THE CLERIC AT POST

BY ROLAND A. LUHMAN  
Minister, First Reformed Church,  
Youngstown, Ohio

For several years the writer of these articles has been an unofficial observer at the Mahoning County Medical Society Post Graduate Day at the request of various members of the society. My presence, I must admit may be considered somewhat selfish. For the need that crops up with regularity within me to open the sluice gates of appreciation and so gain a wider horizon value of professions other than my own, has been the incitation.

There is a tendency to get into the cozy hum-drum life of one's own profession and be content to let the rest of the world go by. This attitude recalls the reply made some years ago by a certain Kentucky mountaineer. A party lost in the winding hills of that blue grass country, inquired of one of the rambling mountaineers who was slowly ambling along the dusty highway, "How do you get out of here?" Gesticulating most aimlessly, but expectorating with deadly accuracy, the Son of Corn replied, "Well, I ain't never been out, but I heerd tell that the way to git outside is to git yourself over yon peak to the county seat. Then turn left where the hardware store used to be."

There are altogether too many in all professions who never "git outside." So also there are altogether too many who never "git outside" of their own stereotype professional practices. Yet one cannot attend Post Graduate Day as an observer for years as I have been doing, without sensing that attending the sessions are doctors who really want to "git outside" of themselves; broaden their knowledge and deepen their understanding of the profession.

My observations of necessity are different than those of the medical profession. The observations of the

doctor are objective. Mine are subjective. My observations are gained by mingling and chatting with the men in attendance, ever watchful of facial expressions as they listen intently to learned experts present and clarify viewpoints on a given subject. I observe the questioning look; I note the searching eye; I regard the furrowed brow! I view the attentive posture. All these are to me outer visible evidence of inner imperceptible thought processes. And the conclusion arrived at is this: Obviously here are men intent on one thing. They are present to gain additional knowledge through lectures, discussions and pictures, in order that they in turn may translate into actual practice the assimilated learning with still greater skill and wisdom.

Now all this may sound rather academic and trite. It is but a statement of fact. A fact no doubt known to everyone. But that which is of real importance is not only the recognition of the fact but a recognition of the significance of that fact. And that is a horse of an entirely different color. I would therefore comment on the significance of the fact.

Superficially the observer sees many physicians and surgeons in a great concourse seeking to enlarge their knowledge and learning of diagnosis and treatment. That is the fact. Of it all are conscious.

But what is the significance that lies behind that fact? Tersely stated it is the spirit of Hippocrates. I need but to recall to your mind that it was under his guidance that medicine for the first time came into its own. It was Hippocrates who relieved the supernatural gods of the responsibility for disease. It was he who placed it exactly where it belonged. And he cast the responsibility for disease right into the lap of man

himself. No longer could the priest of the ancients blame the whims of the supernatural dieties for disease. Now it was either man's folly or his ignorance or both. And since the days of Hippocrates to our present day medical research and the advance of medicine is the record of the extent of man's acceptance of this personal responsibility for disease.

On Post Graduate Day there is tangible evidence that the Medical Group by and large has accepted the obligation cast upon it and is exerting every effort to continue the march for freedom from disease started by Hippocrates and so nobly carried on by his successors. For modern medical men are agreed that it lies within their province to further free man from the ravages of disease. In the attempt to realize that end he further knows that if any progress is to be made toward the fulfillment of that hope that it must be made outside and beyond the methods and practices of the present day. He knows that no progress is made by toeing the line. There must always be a forward movement. And to generate that forward movement demands human activity.

As I beheld these fellow-citizens of mine, a feeling of hope surged through my being. I felt rather certain that in the event of some great personal or community disaster which would require that attention of the medical profession, the doctor would be ready to cope with the situation. He was preparing himself for any and all exigencies. I felt that there was a group intent on unearthing all facts concerning the origin and the protraction of disease by accurately observing facts as they presented themselves in their fellows; that at times these facts proved to be extremely stubborn and refused easily or quickly to be understood, let alone controlled or even for that matter conquered; that each man felt keenly his human limitations yet felt that

by perseverance and application he was capable of discovering the law of nature that baffled him. And the deduction is this: that the doctor is aware of the truth that the ultimate victory in the battle of medicine for the freedom from disease lies only indirectly in the field of medicine itself. In reality it lies in the field of the spirit. Directly it lies in the doctor's undaunted spirit, in his perseverance, industry and patience. For the discovery of the correct and effective treatment is but the result of the spiritual warfare he carries on day after day within himself; that warfare between the spirit of complacency, dogma, inactivity and passivity, and the spirit of enthusiasm, open-mindedness, industry and initiative. He who fails in possession of these latter qualities only coasts along on the momentum created by his antecedents.

This then is the dominant note of Post Graduate Day. A certain group of men, doctors, have set themselves to an arduous task. That task is to free men of all forms of disease and superstition. They strive daily to achieve that goal to the best of their ability. It is the one profession which deliberately sets out to put itself out of business.

Daily the doctor is confronted with the problem of disease. But that is not all. Sometimes it seems to be the lesser task. For not only must he fight disease, but also the stubbornness of man who permits the disease to go unchecked. So the real problem of the modern doctor is not only the task of segregating and isolating disease germs. It lies in the more difficult task of segregating and isolating poisonous ideas in humans.

To the end that medicine march on for the freeing of man both physically and mentally from disease and fallacious reasoning may God grant understanding and wisdom to the doctor in his profession. May this be the aim of Post Graduate Day.

*May*



## SINCE LAST MONTH

Dr. and Mrs. L. J. Goldblatt have returned from a short vacation in New York.

Dr. and Mrs. A. M. Rosenblum spent five weeks at Miami Beach, Florida.

Dr. and Mrs. F. W. McNamara have returned from a vacation at Miami Beach and Fort Lauderdale, Florida.

Mrs. Joseph P. Keogh (Mary Louise Bierkamp) has arrived to be with her parents, Dr. and Mrs. F. J. Bierkamp for the duration of the war, while her husband, Lieut. Keogh, U. S. N., is in the service.

Dr. H. E. Kerr, local dentist, will report for duty as a lieutenant-commander in the Navy May 18th.

Dr. and Mrs. Donald Gross are spending a few weeks vacation at Southern Pines, N. C. Their son, William, Georgetown University student, accompanied them as far as Washington, D. C.

Dr. B. J. Dreiling and his brother, Dr. Otto Dreiling have returned from Hays, Kansas, where they visited their father, John A. Dreiling. They were accompanied by Dr. B. J. Dreiling's sons, Bernard and John and Dr. Otto Dreiling's son, Otto, Jr.

Dr. and Mrs. James L. Fisher have returned home from a trip to Durham, N. C., accompanied by their son, James L., Jr., a student at Duke University.

Miss Sallie Turner, daughter of Dr. and Mrs. W. B. Turner, was married Saturday, April 11th, at New York City, to Mr. William B. McKelvey, son of Mr. and Mrs. L. B. McKelvey and brother of Dr. George M. McKelvey.

Miss Grace Patrick, daughter of Dr. Harry E. Patrick, was married on Saturday, April 18th, at Memorial Presbyterian Church, to Dr. Myron Stanley Owen, of Ravenna, son of Mr. and Mrs. Homer J. Owen.

Miss Marian Dustman was married to Dr. Frederick J. Schellhase, Friday evening, April 10, at Martin Luther Church. Dr. Schellhase is an intern at Youngstown Hospital.

Dr. E. C. Baker spoke on Cancer Control in connection with the National Cancer Control Month before the Fortnightly 111 Club, April 8th, also the Colonial Study Club April 6th.

Dr. P. J. Mahar read a paper on "Diet in Disease" and Dr. Alice Elliott read Dr. Wasilko's paper on "Food Poisoning" at the April meeting of the staff of St. Elizabeth's Hospital.

Dr. and Mrs. A. J. Brandt have taken possession of their new home on Colonial Drive.

Dr. and Mrs. T. K. Golden and Dr. and Mrs. J. J. Wasilko have returned from a week's vacation in New York City.

Our sincere sympathy to Lieut. and Mrs. Martin Conti on the death of their infant son born in St. Elizabeth's Hospital on April 2nd.

Lieut. Samuel Schwebel, who recently received his commission in the U. S. Navy, was home for two days recently. He is due to sail on a tanker soon.

Dr. M. M. Szucs was at the Mayo Clinic for two weeks. He attended clinics on "Peripheral Vascular Diseases." While there he visited with Capt. S. D. Goldberg, who is taking a special three months course in Anesthesiology under the auspices of the U. S. Army.

Dr. and Mrs. J. C. Vance, Lowellville, and their two sons, Jack and Dick, have returned from a vacation at Ft. Lauderdale, Fla.

Dr. Claude B. Norris spoke on Nutrition in National Defense at Y. W. C. A. Nutritional Council at Warren, April 16th. Dr. Norris also spoke to Elm Street School on

Public Health in Relation to Winning the War.

Dr. S. H. Sedwitz spoke before the Lawrence County Medical Society April 9th., his subject was Parietal Pain. Dr. Sedwitz also spoke at the Postgraduate meeting of the Ohio and Pennsylvania Chiropodists held April 26 at Hotel Pick-Ohio. Dr. Sedwitz's subject was Peripheral Disease of the Lower Extremities, Diagnosis and Treatment.

Dr. Wm. M. Skipp spoke before the Trumbull County Medical Society, Warren, Ohio, April 14th, his subject was Endocrinology. Dr. Skipp will talk on the same subject before the Columbiana County Medical Society on May 12th.

**Registered at Annual Meeting  
Ohio State Medical Association,  
Columbus, April 28, 29 and 30**

W. K. Allsop, E. C. Baker, Morrison H. Belmont, L. George Coe, G. E. DeCicco, W. H. Evans, Paul J. Fuzy, William F. Hatcher, John Heberding, J. A. Heeley, J. C. Hall, Paul M. Kaufman, John E. L. Keyes, P. H. Leimbach, David H. Levy, J. N. McCann, H. E. McClenahan, Wm. M. Skipp, H. P. McGregor, Gordon G. Nelson, Claude B. Norris, R. B. Poling, Edward J. Reilly, Samuel H. Sedwitz, A. B. Sherk, Ivan C. Smith, Myron H. Steinberg, Walter King Stewart, Walter J. Tims, Craig C. Wales.

## OUR SOCIETY 65 YEARS AGO

Youngstown, Ohio,  
May 9th, 1877.

Office of Dr. Wilson:

Medical Society called to order by Dr. T. Woodridge, President. Members present were, Buechner, Clark, Cunningham, Hahn, Mathews, McCurdy, Lanterman, Starr, J. E. Woodridge, T. Woodridge and Wilson. Minutes of previous meeting read and approved. Dr. Clark reported information about Durhing's Atlas of Skin diseases and recommended the purchase of a specimen faculus.

Dr. Buechner donated to the library his copies of Braithworth Retrospect and American Journal of Medical Sciences.

The Censors were instructed to subscribe for the London Lancet.

The names of George S. Peck of Youngstown, H. R. Moore and I. W. Bard of Poland were presented for membership.

Censors were requested to report at once so that action could be taken the same evening. Censors reported

favorable and all the candidates were elected members.

Drs. J. F. Wilson and W. L. Buechner were elected delegates to attend the American Medical Association to be held at Chicago in June, 1877.

Drs. M. S. Clark and J. S. Cunningham to be alternates.

Drs. W. J. Whelan and A. J. Lanterman were elected delegates and Drs. J. E. Woodridge and John McCurdy, alternates to the Ohio State Medical Society to be held at Put-In-Bay, June 12th, 1877.

Dr. McCurdy completed the reading of an essay in reply to Dr. Mathews' essay on Alcohol. Essay received by Society. Cases were reported by Drs. J. E. Woodridge and Starr. Dr. Mathews reported that the propositions had been submitted to the infirmary directors and was being considered by them, committee continued.

Adjourned to meet the third Wednesday evening in June.

J. F. Wilson, Sec'y.  
T. Goodridge, Chairman.

*May*

## ALONG THE BATTLE FRONT

### SHOULD DOCTORS TELL THE TRUTH?

By J. Shelton Horsley, M. D.

(From Virginia Medical Monthly)

Not infrequently in the practice of medicine such a problem as this arises: A woman with a suspicious lump in her breast consults a doctor. She is accompanied by her daughter or a relative or friend who, in a private interview, requests the doctor not to tell the patient that she has cancer if this is the diagnosis, because the patient will be profoundly shocked if she knows the truth. The doctor is urged to inform the patient that the tumor is benign, even if he believes it to be cancer.

Many years ago, the late Dr. Richard C. Cabot conducted an investigation as to the wisdom of truthfully informing patients about their disease. Using as controls patients who were purposely deceived about their condition, he concluded that from the clinical standpoint alone the patients who were told the facts seemed to do better than those who were deceived. If a policy of deception is deliberately pursued, the patient sooner or later usually learns the facts. There can be no intelligent cooperation in the treatment. The relative or friend will unconsciously lose respect for the veracity of the doctor, whether he be family physician or surgeon. If in the future the daughter has a lump in her breast and goes to the same doctor and he tells her that the growth is not malignant, the daughter will think he is deceiving her, too. How is she to know when he is telling the truth?

Thus an increasing distrust of the medical profession is bred. The very basis of scientific work is a search for truth, and doctors in the operating room, or at the bedside, or in the laboratory cannot consistently pursue the search for truth when in their communications with the pa-

tients, they are purposely suppressing it. How can we expect an intelligent public to respect a profession that deliberately deceives the patient.

How can a patient reach a proper decision as to the adoption of the doctor's advice for treatment of an ailment if the fundamental facts in the case are withheld from the patient? Of course, it is unnecessary to pour brutal truths into a patient's ear unless the patient wishes to know the truth. When the patient's relatives earnestly request that an offensive diagnosis be withheld, the doctor may respect such a request by telling the patient that this information has been imparted to the family and he prefers not to discuss the case with the patient. Then the relatives and friends can do their own lying.

Naturally the doctor should put as optimistic an outlook on any clinical situation as the facts will justify, but this is quite aside from adopting the policy of telling the patient that there is no malignant disease when the doctor believes that the patient has cancer. We owe it to the public and to ourselves to tell the patient the true situation, if the patient requests this information, and to maintain a policy that will not only be worthy of the fullest confidence of the public but at the same time will not tend to weaken our own respect for truth.

An additional incentive for telling the patient the truth is reported by Dr. Elmer Belt, of Los Angeles (*Journal of Urology*, 46:1017-1018, November, 1941). He operated upon a patient for carcinoma of the prostate. The daughter of the patient requested Dr. Belt not to tell her father that he had cancer, and the doctor complied with this request. The patient later found that he did

have carcinoma of the prostate and filed a suit against Dr. Belt for \$113,500 for not telling him that he had cancer. The patient had made some financial commitments which he would not have made had he known that death was imminent. The patient said that he knew his daughter was a partner in the false presentation but he could not sue her, so he sued the doctor. The doctor employed the best legal minds to help in the problem, because this point had never before been tried in court. There were extensive preparations for the suit, but the patient died just before the suit came to trial. So this legal point is still pending.

### The Other Side

Perhaps some of the readers of the guest editorial written by Dr. J. Shelton Horsley and printed on the first page of this issue of the VIRGINIA MEDICAL MONTHLY will feel that there is another side to the question raised by our distinguished contributor. Oliver Wendell Holmes has so well expressed this other view in the *Professor at the Breakfast Table* that it may not be considered out of order to reproduce his words here:

"If you are making choice of a physician, be sure you get one, if possible, with a cheerful and serene countenance. A physician is not—at least ought not to be—an executioner; and a sentence of death on his face is as bad as a warrant for execution signed by the Governor. As a general rule, no man has a right to tell another by word or look that he is going to die. It may be necessary in some extreme cases; but as a rule, it is the last extreme of impertinence which one human being can offer to another. 'You have killed me,' said a patient once to a physician who had rashly told him he was incurable. He ought to have lived six months, but

he was dead in six weeks. If we will only let Nature and the God of Nature alone, persons will commonly learn their condition as early as they ought to know it, and not be cheated out of their natural birthright of hope of recovery, which is intended to accompany sick people as long as life is comfortable, and is graciously replaced by the hope of heaven, or at least of rest, when life has become a burden which the bearer is ready to let fall."

### School of the Sea

By Commander Leland P. Lovette, U.S.N.

Reviewed by  
Captain P. J. Searles (C. E. C.) U. S. N.  
(Retired)

(From New York Herald Tribune Books)

When a bewildered, homesick but excited lad of seventeen entered the Naval Academy a good many years ago, the new and utterly unfamiliar surroundings were hopelessly confusing. He had seen the Atlantic Ocean on a memorable visit to Coney Island, had glimpsed a warship from Brooklyn Bridge and had even known an admiral who fought in the battle of Mobile Bay. His knowledge of the Navy and sea went no further. Of course, he had read of John Paul Jones and Commodore Perry, but they were misty figures from the long ago, not the living traditions they later came to be. "Starboard your helm," "lay aloft," "cat the anchor," "vast heaving," "scuttlebutt," even these simplest of nautical terms were Sanscrit. On that bright June day, and for many days after, I needed a friend and guide. If "School of the Sea" had been written then it would have been a godsend.

Probably no school in the United States has changed so little in principle and so much in detail during the last ninety-six years as the Naval Academy. Founded in 1845 (there were earlier, but far from successful attempts to give midshipmen book

learning at sea or ashore), when steam had not begun to replace sail, when electricity was only a natural phenomenon, rifled guns almost unknown, navigation a baby science fostered by Bowditch, radio, submarines and aircraft undreamed of, Annapolis has seen more far-reaching innovations in naval warfare than had been known during the previous thousand years and, what is more, has imparted their essentials in a lasting fashion to thousands of midshipmen who grew up to command squadrons and fleets in drowsy days of peace and bloody hours of battle.

The lads of 1850 were taught seamanship in sailing vessels, fifty years later they maneuvered in small steamboats and cutters, today they dive in submarines and fly in planes. The school has kept abreast of naval science and frequently has led the way. Thus has the Naval Academy changed in detail.

The fundamental characteristics of a naval officer, like the basic principles of strategy, remain the same, and these traits, ideals—call them what you will—are being inculcated today as they were a century ago. They are difficult to define or explain, they must be absorbed by example, guidance and only partially by academic teaching. To one who asks for descriptive words the list would start with leadership with all that it implies of personality, ability to capture the imaginations of others, intuition, intelligence, forcefulness, justice and the knack of doing the right thing at the right time. Nelson had it, so did Decatur, while innumerable others have lacked that most precious quality. There are other requisites of an officer; unswerving loyalty of subordinate to senior and, equally important, of senior to junior; obedience and exactitude in carrying out orders; truthfulness; sense of honor; fidelity to the United States; deep-seated patriotism and personal courage. These cannot be

learned from books, and it is one of the elements of greatness in the Naval Academy that its atmosphere and traditions cause the young student to soak in the essential qualities almost as unconsciously as he breathes the air.

Thanks to a book such as "School of the Sea" the midshipman of today can enter upon his career with at least a partial understanding of his alma mater and the Navy denied to students of thirty years ago. Then we sank or swam by our own efforts; today older officers such as Commander Lovette are by writings and precept giving the much needed guidance that was so long lacking.

Commander Lovette, graduate of the class of '18, commanding officer of a subchaser during World War I and today "somewhere at sea," is a student of Annapolis and Navy history.

The value of his book is, of course, not restricted to Naval personnel although it is heartily recommended to every midshipman. It gives not merely a factual account of the Naval Academy but also tales of midshipmen of long ago—as far back as the sixteenth century—stories of heroism and sacrifice throughout our history, sketches of graduates who have left the Navy and contributed greatly to America in other fields, a host of seagoing yarns, and, above all, as nearly as is possible a word analysis of Navy "spirit," that indefinable inner essence or core of an officer, without which no man can be a great naval leader.

### Coming of Age

By Esther Lloyd-Jones, Ph. D.,  
Columbia University, New York  
And Ruth Fedder, Ed. D., Cheltenham  
Township Public Schools, Elkins Park, Pa.  
(From the A. M. A. Journal)

This book centers its primary interest in human growth as a part of the process of reaching maturity. Although it is primarily written for young people, many parents will ap-

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preciate it in their quest for a way of helping their children to find and give a rich and satisfying life. Professional persons in all varieties of work with young folk will welcome its sound insight, common sense and lack of dogmatism. Personality patterns are drawn realistically and objectively with analyses of family interrelationships and the part each member plays in the whole as well as one member on another. The sum of these observations is a clear picture of the family group as it operates in shaping the personalities of its members. The young person can use this material to help clarify his own picture of himself, both as he has been affected and as he affects others. The parent can find guidance in seeing more clearly the implications of his responsibility to his children.

The first chapters deal with the psychologic factors that go into forming of personality. Examples are given of the different ways in which individuals meet their needs within their own particular life situations. Emphasis is given to the part played by insecurity and unsureness of self and how this expresses itself differently in different individuals. In growing up, young people must know the necessity of accepting limitations and of developing the abilities they possess.

Growing up inevitably involves adjustments which are discussed in separate chapters—the family—the love relationship, college, vocation. The family group provides the first experience with giving and sharing and as such is the foundation on which later adjustments are based. The home should have provided opportunities for freedom of choice and for carrying responsibility so that a young person will learn to meet emergencies and new situations “with security, poise and stability.”

A chapter on men, women and love concerns itself primarily with the distinction between true love and sex

attraction and the problems young people express in relation to this. A discussion brings out several concepts, mainly that true love develops slowly, grows as the relationship grows. True happiness can blossom from physical attraction, but the basis for it must be something much more real and lasting. Mature love implies freedom for each individual and therefore necessitates unselfishness, a real sharing of common interests and growth in understanding one another.

Chapters on college and on vocation show the young person discovering himself further in relation to his own needs and sharing with others and lead to the final chapter, “What Can We Believe?” This chapter, which begins “The most distinctive characteristic of man is his quest for values,” brings the book to a truly inspired conclusion. Man’s eternal quest for goals—for purpose in life—is discussed. Perhaps the sentence that more than any other describes the spirit and purpose of this book is “A person cannot be considered mature until he has, somehow, learned to develop an internal authority that gives him a sense of personal responsibility for making choices in the light of the best he knows.”

### **William Henry Welch and the Heroic Age of American Medicine**

By Simon Flexner and  
James Thomas Flexner  
(From the A. M. A. Journal)

Here is a volume that has long been awaited by the medical profession, since it recapitulates the story of a great leader in the advancement of medical science and since the story is told by a distinguished pupil. Perhaps a single authorship would have made this a better book than it is, because its one failing seems to be the unevenness of the various chapters in their treatment of their sub-

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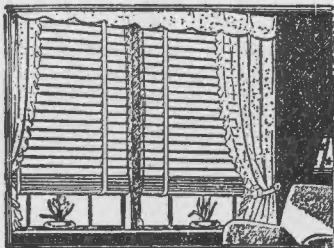
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jects. Thus some of the chapters are highly scientific and profuse with technical terms; others have the charming simplicity that characterized the book by James Flexner called "Doctors on Horseback." If there is any other fault of the volume it lies in its failure to recognize the human attributes of Dr. Welch which made it quite possible for him occasionally to fail in his objectives and which made it also possible that he might occasionally pursue an objective to a successful result without being willing to concede the dangers or the harm that might result from such a success. No doubt the passing of time will make possible a much more scientific evaluation of Dr. Welch's work. The present volume is more than satisfactory as a record of his career and as a picture of the man.

Readers will learn with surprise that Dr. Welch really did not want to be a doctor, that his early inclinations were wholly toward education and the classics. Nevertheless he was descended from a line of physicians, and his decision to engage in medicine as a career met with the prompt approval of his family. His early education was supplemented by study abroad with men whose names today are associated with the fundamental studies that laid the ground for our modern knowledge of pathology and bacteriology. The mind of Dr. Welch was alert, full of curiosity, and was a scientific mind. Hence he sifted well from the vast diet that was laid before him. Nevertheless, just as Sir William Osler failed to recognize the great significance of the contributions of Pasteur, so also the great Welch seems to have failed to participate in the presentations of Robert Koch and spent his time in other studies which seemed to interest him more.

American leaders will want to read this book for its story of the

beginning of the Johns Hopkins Hospital, for the innumerable contacts of William Welch with the great philanthropists who by their gifts probably did as much to force certain trends in American medicine as did the medical leaders who guided those trends. They will find great interest in the travels of Dr. Welch, and they will enjoy the inside story of the establishment of the Institute for the History of Medicine at Johns Hopkins University School of Medicine. The personality of Welch is revealed as that of a man whom many called "Popsy" behind his back but who knew him only as Dr. Welch in his official life. They will find that he was withal a lonesome man, whose influence and work still continue and have made a permanent record in American medical life. One finds that he was a great leader in the campaign against anti-vivisection. One would find the account more balanced if there were adequate mention of the part played by W. W. Keen in this work. One finds him credited for having established the first scientific medical journal in the United States; yet this seems hardly to recognize other contributions which were certainly in the field at the time when the *Journal of Experimental Medicine* was established. The preparation of this book undoubtedly included much research, and there is a long list of acknowledgements. There is also appended a record of the organizations with which Dr. Welch was associated, and the honors bestowed on him. There are many pages of notes documenting some of the statements made in the text, and there is an excellent index. The book stands in favorable comparison with the autobiographies and biographies which have during this year recorded for us the lives of the great faculty which made Johns Hopkins University School of Medicine the leading medical school for a considerable period in our country.

### A Boost from Lawrence

(From Bulletin, Lawrence County (Pa.)  
Medical Society)

The Post Graduate Day of the Mahoning County Society has come and gone in a glaze of glory as usual.

The program was good, the sociability was excellent, and the weather fine.

Our fellows went over and enjoyed the day. All reported pleasure and profit. Among those in attendance were: A. Acquaviva, F. D. Campbell, J. R. Cooper, L. W. Grossman, E. F. Henderson, W. J. Hinkson, C. F. McDowell, E. W. Perry, S. W. Perry, Jr., J. L. Popp, and J. P. Prioletti.

(This month the Lawrence County Medical Society bravely stepped forth with a new and very splendid Bulletin. You can't beat those "Keystone" medicos.—Editor.)

### Dr. Rosenfeld Member Of Surgical Relief Body

Dr. Joseph Rosenfeld is one of the Ohio physicians affiliated with the Medical and Surgical Relief Committee of America, whose headquarters are in New York.

For two years, Ohio physicians, assisted by professional and non-professional workers, have contributed drugs, anesthetics, instruments, and assorted supplies to committee headquarters in New York for re-

distribution to needy hospitals, first aid posts, and other recognized relief agencies in America and allied countries.

### A Fable

Once upon a time a beautiful girl was walking through the woods when she came upon a poor little frog who spoke as follows:

"Lady, once upon a time I was a handsome prince but a big black witch turned me into a frog."

"Oh, that's too bad," said the beautiful girl, "is there anything I can do to help you?"

"Yes, indeed," replied the frog, "if you will take me home with you and put me on your pillow I will be saved."

So the beautiful girl took the poor little frog home with her and put the poor little frog on her pillow and the next morning when she awoke there beside her was a handsome young prince! And she had the awfulest time making her father believe her story! (*From Ha, Ha!*)

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