

Bulletin

of the
**Mahoning
County
Medical
Society**



"In nothing do men more nearly approach the gods than in giving health to men."

Cicero

February 1934

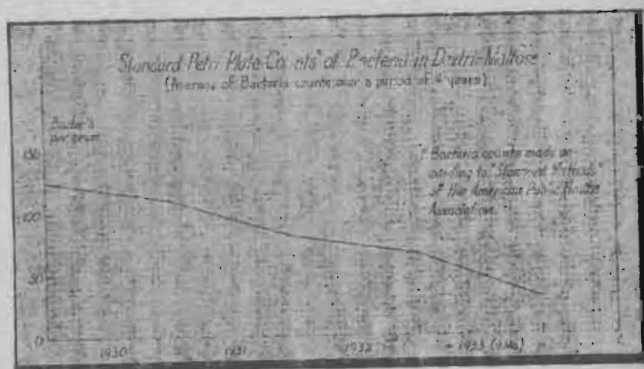
Volume Four

Number Two

Why we supply Dextri-Maltose in Powder form only . . .

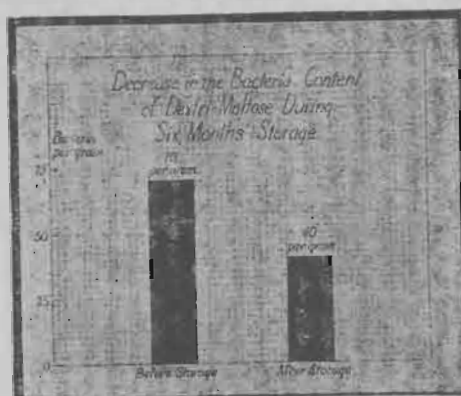
It is mechanically and bacteriologically clean

Prepared in powdered form, Dextri-Maltose is not likely to form a culture medium for micro-organisms. This graph shows that the bacteria count during a 4-year period is well under 125 per gram and only 30 in recent analyses. Contrast this with the count of 10,000 per cc., the maximum allowable count for certified milk.



Its bacteria count decreases during storage

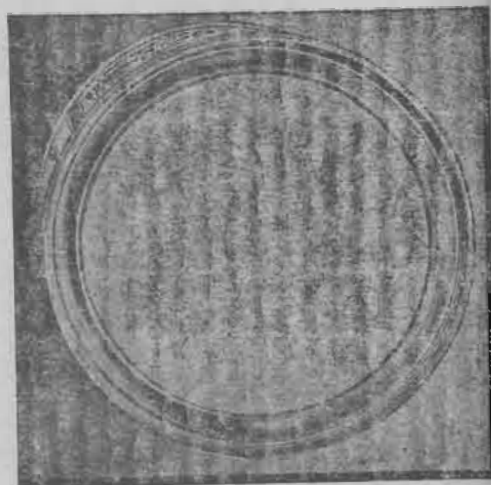
A representative sample of Dextri-Maltose, which to start had a low bacteria count of 70 per gram after standing for 6 months at room temperature. During this period the container was opened 12 times for biweekly sampling, without any special precautions being taken to prevent contamination. Yet the bacteria count actually decreased.



It will not support bacterial growth even after inoculation

The tin of Dextri-Maltose shown at right was inoculated with the thrush organism, a common dust-borne fungus. At the end of 17 days the Dextri-Maltose was free from visible growth. This is explainable by the fact that bacteria, yeasts, and fungi require moisture for reproduction—and the moisture content of Dextri-Maltose is extremely low, only 5 per cent. It is safe to say that no baby can be infected with thrush or other organisms from Dextri-Maltose, *per se*.

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to Pump!
or not
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burning
question. She
is pumping for in-
formation. "EVEN HER
BEST FRIEND WOULDN'T
TELL HER" So we tell her that
INDIAN CREEK FARM MILK
is CLEAN and WHOLESOME
and don't forget to taste
the LAST DROP. IT'S
GOOD TOO!

The
dairy
catering not
only to Scientific
Medical Men, but also
to their PATIENTS.
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I Fill PRESCRIPTIONS

I am heartily in favor of
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DOCTORS AGREE—

THAT the nutritional value of bread lies in the quality of its ingredients. BIXLER'S BREAD is made of none but the finest materials, carefully proportioned, scientifically blended and hygienically baked. It encourages the appetite and adds to the diet nutritional factors essential to health.

BIXLERS 'XL' BREAD Sliced thin for table, sandwiches
Sliced thick for soft center toast

AT ALL GROCERS AND DEALERS

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

WHEN LOOKING FOR A FOCUS OF INFECTION—

Don't Forget **the BOWEL**

The largest and most important focus of infection is the intestinal tract.

There are numerous cases of toxemia of intestinal origin that are causing symptoms such as headache, malaise, nausea and constipation.

The futility of attempting to treat these intestinal intoxications by the use of anti-septics and purgatives is now well known.

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*Clinical supply and literature
on request*

W. I. PARKS
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THE PRESIDENT'S PAGE

For a long time our society has been confronted with several questions which we have lacked the courage to solve.

One such question is the problem of the dead beat and the chisler. The latter type of patient has now become common, and displays his proclivities in various ways. His favorite idea is to obtain a cash discount on a bill already several years old. The habits of the dead beat are chronic, but the Society has power to cure the habits of such parasites whenever we decide to apply measures sufficiently drastic.

Another question more difficult to solve, because of the various groups involved, is the care of the indigent. Formerly, only the physician and his patient were interested in this question. Then lay organizations insinuated themselves, and now the State has attempted to shunt a great amount of unrewarded work to the physician.

The State at one time did not expect us to be so generous, and the responsibility for the care of the indigent was worked out by statute and properly divided among the various units of government. No one looked to the enforcement of these laws, and no one saw far enough into the future to realize that a few cases treated for nothing would some day result in demands so unreasonable as to expect physicians to bear the greatest load of charity ever carried by any single group of men.

Some units of government in our own and adjoining counties did pay for services even in the hospitalized case. Others made no pretense of paying any medical bills. One unit in an adjoining county when asked why a physician in a Mahoning county hospital should care for their indigent for nothing, replied that they did not have the money. This, they felt, should settle the question. They were indignant that the question of reward should even be raised.

No physician was ever paid one penny for the care of the indigent in Youngstown, except the city physician. His office has been chiefly a clearing house for passing judgment on whether a patient was sick enough or poor enough to be sent to the hospital. The actual care of these poor people has always been done by the family doctor or by the staff members of the hospitals, without any financial reward.

We do not regret these contributions, but after all a physician pays taxes the same as anyone else and he does not owe society any other unusual debt. We failed to see that our contribution was not to the indigent but to society at large.

Another factor, the Federal government, then stepped in and set up a system of caring for the indigent that has been handled in this State at the expense of the physician and the inconvenience of the patient.

Charity should be voluntary. But we are forced to it under the cloak of a fifty cent and dollar fee. Fees which by way of pay for services are less than the wages, paid from the same fund, to the skilled workman. Every one knows that the indigent can not receive adequate care under this system. The poor man is entitled to as thorough treatment as anyone else, and no examination known to be of benefit in arriving at a diagnosis should be barred. The patient must be treated by one in whom he has confidence and trust, that is, the physician of his choice. The health of an individual is his greatest asset and at present many people need rehabilitation more than they need some items included in the civil works program.

In talking of the cost to society for the care of indigents, staggering sums are always mentioned. Do not be misled by these impressive figures. The whole is only equal to its component parts. When the problem is reduced to its simplest form the question resolves itself into the relation of the individual patient and his physician. This then is our ultimate problem.

JAS. B. NELSON

SECRETARY'S REPORT

On December 27th, 1933, the president, Dr. J. B. Nelson, called a meeting, at his home, of several of the chairmen of his standing committees. Plans for the coming year were outlined, and each chairman was asked to put his shoulder to the wheel and all push together, so that the tasks as outlined by Dr. Nelson would be completed by the end of the year.

Council meeting, January 3rd, 1934. The general discussion was in regard to the distribution of the injured C. W. A. workers, which the state medical office had informed us was to be taken care of by the general profession of the County. Council was of the opinion that this was the correct way to handle this matter. It has been brought to the attention of Council that there has been improper solicitation of work by certain members of the society, and that this is still being done.

On recommendation of Council, the following telegram was sent to Honorable Robert Bulkley and Honorable John G. Cooper: "Am asking you to protest the ruling of the care of the indigent. First, the poor of our County are not receiving proper and adequate medical care, no matter how sick, even unto death. Patient is sent to hospital, the aid that is forthcoming under E. R. A. is at once stopped. Today, patient dying, gas gangrene, serum needed. Because patient is in hospital no serum can be obtained. Told by Federal Relief Office this is doctors' duty to care for patients regardless. Impossible to operate acute appendicitis or mastoid in homes such as are on relief. Still Federal regulation prohibits us from treating patients and receiving pay if patient is sent to hospital. This is unfair both to the indigent patient and doctors who are in need of aid as much as many other professions. We urge that you give this your immediate attention."

The treasurer informed us that all expenditures of the society would have to be curtailed, as the money was running low. At this point let this office inform the delinquent members that we need your

dues at once. Please pay your dues for 1934.

Council Meeting, January 24th, 1934. Dr. W. K. Stewart explained the plans of the Medical Economics Committee. He stated that his committee was well aware of the fact that this is a live issue, and that we are not the only society in the country that is discussing this issue, but that every section of the United States is attempting to find a method by which they can carry the load that has been placed on their shoulders, or shift this burden to its proper place.

Dr. R. B. Poling then discussed the Central Office. He informed Council that definite plans were under advisement and that he was open for all suggestions. Again, let us remind you this is a very essential proposition and we need this office badly.

Mr. Andrew Fleming of the Community Corporation has requested that the eye dispensaries of both hospitals be reopened. After much thought the Council felt these clinics should not be opened, because it was their opinion that all these patients could be treated in the doctors' offices.

The following resolution was passed by Council on January 24th, 1934:

Whereas; The financial status of the Society will not warrant the continuance of special courses of study unless they are self supporting, and

Whereas; Such special courses naturally influence the programs of the regular meetings, therefore

Be It Resolved; That all special courses be arranged through the chairman of the program committee and that the Society is not able to underwrite any such courses this year.

CARRY ON

"A shipwrecked sailor, buried on this coast,
Bids you set sail.
Full many a gallant bark, when all seemed lost,
Weathered the gale".—James—from the Greek Anthology.

REPORT OF CENTRAL OFFICE COMMITTEE

A recent meeting of the Central Office Committee was attended by all the members and the president of the society.

Many interesting phases of the possibilities of a central office for The Doctors Service Bureau of the County Medical Society were discussed. Some planning for future activities was initiated. Many or all members of the Society may desire to know what the functions of a central office and its personnel should be. We herein set forth certain aims involved in the commencement of this feature.

The Mahoning County Medical Society has a membership of two hundred and one. The activities have been outstanding in recent years. These demand a great deal of time and energy from the various officers and committeemen. The problems of the society, the far-reaching influence it has, the ever increasing activities that are thrust upon it, necessitate the performance of many arduous duties by these members.

The most natural thing to do whenever the burdens of an enterprise become too great for existing personnel is to seek trained help. A very small corporation can do all of its own business, advertising and reaping its own harvest as long as it remains small enough. Whenever a corporation or institution enlarges and circumscribes greater activities, force, and influence, problems are confronted that require skilled assistance.

It is well recognized that the Mahoning County Medical Society now has greater burdens than it can readily manage. This is sufficient reason why an executive secretary for the society is important.

The initial requirements of a central office are few. They consist primarily of an equipped office and an executive secretary.

The duties of the executive secretary may be many and as far-reaching as desired by the Society. He should take part in the business of society management.

We are suggesting some of the more specific duties of the executive secretary.

The Physician's Telephone Exchange

This feature of the central office

may be profitable. The expense will automatically be cared for by physicians paying a nominal fee for the use of the telephone exchange. To secure sufficient money, a minimum of one hundred physicians should receive the services offered by this exchange. That would assure the central office of enough funds for its maintenance. The advantages of the exchange are too well known to require much comment. It serves as a connecting link between the physician and patient. An exchange of our own would have cause to be sympathetic and zealous for the members it serves.

Credit Rating System

A credit rating of every person who visits doctors' offices can be catalogued. In case the physician is uncertain as to the paying ability or inclination of his patient he can obtain the rating immediately. This knowledge will prevent physicians from dealing with those who will not pay or those who pay too slowly, if he so desires. The rating will be kept up to date. Therefore, with this service at hand one does not need ever to have large uncollectable accounts. This rating will be considered a "Confidential List for Members Only". If desired, a copy may be sent to each member at intervals so that he can refer to it. A master list should be kept in the office of the secretary. The advantage of this special rating of persons who become patients in doctors' office is that it will be peculiar to the business of the practice of medicine. This differs from the commercial credit rating because of the difference in the attitude of persons about paying doctors' bills in contradistinction to that of other accounts.

The Bulletin

With the aid of a business manager the Bulletin should prosper. It is suggested by some that the Bulletin widen its area of distribution. It should be sent to physicians of neighboring towns within a considerable radius. This should create a desire on the part of manufacturers, supply houses and other concerns, to use the Bulletin for

(Turn the Page)

Report of the Medical Economics Committee

The Medical Economics Committee is guided in its activities this year by the preservation of one sound principal, namely, there must be no interference or disturbance of the "family and family-physician" relationship which now exists.

This relationship must not only include the private practitioner but must extend to the hospital care as well. Therefore, we feel one of the most important economic problems at the present time is the compensation to physicians for hospital care of the indigent. We are assured by the chairman of the Legis-

lative Committee that every effort is being made by our State Association to make this possible.

The Medical Economics Committee is mailing to each member of the Society at an early date an important questionnaire. The figures we ask are very essential for a foundation to proceed with this important work. We need these figures for comparisons, publicity, and other reasons too obvious to mention. Please bear with us. Be sure to fill out your questionnaire. **The Medical Economics Committee.** at an early date.

HELP ENTERTAIN

Dr. Harold Beard, Chairman of the Program Committee, wishes it understood and remembered that each and every member of the Society is not only welcome to join in the entertainment of guest speakers, but you are urged to do so. Generally, what will be done is undecided until the visitor arrives, and this renders it impossible to give notice to members. Usually, however, there is an informal dinner, or some such thing. Feel perfectly free to call Dr. Beard and learn the plans, and join in at any time. Every visiting speaker is your guest.

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advertising purposes. Advertising will then be obtained much more readily. The advantage to be gained is, of course, that our Society will be able to continue and to improve our educational programs.

Many other activities may be absorbed in part by the central office. To mention a few: arranging for entertainments, educational programs, speakers bureau, contact with newspapers, health campaigns, etc.

The many details involved in the management of a medical society can be aided materially and more efficiently by the proper business executive secretary. A physician, busy with his practice, finds it difficult to spare the time necessary to a thorough handling of them.

Robert B. Poling,
CHAIRMAN, CENTRAL OFFICE
COMMITTEE

POST-GRADUATE COMMITTEE

The machinery for caring for Post Graduate Day is now being assembled, the parts adjusted, the joints oiled, and pretty soon the steam will begin to rise.

Those who in the past have personally participated realize what a multitude of details require attention. And yet, without exception, every hard worker will say he enjoyed doing it.

A very real responsibility for success rests upon us all. But in this job several standing and special committees of widely different general purposes must cooperate. The Publicity Committee and the Program Committee will be busy from this time on. Dr. Beard's sub-committeemen are already appointed and are at work.

They are as follows:

Dr. James Brown, Chairman
Dr. M. H. Bachman
Dr. P. L. Boyle
Dr. J. E. L. Keyes
Dr. Sam Klatman
Dr. F. F. Monroe
Dr. M. D. Neidus
Dr. J. M. Ranz

NOW AIN'T LOOKS GRAND!

Miss Tegler to Dr. Morris Deitchman:

"Dr. Deitchman, this is too good to keep. A patient told me today that you looked at her through a horoscope and also that you were **the most b-e-e-a-u-ti-ful man!**"

"Oh well!", added Miss Tegler.

BIOGRAPHIES OF THE LIVING DR. JAMES H. BENNETT

H. E. PATRICK, M. D.



DR. JAMES H. BENNETT

Dr. Jas. H. Bennett was born at North Sewickley, Pa., on Sept. 23, 1859, the son of Hugh and Marie Hazen Bennett. His early education was in the schools of the locality. Later he attended Grove City College and graduated from there in 1884. Prior to graduation, he had spent some time in teaching, especially at North Sewickley Academy. Following his graduation from Grove City College, he entered the Medical Department of Western Reserve University, graduating in March, 1887.

The following May, Dr. Bennett located in Center Street, Hazelton, thus inaugurating a practice extending over thirty-three years in that vicinity. In November of 1887, he was united in marriage to Frances Emma Weakley, at Grove City. There were three sons and a daughter born of this union. Dr. W. H. Bennett we all know. Mr. J. E. Bennett is a leader in the legal profession of Youngstown. The third son died when about to enter his life's work.

In 1900, Dr. Bennett moved his office to Market Street, where he still

resides. His medical work was rounded out by a post graduate course of study at the New York Post Graduate school in 1896.

Dr. Bennett served the community for fifteen years as a member and sometime president of the Board of Education. The James H. Bennett School, on Cameron Ave., was named to commemorate his long period of service. He was also chairman of the Medical Examining Board of the draft in Mahoning County, during the World War. His fraternal affiliations have been with the Knights of Pythias and the Masonic Orders, being a member of Hillman Lodge. He attends Westminster Presbyterian Church.

To the men who came into practice toward the close of Dr. Bennett's active career, his name was almost legendary, nor was the lustre dimmed when it became your privilege to know him. There was never any question as to the intent of Dr. Bennett's actions. Service to the sick at any time of the day or night, with a kindness that put to shame the bickerings and impetuosities of the younger men, endeared him both to his patients and to his contemporaries.

We have missed his kindly presence from our meetings these several years, yet the memory of his services to the community remains. What greater reward awaits anyone who has thus lived his life in the practice of medicine?

In contemplating the fruitful life of this faithful doctor and good citizen, who has lived among us all these years, one feels assured that he would today subscribe to the beautiful sentiment expressed by Browning:

"Grow old along with me,
The best is yet to be,—
The last of Life
For which the first was made.
Our times are in His hand,
Who sayeth, 'A whole I've
planned!'
Youth shows but half,—
Trust God, see all,
Nor be afraid!"

THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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MEDICINE YESTERDAY AND TODAY

That the death-rate from all causes, between the years 1900 and 1930, fell from 17.2 per 1000 to 11.3, justifies our pride as medical men. Construed in round numbers, this means, according to official estimates, that more than 4 million people live today who would not have been alive had the death-rate continued as of 1900. This showing is particularly gratifying when we recall that included within the figures are also causes of death beyond medical control. Automobile death-rates, for example, increased from 2 per 100,000 in 1910 to 25 in 1930.

A parallel tracing of the genuinely important contributions made by industry and medicine reveals that medicine matches every great technical development in industry with a contribution equally significant, and, more often than otherwise, far more useful to mankind. In other words, the profession has more than kept pace with every other branch of endeavor.

Just as in industry, the problems of adequate and efficient production are solved; so, in medicine, while there is yet a vast deal unknown, and much remains to be done, certainly a fair-minded observer must

cordially agree that our advances merit universal approval.

Medical traditions, the conception that physicians are high servants of humanity, have managed so far to survive. But, as in the commercial world the problem of distribution presents great difficulties, we find in medicine that the equitable extension of proper service to all those needing it, puzzles the very best minds. It is correct to assume that most doctors would prefer to go on with the traditional personal relationship with their patients. But this time-honored process is being interfered with in dozens of ways. Insurance companies, industries, social service agencies, and many others, are rapidly setting up a new order of things.

Under such conditions, it is so easy for one to lose one's bearings. After all, honest, fine, sympathetic, highly intelligent and skilled service, is the rock of our salvation. Upon that rests our power.

The title, "Doctor of Medicine", needs to be universally regarded as one connoting extraordinary personal worth—a title recognized as of the highest distinction!

By our good work alone can we command that recognition.

STATE OR COUNTY?

In some States, notably New Jersey and Pennsylvania, the State Medical Societies have participated actively in Emergency Medical Relief work. In Ohio, for some reason not entirely clear, the State Society has seemed reluctant to take leadership in establishing a State-wide relief policy. Each county has been left to work out its own salvation. This may be the consequence of careful consideration, and the resultant view that such handling of the situation is the best way. From that view, however,

there may be ground for dissent.

It is easy to find fault. Those who are responsible for the activities of any organization, however faithfully they try to do their work, frequently discover that someone is ready to voice disapproval. Nevertheless, and this is only a suggestion, it is barely possible that if the State Society were to use its own influence, along with that of **allied organizations**, a more unified and effective handling of emergency medical affairs might result.

W. M. S.

AMONGST OUR COLLEAGUES

A column of this kind, to be effective, entails the careful reading, once a month, of between twenty and thirty Bulletins of as many Medical Societies scattered from coast to coast. We are privileged to quote from these periodicals as they may quote from us. We act as a filter and attempt to sort out that which is of value and of interest to the readers of this Bulletin. No attempt is made to use this as a lever with which to direct local medical opinion into channels which coincide with our own thought,—indeed, many times quotations with which we are in direct disagreement will be used. We wish at this time to acknowledge the privilege of using material gleaned from all of our exchange Bulletins and to offer other editors perfect freedom to quote us. We will welcome criticism of our members in order that the Bulletin of the Mahoning County Medical Society shall more fully serve the purposes for which it was intended.

* * *

We note, as an evidence of the trend of thought, that the Medical Society of the County of New York promotes a meeting for the consideration of "Medical and Social Conditions in Moscow". Dr. Charles Gordon Heyd, but recently returned from Russia, will recite his observations.—(New York Medical Week)

* * *

"Though for years the hospitals have been exploiting their nurse anaesthetists and trying to crowd the medical men out of the field, there is now positive evidence of a

swing in the other direction. Nurse anaesthesia has reached its peak and is now on the wane". (Bulletin of the St. Louis Medical Society, quoting Dr. F. H. McMechan in Medical Economics).

* * *

"The free choice of a physician is one of the pleasing features of the Emergency Medical Relief Code. Some patient however, may have no regular family physician and may call upon you for treatment. If the case is one which does not come within your practice or if for any other reason you are unable to treat the patient, **In the Name of Humanity** do not turn the patient coldly from your door, but courteously send him to some other neighborhood physician who you believe will treat the case. In your absence from your office, leave instructions that your secretary, or whoever may receive the patient, shall extend a like courtesy. But if at all possible, treat the patient yourself." (Philadelphia County Medical Society).

* * *

"The medical profession **MUST** become advertising-minded. Through its constituent groups it can employ publicity both effectively and ethically". (Dr. Howard Haggard in Medical Economics). We suggest that this complete article be carefully read.

* * *

The objectives of the Tugwell Bill are, "to prevent the manufacture, shipment, and sale of adulterated or misbranded food, drugs, and

(Continued on Page 27)

MEDICAL FACTS

The Mayos report that the fundus of the stomach relaxes as it fills, and that the intragastric pressure is not raised until there is a considerable amount of food in the stomach, provided that the filling is gradual. "Hence", says Alvarez, "eat slowly." And, may we not add, don't discuss the CWA at mealtime.

The spleen may be three or even four times the normal size and yet may not be felt clinically, since it may be fixed under the diaphragm on account of perisplenitis with adhesions to the diaphragm.

According to the latest statistics, 14.5% of all cases that bleed massively and suddenly from duodenal ulcer die from hemorrhage. Any man over fifty may be expected to bleed to death and must be watched with that in view.

Ten percent of Harvard students have hypertension. Can it be from studying too hard? Incidentally, Chinese students never show any elevation of blood pressure.

A Boston millionaire died recently at the Massachusetts General Hospital of alcoholic cirrhosis. Evidently, says the pathologist, it is the quantity and not the quality that counts. It may be well to mention that according to the latest teachings it is the metal in the copper still that is responsible for the liver damage.

Wiggers, of Western Reserve University, has figured out that an eighty year old ventricle has worked only twenty-seven years, and has rested fifty-three! In the obese the relaxation (during diastole) is never complete, which condition accounts for the fact that there are so few eighty year old heavyweights.

If the roentgenologist reports a filling defect and a rather rapid passage of food into the duodenum instead of a delayed emptying, ask for a Wassermann (or better still, for a Wassermann and a Kahn, or a Wassermann and a Hinton) before operating.

According to Kirklin of the Mayo Clinic, one may have a peri-cholecystitis and yet the gall bladder will fill and empty normally.

If your patient with chronic bronchitis and emphysema does not respond to treatment as well as he used to in previous years, try digitalis. There is such a thing as emphysema heart (cor pulmonale).

Get into the habit of palpating the femorals as well as the brachials whenever possible. You might pick up a very interesting case of coarctation (narrowing) of the aorta. If at all in doubt look for pulsating vessels on the chest and back, and try to feel the abdominal aorta.

In pregnancy, acute ulcer, or colitis, the gall bladder does not fill even if not diseased.

The aortic valve is the only one that can be affected in a luetic heart, and the only valvular lesion is aortic regurgitation. If there is mitral disease it is not luetic; if there is aortic stenosis it is not luetic. It is well to remember, however, that one may have lues and a rheumatic heart at the same time.

Terminal leucocytosis (even as high as 50,000) unexplained at autopsy is common. You do not need an explanation.

If your patient's pulse suddenly jumps from 80 to 180, try pressure on the right vagus. If there is no response try the left, but not both at the same time. This procedure may bring back the normal rate at once. Pressure on the eyeballs may give the same results. If vagal pressure is ineffective you are probably dealing with a ventricular paroxysmal tachycardia—a serious condition as a rule.

If you cannot obtain any sputum from a child with suspected tuberculosis, wash the stomach and examine the contents for acid-fast bacilli.

In terminal stages of cirrhosis of the liver there may be severe abdominal pain. Sometimes the patient is operated for gall stones.

In a survey taken in several cities it was found that the lowest percentage of positive Wassermanns among women engaged in the oldest profession, was 63%. In some cities it was as high as 100%.

Twenty percent of the army recruits in the late war showed a positive Wassermann.

Thirty per cent of all cases admitted to Bellevue Hospital, New York City, are luetic.

If you can persuade a middle-aged obese female to lose weight you are much better than the rest of us. Blessed be he who gave us dinitrophenol!

THE ANNUAL BANQUET RETROSPECTIVELY

Dr. Morris Fishbein, the dynamic personality behind *The Journal of the A. M. A.*, the chuckle-master of *Tonics and Sedatives*, as the guest speaker at the 62nd Annual Banquet of the Society, on February 1st, simply made Will Rogers look like a grouch. Dr. Fishbein's address was a masterpiece, any way you take it. It was packed with humor, philosophy, information, and a true appreciation of what is needed in order to maintain the ideals of medicine.

Doctors, nearly 300 of them, gamboled like lambs at a winter frolic. The spirit of Ponce-de-Leon made youths of grey beards and adolescents of shiney pates, for this one evening of the "annual round-up".

Jim MacGoogan, as usual, served a magnificent dinner, this time of roast turkey, and the boys certainly "gobbled" it up! But, good as the dinner was, the "cold turkey" which the speaker served us about the changes in medicine went down quite as readily. For more than two hours he captivated the audience with his machine-gun barrage of pertinent figures and facts concerning the economic and social changes in medicine of the past few decades. The doctor of 1890, with his 5 senses, his 1200 hospitals, and 300 nurses, for the whole United States, practiced good medicine; but the doctor today has, in addition to his 5 senses, a scope for every orifice, a myriad of accurate tests and procedures, about 7000 hospitals, 22,000 nurses, and over 1,000,000 other people, giving their full time, more or less as his allies in the treatment of those who are sick.

Of course these things cost money. There is no way for people to avoid it if they are to have these services. In everything else, says Dr. Fishbein, nothing is thought of the enormous increase of expenses; but in medicine we expect the 1934 product upon the 1890 budget!

For 3000 years the rule of medicine has been that the patient's welfare is paramount. That must continue to be the central idea of all our endeavors; that is the only reason for the existence of the Medical Profession. There can be no such variety of interpretation of our

purposes as was illustrated in the various translations of Dr. DeLee's Latin motto "*Primo No Nocere*". You remember the story. One translation was, "In the first place do no harm"; another, "In the first place be not naughty"; another, "Not by force but by skill"; and finally, possibly more to the point, "Not by biceps but by forceps".

Dr. Fishbein made perfectly clear that the only people qualified to judge the quality of medical services are the doctors themselves. He also made it clear that upon the basis not of money-making but of service, shall the Medical Profession retain its traditional high position in the community as a fine instrument for the good of humanity.

Dr. Fishbein was most gracious in answering questions. Dr. Garter, of Waynesburg, asked about obstetrical morbidity and mortality; and Dr. Rosenfeld asked about what our attitude should be towards the economic innovations which are before us. Space does not permit detailed covering of these points, but Dr. Fishbein demonstrated that he has, at his tongue's tip, full information concerning every problem with which we have to deal.

It was particularly gratifying to our Society that so many from outside the County honored us with their presence. There were more than 100 of them, and while we would be happy indeed to name each and every one, that is manifestly impossible. Especial mention is made, however, of Dr. Rich of East Liverpool, who organized a group of 13 and came to our meeting. We wish everyone of our visiting friends to realize that we are always happy to have them with us. By the inspiration of their presence we find approval of our efforts towards making our programs more and more entertaining and useful.

Last but not least, as always, the Dental Profession supported our meeting by their presence in large numbers. The ideals and purposes of the two professions are the same, and we want them to know that we appreciate their cooperation. We shall at all times be happy to give them a most cordial welcome to our meetings. J. P. HARVEY.

FEBRUARY MEETING

The Mahoning County Medical Society

Dr. IRVIN ABELL

Clinical Professor of Surgery, School of Medicine,
University of Louisville

SUBJECT

"Retrodisplacement and Prolapse
of the Uterus"

Tuesday, February 20th — 8:30 P. M.

YOUNGSTOWN CLUB

MARCH MEETING

Dr. WM. E. LOWER

Professor of Genito-Urinary Surgery, Medical School of Western Reserve
University and Director of Cleveland Clinic.

SUBJECT

"Endocrine Factors in Human Economy"

and

Dr. WM. J. ENGEL

Cleveland Clinic

SUBJECT

"The Present Status of Intra-Vesical
Surgery"

Tuesday, March 20th — 8:30 P. M.

YOUNGSTOWN CLUB

DR. IRVIN ABELL

Morris Deitchman

It is with real pride that The Mahoning County Medical Society greets Dr. Irvin Abell, Professor of Clinical Surgery, University of Louisville, as the speaker on February 20th. It is our honor to add his name to the list of leading American Physicians who have been kind enough to address our Society in the past.

Dr. Abell was born in Lebanon, Kentucky, in 1876. In 1897, he was graduated from Louisville Medical College. The following year he spent in study in Berlin, and since 1900, Dr. Abel has practiced and taught surgery in Louisville. In 1904, his Alma Mater called him to the chair of Surgery, which he has ably filled since that time. In addition to holding the Professorship of Clinical Surgery, he is consulting surgeon to The Children's Free Hospital and to Kosair Hospital for Crippled Children; and Visiting Surgeon at The Louisville City Hospital and at St. Joseph's Infirmary.

Although Dr. Abell is kept very busy by a large private practice and by his duties at the University, he has found time to render service to medical organizations in various official capacities. He has been President of the Kentucky State Medical Association and The Southern Surgical Association, and has just completed a term of office as President of The Southern Medical Association. For many years he has been a member of the House of Delegates of The American Medical Association, and of the Council on Scientific Assembly, and has also served as Regent of the American College of Surgeons, and

as Chairman of the Section on Surgery of The Southern Medical Association.

It is difficult to understand how one who devotes so much time to these numerous activities can also find time to write. But Dr. Abell has been very prolific. There are few of the branches of Surgery that he has not touched upon, in over forty papers written previous to 1933. He has delivered a number of addresses on displacements of the Uterus, and on this visit will favor us with an address dealing with that subject. In addition to these many surgical papers, he has written on various philosophical aspects of medicine and the relationship of physicians to patient, and one with the title, "The Professions of The Ministry and of Medicine".



Dr. Irvin Abell

For avocation Dr. Abell is an enthusiastic hunter and fisherman. His great penchant is for vacations in The Rockies and the Canadian woods. His "Tall Story" stumps the Kentucky Colonels. It is that while fishing in a Rocky Mountain stream, he casually cast his line down the current. An elk, hidden by a projecting boulder, was drinking just where the fly struck. In the melee, the surprised animal, whirling around and around, tied himself up. The doctor completed the tethering process presently, and, calling his befuddled assistants, took the beast into camp. The doctor says the elk was a 22 pointer. The explanation may be that the elk was drinking, and that he was not a "3 point 2'er," but a "22 pointer"!

(Continued on Page 30)

POST-GRADUATE DAY

Saturday, April 28, 1934

ROYAL VICTORIA HOSPITAL
UNIVERSITY CLINIC

Montreal, January 22, 1934.

Claude B. Norris, Esq., M. D.
Mahoning County Medical Society,
244 Lincoln Avenue,
Youngstown, Ohio.

My dear Doctor Norris:—

I have been in consultation for some days with my three colleagues who are going with me to Youngstown, and we have arrived at an arrangement which I think will be suitable to all of us, namely, that we would leave here at 9:00 A. M., either Thursday, April 26th, or Friday, April 27th, arriving at Youngstown at 5:45 A. M., either on the 27th or the 28th. I have made this alternative arrangement as I note in one of your early letters that Friday is not a particularly suitable day for you. We would have arranged to come earlier in the week but unfortunately all of us have had so many engagements to fill this year that we are very loath to be away from our teaching duties any more than possible.

The titles of our proposed addresses are as follows:

Dr. Wilder G. Penfield: (1) Management of Head Injury, Early and Late. (2) Epilepsy: Classification and Management.

Prof. J. B. Collip: Two lectures on "Recent Advances in Anterior Pituitary Physiology".

Professor Collip found it a little difficult to give separate titles as the subject can best be treated as a whole in two lectures. The report of his work will be most illuminating I am sure to even the most practical member of your audience.

Dr. John R. Fraser: (1) "The Inflammatory Pelvis". (2) "Haemorrhage in the last Trimester of Pregnancy".

Dr. J. C. Meakins: (1) Rheumatic Fever considered as a Specific Infectious Disease, and its Prognosis and Treatment. (2) Chronic Non-tuberculous Pulmonary Disease.

Yours sincerely,

J. C. MEAKINS

January 25th., 1934

Dr. J. C. Meakins,
Royal Victoria Hospital
Montreal, Canada

Dear Doctor Meakins:—

We are indeed very grateful to you and your associates, Doctors Penfield, Collip, and Fraser, for your kind letter of January 22nd., 1934. You suggest the alternatives of Friday, April the 27th., or Saturday, April the 28th., 1934, for our Post Graduate Day.

I assume that either day will be equally agreeable with you. Therefore, after consulting with several of my committee, we have decided to set the date as Saturday, April the 28th, 1934.

May I say that the subjects which you have selected are just exactly right? We are pleased beyond words, and we promise you one of the most enjoyable experiences of your teaching lives.

With gratitude, I remain

Sincerely yours,
CLAUDE B. NORRIS

Editor, Bulletin Mahoning County Medical Society

244 Lincoln Avenue
Youngstown, Ohio

THE YOUNGSTOWN SPIRIT

The Mahoning County Medical Society plans to have as speakers for its annual Post-Graduate Day four members of the faculty of McGill University of Montreal, Canada. This assembly is held in Youngstown in April, and each year it attracts an increasing number of our Academy members by reason of its high standard of programs.

The excellent Bulletin of this Society arouses our keen admiration. On inquiry we find advertising must carry the cost of printing, hence a strong cohesion within this group swings advertisers into its publication. To such effect is this done, we are informed, that the local success of a product is assured by its introduction in the Bulletin advertising columns. Thus a relatively small group accomplishes fine results by teamwork that is as rare as it is admirable.—H. D. The Bulletin of The Academy of Medicine of Cleveland, February, 1934.

* * *

Coming from the editorial staff of the Cleveland Academy of Medicine, this comment is highly gratifying. It makes us feel that the many hours of effort expended by the officers of this Society have not been wasted.

If the Mahoning County Medical Society has progressed, if the Bulletin is of value, we must feel encouraged to continue with what we have started in the hope that we shall be able to devise ways and means of developing our Society, and incidentally its official publication, to the fullest accomplishment and influence. And not the least of its effects is the cultivation of the kindly relations between ours and adjacent Medical organizations.

CLEVELAND ACADEMY OF MEDICINE

DR. W. H. PARK

Leader of Activities For Control of
Acute Infectious Diseases of Childhood

“The Control of Acute Infections
of Childhood”

MEDICAL LIBRARY AUDITORIUM

Feb. 16 th, 8:30 P. M.

THE YOUNGSTOWN HOSPITAL ASSOCIATION

1933

The Youngstown Hospital Association closed its fifty-first fiscal year December 31, 1933. In 1930-31-32 we had a decrease in the number of patients over the previous year. In 1933, we had an increase of 10% in the number of patients over the previous year. While our earnings increased 10%, our percentage of collections to earnings decreased 5%.

The average number of days per patient in 1932 was 11 at South Side and 12 at North Side; in 1933 these figures were reversed, the average number of days per patient at South Side was 12 and North Side 11. The patient days were divided as follows:

Medical	13,483
Surgical	63,643
Labor	5,548
New Born	5,177

Total..... 87,845

The dispensary was open about ten and one-half months. During this time we treated more cases than we did during the entire year of 1932. There were 358 deaths in the hospital and the total number of autopsies was 101, the percentage of autopsies was 28.2.

The difficulties of operating the hospital in the past year were many on account of higher prices on almost all commodities and the cash collections did not show the same increase as the increase in costs, especially during the last quarter of the year.

Hospitals failed in their attempt, both with the Federal Government and the State, in having hospitalization included with food, fuel, shelter and clothing for poor relief. The strange part is that in these days of intensive effort to feed and clothe the poor, the sick poor seem to have been almost entirely overlooked. Hospitals have been taking care of them to the best of their ability while our sources of income go lower and lower.

While hospitals secured exemption from the N.R.A. code for a minimum wage and shorter hours, we found that out of 2,000 codes being formulated in Washington, 1,800 of them affected hospitals either directly or indirectly. In a comparison of prices on twenty-two items

purchased by the hospital, we found that the average increase in price was 34% over one year ago; raw food increased about 14%, and there has been an additional increase since January 1st, 1934.

Even though the cost of materials increased, we are able to reduce our per diem cost per patient-day forty-one cents at South Side and sixty-four cents at North Side Unit.

On December 28th, a telegram was sent to the American Hospital Association from Washington, requesting representatives from hospital associations to attend a conference in Washington January 3rd, regarding the hospital care of Civil Works Administration employees. They met in Washington, and as the result of this meeting, an order was issued in Washington under the date of January 4th, authorizing a \$3.50 per diem rate for all hospital cases of injured employees of the C.W.A., to be general throughout the United States regardless of local hospital costs or charges. In addition to the above rate it will be permissible to make the following extra charges: Operating room fee of \$5.00 for a minor operation, \$10.00 for a major operation; a general anaesthesia fee of \$5.00 for a minor operation and \$10.00 for a major operation; also a fee schedule for X-ray examinations made in the hospital, and unusually expensive medications to be supplied at cost. The order further provided that physicians treating C.W.A. compensation patients will refer them to hospitals when they consider hospital care necessary. The physician called to treat the patient can select the hospital to which the patient is to be sent.

After receiving the above orders, we issued the following instructions in the Emergency Department of our hospital:

"All injured C.W.A. workers brought to the hospital are to be requested to select their own physician; if they do not choose to name a physician, the physicians on the Attending Service to which the patient is assigned, are to be called."

This same order applies to all

cases treated in the emergency department of the hospital.

The hospital is placed under a serious handicap because the cities, villages and townships, on account of delinquent taxes, are not able to pay their hospital bills promptly. On account of this failure, the hospital has not been able to pay its bills promptly. Many creditors are not in position to extend credit over a long period. Under the codes being adopted they are not allowed to, even though they were able. Many times the hospital is forced to pay higher prices for material on account of this condition.

In as much as the object and aim of the medical profession and hospitals is to provide adequate care for those who are ill or injured, and they are striving to attain the same objective, they should present a united front. There should be close co-operation between medical associations and hospital associations; between physicians and hospitals. In the past, physicians and hospitals have carried almost the full burden of caring for the indigent person. Just as feeding the poor has reached the place where local funds and organizations are no longer able to carry the burden, so has the care of the indigent sick become too much of a burden for physicians and hospitals.

In the past, hospitals have been able, through private donations and endowment, to take care of any deficits incurred in the care of persons not able to pay. They have now reached the point when they are not receiving many donations, especially for operating expenses, neither are they able to borrow from the banks, as a loan to a hospital today is not considered a good risk. Somehow, the hospitals must be able to live within their income. Contrary to the belief of the general public, there is no such a thing as a free day or a free patient. The cost of their care, food, laundry, medical and surgical supplies, etc., must be paid by someone.

Many cities are adopting the "group hospitalization plan". It has been ascertained from experiences in cities where this plan has been in operation for several years, that hospital care up to twenty-eight days per year can be provided to any group of employed persons for

sixty cents per month. Under this plan the insured persons are given their choice of both physician and hospital. Up to the present time all group hospitalization plans have been adopted as a community project on a non-profit basis and not as a financing scheme for any hospital. Under this plan all profits accrue to the benefit of the policy holder, either by reduction of premiums or the inclusion of part of the family in the plan. Just recently insurance companies have offered policies competing with this arrangement, but on a purely commercial basis. All these plans must be watched carefully by both physicians and hospitals.

Due to the resignation of Dr. O. D. Hudnutt, a new arrangement has been made in our X-ray departments. Dr. John Heberding will have direct charge of all X-ray work at the North Unit and Dr. E. C. Baker at the South Unit. However, the services of either one will be available at either unit upon the request of the attending physician or surgeon.

We wish to take this opportunity of offering the facilities of the Youngstown Hospital Association to the Mahoning County Medical Society for clinics or any meetings they may wish to hold at the hospital during 1934.

B. W. Stewart, Superintendent

**MEAD'S 10 D COD LIVER OIL IS
MADE FROM NEWFOUNDLAND OIL**

Professors Drummond and Hilditch have recently confirmed that for high vitamins A and D potency, Newfoundland Cod Liver Oil is markedly superior to Norwegian, Scottish and Islandic Oils.

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Adv.

CLEANINGS

By J. N.

Dr. Dana W. Cox of Poland, Ohio, has accepted a six months appointment in the Obstetrical Department of the New York Hospital, Cornell Medical Center, in New York City. He will leave to take up his duties there on September 1st, 1934.

Dr. Joe Hall is now at home, recovering from his recent serious illness.

Dr. Floyd Craig, an interne at the Youngstown Hospital from 1930 to 1931, is to marry Miss Florence Foley, of this city, on February 10th, 1934. After their wedding trip they will live at Coshocton, Ohio, where Dr. Craig is practicing.

Dr. Stanley Meyers, Resident Physician at Youngstown Hospital, will begin a six month's appointment in Surgery, at Memorial Hospital, New York City, on July 1st, of this year.

Dr. O. D. Hudnutt, Associate Roentgenologist of the Youngstown Hospital, has returned to Plainwell, Michigan, to resume practice there.

We are pleased to report the continued gain in the case of Dr. Harry E. Welch. Dr. Welch is able to be around the house, would welcome his friends and anticipates an early return to his office.

Dr. Colin Reed, looking better than he has for many months, has resumed practice. The courage of Dr. Reed has inspired us lesser personages and given us an incentive to carry on no matter what the obstacle.

More Cleanings

By S. T.

At the December meeting of the staff of St. Elizabeth's Hospital the following Officers were elected for the ensuing year: President, Dr. C. D. Hauser; Vice President, Dr. H. M. Osborne; Secy.-Treas., Dr. Saul Tamarkin; Members to the Executive Committee, Drs. J. E. Hardman and E. W. Coe; Chief of Surgical Service, Dr. F. W. McNamara; Chief of Medical Service, Dr. E. W. Coe.

The scientific program at the January Staff Meeting of St. Elizabeth's Hospital consisted of a Symposium on Heart Diseases. Drs. I. C. Smith, M. W. Neidus, H. E.

Chalker and M. J. Crow, presented papers. Discussion was opened by Dr. J. G. Brody.

Dr. J. Heberding attended the recent meeting of the New England Roentgen Ray Society, at Washington, D. C.

Dr. Saul Tamarkin has been elected to membership in the Cleveland Radiological Society.

Drs. C. D. Hauser and B. B. McElhaney, enroute to Columbus recently for a consultation, failed to complete their trip. The latter's "Olds" skidded on an icy pavement, left the road, turned turtle, etc. Outside of a few minor bruises and a badly damaged car (covered by collision insurance) the trip was uneventful.

ST. ELIZABETH'S NURSES

Beginning February 1, 1934, St. Elizabeth's Hospital is inaugurating 8-hour duty for Graduate Nurses. They feel that such a step will greatly relieve the present unemployment situation among nurses, and at the same time be a distinct benefit to the patient without extra financial obligation.

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CHILDREN'S EATING HABITS

By D. E. Montgomery, M.D.

Wise parents will accustom their children to all varieties of food, one by one, and still not allow them to realize that they are being directed.

Of all animals, children are the greatest imitators. They imitate everyone, but especially their parents. If the family displays no evidence of dislike for certain foods before the children, a double benefit results: the parents as well as the children may eat a better balanced diet,—more celery, lettuce, carrots, and all other proper foods.

It is important that children be guided from the first to develop the desire to eat the right foods. Food habits are established early. When children refuse their food it is certain that either the health or the habit is the sole cause. The normal child should have a good appetite and eat with much zest what is placed before him.

Early in life, gradually add one new food at a time. Allow the child to learn the flavor and texture, and soon he will expect that variety. Do not say, "You must eat this and that",—take it as understood. Begin with milk, gruels, and purees, gradually making them thicker, until the child is prepared for mashed or even finely diced vegetables.

Give only one or two foods at a time and let these be eaten before anything else is served. Numerous kinds of foods set before children often tend to confuse them.

Hunger should be allowed to develop by a regular and well-spaced schedule of feeding. Foods for children should be prepared even more painstakingly than for grown-ups. Scorched cocoa, lumpy foods, or flavors mixed together by contaminated or unclean spoons, may be the starting of a dislike for these foods.

Children should dine with adults, for the training they thus get through observation and imitation. But they should be taught that their food may differ from that of adults, as to kinds and preparation.

Individual appetite should regulate the interval of lunches. If there is mincing at food, discontinue bread and butter between meals,

giving a chance for real hunger before regular meals. Poor appetite is indicative of some upset. It may be due to constipation or gastrointestinal toxemia. This may be counteracted by using plenty of fluids, fruits, and vegetables.

Do not force the child to eat while angry, tired, frightened or keenly disappointed. Food at such times will not digest properly; and, further, unpleasant memories associated with a particular food may cause him to dislike it in the future. It is better for him to miss a meal or two while his emotions are abnormal than to allow this complication.

Children love to be featured. Stories told to elders in their presence about misbehavior or stunts in connection with eating will only encourage bad action, even when they know that such misconduct will bring punishment.

It is often very easy to re-train the child away from dislike for a certain food. Allow him to help buy and prepare the materials for the food. Or, for example, if he will not drink milk, give him a small pitcher or cup which he fancies, and allow him to pour the milk and use the pitcher or cup, and say nothing about drinking the milk. He will drink it. Rewards or bribes to induce children to eat this or that is a bad practice. If the child does not eat willingly nor finish promptly, there may be a penalty. But this must not be threatened during the meal or previously. Rewards are more effective than punishment. However, the proper eating habit should naturally ensue from imitation of the parent's table habits. The less family discussion there is about eating-habits, the better.

Avoid saying "Don't", and sparingly say "Do". Adopt the casual but firm attitude of expecting the child to enjoy his food, rather than emphasizing that he must eat what is put before him.

South Side Bank Building

Keep a permanent file of your Bulletins. Index will be in December 1934 issue.



INTERESTING CORRESPONDENCE

Gentlemen:

I cannot express in words the feeling one has, when he is feeling pretty sick and also that he is down on his luck and the world is rushing by with a whirl—little appreciating what your situation is to you and you received a beautiful bunch of flowers from a group of your friends and co-workers, expressing their kind feeling toward you. But I can say it is damn fine and that I hope none of you will ever have to experience it even if it is fine, so please accept my sincere "thanks" and let it go at that. I can't even hope that I may be in a position to return it, but if I am and you are down, just "whistle".

Thanking you, again, I remain,
Yours respectfully,
Collin M. Reed.

* * *

Gentlemen:

Your good letter and check are greatly appreciated. However, when the Mahoning County Medical Association uses our auditorium it isn't necessary for them to make a contribution. We want you to know that while we greatly appreciate this donation that we are always anxious to cooperate with the Medical Society and that at any time in the future we want you to call on us for any service we can render.

Sincerely yours,
Al Fairfield,
Physical Director

* * *

Gentlemen:

I wish to state that we enjoy your Bulletin and hope to have their appearances continued. The practice of medicine and its relations to the lay in its efforts in trying to or not to pay their bills to the doctor, surely has undergone quite a transformation, and you have done much to aid in its readjustments.

Linn County Medical Society,
Cedar Rapids, Iowa

* * *

Gentlemen:

The State Emergency Relief Board, operating under Federal Bulletin No. 7, set up a medical re-

lief program in accordance with the Rules and Regulations, which I enclose you. Money secured from matched funds (State and Federal) and medical relief is available to every sick individual suffering from acute illnesses in the State of Pennsylvania, and the doctors being paid in accordance with fee set down in the rules and Regulations.

Assuring you of my willingness to give you any further information, I am

Sincerely yours,
Commonwealth of Pennsylvania
State Emergency Relief Board.

* * *

Gentlemen:

I am enclosing communication received from the Office of the Federal Civil Works Administration relative to the wire you sent me a few days ago. I trust some prompt action will be taken on this important matter. Just as soon as I receive any further word from Dr. H. Jackson Davis I will communicate with you further.

Please be assured I stand ready to assist your Association in this matter in every way possible.

With kind regards, I remain,
Very truly yours,

John G. Cooper.

P. S. The news item in the Youngstown Vindicator makes it appear that my interest in the above matter was only directed to C.W.A. cases. My protest was in regard to indigent cases which were on relief.

* * *

Gentlemen:

I have your night letter with reference to medical care for the indigent sick of Mahoning County, under the relief measures. I shall be glad indeed to ask Administrator Hopkins to investigate this matter and shall advise you further.

Sincerely yours,
Robert J. Bulkley.

"Treat your friend as if he were to become your enemy, and your enemy as if he were to become your friend".—F. Bacon.

"Medicine is a musical instrument of much and exquisite workmanship easily put out of tune".—F. Bacon.

DOCTOR!

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BREETUS

Dr. J. B. Nelson, Pres.

Dear Chief:—

This man C. C. Pill got himself into a jam. The A. M. A. Tonics and Sedatives copied his letter. He got just what he deserved, and I'm glad—because I don't like him. He is forever quoting Latin. He says, "Caviar Emptor", instead of empty can—just to be "Intelligensia". He told us that this Bovine T. B. is a special form of T. B. that was first described by the eminent French Physician, Prof. Bovine. We never know when he is trying to put on airs, so maybe we had better ask Florence Heberding about this. She knows all about cows and milk. Wonder why she doesn't give John more of it? Maybe Theophrastus could answer this one.

The other day we saw a cute picture of an infant in a "Pelenka", (that's Latin or something for diaper) and under the picture it said, "I want Heberding's Milk or bust". This Relief stuff surely looks like a bust. Well, what more would you expect from the army? Wasn't it Mussolini that gave the army castor

oil? Let us give the local Lieutenant a teaspoonful of "Olei Tiglii" and a book of relief slips, and then watch the stock market for quotations on American Can.

Yours while the relief slips last,
—Breetus

* * *

Frank Carr—Bixler Baker—from the reports we hear, the doctors are all eating Bixler's Bread. Our taste is for Bixler's Rye with plenty of limburger and Wally Koc's twelve mule team. The boys still mention the party, and if Wally treats the boys to one too—that will be a pair of Kings.

By the way, Frank, at Green's Toggery Shop—Andy Green has ordered an extra supply of shirts and shorts. Blair can dry clean your suit too. How's the toothache?

* * *

Arthur Lloyd:—Union National Bank—we got the tip, of which you spoke, but we are at a loss to understand why Dr. W. H. Bunn needed a cane to walk around with after Dr. Ed. Goldcamp took his
(Turn the Page)

BRETUS (Continued)

tonsils out. And Arthur, if your carburetor ever freezes up, Dr. Ed. has his own ingenious method of fixing it.

* * *

The S. M. A. Corporation publish monthly, a pamphlet, called "Little Journal". It is full of breezy news and good reading. They will send it to you for the asking. Just write "Little Journal" on your prescription blank and mail it to S. M. A. Corp., Cleveland, Ohio.

* * *

The Scott Company is the new haberdasher to appear in the Bulletin. Charlie Scott has two boys in the store—these boys have been with Charlie for years and years. They know their ties and sox appeal.

* * *

Bill Hayford, representing the Zemmer Co., received a beautiful Christmas card from H. B. Johnson, Vice-President of Zemmer Co.

Bill is all enthused about the McGill group for Post-Graduate Day. He is our walking delegate, who corrals the doctors for P. G. Day attendance. Last year B. H. had tonsillitis and couldn't come. He will be present this year.

* * *

Dr. Sam Tamarkin, will you please explain how you were able to pry an eighth page out of Tommy Hewett of Bel Del?

* * *

Our next move will be to take our name off the list for relief slips and slip it on to the relief list.

* * *

Thanks for the boost, A. G. Henry! A. G. is the S. M. A. advertising man. Many of us met him at the "last roundup" in September. Your interest in our Bulletin is appreciated by the entire "gang". They know your sincerity. We will send you a stamped envelope for more tips. Here's how and when!

* * *

W. I. Parks, of Wm. S. Merrell Co., called on Dr. Askue to demonstrate Tamate, and Chester demonstrated his V8 to Parks. The magazine arrived safely.

Merrell has a product called Alkarhein that is great stuff—ask Parks about it. Karicin demand is so great we wonder if Donald Merrell can make it fast enough.

(Continued on Page 31)

SPEAKER'S BUREAU

The following members made addresses before various organizations since the last report.

Dr. Wm. Skipp, the Lion's Club, January 4th, 1934, on "The Tugwell Bill". Dr. Skipp will address the South Side Conservation League, February 13th, on "The "Thyroid".

Dr. E. H. Jones, Early Road P. T. A., January 5th, on "Skin Diseases of Children".

Dr. E. R. Thomas, The Boardman Mothers' Club, January 10th, on "The Pre-Adolescent Child".

Dr. Claude B. Norris, the Taft School Mothers' Club, January 11th, on "Temperance"; and the Junior Sosis Club, January 15th, on "The Care of the Skin".

Dr. Jas. L. Fisher, the Junior Fortnightly Club, January 19th, on "Century of Progress in Medicine".

Dr. P. J. Fuzy, The Tourist Club, January 19th, on "Civilization and Medicine".

Dr. C. S. Lowendorf, the Ohio Chiropody Convention, January 21st, on "Foot Deformities."

Dr. M. H. Bachman, The Canteen Club, January 23rd, on "Modern Uses of X-ray"; and on January 31st, on Industrial X-ray Uses".

Dr. W. A. Welsh, Market Street P. T. A., January 9th., on "Health".

Dr. M. P. Mahrer, The Catholic Slovak Students' Fraternity, at Struthers, January 19th, on "The Origin of Surgery".

Dr. John Hardman, The Loyola Study Club, February 8th, on "Socialization of Medicine".

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Thomas Hewitt, Prop.

AMONGST OUR COLLEAGUES
(Continued From Page 13)

cosmetics, and to regulate traffic therein; to prevent the false advertisement of foods, drugs, and cosmetics, and for other purposes". In other words, the intent of the Bill is to prevent sharp and dishonest business practice. What objection can honest manufacturers and merchants have to this proposal and why should there be need for governmental regulation? You answer that question.

* * *

"If we want anything in this world, we must go after it ourselves". (H. Sheridan Baketel).

* * *

John W. Smith, Mayor of Detroit, attending a meeting of the Wayne County Medical Society, remarks: "I note with pleasure and pride that your whole interest in the subjects on tonight's program is this: the welfare of a patient. This is not surprising to me, but it would be surprising to many citizens of this and other municipalities. In the history-making three years that we have passed through, the grocer, the butcher, the shoemaker, the clothing manufacturer all have been paid and paid so that a margin of profit was theirs. It is neither right nor just that the medical profession alone should be left in the cold merely because they have generous hearts and come closer and nearer to having a finer feeling toward their patients. I congratulate you and thank you in the name of the people whose chosen representative I am, for your great work in my town. No other group is so unselfish, no other profession or trade thinks so much of the other fellow's good and so little of their own. John Citizen has much to be grateful for to you Doctors of Medicine and I feel he should be told about it in headlines". (Wayne County Medical Society).

"The Health Department cannot

expect to do good public health work,—it cannot even hope to practice effective preventive medicine, without the active interest and cooperation of all practicing physicians in the county". (Bulletin of the St. Louis Medical Society). We may add that the Health Department must **earn** the confidence of the physicians before it is entitled to their interest and cooperation.

* * *

The Hippocratic Oath and the Principles of Medical Ethics comprise a code of competition as between medical men which covers, at least in principle, all that the N.R.A. codes deal with, and much more besides. Our code, moreover, is so ingrained into our professional life, by virtue of its long tradition and observance, that it is a living part of that life". (Henry Kelly, in the Westchester Medical Bulletin).

A. W. T.

SOCIALIZED MEDICINE

ZEVE vs BEARD and VICE VERSA

Monday evening, February 26th, at the Youngstown Club, Drs. Harold Beard and H. L. Zeve will present to **The Torch Club** and guests, papers on that most timely subject, **Socializing Medicine**. This is bound to be **good**. And you may believe me, **The Torch Club** is one of the really out-standing and important groups of leaders and thinkers in this City.

The Torch Club, through its President, Mr. Carl Yacoll, generously invites the members of the Medical and Dental Professions to hear these interesting papers, and the lively discussion that is sure to follow. Dinner is served at 6:30. Those wishing to attend please call 3-7418, if possible earlier than 10 o'clock on that Monday morning. This is important. However, these who are unable to attend the dinner are welcome to come in later. The program starts at about 8 o'clock.

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Formerly Chief Physician, State Hospital for Insane, Norristown, Pennsylvania

DR. IRVIN ABELL (Continued)

To prove that nature may show-er her favorites with all kinds of gifts, Dr. Abell has shown himself a capable financier. He is a director of the Commonwealth Life Insurance Company and of The Fidelity and Columbia Trust Company.

It is with great pleasure that we look forward to welcoming Dr. Abell.

To the Executive Secretary, Ohio Medical Association:

The last paragraph by Breetus in the January Bulletin does not refer to you. Glad you read our column.

GOOD ADVICE

"If thou by force doe chance to sneeze,
Then backwards turn away
From presence of the companie
Wherever thou are to stay."
Furnival (Quoted by Wier Mitchell)

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BREETUS

(From Page 26)

The wash racks at Central Square Garage have been so busy, that Lee King may be forced to add an annex to take care of all the physician's cars. We think Lee is considering fixing up the roof for a landing field. Yes—we're told Lee intends to take up aviation. Ask us about the stick, rudder, or aileron. What does the wife say, Lee?

Famous Sayings:—

"Who's afraid of the Big Bad Wolf"—Bill Skipp.

"I say to you"—W. X. Taylor.

"Six overcoats"—Bill Allsop.

"Did he send his check?"—L. S. Deitchman.

"He never paid a cent"—J. U. Buchanan.

Dr. John "DeSaunders" Lewis may be an A No. 1 Doctor, but to us he is doctor No. 1. Oh! Jack, may we borrow your cystoscope? Our head-mirror is broken.

Prepare your ballots—nominations are in order! Who is the better dressed man—W. B. Turner, or F. W. McNamara?

SAM KLATMAN

Among those trying to help make things go in the Society, there is one quiet but faithful and efficient contributor whose good work deserves special mention. That is **Dr. Sam Klatman**. All those artistic notices seen from month to month on the bulletin boards, Sam prepared. He has done hundreds of them in advertising our Post Graduate and other meetings and he deserves a **GREAT BIG HAND!**

C. C. Pill Goes National!

The letter of C. C. Pill, addressed to Theophrastus Bombastus, published in the January issue, has found its way to a conspicuous position in "Tonics and Sedatives". It is well known that C. C. Pill will get unusual things out of humans, but when the result was to make the Editor of the "J. A. M. A." pass out space for such complete quotation,—that was an achievement!



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S. Q. LAYPIUS OBSERVES

Chinese diplomat is said to have turned monk. Darwin, in reverse, as it were.

Critics of the Administration complain because they are not afforded radio facilities. Give 'em the air, says we, give 'em the air.

Psychiatrist states that martial difficulties should be ironed out. But not with flat-irons, boys.

Yes, my car has knee-action. But from the sound, I suspect it is knock-knee.

Local autoist collides with police car and is charged with intoxication. We'd say that such an act was proof positive.

I wonder how many of these veterans who demand preference on the C. W. A. list ever saw any active service; and it would be interesting to identify those patriots who attempted to enlist (independently of the draft) but were rejected because of disability. Wonder if the families of this second group don't

get hungry also, and if the fathers shouldn't rate a high place on the list.

Hair-dressers are called "chiselers". Well, they do work on marble much of the time, eh, what?

College dean urges farmers to keep their heads. Well, they may eventually find some use for them, at that.

Secretary Wallace suggests program of milk control. What's the matter with camphorated oil and a binder?

Newspaper states that "Dillinger was dragged, cursing, into an airplane". Well, I'm rather nervous about these airships myself.

Pink mosquitos have been observed. Strange how Communism is spreading, isn't it?

Washington Observatory reports that collisions between stars are rare. Hollywood reports the direct opposite.



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Q.—Have the average results obtained by you in feeding S.M.A. been excellent, good, fair or poor?

A.—Excellent, 74.2%
Good, 25.8%
Fair, 0%
Poor, 0%

Q.—Do you feel that S.M.A. is of value to you in your practice from the standpoint of preventing nutritional diseases?

A.—Yes, 97.1%
Undecided, 2.9%

Q.—Has the feeding with S.M.A. been easier and less annoying than with other foods or mixtures used by you heretofore?

A.—Yes, 100%

Q.—Have your nutritional results been better than with other foods or mixtures used by you heretofore?

A.—Yes, 83%
No, 14.6%
Undecided, 2.4%

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5. Freezing point is the same as breast milk.
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