

BULLETIN

of the

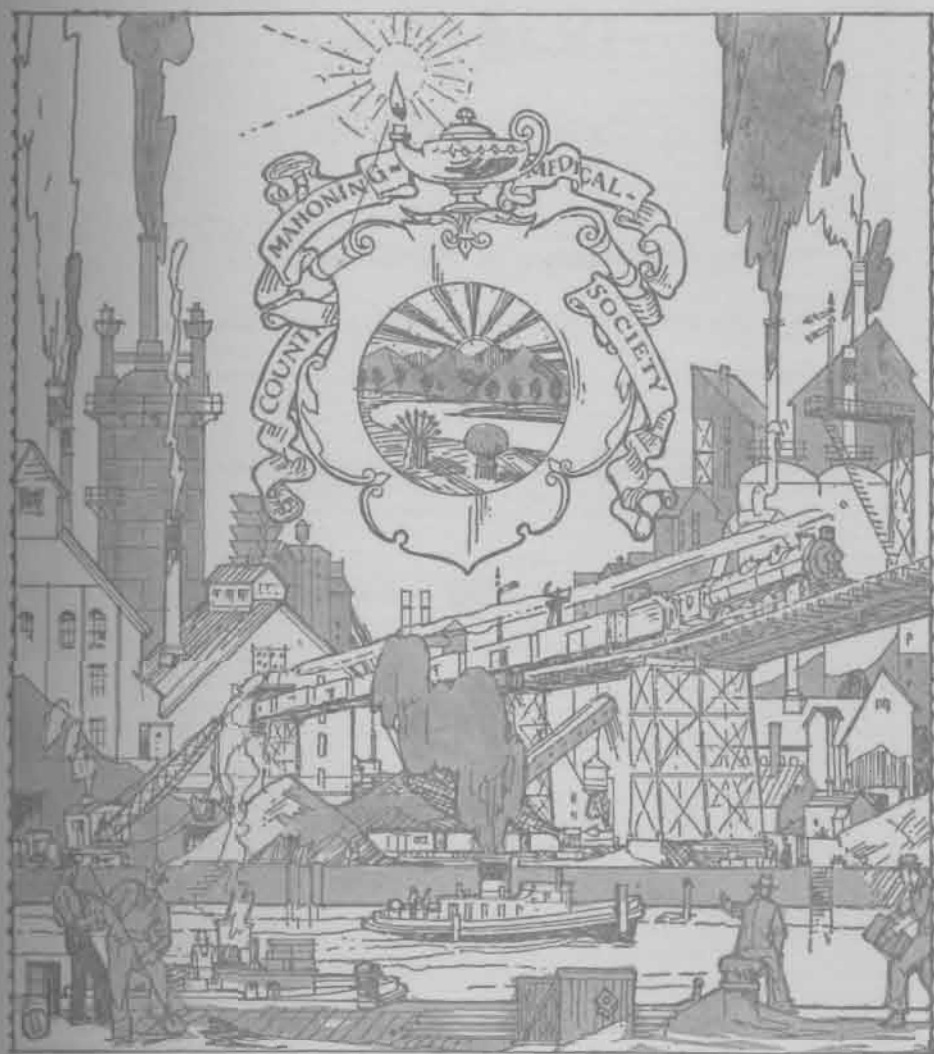
MAHONING COUNTY MEDICAL SOCIETY

MARCH, 1934

Volume Four

Number Three

*"Fixed opinions retard the waters of clear-flowing truth."—Dr. E. H. CARY
(Presidential Address, 1932)*



FOUNDERS' NUMBER

for sick as well as normal babies

Dextri-Maltose, Carbohydrate of Choice

"As to the kind of extra carbohydrate to be added, whether lactose or maltose, I believe dextrimaltose to be better in general in cases of fat indigestion (infantile atrophy)."—C. H. Dunn: *The Hygienic and Medical Treatment of Children*, Southworth Co., Troy, New York, 1917, V. 1, p. 418.

In discussing the treatment of decomposition Feer says: "The period of repair may be shortened by giving suitable additional food; the best, probably, being buttermilk to which carefully regulated proportions of dextrin and maltose preparations or malt soup are added."—E. Feer: *Text-Book of Pediatrics*, J. B. Lippincott Co., Phila., 1922, p. 284.

In the treatment of infantile atrophy, Fischer recommends the following: "The carbohydrate should be increased by gradual addition of dextrimaltose.

"Malt soup or dextrimaltose (Mead's) should be added in teaspoonful or more doses to each feeding until the point of carbohydrate tolerance is reached."—L. Fischer: *Diseases of Infancy and Childhood*, F. A. Davis Co., Phila., 1925, V. 1, p. 285.

Grulee, discussing treatment of decomposition, observes: "As a rule it is best to start with 2 to 2½ or 3 ounces of albumin milk to the pound weight in 24 hours; the sugar to be added is in the form of a maltose-dextrin mixture. One should never delay too long in adding this."—C. G. Grulee: *Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 265.

Referring to the hypotrophic infant, Herrman writes: "In mild cases, the addition of dextrimaltose instead of cane or milk sugar may be sufficient to obtain a gain in weight."—C. Herrman: *The treatment of nutritional disorders in artificially-fed infants*, New York M. J. 114:158-160, August, 1921.

In discussing artificial feeding in atrepsia, Hess states: "The carbohydrates are usually added in a slowly fermentable form, such as the maltose and dextrin compounds, which are usually started by the addition of four grams per kilogram (1/15 ounce per pound) and increased until eight grams or more per kilogram (½ ounce per pound) of body weight are added."—J. H. Hess: *Feeding and the Nutritional Disorders in Infancy and Childhood*, F. A. Davis Co., Phila., 1928, p. 278.

Concerning the treatment of marasmus, Hill says: "When the stools have become smooth and salve-like, carbohydrate, in the form of dextrimaltose, may be gradually added up to the limit of tolerance."—L. W. Hill: *Practical Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 281.

"A spasmophilic baby on bottle feeding should receive a limited amount of milk—a pint, or at the most 24 ounces in the 24 hours—to which cereal gruel and some form of sugar is added, preferably one of the malt dextrin preparations; also the early addition of other foods than milk to the baby's

diet."—M. Jampolis: *Infantile spasmophilia*, *Interstate M. J.* 25:652, Sept., 1918; *abst. Arch. Pediat.* 35:691, Nov. 1918.

With reference to the treatment of diarrhea, Lust writes: "After several days, 2% to 3% of a maltose-dextrin preparation may be added (Dextri-Maltose). This is preferable to the easily fermentable lactose or cane sugar."—F. Lust: *The Treatment of Children's Diseases*, J. P. Lippincott Co., Phila., 1930, p. 145.

"The treatment of artificially fed children in the first of these groups consists in putting them on a low fat dietary, and giving them carbohydrate in the form of one of the less fermentable sugars—e.g., dextrimaltose."—L. G. Pearson: *Wasting disorders of early infancy*, *Lancet*, 1:687-694, April 5, 1924.

Pearson and Wylie, in discussing the treatment of milder cases of inanition say: "Regulation of this disturbed organismal balance is obtained by the addition of carbohydrates, while fat and casein are reduced. For this purpose dextrimaltose and flour are better than the ordinary sugars, since they are more slowly absorbed and have greater efficacy in their powers of controlling the flora in the large intestine."—W. J. Pearson, and W. G. Wylie: *Recent Advances in Diseases of Children*, P. Blakiston's Son & Co., Phila., 1930, p. 116.

Regarding the treatment of the marantic infant, Raue states: "After the intolerance to sugar has been overcome a carbohydrate, preferably Dextri-Maltose, may be added."—C. S. Raue: *Diseases of Children*, Boericke & Tafel, Phila., 1922, p. 427.

In discussing the treatment of atrophy, Thursfield and Paterson, state: "If the baby continues to improve, the next step in the treatment is to add to the milk one of the less fermentable carbohydrates, such as dextrimaltose; . . ."—H. Thursfield, and D. Paterson: *Diseases of Children*, William Wood & Co., 1929, p. 105.

"I also find dextrin-maltose an excellent addition to albumin-milk when the first object of that food has been achieved and a gain in weight is desired; in this way I have succeeded in feeding albumin-milk far beyond the period usually advised, with highly gratifying results."—F. L. Wachenheim: *Infant-Feeding; Its Principles and Practice*, Lea & Febiger, Phila., 1915, p. 158.

"Dextri-maltose has been substituted for lactose not infrequently, when the tolerance for the latter continues low."—J. H. West: *Low fat, high starch evaporated milk feeding for the marasmic baby*, *Arch. Pediat.* 48:189-193, March, 1931.

"Malt sugar is indicated when others fail to produce a sufficient gain, or when malassimilation of fat is evident."—O. H. Wilson: *The role of carbohydrates in infant feeding*, *Southern M. J.* 11:177, March, 1918; *abst. Arch. Pediat.* 35:447, July, 1918.

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THE PRESIDENT'S PAGE

When men find they are able to accomplish certain ends better by working together than by working alone, an organization is born. An organization may find it necessary to set up defensive or offensive mechanisms or both. In this sense they are militant organizations.

The success of an organization that is national in scope depends upon leadership. Elected leaders should carry out the wishes of their constituents and do everything in their power to find out what these desires are. Further, they should formulate lines of action. There are many who believe that the real leaders in organized medicine have adopted the defensive position too long. Plans might have been laid so that the various county societies could act in unison on the many problems confronting them. For example, a strong offensive movement in Ohio would never have permitted the present plan for the care of the indigent.

The Federal government is now exerting every effort to speed recovery. When this has been accomplished many social and economic questions will be considered. We have claimed that medical care is nearly as important as food, clothing and shelter. If this be recognized, medicine will be brought under government surveillance very early in the new regime, and doubtless some regulation will follow. The degree of regulation to which we will be subjected however will depend on the aggressive ability of our leaders to enforce respect for our desires.

Are our leaders so fearful of social or state medicine that by their inertia we will be forced into the very thing they are trying to avoid?

Seemingly the county society in this state has been left to work out its own salvation. We have done what we could and yet remain passive. It now becomes necessary to know the opinion of the majority of the members of our society with regard to the pursuit of a future aggressive policy.

With this in mind some of the committees are submitting questionnaires to all members. These should be answered carefully and returned at once so they may be reviewed and classified with the end in view of better serving the society and accomplishing those things you desire.

J. B. NELSON.

SECRETARY'S REPORT

The Annual Banquet was held February 1st, 1934, at the Youngstown Club. This gathering together of some two hundred and seventy-five doctors and dentists was a remarkable success. The assembly was addressed by Dr. Morris Fishbein, Editor of the A. M. A. Journal and Hygeia on "Changes in the Nature of Medical Practice". This office thanks our many friends and neighbors from far and near for their presence.

The regular monthly meeting was held February 20th, 1934, at the Youngstown Club, when some one hundred and thirty-five members and guests were addressed by Dr. Irvin Abell, Professor of Surgery, Louisville Medical College, on the subject of "Mal-positions of the Uterus". The subject was well presented and was educational to all present.

Council met February 7th, 1934, at Dr. J. B. Nelson's office. The Central Office Committee presented a plan, through a Mr. Gracey, whereby the office can be started on a small scale, including credit rating and telephone exchange, the other necessities to be added as the office progresses. The Public Relations Committee introduced several matters in regard to County institutions which are practicing medicine and thereby encroaching on the practice of our members.

Council met Feb. 21st, 1934, at Dr. J. B. Nelson's office. A delegation of nurses representing the official

nurses registry presented a plan of eight-hour nursing duty at the same cost to the patient as twelve-hour duty. One reason advanced for an 8-hour service was to follow the plan of President Roosevelt to spread the work and reduce unemployment. Council endorsed eight-hour nursing shifts.

The Central Office Committee through Mr. McGhee, of the Akron Medical and Dental Bureau, presented a plan whereby we may start, in a small way, with a Central Office, credit rating, and telephone exchange. After the office is going, its activity may be extended. This office will not be under the control of the society, but will be entirely separate from it. A member of the County Society is not compelled thereby to be a member of the Medical Bureau.

The Public Relations Committee informs Council that the Visiting Nurses Association plans a pre-school roundup of twenty-four hundred children, who are to have Diphtheria immunization at the baby welfare stations, free of charge. The toxoid is to be furnished by the Board of Health, gratis. The Council instructed the Public Relations Committee to communicate with Dr. Beight to the effect that the immunization of all pre-school children should be done in the offices of their respective family physicians and should not be done in baby welfare stations, and also referred this matter to the Public Health Committee.

"I may disapprove of what you say but I will defend to the death your right to say it."—Voltaire.

SPEAKER'S BUREAU

The following represents the for-
 ensic activities of the members, as reported to us, since last month.

Dr. Wm. M. Skipp, Round Table Club, February 5th, on "New Food & Drug Act".

Dr. Sidney McCurdy, C. W. A. Workers, Wood Street School, February 7th, on "First Aid".

Dr. Samuel Sedwitz, C. W. A. Workers, Wood Street School, February 8th and 9th, on "First Aid".

Dr. Wm. M. Skipp, South Side

Conservation League, February 12th, on "Endocrinology".

Dr. Morris Deitchman, Youngstown Hospital Nurses Alumni, February 12th, on "Diabetes".

Dr. Claude B. Norris, Amicitia Club, February 27th, on "Keeping a Healthy Skin".

Dr. M. H. Bachman, Post 15 American Legion, March 1st, on "Modern Use of Xray".

Dr. W. E. Ranz, Red Cross Examiners' Corps, February 20th, on "Hygiene for Swimming Pools".

S. Q. LAYPIUS

Saddened by the death of Maurice Paxton Jones, old S. Q. Laypius finds it impossible to attempt the usual scribblings which occupy this space, nor can he refrain from expressing some tribute to his colleague who has passed on to other Fields of Endeavor.

Repeatedly, in affairs pertaining to policies of the Mahoning County Medical Society and of the Bulletin, we have been stimulated and given renewed vigor through the encouragement of M. P. Jones. We sought his counsel knowing that it would be sound, nor was any member of the medical profession more proud of the development and accomplishments of the Society than was he.

Through the years we found him a stern man but it was the sternness born of his sense of responsibility to those who sought his professional skill. Perhaps he was over-anxious at times but this likewise was because of his determination that each surgical problem be completely analyzed and properly handled.

Opinionated?—yes. But within a few weeks of his death, certain of his ideas on public policy and Medical-Society policy were completely changed, when evidence was presented to him and convinced him that his previous position was untenable.

How this man despised sham,

and pomp, and display, and special favor and opportunism, and dishonesty, and deceit, and unfairness! Nor did his abruptly outspoken word console those who were exponents of these qualities. And how loyal was he to those whom he knew to be deserving of his support and his defense. And when, upon occasion, he raised his hand in salute to the Stars and Stripes, it was no formal nor idle gesture,—he had long since proved his patriotism.

Here was not merely a surgeon, but here was a man practicing surgery. Thousands in this community will testify to his kindly touch,—many of whom would not have been living except for his skill. Some of those within our ranks will one day pass on, soon to be forgotten. "M. P." we will never forget, and indeed it seems as if he is still somewhere around and is charging us who survive him to carry on and to be not dismayed.

It is I who have gained through my association with him and I am sure that where he is he will find something worth while to do; some good books to read; old friends to meet again; the harmony of a male quartet singing those old melodies which he so loved; and perhaps a faithful dog to walk by his side.

"He was my friend, faithful and just to me".

GLEANINGS

By S. T.

The scientific program at the February staff meeting of St. Elizabeth's Hospital was given by the obstetrical and gynecological departments. Papers were presented by Doctors W. Z. Baker, E. J. Reilly and H. B. Thomas, with scheduled discussions by Doctors J. Heberding, R. B. Poling, H. M. Osborne and W. E. Ranz.

The authorities and staff of St. Elizabeth's Hospital take this opportunity of cordially inviting all members of the Mahoning County Medical Society and their guests, to make use of their medical library at any and all times. The library is located on the first floor of the building just off the main lobby.

Dr. E. Gray Caskey, of the 1932-33 interne staff of St. Elizabeth's Hospital, is practicing general medicine in Mineral Ridge. Dr. Emery G. Kyle, also of the 1932-33 interne staff, is practicing general medicine in Newton Falls.

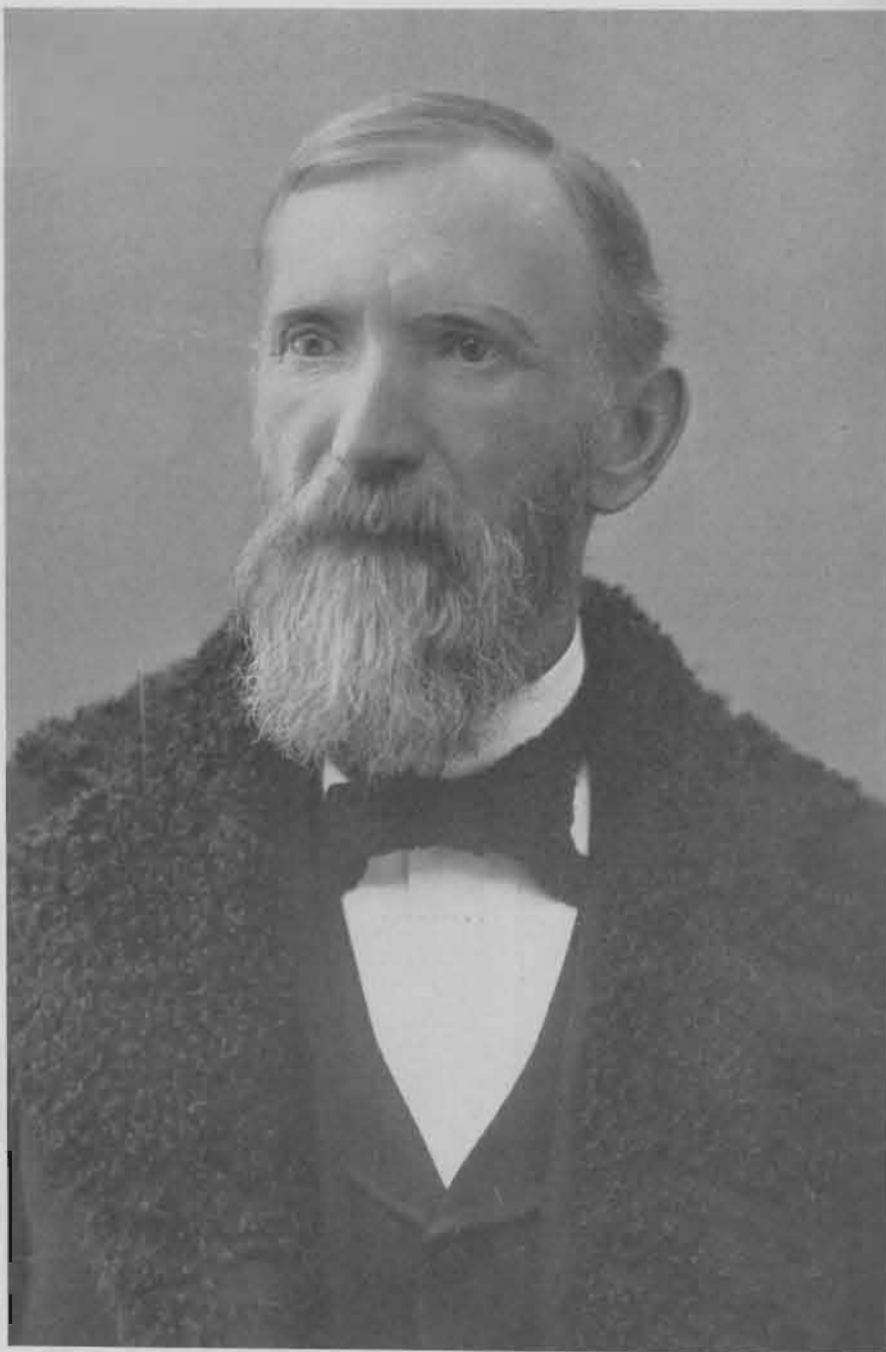
Dr. T. K. Golden has been appointed to the staff of St. Elizabeth's Hospital and is on the junior orthopedic service.

MORE GLEANINGS

BY J. N.

Dr. John U. Buchanan has been appointed Chief of one of the Attending Surgical Services of the Youngstown Hospital Association to suc-

(Continued on p. 14)



JOHN SMITH CUNNINGHAM, M. D.

JOHN SMITH CUNNINGHAM, M. D.

1833 - 1893

BY SIDNEY McCURDY, M. D.

Dr. John S. Cunningham, in collaboration with his lay friends and medical associates, planted in Youngstown potent seeds of medical and civic progress. How pleased he would be if he could see his dreams fulfilled, and the results of his labor flourishing and operating for the good of our city! This man's character made him acceptable to the best of people and he enjoyed for close friends, to name only a few, Robert McCurdy, Reuben McMillan, Walter Campbell, Dr. Truedley, and as medical confreres, Drs. Buechner, MacCurdy, Matthews, Whelan, Woodbridge, together with others of equal prominence.

He was born on a farm at Wampum, Pa., and grew up living the life of a farmer's son. These were hard days for farmers, hard work and little play, so John was schooled in the routine of country life. Poland Seminary, one of the best schools of learning near by, claimed him as its student as soon as he was old enough to leave home. Allegheny College at Meadville, Pa., furnished his academic courses, and his degree. Attracted to medicine, he associated himself with the Hon. J. W. Wallace, M. D., of New Castle, Pa., who acted as his preceptor. Dr. Wallace must have judged him a worthy aspirant for medical honors, as he sent him to the Jefferson Medical College in Philadelphia, from which he received his medical degree. Cunningham felt the need of more preparation, so he did some post-graduate work in the Cleveland Medical College. He located in Youngstown, on Phelps Street, in 1862, but this was not his first attempt to practice as he had been at Plain Grove, Pa., for a short time before.

Youngstown was an alluring prospect, for it was a well organized and growing community. It had both canal and railroad connections, was agricultural as well as industrial, and had already demonstrated that it was to be a coal and iron center. As soon as Dr. Cunningham was financially able, he bought a residence at the corner of Wick and Rayen, and moved his office there.

The practice of medicine in the sixties and seventies was far from easy. There were dirt or mud roads, no water, no sewage systems, no telephones. They used candles, oil, or kerosene lamps for light, and lanterns for tail lights on the gigs, buggies, and sleighs. Buffalo robes and fur coats, caps, and mittens kept the doctor warm but he had to take the weather on the chin, nose, and face, as they were exposed to the elements. It is little wonder that beards were fashionable and comfortable. These were pre-antiseptic days and microscopes, though invented, were not in common use. Gossip tells me that Mrs. Cunningham chided her husband for throwing his wet buffalo robe over the foot of the bed. He pleasantly apologized by remarking that the bedroom was the warmest spot in the house and the best place for drying it. One of the doctor's very first calls was made on horseback, a mile and a half away from his office. He removed a fish hook from the toe of an eight year old girl, now Mrs. Frank Wick, and his fee was twenty-five cents.

Contemporaries describe Dr. Cunningham as a man of fine character. He is pictured as being kind, frank, and appreciative when offering or receiving criticism. He is reported to have described his relationship to his fellow-man as follows: "I strive earnestly for what I think is right, but if I do not get it, I as cheerfully concede to the decision of the majority". Dr. Truedley, a friend, in writing about him, paid this tribute: "He eliminated unsoundness from his reasoning, first by desiring to know the truth of any proposition, and second, by being and remaining unselfish in his public service."

Dr. Cunningham, in 1872, was one of the charter members of the Mahoning County Medical Society, and its first meeting was held in his office. He was constantly re-elected to the Board of Censors and saw to it that a strong and honest membership was attained and maintained. He was the President in 1888.

(Continued on p. 20)

THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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POLITICS AND MEDICAL ADMINISTRATION

The February 28th., 1934 Bulletin of The Ohio Medical Association states forcefully the situation as to medical matters connected with Emergency Relief and the State Workmen's Compensation Administrations. The Governor's attitude is a perfect example of what is to be expected when politicians are in control of these affairs.

According to the Bulletin mentioned, Governor White filled a recent vacancy in the State Relief Commission, not with an M. D., but with an osteopath, who happened to be a former president of the Ohio Federation of Women's Clubs. The Governor prefers this appointee over any of our many able and distinguished women Doctors of Medicine. One feels justified in suspecting that the Executive was motivated entirely by political considerations.

The most discouraging part of this, aside from his turning thumbs down on the Medical Profession, lies in the fact that the Governor appeared to give consideration to the views of our President, Dr. Cummer, and his associated State Representatives, but, within a few minutes after their interview with him,

the newspapers carried the announcement that the selection had been made, apparently before the conference! Such lack of candor is astounding,—to put it mildly.

We, as ethical practitioners, can not afford to compromise our time-honored traditions. Let us keep away from all undignified dallying with cheap and dangerous expedients. Let us continue to give our best service to our patients, whether we are paid or not. We are well within our rights to insist upon fair remuneration, but let us have no part in schemes of compensation not definitely controlled by the Medical Profession. If we can be trusted with human lives, surely our fellow citizens may safely trust us with the financial management of medical relief for the poor.

We wish, beyond our ability to express it, that President Roosevelt's medical relief plans shall not fail. But if they do fail, the sad responsibility will not rest with our Profession. That stain will be upon time-serving political opportunists. It is a pity that the President can not know personally the spirit of some of his administrators.

REQUIESCANT IN PACE

Two of our number have just entered upon that phase of the soul's journey, the portal of which we know as death,—Death,—the third of the triumvirate of great mysteries. The first of these three great mysteries, Birth, beyond doubt is real, and not real only, but continuous. Each passing moment sees a re-birth of spirit among those who possess in full measure the next great mystery, and reality, Love,—the energizer, the *raison d'être*. But death

is a negation, inconsistent with the concept of Life. Something never can become nothing.

Dr. George Pearson and Dr. Maurice Jones, each tempered by his own personality, lived among us the great REALITIES: Birth,—continuous, constantly regenerating, manifested in vigorous renewal of spiritual essence,—in greatness of soul, and Love,—applied Love, abundant, ever freely-flowing!

C.B.N.

AMONGST OUR COLLEAGUES

"Machinery isn't medical care. A hospital is only four walls and a lot of mechanisms without its doctors. The public has not learned this fact—that there is no basis to judge medicine except the quality of the doctors engaged in it. The intimate personal relationship between doctor and patient must be preserved."—Morris Fishbein.

* * *

"We hope that the time has arrived when the medical politics which surround our annual elections may be eliminated. Each year, it has seemed to me that the undercurrent has tended toward enmity and revenge. These vices have continued at times not only during the heat of the campaign, but have lasted many times for years, and sometimes for life. Politics in our elections are not even necessary."—Dr. L. R. Effler in the Bulletin of the Toledo Academy of Medicine.

* * *

And may we add, from Sir James Barrie: "Never attribute to your adversary motives meaner than your own".

* * *

"We are resolved that with the vast amount of time and effort donated to society by doctors of medicine in the various free clinics of the city, we are unwilling to longer deprive our own families by omission of a common-sense precaution against credit loss in our private practices. We have finally resolved that it is not fair to a brother-practitioner to accept as a patient any

one who owes money to that other physician and in many instances has come to us to avoid payment. By our foolish economics, forcibly brought home to us by the depression, we have, as a body, carried the "dead-beats" of the community on our shoulders. We have resolved to be less egotistical in 1934 and willing to believe that a fair proportion of patients do not come to us because they think we are the best doctors in town. Of this changed attitude no honest citizen need have the remotest fear, and, as in 2000 years of history, no patient honestly unable to pay need fear approaching his family doctor for advice or care."—Jackson County Medical Journal (Kansas City).

* * *

"—in the boom days of 1929, one-third of the physicians of the nation had a net income of less than \$2,500 per year, and yet were called upon to contribute their share of about six hundred million dollars' worth of free medical care, most of it in clinics or hospitals where every last individual concerned received pay for his services except the physician. The doctors were willing to tolerate these injustices in the boom days of 1929, they were willing to give their services to the poor without charge, and they didn't complain any too much when the "poor" who received free medical care were able to distribute estates of many thousands of dollars. And they would still be willing to take care of the poor up to the

(Continued on p. 23)

DR. WILLIAM E. LOWER

By MORRIS DEITCHMAN, M. D.

On March 20th, The Mahoning County Medical Society is to hear Dr. Wm. E. Lower, Founder and Director of the Cleveland Clinic. Many of us have heard him speak before, and know what a fine speaker and teacher he is. Some of us have had the opportunity to observe him operate, and if the operation was in the Genito-Urinary Tract, one could only come away with the feeling that a master had been at work. To have seen him do a repair of a ureter is to understand why Dr. Lower ranks as one of the outstanding Genito-Urinary Surgeons of the Country. It is impossible to describe perfect technique with any other word than that perfection has been attained. The most difficult operation is made to appear so simple that the very simplicity marks the master.

Associated with Dr. George W. Crile, it is most natural that Dr. Lower should become interested in Endocrinology. The endocrines have intrigued the best medical minds in the world. We are to benefit from his wide experience in this field.

Dr. Lower has held many offices in various medical organizations, and has served his community on the staffs of several of the Cleveland Hospitals. He has also written a large number of papers, and has addressed medical groups all over the country.

(CLEANINGS, From Page 9)

ceed the late Dr. M. P. Jones.

Dr. Fred Coombs and Dr. Carl Gustafson have been appointed Resident Physicians of the Youngstown Hospital Association for the year 1934-35.

Dr. John S. Lewis and Dr. E. C. Goldcamp, are sailing from New York City on March 14th, on the steamship Pennsylvania. The ship has been chartered for the Pan American Medical Conference and will visit the ports of Havana, Panama, and Venezuela, South America. Four sessions of the conference will be held on board ship and two sessions will be held in Venezuela. During the conference Dr. Lewis will present a paper entitled: "Primary Carcinoma of the Ureter". Dr. Norris was invited to present a paper but is unable to attend. We shall look forward to hearing about this interesting trip.

Dr. W. W. Ryall is in the South Side Unit recovering from his recent

illness. As Dr. Ryall says, four weeks of anything is enough.

The Youngstown Hospital Library, located on the first floor of the South Side Unit, is really worth inspecting and using.

The recently installed ground glass window in the door, tells the location and mode of entrance. There are a great variety of medical books and periodicals, for reference work. Some past numbers of periodicals are missing, a list of which can be found on the Bulletin Board of the Staff Room. Donations of any of these to the Library would be appreciated. Dr. Bunn and Dr. Patrick are to be congratulated for their efforts in arranging the Library.

"She was a good little girl as far as good little girls go, and as far as good little girls go, she went."—Reader's Digest.

"One can not condition facts".—Weir Mitchell.

MARCH MEETING

The Mahoning County Medical Society

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

THE MAHONING COUNTY
MEDICAL SOCIETY

ANNOUNCES ITS

SEVENTH ANNUAL

POST-GRADUATE DAY

Saturday, April 28th, 1934

The entire day and evening. Lectures and demonstrations
by a group of Internationally famous Teachers from
MCGILL UNIVERSITY, Montreal, Canada

SPEAKERS:

DR. J. C. MEAKINS, Professor of Medicine.

DR. WILDER G. PENFIELD, Clinical Professor of Neuro-
logical Surgery.

DR. JOHN R. FRASER, Professor of Obstetrical Gynecology.

DR. J. B. COLLIP, Professor of Bio-Chemistry.

Morning and Afternoon Sessions at Hotel Ohio

Dinner and Evening Sessions at Youngstown Club

Registration Fee, Including Dinner, Five Dollars

*Indications point to an unusually large attendance. The Committee will be
grateful if visitors will make their reservations early.*

VISITING PHYSICIANS ARE MOST CORDIALLY
WELCOME.

PROGRAM FOR POST-GRADUATE DAY

MORNING SESSION:

- 9:00 a. m. Rheumatic Fever Considered as a Specific Infectious Disease; Its Prognosis and Treatment. Dr. J. C. Meakins.
- 10:00 a. m. Recent Advances in Anterior Pituitary Physiology, Part I. Dr. J. B. Collip.
- 11:00 a. m. Management of Head Injury, Early and Late. Dr. Wilder G. Penfield.

AFTERNOON SESSION:

- 1:00 p. m. The Inflammatory Pelvis. Dr. John R. Fraser.
- 2:00 p. m. Recent Advances in Anterior Pituitary Physiology, Part II. Dr. J. B. Collip.
- 3:00 p. m. Epilepsy: Classification and Management. Dr. Wilder G. Penfield.

DINNER, YOUNGSTOWN CLUB, 6:00 P. M.

EVENING SESSION:

- 8:00 p. m. Chronic Non-Tuberculous Pulmonary Disease. Dr. J. C. Meakins.
- 9:00 p. m. Hemorrhage in the Last Trimester of Pregnancy. Dr. John R. Fraser.

The Recreational Facilities of The Youngstown Club are yours to enjoy following the Evening Session.

POST-GRADUATE COMMITTEE:

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

Address all communications to Dr. James Brown, Home Savings and Loan Building, Youngstown, Ohio.

DR. GEORGE PEARSON

"Doctors come and go and you get mad at them now and then just like you do at your preacher, but Dr. George Pearson was a doctor you could think about pleasantly when you were disgusted with your other physician friends.

"Some people might call him a doctor of the old school, but he was thoroughly aware of each new development in the medical world and up on his stuff. . . .

"Anyway, one of his friends out at Truscon sent in this little word about him today. He prefers to be left out of it. But here is what he has to say:

"He was possessed with a full measure of the milk of human kindness. Many veterans of the Company can recall of the good doctor waiting hours at the bedside, ministering to the afflicted. He typified the ideal doctor. He lived for the good he could do for others . . . In the last few days many stories have been related of the charitable and gentle deeds he has performed and there are thousands untold. He was a just man; a friend to all—no greater tribute can be paid to anyone."

ESTHER HAMILTON, (Youngstown Telegram)

DR. MAURICE P. JONES

The human need,—a desert wide where blew
 The withering winds across the lifeless sand;
 A vision clear in which was seen a land
 Where, sought by men, some fruits and flowers grew.
 A strong young man, who trained his eyes to view
 The changing need; who strove that his right hand
 Might give relief, and keep at his command
 The best, retain the good, and prove the new.
 And now he sleeps. As long as men possess
 This faithfulness to trust, this zeal and strength,
 The heritage he kept, which we at length
 Must also leave to those whose deeds confess
 The debt they owe, shall be secure and give
 A grace to what is done that men might live.

Warren Dewese Coy.

MEDICAL FACTS

By J. G. B.

Dr. Arthur W. Allen, who is connected with the Massachusetts General Hospital, agrees with some European surgeons that in recurring bleeding duodenal ulcers it is important to resect the distal third of the stomach, which contains the cells that activate acid secretions. The ulcer in the duodenum would heal even if left behind.

Schamberg reports an instance in which seven young women acquired extragenital lues through kissing a young man with chancre of the lip at a party at which kissing games were played. A young man was also infected by kissing a girl who had just been kissed at that party.

The coal tar antipyretics were discovered by the chemists while searching for an artificial quinine.

In examining the urine of a patient who is getting oleoresin of copaliba (formerly used quite extensively), you may be puzzled by the white ring obtained by adding nitric acid. A little alcohol will dissolve the resin but not albumen.

According to some observers about twenty per cent. of patients who are given barbiturates for obstetrical analgesia require restraint. These patients should be in a hospital or, if at home, should be watched carefully.

The only explanation that can be given our forty-year old friends who insist that over-indulgence, lack of sleep, excessive physical and mental strain, etc., never hurt them, is that most of us are made fool-proof until the age of fifty.

From Lahey Clinic at Boston comes the assurance that hyperthyroidism will not develop from giving iodine to patients with non-toxic goiters.

Occasionally neurocirculatory asthenia may simulate hyperthyroidism. Try Lugol's. In true hyperthyroidism iodine lowers the blood pressure, slows the pulse, diminishes the tremor, increases the sense of well-being, and permits a gain of weight. But iodine does not cure hyperthyroidism. If given for long periods of time it increases the risk of surgery.

In giving digitalis we should remember that only 2.25 grs. (1.5 cc of the Tincture) are eliminated daily, and that when 33 grs. (22 cc) have accumulated in the body the toxic dose has been reached. Very frequently we get no results from digitalis because we are not giving enough. This is especially true when we are giving the tincture, which deteriorates more rapidly than the leaf.

The coal tar antipyretics reduce fever by dilatation of the cutaneous vessels thus causing increased heat loss; quinine—through reducing heat production by diminishing nitrogen metabolism; aconite (a cardiac depressant no longer used extensively)—by slowing the heart rate.

Stenosis of the aortic valve may come on late in life, in which case it is due to calcareous deposits on the cusps. It can usually be diagnosed roentgenologically as well as clinically.

A Corrigan pulse, without the other signs of aortic regurgitation, may be due to patent ductus arteriosus, in which case a peculiar continuous (machinery) murmur should be looked for at the first or second interspace to the left of the sternum. This "machinery" murmur, also called "mill wheel", "humming top", or "tunnel" murmur, is pathognomonic of patency of the ductus arteriosus.

A patient who has received large doses of ergot should not be given adrenalin soon afterwards. Ergotoxine, one of the most active alkaloids of ergot, causes paralysis of the vaso-constrictor fibres, but has no effect on the vaso-dilator fibres, and therefore, instead of a rise, adrenalin may cause a fall of blood pressure, which may prove fatal.

If you hear four heart sounds (reduplication of both first and second) you are probably dealing with right or left bundle branch (intraventricular) block, causing asynchronous contraction of the ventricles. This is usually due to coronary thrombosis, although other conditions like rheumatism, lues, or diphtheria, may be a factor.

(DR. CUNNINGHAM, from p. 11) and at other times was Vice-President and Treasurer. He was frequently requested to discuss and read essays.

He was an active member of our Society from its birth until his death. These medical ancestors of ours had many difficult problems to solve, some of which are still with us. It is interesting to quote their ideas concerning contract practice, which was a live issue in 1874. "As to the money aspect of this matter, all organizations public or private, make a contract, not to secure the best physicians, but to secure the cheapest, by so doing they seek to save money, that is to get more doctoring than they pay for." Also, "Whenever we place ourselves in competition with other physicians, we lower our professional standards". Dr. Cunningham helped to draw up and present this report on contract practice.

In 1887, I find an excellent set of rules and by-laws which were adopted to care for the Medical Library. The library by this time had accumulated a number of books, furnished a reading room, and was subscribing for some medical journals. Cunningham was a hard worker in behalf of this library.

This Doctor worked ardently in a civic as well as a medical way. When the Youngstown Public Library was incorporated in 1880, Dr. Cunningham's name appeared as one of the incorporators. He was an active member of this Board for many years. He was a member of the Board of Education for seventeen years and once its president. He was a member of Council; of the Board of Health for six years; he was Jail Physician; and he was Coroner for one term.

He served as a member of the staff of the Youngstown Hospital for many years. In 1882 this hospital was confronted with the selection of a staff and with the formation of rules for the conduct of the staff as a body. It requested help from the County Society and those who received the five highest votes were to formulate the codes deemed necessary. This committee, chosen in this purely democratic manner, consisted of, in the order of the votes cast, John MacCurdy

13, Woodbridge 10, Cunningham 9, Whelan 8, and M. S. Clark 17. Cunningham was later appointed by the Board of Trustees as a member of the first staff.

It is well that we turn back the pages of Mahoning County Medical History and evaluate the influence that individuals have contributed. It is right that we should render honor when honor was earned and is due. Dr. Cunningham's life is an inspiration, and should encourage all to maintain the ideals he so loved and carefully guarded. The philosophy of his life seems well described in the last few lines of a short poem written by G. Luniens Banks, and entitled "My Aims".

"I live for those who love me, for those who know me true;
For the heaven that smiles above me, and awaits my spirit too,
For the cause that lacks assistance, for the wrong that needs resistance,
For the future in the distance, and the good that I can do."

Note: I am under a great obligation to the late Mr. Frank Cunningham, the son of Dr. Cunningham, who has furnished me with the information for this article.

235 LORA AVE.

Dr. Bunn Addresses New Yorkers

Dr. Wm. H. Bunn has just returned from Long Island, where on Feb. 5th, he addressed the North County Medical Society on the subject, "Some Clinical Aspects of Venous Thrombosis". While on this visit Dr. Bunn was the house-guest of Dr. Richard Derby, a son-in-law of Theodore Roosevelt.

DR. E. H. JONES, HONORED

Dr. E. H. Jones has been appointed County Chairman for the Centennial Celebration by the State University, commemorating 100 years of useful progress on the part of that Institution. The many alumni of Ohio State are everywhere outstanding testimonials of the efficiency of that School. It is to be hoped that the celebration which is to be held on March 1-3, at Columbus, will be a great rally-day for the Sons of Ohio State.

CHRIST MISSION FRESH AIR CAMP

(Helio-Hygiene Camp)

By H. E. McClenahan, M.D.

Inspired by the reading of the wonderful work and the success of Doctor Auguste Rollier of Switzerland in his use of sun-shine, good food, and fresh, clean air to combat the ravages of bone Tuberculosis, our good citizen, Ray Hagstrom, decided to try to develop a sun-shine camp near Youngstown, as a means of upbuilding the health of the pre-tubercular children. As superintendent of Christ Mission, his social service work among the poor in Youngstown had shown him that there were many children in homes where one or more members of the family were suffering from active Tuberculosis.

Mr. Hagstrom's idea was to save the children who were not yet infected. It was an application of the old proverb, "A stitch in time saves nine". I suspect, too, he may have heard the old wise-crack, "Where the sun is the doctor ain't".

For the first two or three summers, camps were held at various locations in the country about Youngstown, but in 1922, the present permanent camp was started. About thirty-five acres of land on the Swanson farm were leased for that purpose. That summer about forty children, selected from those who attended the Christ Mission clubs and the Day Nursery, were given an outing at camp.

When the main building at the camp was built the Board of Directors of the Swanson Children's Home furnished the money for one dormitory wing, while Mr. Hagstrom raised the rest of the money among his friends. The solarium was the next building to be built. In 1924, the Youngstown Kiwanis Club built the camp hospital building. In 1933, a large indoor recreational hall was completed as a gift from the Swanson board. Much work has been done to beautify the grounds. Among other undertakings, about seven thousand small pine trees have been planted.

About eleven years ago, the Youngstown Kiwanis Club became interested in this work for the underprivileged children and has steadily expended both finances and per-

sonal service since that time. It is estimated that the club has contributed a total of perhaps \$21,000 to this work.

At the present time the camp has for its use thirty-five acres of land adjoining the two hundred and sixty-five acre farm which was left by the late William Swanson for a children's home. The main building at the camp is a large, three-pronged fork-shaped structure. The central pavilion contains the administration office, the library, the doctor's office and the treatment room. In the latter, first-aid equipment and supplies are available. Passing toward the rear of this central prong of the fork, we come to the dining room and the large kitchen. Leading to left from the dining room we find a large nursery room with two spacious screened porches. The left diagonal wing of the main building is used for the boys' dormitory, while the right wing is the girls' dormitory. Beneath the kitchen there is a sizeable cellar where the fruits, vegetables and milk may be kept quite cool even in the hot weather. Up stairs, and over the living room and offices, is the dormitory for the camp staff, the matron, the instructors, and the nurses.

Behind the main building is the camp hospital where the sick may be isolated and treated without exposing the other children. During the past summer there were sixteen cases of mumps, all of which were mild in type.

The solarium is an interesting building. It gives the appearance of a two story structure without a roof. Here, after the children are brought to camp they are gradually exposed to the sun, nude. The sunlight is allowed to shine directly on the body for only ten or fifteen minutes at first. The time is gradually extended until their skins are brown and the children look like little Indians. They are then given a minimum of clothing (tights or bloomers) and allowed to play in the sun and air as they wish.

The indoor recreational hall has a large auditorium and a fine stage

(Turn the page)

with dressing rooms on either side. Here, all kinds of indoor games may be played, or instruction may be given in handwork or nature study.

In connection with the camp a large garden, about four acres in extent, is cultivated each summer. This enables the management to serve the best, strictly fresh vegetables daily during the summer. In one corner of the garden is a nice strawberry patch. A comfortable home has been built for the gardener and his family. It is hoped in the near future to enlarge the camp poultry farm so that all fresh eggs and poultry needed will be produced on the grounds.

A small stream runs through part of the grounds. This has been dammed and a "swimmin' hole" created. It is planned, within the next year or two, to put in a much larger and stronger dam. This will form the basin for a lake of several acres.

The health measures necessary properly to conduct such a camp are interesting. The Visiting Nurses' Association selects the children for the camp, after they have first been vaccinated against smallpox and Shick-tested to determine their susceptibility to diphtheria. They are also given physical examinations to make sure that no active tuberculosis is present. Then, on arrival at camp, they are further examined to determine if any restrictions should be placed on their activities. The condition of their teeth and other such things are noted to see what further measures might be taken to increase the value of the individual's summer at camp.

The food handlers at the camp have had throat cultures taken and the cook has been Wassermann-tested. The drinking water comes from artesian wells. A laboratory examination of the water is made before camp opens each summer. Sanitary drinking fountains are provided in easily accessible places. The toilets are of the improved type and the sewage is disposed of by large septic tanks located underground and at some distance from the buildings. In the lavatories, sanitary wash bowls are provided in generous numbers.

The garbage is gathered and hauled away daily. The milk used is delivered at six A. M. daily, and comes

from one of the most sanitary dairies in this part of the country.

The windows, doors, and porches are all thoroughly screened so that the flies are kept out. There are no stagnant pools or other such places near the camp, where mosquitoes may breed.

A four-foot space is allowed between the beds in the sleeping quarters. Mattresses are provided for most of the children, but the bed-wetters must be content with straw ticks. The entire camp has been inspected and approved by the State Board of Health.

It has been found best to keep the same group of children at the camp for a period of eight or ten weeks rather than try to change groups every two weeks. Careful individual records of the weight changes and other happenings are kept by the camp nurse. Last year a group of ninety-two children received the benefits of the camp life for a period of eight weeks. A smaller group was then given a vacation for about two weeks.

Two graduate nurses are on duty at all times as members of the regular staff. The camp mother, Miss Hollis McBurney, has been in the work, with the exception of the first summer, ever since it began. She is a wonderful woman and has the love of the children as well as of the staff. A local Kiwanis physician makes the physical examinations and calls regularly twice a week, or oftener if necessary. Since the camp is only seven miles from the city, emergency calls can be answered promptly or the patient brought to the hospital.

Those most interested in the camp hope that in the not too distant future, ways and means will be found so that the camp may become an all-year-round home for the under-privileged children.

Their diet is about as follows:

Breakfast—Cooked cereal, whole wheat toast, milk or cocoa, dried or fresh fruits. Cereals are oatmeal, farina, cream of wheat, cracked whole wheat.

Dinner—Potatoes cooked in jackets, two vegetables (peas, string beans, carrots, turnips, spinach, endive, lettuce, coleslaw), soups, plenty of green leafy vegetables. Desserts, puddings made with milk and

eggs, jello, plain cakes, canned fruits, and ice cream. Milk.

Supper—Brown rice and milk, eggs, cheese, bread and milk, shredded wheat, peanut, salmon or other filled sandwiches, macaroni, fruits, and a quart of milk a day.

Mid-morning lunch for the undernourished consists of milk, ovaltine, malted milk, etc. Fruit furnished by the parents is given at this time. No candy is allowed except that furnished by the camp. All articles brought by the visitors must be given to the camp director. (Very strictly enforced.)

DAILY PROGRAM AT CAMP

- 7:00—Morning rising bell.
- 7:30—Flag salute
- 8:00- 9:00—Breakfast and house duties.
- 9:00-10:30—Morning exercises, sun treatments, and handwork.
- 10:00-11:15—Rest period.
- 11:15-12:00—Free time.
- 12:00- 1:00—Dinner and house duties
- 1:00- 1:30—Free period.
- 1:30- 3:00—Afternoon rest.
- 3:00- 5:00—Organized games, hobbies, hikes, nature study. Also visiting hours.
- 5:00- 5:30—Free period.
- 5:30- 6:30—Supper.
- 6:30- 8:00—Games, reading, story hour, etc.
- 8:00—Bed time for Pre-T. B. children.
- 9:00—Bed time for all others.

(AMONGST COLLEAGUES
from p. 13)

limit of their ability even though the burden has become well-nigh intolerable, but there is throughout the nation a rising tide of indignation on the part of the profession against lay dictatorship and against rules and regulations, interferences and meddlings, which result in bad medicine and the neglect of the best interests of their patients."—Nassau Medical News.

* * *

"Since the object in spending this government money is to restore prosperity, why should not at least a little prosperity be restored to the thousands of devoted men and women of medicine who have gone valiantly on with the fight against disease and death through the last three years, working harder than ever for constantly decreasing in-

comes? To the efforts of those men and women the community owes its gratitude for the fact that the horror of unchecked disease has not been added to the hardships of unemployment."—Chicago Evening American.

* * *

"The sub-committee of the Cleveland Academy of Medicine on "Well-Baby Clinics" studied the existing clinics and recommended that they limit their activities to the care of the worthy poor; services in these clinics to be limited to the cursory examinations of well babies, the giving of feeding directions, immunization, and health education of the parents."—Pittsburgh Medical Bulletin.

* * *

"The average doctor may know little of social service technique—but it is safe to say that the welfare worker knows even less of medicine. In both fields there is an undeniable need of expert knowledge. Social service agencies could accomplish more by recognizing their limitations and sticking to their basic sphere."—New York Medical Week. Quoted by Pittsburgh Medical Bulletin.

* * *

The editor apologizes for using so many quotations which have to do with the economic problems of the medical profession. But careful reading of the publications of other Medical Societies reveals that a very large proportion of editorial comment is upon that subject. And, from this survey, it is quite apparent that the financial plight of the physician is the same all over the nation. There is loud grumbling, much complaining and a definite tendency toward demanding that something be done for him who has hitherto accepted the crumbs in silence.—A. W. T.

Lady McBeth: "Have I told you about my apparition?"—Columbia Jester.

A WAVE OF THE HAND

The Society lost a member,—Breetus—and especially **The Bulletin** lost one of their staunchest supporters—with the passing of Dr. M. P. Jones. We salute you,—M. P.!

Breetus.

VOLTAIRE * AND THE DOCTOR

MRS. J. G. BRODY

Voltaire, congenital iconoclast and possessor of a rare genius for invective, was singularly well-disposed toward the medical profession. In his judgment a bare 98% of all physicians since the dawn of time had been charlatans, leaving a generous margin of 2% for the honest and upright. Coming from so vitriolic a critic, this is praise indeed. With Moliere, he laughs his scornful laugh at the medical man besieged by the frivolous of both sexes, imploring to be relieved of distresses caused by too great an intake of food and drink, by too much dancing and too little sleeping. But none the less, he admits that on numerous occasions a physician is absolutely indispensable. For instance, in apoplexy "neither a captain of infantry nor a sergeant at law" will be of the slightest use, and not even the kindest of neighbors could relieve one of cataracts. This incorrigible scoffer discerns something of divinity in a doctor, for "To preserve and renew is almost as noble as to create".

His wrath bursts into flame at the Roman rulers when it occurs to him that for five hundred years there were no physicians to guard the public health. With the Romans' penchant for slaughter, he says, it never occurred to them that ailing bodies might be repaired. The routine for anyone "who had a putrid liver, a fistula, a gangrene, or an inflammation of the stomach" was most simple—he just waited around for death to heal him.

This doesn't mean that physicians were completely unheard of in ancient Rome. By no means, for the wealthy Roman had his physician just as he had his cook, his perfumer, his bather, his harpist, and all the others who made his stay on this planet so artistic and graceful an affair. Augustus appropriated the best healer of them all, Musa, a slave. One day, in a fit of magnanimity the Emperor made not only a free man, but also a knight, of

Musa. This act benefitted every man of medicine in Rome. All found themselves a few rungs higher up on the social ladder.

When Voltaire turns his jaundiced eye on the various orders of monks it lights up with undiluted approval as he notes the Brothers of Charity entering the lowliest hovels, carrying medicines and cures.

Even the entrance into medicine of the mercenary element with its attendant abuses cannot shake Voltaire's conviction that the physician is the greatest of the great for "Having studied nature from his youth, he knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, and he exercises his art with caution and pays equal attention to the rich and the poor."

This Frenchman's contempt for mankind is slightly diminished when he reflects that there is hardly a city in Europe that doesn't have its hospitals for the indigent. And, as for the Turks, they have hospitals even for beasts, which in his opinion is over-doing the charity idea. His picture of the "Hotel Dieu" is interesting, and at the same time horrifying, for he is writing in the 1770's. A constant stream of patients enters this hospital each day, and it has a steady population of between four and five thousand. There are never more than five inmates to a bed, and reciprocity is the rule, that is, the scurvy patient gives his neighbor that loathsome disease (so Voltaire thought), and in return receives the gift of smallpox. Small wonder that many candidates for the "Hotel Dieu" exhibit the greatest reluctance to being sent to this "pestilential spot". It is astonishing, he writes, that 75% actually leave it alive and more or less cured. At any rate only 25% are dead enough to figure in a funeral.

In spite of its very glaring shortcomings, to Voltaire this hospital is "the true temple of Virtue", for at least the attempt to alleviate human suffering is made, and a matter for rejoicing is the fact that the theatres of Paris are forced to contri-

*Francois Marie Arouet de Voltaire (1694-1778). Court favorite, poet, dramatist, historian, philosopher, buffoon and reformer.

bute heavily to its upkeep and to that of the other hospitals of the Capital.

The "Hotel Dieu" had the same fate that modern hospitals often have. That is, in the beginning it was beautifully situated in the center of the city near the bishop's palace, but because of the growth of the city it found itself in Voltaire's day, nearly in the worst section, and hemmed in on all sides by buildings. It was suggested to break it up into smaller units and to erect them where air and light were to be had. The old refrain of lack of funds is heard, and Voltaire indignantly comments that money always is plentiful for sending men into battle to be destroyed, but never when it is a question of saving men's lives.

NOTE: We welcome this interesting contribution from Mrs. Brody; we hope the repeats and that other ladies of doctors' households will follow her example.

C. C. PILL vs. J. A. PILL

Editor Of The Bulletin, Sir:—

I have a bone to pick with you. What right have you to allow the AM. A. Journal to print my letter to Tho. Bombastus? But since it was published. I wish you would make the editor of the Journal hurry along with the check for the contribution. I hope he is prompter than the F. R. A. and C. W. A. Confidentially, I can use a few of the deprecated dollars just now, so please ask him to remit.

Another thing. In the Feb. 3rd issue of the J. A. M. A. there was an insulting reply to my letter by a fellow which writes under the pseudopod (phony name) of "Just Another Pill". Well, whoever he is, he is a smart Alick allright. I cant quite make out what he means by my saline characteristics, but I think he has me sized up as an old fashioned small town doctor. Well, suppose I am, is that any reason why he should kid me about my grammer? Maybe we small town doctors are not so heavy on cultur; we may split an infinative once in a while, but that is better than splitting fees.

About saline characteristics, maybe I am as good a clairvovager as Dr. "J. A. Pill". I'll bet him a fiftv cent relief slip that I can come

(Turn the Page)

Editor of the Bulletin:—

After four months of medical care under the Emergency Relief Act we find ourselves as a Profession still the goat. We are still unpaid for work done three months ago. Here is an example of medical work which is controlled by outside influence. First the Federal and State were stated as the sponsors of this relief. Now we find that the County Commissioners are the ones who will pay for the services. These gentlemen know medical service only as bills payable. They are not thinking of the urgent demand, the difficulty of service, nor details of treatment. As for me, no one can administer medical care nor know the urgency of paying for it like the doctors themselves.

This, gentlemen, is an example of social medicine. It will never work unless the Profession controls it. Let them set aside funds and let the Profession distribute them when and where needed.

If this can't be done, let us go on and care for the indigent as we previously did, for nothing, and we will at least not be disillusioned. (Bravo! Dr. Yak.—Ed) DR. YAK.

E A S T E R

April 1st

Plants and Cut
» Flowers »

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(C. C. PILL vs. J. A. PILL,
from P. 25)

closer to sizing him up, and here is his picture. He is one of those overeducated frenchified dudes who thinks that it is criminal to use a monosyllible or a plain medical term. A heart murmur to him is a bruit or a soufflé or etc. and he looks for petty-pois (french peas) in a pea-soup stool (pardon the expression). He has all the latest scientific apparatuses but cant handle a simple sickness without a battery of scopes and graphs. No wonder his practice has fallen off to two practises. As far as I am concerned, a fig for all his ultra scientific trappings, phooey on his bruit, and a soufflé by me is something to eat on a Frog menu. So here is for his mean dig about my spelling, let him try this on his virginal.

As for the Tugwell alias Copeland bill, I think I have doped it out. This Tugwell fellow dont know much about practice politics which Copeland does. Copeland is the wise bird. He takes the bill and disguises it so that it can pass Congress. Naturally a lot of feutures had to be cut out. In fact senator Copeland disguised it so well that Tugwell has to look well to find any Tugwell in it. But irregardless of what the bill finally is, it may have a chance to pass, disguised in Copeland's persiflage. That is what I calls smart politics. If they asked my advice they would tack it on to some other bill like Alaskan Fisheries or Navy Appropriations or etc. In the words of the Japanese physician-philosopher Vonyuchia Nogi,

"Scatter much assafoetida
To disguise the obnoxious fragrance
Of a B. Coli abscess.
Dissimulate!"

In regards to Doc Copeland and Fleishman yeast, my young critic dont seem to understand that the senator is doing a patriotic service in bringing back to our own country the testimonial writing industry. The Austrian and German professor should have no monopoly on it. Let's show the public that we can have bigger and better testimonial writers right at home. I am sure that it is a move in the right direction.

Now, if my critic has plenty of time, as his letter suggests, and

scientific profligacies, I can suggest a job for a young man like him, which future generations would appreciate. Right now the biggest problem facing the younger medical graduate is the lack of definite standards and a vagueness of terms. We need a bureau of medical samples very badly. For instance, a standard sample of (excuse my expression) pea soup stool would give the younger doctor some basis for comparison. Some of them never see a typhoid any more and dont know what it looks like. Another one is the well known cracked pot sound. This also needs standardizing. I bet, Mr. J. A. Pill, the city slicker, born and raised among sanatory plumbing has never heard a cracked pot sound in life. How could he expect to recognize it in percussing a chest? Let's have a standard sample of that. Or take your own dermatology books. When they speak of commadonnas (skin lesions not female opera singers) the size of a pin head, is it a hair pin, a hat pin or what? Other lesions they compare to horse chestnuts and etc. What does that mean to a young man like my correspondent? Chances are he hardly ever sees a horse let alone a horse chestnut. I can remunerate many others, but I must leave the rest to younger men to think about, so I close.

Yours truly, and please dont forget to write to Dr. Fishbein about the check, and ask him not to print any more of the other guy's stuff, because I don't like it.

C. C. PILL, M. D.

BREETUS

Doctors Jim Brown and Sam Tamarkin have a large job cut out for them for the Post-Graduate Day Exercises, on April 28th. We predict a registration of 600 for the day. One of the group will be Dr. Collip, —who is responsible for the parathyroid hormone; and Dr. Penfield,— is he a neuro-surgeon? Or is he? HE IS! So we "tip off" the advertisers to start preparations now for their display.

Frank Lyons has a large display section that is pretty. It makes a nice showing. Now it is justified— with a full page ad. Thanks, Frank.

(Continued on P. 30)

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—HOW TO GIVE COD LIVER OIL

What Every Woman Doesn't Know is that psychology is more important than flavoring in persuading children to take cod liver oil. Some mothers fail to realize, so great is their own distaste for cod liver oil, that most babies will not only take the oil if properly given but will actually enjoy it. Proof of this is seen in orphanages and pediatric hospitals where cod liver oil is administered as a food in a matter of fact manner, with the result that refusals are rarely encountered.

The mother who wrinkles her nose and "makes a face" of disgust as she measures out cod liver oil is almost certain to set the pattern for similar behavior on the part of her baby.

Most babies can be taught to take the pure oil if, as Elliot points out, the mother looks on it with favor and no unpleasant associations are attached to it. If the mother herself takes some of the oil, the child is further encouraged.

The dose of cod liver oil may be followed by orange juice, but if administered at an early age, usually no vehicle is required. The oil should not be mixed with the milk or the cereal feeding unless allowance is made for the oil which clings to the bottle or the bowl.

Mead's 30 D Cod Liver Oil is made from Mead's Newfoundland Cod Liver Oil. In cases of fat intolerance the former has an advantage since it can be given in 1-3 to 1-2 the usual cod liver oil dosage.—Adv.

(To be continued)



S. M. A. IS THE ANTIRACHITIC BREAST MILK ADAPTATION

Summer sun is an effective antirachitic agent but with our modern habits of living the physician cannot always depend on it. Accordingly he usually prescribes cod liver oil to make sure that the infant receives enough Vitamin D to prevent rickets and spasmophilia.

However it is sometimes difficult to get the infant to accept cod liver oil whereas it is easy to give it to him in the form of S. M. A. — the antirachitic breast milk adaptation.

For infants deprived of breast milk, S. M. A. is a close adaptation to breast milk with the advantage that it contains enough biologically tested cod liver oil to prevent rickets and spasmophilia and the additional advantage that this cod liver oil is uniformly distributed in each feeding and properly emulsified for easy assimilation.

Physicians have prescribed S. M. A. for more than 250,000 infants with the assurance that they were thereby adequately protected against rickets and spasmophilia. More than that, in an area known to have the least sunshine of any part of the United States, a large hospital has successfully used S. M. A. to cure rickets.

—Adv.

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(BREETUS, from page 26)

We will be looking for Bill Hayford and H. B. Johnson of Pittsburgh—Oh yes—Zemmer Co. H. B. says it's as good as a state meeting.

A. G. Henry and E. L. Frohring, do not sell tooth brushes, but they do sell S. M. A. Dr. A. W. Thomas buzzed our 'phone the other day to inquire, "If a child had rickets, would S. M. A. Caritol?" E. L. missed Fishbein but don't let him miss P. G. Day this year, A. G.! We like the "Little Journal"—it has "No Fishy Taste", either.

C. L. Thompson is the only advertiser who furnishes Invalid Coach Service. Whoever needs this service, just dial—7-8987.

The Central Square Garage is fast becoming the Society's official parking station. The out-of-town readers will do well to remember this—both for regular meetings and for the Post-Graduate Exercises. It is very handy to the Youngstown Club. The doctors all have nice clean cars after the meetings—keeps Lee busy washing. How is the aeroplane, Lee?

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As one example of this, take the following answers to a questionnaire sent to a representative group of physicians early in our work:

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%
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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%
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If you are interested in saving yourself exacting detail in infant feeding, and want to be assured of excellent results in most cases, you can do no better than prescribe S.M.A., the formula prepared with laboratory exactness for infants deprived of breast milk.

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