



bulletin

of the
**mahoning
county
medical
society**



**He that walketh with wise men shall be
wise.**

Proverbs.

april 1934

volume four

number four

postgraduate 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 dextrin-maltose 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 dextrin-maltose.

"Malt soup or dextrin-maltose (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 dextrin-maltose 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 atresia, 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 (¼ 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 dextrin-maltose, 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., dextrin-maltose."—L. G. Parsons: *Wasting disorders of early infancy*, *Lancet*, 1:687-694, April 5, 1924.

Pearson and Wyllie 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 dextrin-maltose 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. Wyllie: *Recent Advances in Diseases of Children*, P. Blakiston's Son & Co., Phila., 1930, p. 116.

Regarding the treatment of marantic infant, Raue states: "After the intolerance to sugar has been overcome a carbohydrate, preferably Dextrin-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 dextrin-maltose; . . ."—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

One of the best things that ever grew out of the Mahoning County Medical Society was the establishment of our Postgraduate Day. Tribute should be paid when due. We are grateful for the efforts of those loyal Society men who first conceived and executed this plan.

We have just cause to be proud of this special occasion. The program has always been the best that could be brought to us. We have never been satisfied to do things in a half-hearted manner, and the program this year will be no exception to that which has been previously provided.

Because of the economic pressure that we have been subjected to, many have found it impossible to leave their practice and make their usual pilgrimages to those fountains of medical knowledge to which they have been accustomed to go. We are doing all possible to supply that deficiency by promoting this wonderful program.

Many people, including certain leading politicians, seem to prefer the services of irregulars to those of physicians. Working together they have done much to obstruct the progress of medicine. While they may temporarily confuse us and, perhaps, ultimately restrict us, they will never be able to take from us the accumulated knowledge we possess.

The group of instructors from McGill University will certainly put you in possession of still more knowledge. Our local Society will be represented 100%. To those from other places who have previously attended these postgraduate lectures and found them good, we say, "Come again". To those who are considering coming for the first time, we say, "Give it a trial". You will not be disappointed. This meeting is guaranteed to be a success.

JAS. B. NELSON.



SECRETARY'S REPORT

Council met on March 9th, 1934, at Dr. J. B. Nelson's office. The matter of the payment of bills incurred by the Public Emergency Relief was discussed. The Council felt this was a matter for the Society as a whole to decide. On recommendation of this body a special meeting was called for March 14th, 1934. The Council adopted unanimously a resolution condemning the method of paying bills for the indigent. They also adopted a resolution unanimously condemning the policies and politics of our Governor and State Relief Commission in regard to an appointment of a cultist to the Relief Commission, and the unfair way the Relief Commission as a whole has treated the Medical Profession of the State of Ohio.

A special meeting of the Society was held at the Central Y. M. C. A., March 14th, 1934. About one hundred and ten members attended. The meeting was called for the purpose of deciding the attitude of the Society in regard to the future care of the indigent because the members of the Profession that were caring for the indigent were not being paid. According to a letter received from General Henderson, the State and Federal Governments were not responsible for any bills contracted after February 1st, 1934. The County Commissioners held they were and are not responsible because they have nothing to say how the money is to be spent. They also say they have a right to divert funds which have been issued for indigent care to the upkeep of county institutions, such as the T. B. Sanitarium, Poor Farm, etc.

The Society empowered the Economics Committee to hire legal counsel to determine how the Society or members should proceed in regard to unpaid bills of the Public

Emergency Relief, and what the status of the future care will be in regard to payment.

The regular monthly meeting of the Society was held at the Youngstown Club, March 20th, 1934. There were about one hundred and thirty members and guests present. Dr. Wm. E. Lower, Professor of Genito-Urinary Surgery, Medical School of Western Reserve University, and Director of Cleveland Clinic, addressed the Society on "Endocrine Factors in Human Economy". This paper was presented in the interesting manner that we all expect and honor in our friend and colleague, Dr. Lower. It brought to light many things that we did not know in regard to endocrines. The paper gave us a new and broader field of thought and urged us to greater activity in endocrine therapy.

Dr. Wm. J. Engel, one of the younger men of the Cleveland Clinic, gave a worth-while paper on "The Present Status of Intra-Vesical Surgery". This paper was superbly presented and well illustrated. Dr. Engel emphasized the necessity of an early diagnosis in bladder conditions. He also stated that many conditions that were treated by open operation on the bladder can be treated by cystoscopic operations. This applies in particular to prostatic removal, early tumor removal, and urinary bladder calculi removal, without opening the bladder.

Both papers were most instructive, and we, of the Mahoning County Medical Society, thank Drs. Lower and Engel for coming to Youngstown to present these subjects.

Parrot Disease

There are several cases of Parrot disease in our neighboring state, with two or three deaths. Look out for this!

APPLICANTS FOR MEMBERSHIP

The following men have been passed by the Censors and Council:

Dr. O. A. Axelson, 2222 Market Street.

Dr. J. C. Hall, 1012 Glenwood Avenue.

Dr. L. W. Weller, 11 Funston Street.

If there are any objections to these doctors becoming members of our Society, kindly communicate in writing to this office within fifteen days after the publication of this notice.

WM. M. SKIPP, Sec'y

THE MEDICAL SERVICE BUREAU

By H. E. HATHHORN, M. D.

In this day of ever-changing economic front, and of doubtful future, doctors and dentists are having to change their mode of economics to keep in step with, and to cope with rapidly changing business methods. We can no longer rely entirely upon the generosity of our patients to pay the fee that is rightfully ours for professional services rendered.

At the present time, when every patient has more demands for his dollar than he has dollars, the medical and dental professions must make their needs known to the public in some effective (but tactful) way in order that they will be answered on an equal basis with the patient's other creditors. Locally, as a result of these conditions, a cloud of discontent has been hovering over our Medical and Dental Societies for the past four years. Each member has been wishing that something would happen to relieve him of his financial burdens, or that someone would do something about it.

Consequently, the seed of a central office, planted in our midst three years ago, has actually sprouted and taken form. It, we believe, is at least a partial if not the entire solution to our problem if we can only nurture and nurse it along to full bloom.

It happened this way: The Medical Society's Committee on Central Office, after several months of diligent labor, held a meeting on the 15th of March, at which were present twenty-nine local physicians, ten local dentists, and Mr. McGhee, the Manager and Secretary of the Akron Medical Bureau. Out of this group sprang an organization that most of our members have been thinking of and wanting for a number of years. A Board of Directors was chosen as follows:

Dr. J. B. Nelson and **Dr. Sidney McCurdy**—three year term.

Dr. Wm. Skipp and **Dr. W. H. Hayden**—two year term.

Dr. H. E. Hathhorn, **Dr. R. B. Poling**, **Dr. J. H. Chessrown**—one year term.

The complete plan for a central office and its organization, as it is now in use in Akron, was explained in detail by Mr. McGhee. It consists of three major functions.

1. A credit rating bureau.
2. A telephone exchange or registry.
3. An appropriate collection system.

He explained how we can form a like organization with very little individual expense and build it up to the complete plan gradually. It is necessary that we have an initial membership of 75, each making a deposit of \$10.00 as a membership fee. With this number of supporters, we can be assured of success. In addition, there will be an established fee of \$2.00 a month for each member, as dues, when organization is complete.

Mr. McGhee will give us two days a week to aid in organization and training operators, for which he expects only the payment of expenses until organization is complete, after which he expects \$50.00 a month salary when in full operation. This salary is to be increased proportionately as the organization grows and its scope is widened.

Of the forty-one present at the meeting, twenty-three doctors and seven dentists signed up to join the organization and to pay the initial \$10.00 fee.

The Board of Directors met after the meeting and elected the following officers:

Dr. Sidney McCurdy, President
Dr. W. H. Hayden, Vice President.

Dr. H. E. Hathhorn, Temporary Secretary and Treasurer.

Mr. McGhee is working out a prospectus which will be available within the near future. It is planned to begin operations on a small scale as soon as the 75 members are signed up and their membership fees paid.

Only members in good standing of the Medical and Dental Societies will be eligible for membership.

There are to date about 40 similar organizations over the country

(Continued on p. 30)

HALLUCINATIONS AND DIAGNOSIS

By A. C. GILLAM, M. D.

In the field of general medicine the determination of the presence or absence of fever is one of the important differentiating methods used in making a diagnosis. The character of the fever serves further to divide the large group of febrile diseases.

In the same way, in the field of psychiatry, the presence or absence of hallucinations constitutes an important dividing line in separating the different psychotic groups. Their manifestation and differential significance in an individual case is a much discussed subject, leading to many opinions. The mental projection of phantastic imaginations does not constitute psychopathic hallucinations any more than hot flashes (or feeling of heat) constitute true febrile conditions. The diagnostic import of hallucinations is not satisfied by the mere affirmation or negation of the familiar question, "Do you hear voices?" Just as the character of the fever and an appreciation of its cause lead to a full insight of an organic disorder, so in psychiatry the nature and appreciation of the nature of the hallucinations by the patient, as well as the cause, must be investigated in order properly to classify the groups in which they occur.

The methods of investigation are well presented in Kirby's Manual "Guides for History Taking and Clinical Examination of Psychiatric Cases". A clear-cut, comprehensive description of the different types of hallucinations is given in White's manual, "Outlines of Psychiatry".

A few abbreviated definitions are here given as a review.

The word **image** is used, for simplicity's sake, to cover the different sensory types, such as auditory, visual, taste, and smell, haptic (i. e. special senses—touch, pain, heat and cold), kinesthetic or motor (i. e. muscles, joints, tendons, and static sense), and reflex sensations (i. e. a stimulation of one sensory field arousing a sensation in another sensory field).

Imagination—is the conscious, volitional projection of a mental image, **recognized as such**, aroused frequently involuntarily by reflex stimula-

tion of different sensory fields (sight, sound or smell). To this class belong **Air-castles**, which consist of a consecutive series of interrelated, fanciful imaginations.

Dreams—Vivid images occurring during sleep and recognized as being ephemeral on awaking. **Nightmares**—consist of dreams so vivid that organic reflexes result, such as screaming, leaping from the bed, somnambulism.

Hypnagogic Hallucinations—Vivid images, apparently real, later recognized as being unreal, occurring while falling asleep or at the time of awakening, and frequently explained by the patient by such phrases as "I might have been dreaming", "Perhaps some one did call me", "It might have been a light or shadow in the window", or "I am sure I wasn't asleep".

Transformitory Illusions—The volitional misinterpretation of external stimuli through the accommodative perspective power of the eye and through the ability voluntarily to relegate certain parts of the objective field to the subconscious or to the unconscious. Illustrations are—picking out faces and forms in the clouds, sky, moon, flames and trees; also, in seeing objects as inverted or inside out.

Unless occurring too frequently and (or) occurring with an associated symptomatology the above classes are not indicative of any definite psychopathy. When the power to transform objects becomes disturbed or runs riot in a psychopath he "lives in another world", becomes "moon-struck" (sees the moon as a cup), sees objects around him as distorted, and has great mental confusion.

Toxic Hallucinations—Image formations caused by fever, toxins and drugs, frequently recalled and recognized as having been unreal after elimination of the toxins.

This class forms part of the usual syndrome of high fever and of various intoxications, and, while these hallucinations might occur more frequently in persons with less than the average amount of psychic control, they should hardly be classified as psychopathic. **Residual post-**

toxic hallucinations, however, could be classed as psychopathic.

Psychic, Apperceptive or Pseudo-Hallucinations—The non-volitional projection of mental images, frequently allegorical, more or less in conformity with the patient's trend of thought and with the assignment of a certain amount of objectivity to them by the patient and attributed by him to external causation.

Examples are heavenly and vivid poetic visions. These reach or even cross the line of the "pathic", depending on the individual psychiatrist's viewpoint. Like many "pseudo" definitions, this one gives a hazy dividing line between the true and the false. The possession of a clear mentality by the patient and the lack of any abnormal antisocial reaction to these hallucinations, serve in separating them from true psychogenic psychopathic hallucinations.

Hallucination—"A sensory perception without sensory foundation in the environment". (White).

Illusion—A mental image projected as a gross misrepresentation of a sensory stimulus. To mistake a distant bush for a man is not a pathologic illusion, but to claim a near bush to be the perfect image of a man would be one. The judicial element of gross false-belief is essential, and, consequently, an illusion could be defined as a gross "sensory delusion".

Even hallucinations might easily come under the definition of illusions. Who is there to say no sensory stimulus is present or has existed in the environment? When you consider the subtle action of radiant heat by a pile of railroad ties burning beside a railroad track causing a sensation of warmth on the cheek of a passenger seated in the train, through a cold glass window, the train passing the fire at the rate of sixty miles an hour; and when you speculate on the vast number of known and unknown electrical, light and ethereal waves in the environment, capable of eliciting a sensory perception, combined with our knowledge of the intricate system of association fibres in the brain, you can predicate the possible and probably direct or indirect sensory origin of hallucinations. Thus

arise all gross misrepresentations or delusional illusions. The mind might be looked upon as a kaleidoscopic series of intermixed and superimposed pictures of life's experiences, registered and recorded by the brain in a form somewhat resembling a futurist's picture. The brain, being slightly oscillated in any part, enables us by means of association fibres to call forth any one of the pictures and by amalgamation to produce even new pictures. Normal thinking may follow these direct or indirect paths. The discovery and tracing of the primary oscillation and its association paths is usually impossible. But this is no reason for denying the existence of such stimuli and for affirming a hypothetical pure psychic origin of thought even less capable of demonstration.

Literature, (Conan Doyle's *Memoirs of Sherlock Holmes*, "The Resident Patient"; and *Tales* by Edgar Allen Poe, "The Murders in Rue Morgue"), records and elucidates the possible remoteness of original stimuli.

The psychopathic element in hallucinations and illusions is the conscious, subconscious, or unconscious, faulty judgment of the mind and loss of psychic control. Therefore, after determining the presence of hallucinations, the next diagnostic step is to obtain the patient's interpretation of his own misinterpretations and his opinion as to their etiology.

The points of diagnostic value to be covered in investigating hallucinations are frequency, persistency, proximity, distinctness, comprehensibility, material of supernatural character, real or unreal appearance, patient's opinion as to their reality, plausible or irrational explanation by the patient, description in terms of the world of reality, or by reference to the supernatural world and the patient's reaction to them.

The differential diagnosis of the two prominent psychoses—**manic-depressive psychosis** and **dementia praecox**—at the time of onset, when hallucinations are present, is quite a problem in some cases.

The statistics of first admissions (1924) to State Hospitals of two



states similar in social and economic interests and having fairly equal populations—Illinois, 6,877,737, and Ohio, 6,219,330—as in Table I.

The excess of total first admissions in Illinois over those in Ohio is

ence or absence of hallucinations, in differentiating the two psychoses, probably plays a larger role in the statistical difference in the non-excited cases.

Too much emphasis cannot be

TABLE I
TOTAL FIRST ADMISSIONS (1924)

Illinois—4,284:

Ohio—2,891

Table of Three Psychoses

First Admissions Year 1924	No. Admitted		Percent of 1st Adm.	
	Illinois	Ohio	Illinois	Ohio
Dementia Precox	1,087	542	25.4	18.8
Manic-Depressive	292	357	6.8	12.4
Invol. Melancholia	51	112	1.2	3.9

Data obtained from Illinois and Ohio Public Welfare Reports for 1924.

not entirely explained by the difference in population. Greater accommodation facilities or more ready institutionalization of patients in that state may account for it.

A marked difference is noted in the statistics for the psychoses listed. For each manic-depressive, Illinois admitted three dementia precox cases, while Ohio only one and one-half dementia precox cases for each manic-depressive. Illinois admitted twice as many dementia precox cases as Ohio. Diagnostic classification of the psychoses rather than an increased prevalence of dementia precox in Illinois probably accounts for the difference. In recording these statistics the ratio of manic-depressives to dementia precox cases admitted to different institutions in the same state was seen to vary greatly. Also, a single institution in one of the states (Ohio) admitted almost as many involution melancholia cases as all the state hospitals in the other. Preferential diagnoses by individual neuropsychiatrists probably accounts for it. Attention is also called to the fact that many neuropsychiatrists regard cases of involution melancholia and manic-depressive psychoses as closely allied, if not identical.

The divergent opinions in different sections as to the character of the initial excitement in the excited cases may be responsible for some of the difference in the statistical reports, one group diagnosing by preference catatonic and the other manic excitement on first admission cases. Diagnostic trends in different groups of psychiatrists in estimating the value of the mere pres-

placed on the necessity of studying the character of the excitement, and especially the character of the hallucinations, and the patient's insight and reaction thereto, in addition to the other symptomatology.

The peculiar amnesia of ex-service men for details of war-time service overseas easily explains how only one vivid image, seen during fever, sleeping or awake, following a wound, contusion or concussion, or seen in battle, might be recalled on questioning him. The endless repetition of the history of this single hallucination by the patient from year to year, whether appearing real or unreal, believed to be real or unreal material or supernatural, in connection with a mass of otherwise neuroathenic complaints, told with clear mentality and without definite anti-social reaction, would not justify a diagnosis of dementia precox; since the single hallucination, obviously, was pure imagination, a dream, a hypnagogic, toxic, or psychic hallucination, or a transformitory illusion, and, therefore, of little diagnostic value. A psychoneurotic classification would be preferable in such a case.

One depressed patient said in all seriousness "Flames come out of my hair". "I see pictures before my eyes". This sounded precoxy. On questioning him for an explanation of the cause, (insight), he said, "It occurs at night when I pull my shirt off over my head. It might be electricity". The shirt was found to be woolen and the explanation was, therefore, rational. For the "pictures" he said, "It might be the blood flowing in the back of my

eyes causes them". A point to be noted is the use of the descriptive terms of the world of reality in recounting his hallucinations. Although he is regarded as a depressed man, his case is doubtful. The persistence of these hallucinations or illusions and his reaction to them, combined with the other symptomatology, may necessitate a later reclassification, whether his explanations are rational or not.

The glib affirmation of the hearing of "voices" is unreliable as a guide. The presence of vague, incomprehensible, unexplained, receding, distant "voices", admitted by the patient in a low tone of voice with steady gazing, vacant or changeless expression, bespeaks the actual psychopathic presence of hallucinations. A quick flushing of the face accompanied by a hesitating denial, with slight mental confusion, and followed by a statement, "I have gotten all over that", usually indicates a probable continuance of the hallucinations with regaining of insight and the development of a laudable desire not to be considered "crazy". Association with other patients in hospitals and hearing their jocular comments tends to produce this beneficent result in the more hopeful cases. The emphatic assertion of possessing true hallucinations, and the expression of a firm belief in them, with earnest, serious countenance and sometimes fierce gaze, by a paranoid patient with clear mentality, leaves little doubt as to their schizoid significance.

The patient is not the only one to be interviewed. Previous records, history of relatives, hospital records and social service reports, are valuable in obtaining information for arriving at a conclusion regarding the prognosis and the diagnosis in the individual case.

In a tabulated series of about 470 cases, (the total number, 500, being due to multiple diagnoses in some cases), the final diagnoses recorded were as in Table II.

TABLE II

Psychoneuroses	237
Dementia Praecox—	
—in remission or recovery (24)	
—partially inadapted (17)	
—deteriorated or total (24)	
.....	65
Manic Depressive	15
Hyperthyroidism	50
Hypopituitarism	1
Epilepsy	11
Mental Defectives	20
Senile Dementia	1
Simple Goitre	12
Organic Nervous Diseases.....	68
No neuropsychiatric pathology...	20
Total	500

Hallucinations of various types were recorded in some of the cases in a number of the above groups. One is impressed by the number of remissions and recoveries, 24 out of 65, in the dementia praecox group, since deterioration is the usual end-result after a number of years in this "most incurable of the psychoses". One of the explanations for the apparent amelioration in this group might be diagnoses dependent on an overestimation of the value of the mere presence, rather than on the character of the hallucinations. In other words, some of these cases might have been psychoneuroses. A review of the cases has shown this actual change from a psychotic to a psychoneurotic diagnosis.

CONCLUSION

A proper estimate of the patient's psychic control, insight, judgment, emotional and social reaction, in relation to the character of the hallucinations, as shown in the above definitions, is essential for an appreciation of their true diagnostic import and for the uniform classification of the psychoses.

"There is no darkness but ignorance."—Shakespeare.

"Liberty is the child of intelligence."—Baten.

"Who stands still in the mud sticks in it."—Chinese Proverb.

"Take fast hold of instruction; let her not go; keep her; for she is thy life."—Solomon.



THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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POSTGRADUATE ASSEMBLY

On April 28th, we shall hold our Seventh Consecutive Annual Postgraduate Assembly. Perhaps, of those brave spirits who set in motion the machinery of this Day, not one realized the full significance of that action. Each succeeding year has witnessed a large increase of interest and of attendance. Indeed, the founders builded better than they knew.

Individually and collectively, the members of our Society take pride in the knowledge that all this is true. We realize, however, as delightful as is the role of hosts, and as happy as our many visiting colleagues make us,—and as valuable and necessary as is their wonderful fellowship,—still, after all, it is upon our programs, and upon the fine-spirited, generous devotion of our Masters of Medicine, that the success of this occasion depends.

Fully cognizant, therefore, of our debt to Doctors Meakins, Penfield, Fraser, and Collip; in admiration of them and in gratitude to them, for their sacrifice in coming to us, we salute them! They bring to us the warm friendship of our Sister Nation, Canada; and they bring to us a program, unexcelled alike in prac-

tical usefulness and in scientific appeal; a program vastly important to the general practitioner and to the surgeon,—and of unusual interest and value to every specialist.

And to our out-of-the-County colleagues:—Come, and if possible stay all through with us. Your presence inspires us, and you will, we honestly believe, be in turn inspired,—and, with us, instructed. We have a committee to make you welcome,—composed of around 200 members,—each and every member of the Mahoning County Medical Society! It is our individual business on that day to make you glad you are with us,—and we intend to do our best to earn your full approval!

The Mahoning County Medical Society sponsors this day as a phase of its two essential functions,—Education and Fellowship. Almost any other thing that the Society could undertake might be impeached as not a legitimate Society function. But on Education and on Good Fellowship we stand together as one man! Thus we approach Postgraduate Day in 1934,—realizing our responsibility, but eagerly awaiting it!

TEMPLE OF LEARNING

Anyone who is familiar with the activities of the organized medical profession throughout our land cannot but be impressed by the rapidly-gaining popularity of projects which bring medical educational facilities to the practitioner. The late Dr. Frank Jennings of Brooklyn felt that "education should be made available to all, without leaving home or practice". This idea has found favor all over the country. Nearly every medical society of even moderate size is promoting some sort of postgraduate or lecture-course program. We should take pride in the reflection that the Mahoning County Medical Society has been one of the pioneers in this effort. Indeed, this is one of the major premises upon which our organization is builded, and one which perhaps most of all justifies our existence.

A friend of mine, being desirous of expanding his own information, recently took up one of the less comprehensive encyclopedias and determined that he should read carefully the entire contents, starting in the first volume and continuing through the series. One of the first words which was considered was "academy". The encyclopedic information was that this word was derived from the time of Plato when that philosopher strolled through a grove, teaching a retinue of students, and that his name for this grove was the "Academia". A few days later, this friend was perusing Sir James Barrie's address on "Courage" which had been delivered before the graduating class at St. Andrew's. In that address, Sir James referred to the environment of the university as "these academic groves". Immediately my friend was thrilled. He was able, because of his recent perusal of the encyclopedia, to appreciate the significance of the expression "academic grove". He felt that his reading had already paid dividends. This, then, is education. It is valuable from a sheer selfish standpoint in that it gratifies him who receives it. It gives a glow of satisfaction of attainment. It makes one self-reliant and confident. If for no other reason, it is worth the effort.

Postgraduate study is merely the continuation of what has been started by the university. Colleges and Universities can but build the foundation upon which subsequently the recipient erects his own temple of learning. By this study we enhance our mental equipment and we possess an intangible asset which cannot be taken from us nor can it be taxed. It is ours. The financial depression from which we seem to be emerging has been an excellent era during which our spare time could have been used and still may be used for self-improvement.

Another boon of the type of meeting which we are fostering this month, is that upon this occasion we meet and we hear certain celebrities. Later on, when we come across their written opinions, we read these writings with greater pleasure and interest, and, patting ourselves upon our swelling chests, we think, "I met that man", or "I remember him when he was in Youngstown", and we read with greater appreciation. We feel that we are near-relations to the really great in our profession. Yes, postgraduate education is, to a large extent, a sop to our selfish instincts.

But we hear also that the answer to some of our troubles is the "education of the public". True enough. However, in order to teach a dog new tricks, the first pre-requisite is that one must know more than the dog. It is incumbent upon us to keep ourselves informed up to the last minute in order that we shall "speak with authority".

The programmes have been planned to be of great practical interest and value to everyone. They are so ordered as to benefit the man practising medicine in Mahoning County. They will, no doubt, be intensely stimulating and will create a thirst for a continuation of the same policy.

Finally, intensive educational programmes benefit the one to whom our lives and our work are dedicated—the sick individual. Mahoning County can hardly be expected to appreciate it, but it is nevertheless true that following this Postgraduate Day, and following

(Continued on p. 33)



MUSIC AND OUR NERVOUS SYSTEMS

By RALPH M. BROWN

If you are old enough to remember the real "horse-power" days, you may recall the story of the "willing" team. One horse was "willing" to do all the work, and the other was "willing" that he should do it. Professional musicians and their more or less interested listeners, divide roughly into two such groups. Those who are willing—even anxious—to express their feelings, and those who are willing that they should.

Music affects these diverse temperaments with about equal potency—but in an opposite manner; for music is both a stimulant and a sedative. Because of its rather amazing appeal to the emotions, music does strange things. It is not unlike a drug which, given in small doses act beneficently, but in large ones may be overwhelming.

Individual peculiarities, sex, and age have much to do with the effect of music on the nerves, and consequently on the mind and body. The listener's age is a greater factor in his sensitiveness than either his intelligence or his knowledge of music.

Bear with me in five short definitions of musical terms:

1. **Melody or harmony:** Any agreeable succession of tones so modulated as to please the ear, or any combination of simultaneous tones in harmony.
2. **Rhythm — Accent:** Regular, harmonious beat or cadence,—stress of voice or instrument. Barbarous music is more attentive to rhythm than it is to melody; illustrated by our reaction to a jazz band; military music; sensuous waltzes; two-steps or any funeral march.
3. **Tempo — or Time:** Speed or pace. No composition could suffer more than a very slight alteration of speed without injury. Whistle "Nearer My God to Thee" twice as fast as it should be sung.
4. **Volume:** The word volume when applied to the sound of an instrument or voice, is the quantity, amount, or fullness thereof.

5. **Pitch:** This word in its general sense, refers to the position of any sound in the musical scale of acuteness and gravity. The emotional reaction to pitch is demonstrated in the excited applause after a high tone, and the curious gloom fostered by low drones.

Music which apparently seems highly melodious to your wife may be very tiresome to you. "An agreeable succession of tones so modulated as to please the ear", sometimes invites the query "Who's ear?" Do you and the younger members of your family enjoy the same musical programs over the radio? Evidently something more than a tune is needed to guarantee, or even encourage, a uniform reaction.

Uniform reaction is found in rhythm or accent. Why do heads nod, hands wave, and feet "keep time", when the orchestra plays? Rhythm is music's most important factor. Actually it is the foundation of all music. It is rhythm, not the tune, which lulls the baby to sleep. It is rhythm which starts and frequently keeps the body going after it should rest. Long continued rhythm has driven men mad.

Dispirited people speak slowly in low tones. You will never hear a loud, high, fast funeral march. But the merrier the company the higher and louder the conversation, and the higher and louder the music. Our moods encourage, even demand various tempi and styles of music. Therefore various styles of music both indicate and *encourage* moods.

Now a professional musician must create his mood. However, any emotion that is not spontaneous, but is called up and exploited hour after hour, is not beneficial, and may indeed be injurious. The professional musician's hilarity and woe are necessarily synthetic; but, strangely enough, it is a fact that the spirit of music (the effect of tune, rhythm, tempo and volume) appears most spontaneous, thrilling, and admirable to the listener, when it is the result of cool understanding on the part of the director or performer. Exciting and moving

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THE RISE OF SPECIALISM

By SIDNEY McCURDY, M. D.

Medical progress must take into consideration the mistakes of the past, so, if we would understand where we intend to go, it is wise to investigate our beginnings. A search of the records discloses that Medicine is quite as much in the grip of the natural laws of evolution as is any other form of nature's activities, however manifested. It is clear that evolutionary laws operate to direct and control all social life, and that adaptation to environment is essential for existence. The greater our knowledge and the more complex our society becomes, the finer must be our subdivision of activities.

Intellectual advancement and a greater penetration into, and understanding of, the secrets of nature has, in all ages, caused Medicine to change its methods to suit the times. It displayed much of the mystic during the age of superstition; it changed its attitude during the religious age and became an adjunct to the armamentarium of the priest; it is now struggling with the period of materialism, fashioned from the practical results of scientific research and invention.

There must have been a time when medical specialism was unknown, yet one of the kings of the Egyptians wrote a treatise on anatomy about 6000 years before the Christian era, and indicated that surgeons then existed and were in good repute. Some degree of medical relief must have existed in the life-progress of man before we had conscious being and it must have been used beneficially. Sickness, accident, and parturition were present before we had any organized intelligence, and our fate was in the hands of the physician, Nature, or we would not have survived. Surgery was practiced 5700 years ago, and that its reputation is not so great now as then is indicated by the words: "A wise physician, skilled our wounds to heal, is more than armies to public weal". This was written by Homer when Macheon, the surgeon, was wounded in battle.

Egyptian medicine was very highly specialized and accomplished a

great work, only to die and be lost for centuries. In Great Britain, in 1000 A. D., Medicine and Surgery were distinctly separated, yet at that time and for some time later barber-surgeons died their vocation. In fact, in 1500 A. D., the barbers were better thought of than were the surgeons. Priests in this period did much medical and surgical work in connection with their ecclesiastical duties, but Pope Innocent III forbade them to do surgery because it lacked dignity. The priests, cut off from this lucrative portion of their work, substituted the instruction of barbers in surgical technique for actual operating. Barber-surgeon guilds were formed which may be considered the forerunner of our present day surgical societies. The surgeon did not free himself from medical domination until the 16th century, when both worked together as members of separate cults.

Perhaps proctology was first recognized about 1300 A. D., for John of Ardene, an Englishman, had gained much experience with diseases of the rectum and fistula-in-ano, and his reputation for understanding and curing these disorders was large. In his book, the first medical book to be written in England, he wrote much about proctology. A caricature of the art of healing was painted by Hogarth about 1350 A. D. It was labeled, "Undertaker's Arms" and inscribed: "*Et plurima mortis imago*". It depicted an oculist, a quack bone-setter, the forerunner of the chiropractor, a nostrum vender, now the patent medicine druggist, and other irregulars that torment us today as then.

Obstetrics and ophthalmology likely are the oldest of specialties. Obstetrics has probably been out of the hands of medical control more years than it had been controlled by medical men. In the book of Genesis the birth of the twins, Esau and Jacob, is described. Tamari's twins are recorded and their spontaneous version described. Rachael is mentioned as having died of obstetrical neglect, likely puerperal septicaemia. Midwifery was men-

(Turn the page)



SPECIALISM (Continued)

tioned in Tamari's delivery. For 4000 years or so mid-wives practiced obstetrics exclusively, physicians being called in only when it was impossible to make delivery and some operation, which resulted in mutilation, was required. Physicians were really held in contempt by the mid-wife. It is reported that Dr. John Hunter cooled his heels in an ante-room while a mid-wife delivered George IV.

After years of struggle, Medicine, about the 17th Century, freed itself from the domination of the mid-wife, and gained an obstetrical reputation. In the 16th Century, Peter Chamberlain invented forceps. He and his descendants shamefully attempted to control and commercialize them for their sole enrichment. But finally they were allowed general use. Forceps gave great impetus to the establishing of obstetrics as a specialty. Again, in 1700, good literature concerning obstetrics began to appear from many countries. Pari of France, Harvey of Britain, Van Deventer of Holland, and others taught, wrote, and guided this old specialty into new channels of progress. Our Dr. Oliver Wendell Holmes, in 1843, wrote on the subject, "The Contagiousness of Puerperal Fever". He was roundly criticized by his colleagues for his views, but lived to see himself vindicated by the discoveries of Lord Lister, in 1867. Cr d  added knowledge when he advocated silver nitrate to control and prevent ophthalmia neonatorum.

Ophthalmology is an ancient specialty. An inscription written during the old Egyptian Kingdom, dated about 2500 B. C., mentions an oculist of both eyes. Ira, the Royal Ophthalmologist, is the earliest eye specialist known, living sometime during the period of 2270 to 2210 B. C. Cataracts were treated very early, and the son of Cyrus sent to Egypt about 560 B. C., for the best known eye specialist. From 1600 on, great strides were made, and, in 1746, Daniel substituted extraction of the lens for cataract, instead of the prevalent method of couching. Von Graefe's introduction of a new way to treat glaucoma placed the treatment of this disorder upon a sound basis, in 1857. Lister made operations safe and Koller, who dis-

covered cocaine, made many of them possible. The real contributions that accelerated the progress of this specialty were the discovery and adaptation of lenses and prisms for improving the vision and, also the invention of the ophthalmoscope, by Herman Hemholtz, in 1851, which made Vogt's contribution to the knowledge of the fundus possible.

Specialties have broken up the practice of medicine into many parts for at least three reasons: 1st, we live in an era of specialism and Medicine has very simply, as usual, adapted itself to its environment, as it always has done throughout history; 2nd, knowledge has increased so much that it is impossible to know well the whole field; 3rd, as new instruments have been developed they have led to a new understanding of special branches.

The microscope, not a hundred years old, made possible Pathology, Histology, and Bacteriology. The cystoscope specialized the genitourinary tract, though the seeds of the specialty were sown 2500 B. C., when lithotomies of urethra and bladder were done both by perineal and supra-pubic routes. Some stones were crushed and others cut into pieces. Nitze, in 1887, made it possible to see into the bladder by means of light thrown in by means of a periscopic arrangement of lenses. The surgeons scorned the new instrument, as they were accustomed to make their diagnoses by air dilation. As late as 1918, Dr. Hugh Cabot said of this specialty: "Urology as a specialty is still very young."

The roentgenologist is but a child in point of time but the researches of Roentgen have contributed as much or more progress than any single discovery.

Pediatrics is a modern specialty, and while diseases of children were known very early and many obtained great knowledge of infants and children, it remained for Pinel in France to set it apart. It is true Galen wrote, in 131 A. D., extensively on children; but recognition of pediatrics had really to wait until the 19th century. Edward Hentot, in 1860, formed the first known pediatric clinic which he founded in his private home. Jacobi

(Continued on p. 30)

Looking Ahead

MAY MEETING

DR. JOHN H. STOKES

Professor of Dermatology and Syphilology
University of Pennsylvania

SUBJECT

“A Panoramic View of Recent Advances in the
Treatment of Syphilis”

Tuesday, May 15th—8:30 P. M.

YOUNGSTOWN CLUB

JUNE MEETING

DR. CHAS. L. BROWN

Associate Professor of Medicine, University of Michigan

SUBJECT

“The Diagnostic Survey and Medical Management
of Chronic Gall Bladder Disease”

Tuesday, June 19th—8:30 P. M.

YOUNGSTOWN CLUB

POWER IN SERVICE

By M. P. JONES, M. D.*

The history of the 1934 Postgraduate Day Assembly of The Mahoning County Medical Society will soon be written into the records of the many splendid accomplishments of our local Society.

This year it is our great honor to be hosts to a distinguished group of Physicians from McGill University. To say that we appreciate this honor would be superfluous. However, it is our earnest hope that our appreciation will be reflected in the best registration ever recorded.

To the loyal cooperation given us in past years by the Profession of many cities and towns outside our County we owe much and to them we express our gratitude.

A casual survey of the attendance records of our last four Postgraduate Day Assemblies reveals data of which any County Society may justly feel proud:

1930 Jefferson Medical Group	300
1931 Johns Hopkins Group	300
1932 Peter Bent Brigham Group	500
1933 Memorial Group, New York	400
	Total 1500

In these registration figures are recorded:

35 cities and towns in Ohio
32 cities and towns in Pennsylvania
4 cities and towns in West Virginia
1 city in Kentucky
1 city in Illinois

The past four years have been crowded with many dark days of anxiety for the American Physician, but through them all he has exhibited those fine moving forces of citizenship which have been best exemplified in service to his fellow man.

To enlarge the scope and quality of such service, he has zealously enrolled himself in all programmes of professional education. At all times has he been perfectly attuned to the pitch of modern times that the profession of Medicine is an organ differentiated by society for its own highest purposes and not a business to be exploited by individuals according to their own fancy. More and more has he been alert to the fact that upon him does society rely to ascertain and, through measures essentially educational, to enforce, those conditions that make positively for physical and moral well-being.

By attendance on all programmes which enlarge his educational sphere the American Physician is more conscious than ever that in **increased capacity to serve** lies his best chance for augmented power and with it, the opportunity of ample reward.

May we all earnestly cooperate in making our 1934 Assembly a day of great inspiration and mutual profit.

*Deceased

TO OUR GOOD NEIGHBOR
THE DOMINION OF CANADA



GOD SAVE THE KING

God save our gracious King,
Long live our noble King,
God Save the King:
Send him victorious,
Happy and glorious,
Long to reign over us;
God save the King.

THE MAPLE LEAF

In days of yore, from Britain's shore,
Wolfe, the dauntless hero, came,
And planted firm Britannia's flag
On Canada's fair domain.
Here may it wave, our boast, our pride,
And joined in love together,
The Thistle, Shamrock, Rose entwine
The Maple Leaf forever.

Chorus

The Maple Leaf, our emblem dear,
The Maple Leaf forever,
God save our King and heaven bless
The Maple Leaf forever.



The Mahoning County Medical Society

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.

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

Seventh Annual Postgraduate Assembly

PROGRAM

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.

POSTGRADUATE 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. Kayes | Dr. J. M. Ranz |

POSTGRADUATE DAY PERSONNEL

We are indebted for the information contained in this article to Dr. Olin West, Secretary of the American Medical Association.

DR. JOHN C. MEAKINS

Dr. John C. Meakins, of McGill University, graduated at McGill University Faculty of Medicine in 1904. He is Professor of Medicine and Director of that Department and of the University Medical Clinic, at McGill University.



Seal of McGill University

of Medicine and will also take part in the program of the General Scientific Meetings. His Medical writings are very extensive and are fortified by painstaking study and research.

In organized medical activities, Dr. Meakins is a distinguished and active participant. He is a Fellow of the Royal College of Physicians of Edinburgh. Also, he is a member of the Association of American Physicians, of the American College of Physicians, of the American Society for Clinical Investigation, and is at the present time President-Elect of the American College of Physicians.

At the coming annual session of the American Medical Association, Dr. Meakins is to be one of the contributors on the program of the Section on Practice

DR. WILDER GRAVES PENFIELD

Dr. Wilder Graves Penfield, of McGill University, was born in Spokane, Washington, in 1891. He received his pre-medical education at Princeton University and his degree of Master of Arts at Oxford. He graduated at Johns Hopkins University School of Medicine, Baltimore, in 1918, and is licensed to practice in Massachusetts, New York and the Province of Quebec. Dr. Penfield is Professor of Neurology and Neurosurgery at McGill University.

Dr. Penfield is a member of the American Neurological Association, of the Society of Clinical Surgery and of the Society of Neurological Surgeons. He is a contributing member of the editorial board of the Archives of Neurology and Psychiatry.

DR. JAMES B. COLLIP

Dr. James B. Collip, also a member of the faculty of McGill University, received his pre-medical education at the University of Toronto and at the University of Alberta, graduated at the University of Alberta Faculty of Medicine in 1926, and was licensed in Quebec.

Dr. Collip is Professor of Biochemistry at McGill University and is a member of the Association of American Physicians.

Many scientific investigations and progressive conclusions are directly attributable to Dr. Collip. Particularly is this true in connection with the study of the parathyroid gland, the pituitary body and other glandular structures. He has also collaborated with other distinguished investigators in various fields.

DR. JOHN R. FRASER

Dr. John R. Fraser, was born in Lakefield, Ontario, in 1890. He graduated at McGill University Faculty of Medicine in 1910, and was licensed in Quebec.

Dr. Fraser is Professor of Obstetrics and Gynecology and Chairman of that Department, at McGill University. He is a member of the American Gynecological Society and a Fellow of the American College of Surgeons.

* * *

All these gentlemen have won international acclaim for the high character of their teaching and for their contributions to scientific progress in their various medical activities. The Mahoning County Medical Society is warranted in taking great pride in that they have consented to honor us by their presence this Postgraduate Day.

FROM THE POSTGRADUATE COMMITTEE

Your Postgraduate Day Committee has been very busy these past four weeks, and we are pleased to inform you that every effort is being put forth to realize our yearly ambition, which is to produce a bigger and better Postgraduate Day. Tickets for local doctors will go on sale about April the 1st. Please bring that old five bucks out of hiding and put it back into circulation for Postgraduate Day. As you know, "P. G. Day" is the World's Greatest Five-Dollar Value! Don't miss it!

Any suggestions from any member of the County Medical Society that will help to improve the Day, either intellectually or as to entertainment, will be gratefully received. All together for another real Postgraduate Day. Get in and help!

James Brown, M. D., Chairman.

FROM DR. BEARD

This is just to inform the members, and our interested and patronizing neighbors, that we are perfecting plans to make every meeting, whether scientific or social, a success.

The two leaders, Drs. Brown and Bachman, with the aid and advice of other members of the enlarged Program Committee, are moving toward the coveted goal. The axiom—"you get out of everything just in proportion to what you put into it", is apropos.

The enviable reputation of this Society is due largely to the unified efforts of the respective members. Our experience and close observation of all its activities in recent years warrant me in stating that I know each and everyone wants to carry on and be a useful and potent factor.

This year we are anticipating a very large attendance at Postgraduate Day, April the 28th. Good sized delegations will be here from cities hitherto not represented at all. They will come from Wheeling, Oil City, Franklin, and many other places in increasing numbers.

You can greatly expedite matters and avoid delay and confusion, if you will secure your ticket—NOW!

Unless you have already sent your name in for Professor Wiggers' course in Physiology for September, please do so at once, in order that I may place it on the roster to be published in the May Bulletin.

H. J. BEARD,

Chairman, Program Committee

"I do not think much of a man who is not wiser today than yesterday."—Lincoln.

UNION MEDICAL ASSOCIATION

April 11th, 1934

KENT STATE COLLEGE

KENT, OHIO

PROGRAM

Presentation of a Universal Polycystic Kidney, DR. H. G. BEESON,
Wooster.

"Pituitary Headache" . . . DR. W. M. SKIPP, Youngstown.

The Development of Roentgenological Diagnosis by
Contrast Media . . . DR. B. H. NICHOLS, Ravenna.

Modern Aspects of Cardio-vascular Disease . DR. R. W. SCOTT,
Cleveland.

Meeting Opens at 10 A. M. Sharp

Business Session at 1:00 P. M.

ECONOMICS COMMITTEE

Legal Counsel, employed by the authority of the Society, advises that bills for the care of the indigent, both past and future, WILL BE PAID.

New Fee Schedule

Effective April 1, 1934, the State Relief Commission has announced the following fee schedule: Office calls, \$1.00; House calls \$2.00; mileage, one way (excluding first mile), 25 cents, maximum mileage \$3.00. Emergency calls 9 p. m. to 7 a. m., 50 cents additional. Obstetrical; Normal delivery, \$20.00; forceps,

episiotomy, repair, or time exceeding 12 hours, for any one or for all four, total \$5.00, extra.

Physicians wishing specialists, a nurse, special drugs or supplies, shall apply to the local Relief Director. Special drugs are: Ampoules or vials costing 50 cents or more, each; capsules, etc., exceeding 50 cents per dozen, or liquids, costing more than 50 cents for 4 oz.; ointments, more than 50 cents for 2 oz.; tampons, dressings, suppositories, more than 50 cents each. By cost is meant what the physician pays for them.

W. K. Stewart, Chm.

HEALTH NEWS

BY J. M. B.

It is interesting to note that the 1933 mortality rate in Ohio was 10.7 per 1000, while the rate for 1910 was 13.7.

The death rates for 1933 in Ohio, from measles, scarlet fever, pertussis, and diphtheria, the 4 principal communicable diseases, were 81% less than for 1910.

In this County, 59 cases of small pox were reported for the first 3 months of 1933 vs. no cases this year.

Contagious diseases in the County are showing the usual seasonal increase. Scarlet fever, 88 cases, doubles the number in February; measles, February, 2; March, 32. Whooping cough did not increase,

possibly due to the presence of an unusual number of cases throughout the winter.

ATTRIBUTES OF GREAT LEADERSHIP

1. Unflinching courage.
2. A keen sense of justice.
3. Definiteness of decision.
4. Definiteness of plan.
5. Definiteness of purpose.
6. Willingness to accept full responsibility.
7. Ability to inspire cooperation.
8. Initiative.
9. Absolute loyalty.
10. Indefatigable zeal.

(Selected)

MEDICAL FACTS

By J. G. B.

In reviewing the literature on hypertension, P. D. White says that it is twice as frequently found in women as in men, that the mortality rate after ten years is twice greater in men, and that treatment of uncomplicated hypertension is a matter of mental and physical hygiene rather than of drugs.

* * *

In the February issue of the American Heart Journal there is a report of a case of an eighty year old teacher of philosophy who died of coronary thrombosis. There was no autopsy, but the clinical history is typical. The patient's name is Gotama Buddha, and the date of his death—the fifth century B. C.

* * *

A pulse rate of 40 or less in an infant or a child is probably due to congenital complete heart-block. Until a few years ago it was thought to be very rare, but quite a number of cases have been reported lately. This condition may be due to congenital lues, but usually the etiological factor is interventricular septal defect. If so, a loud blowing systolic murmur, heard just to the left of the midsternum — Roger's murmur—will sooner or later make its appearance.

There is no cyanosis in septal defects because the shunt is from the arterial to the venous side. If pneumonia or any other pulmonary obstruction ever develops, the shunt is reversed causing very marked cyanosis (cyanose tardive of the French).

* * *

If you are puzzled by the total absence of the spleen in a Negro patient at autopsy you have probably missed a diagnosis of sickle-cell anemia.

* * *

At the Massachusetts General Hospital a patient with congestive failure with a temperature of 104 was placed in an oxygen tent over night. Next morning his temperature was normal. One hour after he was out of the tent the temperature rose to 102. When again placed in the tent his temperature came

down again. This was repeated several times. The explanation for this phenomenon is that the fever in congestive failure is due to lessened peripheral heat loss from the sluggish circulation.

* * *

The Mayos report two cases of cholecystitis with associated diabetes, who required 55 units of insulin daily for satisfactory control. A cholecystectomy was done and about ten days afterwards neither of them required any more insulin.

* * *

Novak's article in the Journal of the American Medical Association of February 10, in which he says that "there is every reason to believe" that conception cannot take place during the first eight days of the postmenstrual period, puts one in mind of the old Talmudic law, which prohibits conjugal relations for these very first eight days. Tradition has it that, although this course in applied physiology was the least popular in the whole curriculum, it bore fruit.

* * *

Sudden anuria may be due to a fall of blood pressure from unrecognized coronary thrombosis.

* * *

Dr. Wiggers of Western Reserve University, who will give us a course of lectures next fall, is the greatest authority on the circulation in health and disease.

* * *

Believe it or not, there are still some men who will introduce a needle through a clean thoracic cavity into a pulmonary abscess (see N. E. J. of M.—March 1, 1934). Besides the danger of producing empyema, there is always the possibility of injuring a blood vessel thus causing fatal hemorrhage.

* * *

In reviewing the recent progress in physiology Dr. Stiles of Harvard remarks that "Some people have gained weight by fasting and others have reduced by eating between meals, as advised by Benedict. The Paradox is explained by the sharpening of the appetite in the first case and its blunting in the second."

SPECIALISM (Continued)

was a leader in the United States, and Luther Emmet Holt popularized it.

The invention of the laryngoscope made the specialty of the throat and assisted in the birth of Otolology.

Orthopedics, in its modern clothes, is the outgrowth of many years. Dr. Andry, in 1741, published a work entitled, "Orthopedia; or The Correcting of and Preventing Deformities in Children". In recent times, Sir Robert T. Jones in England, Putti in Italy, Sayre, Bradford, Whitman, Albee, Ryerson, Goldthwait and many others, have contributed greatly in America. The world war added fractures to the recognized disorders belonging to this specialty, and now traumatic surgery is trying to take them away.

Gynecology first belonged to general obstetrics, was lost to general surgery, and now is re-uniting with obstetrics.

So we might go on and mention many more specialties, and divide up General Medicine more and more, as the trend now is, until we have subdivided it *ad absurdum*, as did the Egyptians and Greeks, years and years ago. One must believe that before that condition is reached, some minds will so direct that many specialties will return to their former mothers and others will be relegated to prevent their decay.

(Note: This is first of two articles.)

BUREAU (Continued)

and we have in mind to become a unit of the national organization. More information and detail will be available soon, when the prospectus is published. Until then we can only mark time.

The practices and activities of this organization will be carried on in harmony with the best traditions of the Profession. The management will be democratic. The purposes will ever be the best welfare of this community, secured by means of good and acceptable business methods. The only element of selfishness in it is that "unselfish-selfishness" which will, we hope, relieve the Professions to some degree from the financial burdens which distract us. In this way we shall be able to give ourselves more completely to our really legitimate problems.—the prevention of suffering and the healing of the sick.

Will all members of the Society who wish to go along with us in this enterprise please call any of the officers?

DR. J. D. SEILER ILL

Hosts of his friends will regret to learn that Dr. J. D. Seiler, of Akron, is confined to his bed and that his physician has ordered him to remain there for several weeks. Dr. Seiler has for many years served as the faithful Secretary of the Union Medical Association.

WHO KNOWS?

A fish swallows fish and so does the eel;
The osprey fishes and eagles will steal;
A toad eats the fly; a snake takes the toad,
Entire and alive, this dish a la mode.

A man will eat fish, a bird or an eel;
He swats the poor fly, on snakes puts his heel;
Some still eat the snake, grasshopper and toad
And make out of skins a fine warm abode.

Some men labor hard to get a square deal
To earn a few beans that others can't steal;
For others he works and carries a load
In building for them a gorgeous abode.

Does anyone know how amphibians feel,
Or know of the snake when crushed by the heel?
Does anyone know the purpose of man,
Or where he belongs in some cosmic plan?

Warren Deweese Coy.



THE POSTMAN BRINGS US

THE MEDICAL SOCIETY OF THE
COUNTY OF NASSAU

Everett C. Jessup, M. D.
President

March 3, 1934

James B. Nelson, M. D.,
2009 Hillman Street,
Youngstown, Ohio.

Dear Doctor Nelson:

May I offer you my sincere congratulations on the editorial on the President's page of the February issue of your Bulletin?

There seem to be few men who realize that the present social revolution is moulding the future, and that precedents now being established are of more far reaching importance than justifies their dismissal with a shrug of the shoulders that they are only temporary. It is refreshing to find a medical writer who recognizes this situation and raises a voice against it.

Perhaps you will be interested in the enclosed issues of our bulletin which may not have come to your attention. The front page editorial will probably strike a note with which you will be in sympathy.

Sincerely yours,

J. Louis Neff,

JLN:MTA Executive Secretary.

American Legion : Youngstown
Post No. 15

March 9, 1934.

Dr. J. B. Nelson, Pres.,
Mahoning County Medical Society,
Youngstown, Ohio.

Dear Dr. Nelson:

Last week one of your members gave an address on the development and modern use of the Xray, before this Post, that was most instructive.

His audience listened with rapt attention, and enjoyed every minute of his talk, I am sure. Following the meeting there was so much favorable comment that I was then prompted to write you in appreciation.

I think the Mahoning County Medical Society is doing a splendid work in fostering such addresses, which are bound to bring about a closer understanding between the members of your profession and the public.

Very truly,

John J. Holland,
Public Relations Chm.

March 13th, 1934

Dr. Wm. M. Skipp,
243 Lincoln Ave.,
Youngstown, Ohio.

Dear Dr. Skipp:

I was very much interested in the article on page 12 of the March, 1934, Bulletin of the Mahoning County Medical Society headed "Politics and Medical Administration".

I wondered whether or not the Council of the Mahoning County Medical Society had taken any action by resolution or otherwise or sent any communication to Governor White. If so, I will, of course, appreciate receiving a copy of such action.

In the next day or two we are sending to each member a copy of a report, statement and resolutions adopted by the Council of the State Association at its meeting here on Sunday, March 11. I am quite sure you will be much interested in it, and I will appreciate your comments on it. In view of the several thousand copies which must be printed and prepared for mailing, this statement may not leave this office before Thursday, but you should have a copy at least by Friday of this week.

Cordially yours,

Don. K. Martin,

Executive Secretary.

P. S. Parenthetically, I should have stated in the above letter that I think the editorial to which I refer in the Bulletin of the Mahoning County Medical Society is splendid and should be commended. If the same sentiment is incorporated in official action or resolutions and conveyed to the Governor and the State Relief Commission, there will be more likelihood of impressing the State Administration with the importance of medical service and of medical organization. D. K. M.

* * *

March 10th, 1934

Dr. Wm. M. Skipp, Sec'y,
Mahoning County Medical Society,
243 Lincoln Ave.,
Youngstown, Ohio.

My dear Dr. Skipp:--

I have your communication of March 7th in which you enclose copy of a letter you sent to Dr.

(Continued next page)



POSTMAN (Continued)

H. Jackson Davis on the same date.

I have read Dr. Davis' letter to you and it seems to me that it is an insult to the Medical Profession of Mahoning County who have patriotically given of their services during the past two or three years of unemployment and destitution in our community. Dr. Davis' letter is a good example of the character and fairness of a great many men who have been selected by the present Administration to take care of certain affairs of our Federal Relief Program. I feel very much disturbed about the nasty and insulting way which Dr. Davis referred to the Medical Profession of Youngstown and surrounding vicinities. I shall not hesitate to tell him just what I think about the way he has handled the Youngstown situation and I want you to know I fully concur in everything you say to Dr. Davis in your letter of March 7th. I am glad indeed that you did not hesitate to tell him in plain language just what you thought of his unfair and "Swivel Chair" activities. You may rest assured if there is anything I can do to assist the Medical Profession in Mahoning County I stand ready to render what service I can.

With best wishes and kind regards, I remain

Very truly yours,

JOHN G. COOPER.

CLEANINGS

By S. T.

Dr. R. B. Poling has fully recovered from the injuries he received in a recent automobile accident. The mild concussion and badly lacerated ear kept him at home for about a week. We are glad to see him back on the job.

Dr. J. F. McGowan, ill in the hospital for a week with a badly infected finger, is all well and feeling fine.

Mr. and Mrs. Frank Sherman, Norwood Ave., announced the marriage of their daughter Cecelia, to Dr. Morton J. Crow. Dr. Crow is a member of the resident interne staff at St. Elizabeth's Hospital.

The Orthopedic Dept. of St. Elizabeth's Hospital conducted the pro-

gram at the February Staff Meeting. Papers were presented by Drs. T. K. Golden, C. S. Lowendorf and Samuel Tamarkin. Discussion was opened by Dr. B. B. McElhaney. Following the meeting the internes entertained the staff with an elaborate "smoker" in their quarters. A good time was had by all.

Dr. J. F. Nagle has returned from Baltimore, where he spent a week with Dr. Dean Lewis.

The Nurses Alumni Association of St. Elizabeth's Hospital are hostesses at a dance at the Tippecanoe Country Club on Tuesday, April 17th. They assure us a pleasant evening and we are all urged to come.

The following doctors attended the Centennial Celebration of the College of Medicine of Ohio State University, at Columbus, March 1-3: From Youngstown: Drs. E. H. Jones, Wm. M. Skipp, Morris Deitchman, L. G. Coe, Walter J. Tamasco, John W. Shaffer, Bertha E. Shaffer, C. H. Beight, H. E. Hathhorn, David W. James, Samuel Klatman, Jas. S. Mariner, Dolphus Marinella, Paul J. Maher, Robert H. McKelvey, Andrew Mielets, Morris S. Rosenblum, Saul J. Tamarkin, Samuel Tamarkin, Ivan C. Smith, Frank H. Sweeney, Arthur W. Thomas, A. R. Cukerbaum, A. V. Hinman, Elmer H. Nagel and Elmer W. Coe; from Greenford: Dr. Paul Leimbach; from Girard: Drs. D. R. Williams and H. E. Chalker; from Sebring: Dr. E. C. Louthan; from Campbell: Dr. A. B. Sherk; from E. Palestine: Dr. John Atchison; from Niles: Dr. M. A. Buck; from Struthers: Drs. E. C. Rinehart and R. W. Fenton; from Salem: Dr. R. J. Holtzbaugh; from Sharon, Pa.: Dr. H. E. Massy; from Portersville, Pa.: Dr. T. R. Shrop.

* * *

By J. N.

Dr. Buchanan entertained members of the Youngstown Hospital Staff on Saturday, March 10th, at the Tippecanoe Country Club. No ladies present except Lady Fortune, and some did not meet her. Dr. Buchanan also slipped away to South America with Dr. Lewis and Dr. E. C. Goldcamp.

There is under process of formation a periodical-review-group at the Youngstown Hospital. Interesting

(Continued on p. 43)

NOTES FROM OUR NIGHTINGALES

By E. V.

District No. 3, Ohio State Nurses Association, acknowledges the liberality of the Editor of the Bulletin and welcomes the opportunity to present nursing facts and queries.

This organization, as its name implies, is a part of the Ohio State Nurses Association, which, with the other forty-seven states and territories, constitutes the American Nurses Association. Each State is divided geographically into Districts; Ohio into sixteen. Each District is a complete unit, but the set up is nationally uniform, providing membership in the State Association, American Nurses Association, and International Council of Nurses automatically, and conditionally upon District membership.

District No. 3 extends from Lake Erie to the Ohio River, including the counties of Ashtabula, Trumbull, Mahoning and Columbiana. A membership of 599 last year ranked this District third largest in the State.

For economy in money, time, and effort, headquarters are maintained in conjunction with the Nurses Official Registry, a separate organization for special duty nursing, at 1316 Mahoning Bank Building. Miss Elizabeth Evans, registrar, is also Executive Secretary of the District.

This year's officers are: President, Miss Mary Edna Boyd, Directress of Nurses, E. Liverpool Hospital; Secretary, Miss Florence Boyd, Salem City Hospital; Treasurer, Mrs. Catherine Walsh, Youngstown Hospital.

Eight general meetings are held at various nursing centers during the year. The March meeting was held at the Tod Nurses Home, North

Side Unit of the Youngstown Hospital. Rev. Eric Grimwade was the speaker.

* * *

By W. C.

The Mahoning Medical Society's endorsement of the eight-hour program, as outlined by the Official Nurses Registry is keenly appreciated by the nurses. The exercise of patience and mutual forbearance will, we feel sure, prove this service beneficial to all participants.

During 1933, when eight-hour duty was an experiment, 71 additional nurses were given employment. In the two months since the program has been officially adopted, 67 additional nurses have been benefited.

One hospital in District No. 3 has made eight-hour service compulsory. This hospital has had an increase of 35% in its employment of nurses during the month of February. These figures surely encourage us to hope for a satisfactory realization of our aims.

In the American Journal of Nursing for March 1934, we read:

"Adjustments are going on in every phase of our national life. Nursing is not exempt from the need for adjustments and adjustments are being made in many places though not as rapidly, in all instances, as we could wish.

"The eight-hour day offers not merely a method of meeting an emergency but a fundamental and far reaching reconstruction in private duty nursing. It gives promise of 'life more abundant' for private duty nurses if they will but work cooperatively for it and, having gained it, make wise use of their well earned leisure."

TEMPLE OF LEARNING (Continued)

each Postgraduate Day and each lecture-course which we promote, the community profits immensely and the public health is benefitted through our retailing to our patients the information brought to us by our University friends.

No physician can maintain his professional ability at some one certain status. He must either slip

back and deteriorate or he must progress. Through the Mahoning County Medical Society, its members and friends have, for many years been given the opportunity, for a small fee, of adding to their scientific knowledge and it is perhaps because of this that the enviable health record of this district has excited the admiration of the entire nation.

A. W. T.



MUSIC (Continued)

reactions, received by an audience, are not accidents, not the outpourings of the artist's heart and soul, alone. Artistic results are the fruit of the musician's experienced understanding, coupled with his utmost affectation. We do not like this word, but affectation may be pleasant as well as unpleasant.

Not infrequently young artists fail to hide their technical wheels, pulleys and ropes. The experienced artist uses the same machinery but is more expert, and we say he is natural. There is no such word as "natural" in art. All art is clever make-believe. The great singer does not sing as he feels, he sings as he thinks. Were he to give way to his actual feelings he would sob, choke or laugh. In such a case an instrumentalist would have little or no control of his technique.

It is difficult to imagine a great surgeon performing a difficult operation and at the same time weeping sympathetically. The necessary mental concentration of both surgeon and musician is more nearly comparable than might be imagined: for the little known science of the musician may be quite as cold and detached as any other science. A good musician needs a fiery heart and a cool head.

A good listener, on the other hand, needs only deep emotional sensibilities and a good imagination. Music being primarily emotional and not intellectual in its appeal, to set up any personal standard of appreciation would be like saying that a refined gentleman enjoyed his dinner more than a laborer. When men and women are music-hungry they are music-hungry, and their grade in school has little to do with it. Intelligence is necessary for discrimination, but not for enjoyment. Technical appreciation is one thing, enjoyment another. Music critics as a class are not a particularly happy group.

It will be granted, I think, that mere noise is of no benefit to the nerves. There are many degrees of pitch that we cannot hear, but it is not impossible that even these sounds have an effect though we may not realize it. You know the restfulness of "perfect quiet"—the great open spaces. We pay little attention to the low steady roar of

the city and mills, and we see small noiseless flies whose wings are only soundless because their vibrations are so high that we cannot hear them.

All these degrees in pitch either low or high approach the brain through our ears and, as illustrated by Helen Keller, through the vibrations of the body, and are impressed upon our consciousness. At once they awaken more or less sensitive centers of nervous reaction: first, by their volume; next, by the acuteness or gravity of the pitch; and last, by their quality. A loud high blast or screech may induce instant excitement and physical response. Continuous low, dull sounds, as, for instance, a fog-horn, or the low droning of the bass orchestral instruments, create gloom, lassitude, and possibly—alas! a desire to sleep! These facts partially explain why we most enjoy those degrees of pitch to which we are accustomed, and why either unusually high, low, or loud sounds seem either remarkable, funny, or unpleasant.

How does all this work out on the minds, nerves, and bodies of professional and nonprofessional musicians, and the enormous listening public who seem in a fair way to have the effects of oceans of music added to their other troubles? Undoubtedly, music at present is having a bad effect on the nation. Its consequences will be worse in the future. Long ago the expression "Jazz Age" was coined. This is not empty talk.

Consider first those who have composed music, and the artists who have interpreted their masterpieces. We know that the Greek philosophers (who apparently had something to say on every subject), had no very high opinion of the effects of music. Time was (within the last fifty years), when "he-men"—Americans felt, and said, that "music was only for women and fools." "Fools?" While at the same time, and as far back as writing runs men have spoken of Music as the "Heavenly Art."

Evidently there is something about music that is not thoroughly understood. There is indeed. What the layman has never comprehended is Music's affiliation with, and the musician's too often injurious

(Continued on p. 40)

FROM THE B. M. TO YOU

Look! listen! Dear Subscribers!—you can't afford to miss our advertisers. Of each we say a word. From this poem you will see,—we would drive it home: most firms have learned, "It pays to advertise". UNITED PRINTING says, "It pays to patronize!"

The druggists in these ads number exactly nine. In skill, in care, we dub them superfine:—A. J. LAERI, THE APOTHECARY; F. A. MORRIS, THE PHARMACIST; THE BEL-DEL, THE IDORA, McCREADY'S, BLOOM, WHITE, HUMPHREY'S, AND BROWN,—nine of the best druggists in this bloomin' town!

JIMMIE JONES is the swell guy who represents JONES' SURGICAL SUPPLY; and ZEMMER, THE CHEMIST; and LYONS-LAERI, have M. D.'s supplies of which you need ne'er be leery.

Ads herein are many; there's no doubt, if you'll use SAFETY TIRES you'll avoid a blow-out! FRANCIS, whose business specialty is handling "Physician's Liability", will save you grief—my, what a relief! For the "Staff of Life", use "X-L" by BIXLER'S; wash it down with WHEELER'S or GIERING'S refreshing dinks;—or good clean milk from the INDIAN CREEK HERD. —HEBERDING'S—you'll be as spry as a bird!

See that your car is safely located.—Park it in CENTRAL SQUARE GARAGE where you may have it lubricated. Remember, the INDEPENDENT will supply you with towels; and don't forget to prescribe KARICIN for infection in the bowels, or KAOMUL for their correction!

Oh, My Hat! There's CHARLEY SCOTT with chapeaux galore! They're right in style, as always before! ANTI-PHLOGISTINE, apply it hot,—spread it freely over the affected spot. KALAK, the carbonated alkaline water, has had no mention; its strength and purity deserve your attention.

PAUL SCHMIDT advises, "Say it with Flowers"; fresh from him, they're lovely for hours and hours. Hungry! Want a nice place to eat! It's the OHIO HOTEL, —where they cater to the "elite". And if you're tired and thirsty, need cheer, take a bottle of PABST BLUE RIBBON BEER. If something on your suit you spill,—call BLAIR. For new things to wear call HARTZELL'S or GREEN'S TOGGERY. And there's STROUSS-HIRSBERG'S, with lines complete, they can supply you from head to feet. PRINTZ'S can fit you, be you short or tall, in a snappy new outfit for Spring, Summer, or Fall. At home, when winter's cold winds blow, let the BANNER HEATING keep your house aglow!

For baby, who deserves the best to eat, S. M. A. can never be beat. To keep him happy, well, and strong, give him MEAD'S PRODUCTS, they'll help him along. If your back is troubling; your abdomen weak,—get a SPENCER garment,—give your corpus a treat! THOMPSON'S coach, the service best,—will take you promptly, in perfect rest,—and if you feel quite near delirium, you'll find succense at the MERCER SANITARIUM.

Are you in dutch with sweetheart or wife? BRENNER'S will quickly allay the strife. Then, after the day of fierce concentration, take her to KEITH'S for good recreation,—then to make it complete, go to KLINE'S TAVERN for something to eat.

Now, Doctor, these ads save you money,—them you should thank; go put the mazzini into THE UNION NATIONAL BANK.

BUSINESS MANAGER.

P. S. JACK LOTZE, who will be at the SAFETY TIRE DISPLAY, to serve you on "Postgrad. Day", — says write a few lines about low pressure tires, their health advantages, etc., and you'll get a beautiful souvenir. No write 'em, no souvenir!

B. M.

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T. P. McCREADY, Prop.
1625 Mahoning Avenue
PHONE 7-5239
409 W. Madison Ave.
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What's your tailor?



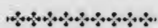
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We fill **R's** as you write them. We will be glad to favor you at any time.

*Don't Miss My Display at the
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Wheeler's Pure Spring
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Served through a modern Frigidaire Cooler, is a pleasant and healthy Drink. We will be glad to furnish equipment and water on 10 day free trial. Phone 3-6710.



**THE
 WHEELER MINERAL
 SPRINGS CO.**

107-113 North Hine St.
 Youngstown, Ohio
 Phone 3-6710

BREETUS

The skin man goes rash and produces the biggest and best BULLETIN yet. Here it is. Congratulations, Dr. Norris.

Sam Tamarkin won all the bridge prizes in sight and now is after the honors in advertising. This issue shows what he can do. Congratulations, Sam.

A. W. Thomas: In answer to your query, "If a child had rickets, would S. M. A. Caritol?" A. G. Henry writes, "Yes, if you Caritol about knowing."

The firm of "Meakins-Penfield-Fraser and Collip", of McGill University, Montreal, Canada, should feel honored that this BULLETIN is the largest yet published and all for the annual Postgraduate Day, at which occasion THEY are the teachers. We expect a delegation of 600 physicians to hear them, April 28th.

Last year H. B. Johnson of Zemer Co., had laryngitis and didn't come. His daughter was married at the same time. Why he should get laryngitis then is quite problematical.

Perhaps we better get Bill Hayford to track down our mysteries for us. As there will be no wedding bells this year, H. B., come up the night before. The Hotel Ohio will be expecting you and so will we.

Since Dr. J. S. Lewis is not here to defend himself, all we can say is that there's a lot of water where he is now.

Mrs. Mantle, Spencer corsetiere, is back with us again. Last year she won state recognition, and ascribes the credit to the BULLETIN. But Helen, last year was your ninth year as local corsetiere and we see the same this year. We have quit counting birthdays, too.

Frank Carr, Bixler Baker: The boys are anxious that you have some Bixler Rye and cheese this year. It's too bad Wally can't furnish what should go with it. Your last ad received much favorable comment, Frank. Thanks for the full page for this issue.

Florence Heberding always has a pretty display at the meeting each year. Many expect the little bottle of I. C. F. milk to drink when they pass her booth, and we will exert every effort to see that John

gets several bottles of the Special Jersey. There's milk that IS MILK.

If you need a cool drink of water—seek out the Wheeler Mineral Spring exhibit. Their natural spring water served through the Frigidaire Cooler is a revelation to water drinkers.

A. L. Rose, Mead and Johnson Co.: We appreciate your interest in and support of our publication. May we suggest that you accompany Mr. Clark to the Postgraduate Exercises on April 28th, and meet the boys. Here's a chance to taste this famous Indian Creek Farm Milk, and listen to the biggest one-day program ever invented.

Ever since last summer, when we saw in the rotogravure section, a picture of Mrs. Al. Giering, we have been wondering how Al. ever persuaded her to get photographed. 'Twas a nice picture too.

Raymond Brenner, the Jeweler, is in this issue. Hope you like us well enough to stay awhile, Ray. Perhaps you could talk to Charlie Scott, the Haberdasher; he thinks a lot of us. It might help buy gas for the Chevvy with red wire wheels.

Bromides never did taste right, but Merrell has a Pentabromide preparation that is as palatable as any. Ask W. I. Parks about Alkarchein. We are glad to know that the local druggists are stocking more and more of Wm. S. Merrell products. Truly it may be said "Karcicin, the product that made Cincinnati famous". See all these products at the Merrell Display, April 28, 1934. W. I. Parks will officiate—and how . . .!

Just as a suggestion to Arthur Lloyd of the Union National Bank, for his display at the Postgraduate Exercises—Could you set up a teller's cage, up to which we could saunter nonchalantly—"sort of" and say: "I want to borrow one hundred dollars?"

Charlie Muter contributes to the success of the BULLETIN. He gets the material together from the various sources. Charlie drives a Chevrolet that is devoid of knee action—or perhaps it's all knee. Nate Grosshandler should buy him a new one in self defense.

(Continued on p. 39)

WHAT EVERY WOMAN DOESN'T KNOW —HOW TO GIVE COD LIVER OIL

Some authorities recommend that cod liver oil be given in the morning and at bed time so as to assure an appetite for the oil, while others prefer to give it after meals in order not to retard gastric secretions. If the mother will place the very young baby on her lap and hold the child's mouth open by gently pressing the cheeks together between her thumb and fingers while she administers the oil, all of it will be taken. The infant soon becomes accustomed to taking the oil without having its mouth held open. Mead's Newfoundland Cod Liver Oil, of minimum acidity and prepared from fresh healthy livers, is well tolerated by infants and children and is palatable without flavoring.

If given cold, cod liver oil has little taste, for the cold tends to paralyze momentarily the gustatory nerves. As any "taste" is largely a metallic one from the silver or silver-plated spoon (particularly if the plating is worn), a glass spoon has an advantage.

Mead's 10 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

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Combining Calcium, Sodium, Potassium, Iron, and Manganese Glycerophosphates, Avena Sativa, and Lecithin, with Gaduol, in a palatable base for the treatment of conditions of debility, and as a general tonic. (Does not contain sugar)

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BREETUS (Continued)

Did you ever try to find Ralph White to converse with him? Take a day off if you do. As President of the Chamber of Commerce, with his activities in Rotary and the Code Committee, his time is well filled. We have been trying to turn up some news on Ralph—but even with our well-organized sleuthing force we can't catch up with him. We do know we will see him at his display on Postgraduate Day.

C. L. Thompson is another BULLETIN enthusiast. Cliff has been quite busy with his invalid coach, which by the way is the only one in the BULLETIN. His phone number is unique—From seven to nine and back again: 7-8-9-8-7.

Earl Blair can dry clean anything you have that needs cleaning. Remind the wife that the Society's official dry cleaner is Blairs Inc. House cleaning is coming and she will need her drapes, etc., cleaned. We missed the matches in our last suit, Earl, how come?

A. J. Laeri: Thanks for the "Last Roundup"—which reminds us of the query, "What did the Ol. Ricini say to the weiner?" . . . Get along little doggie—get along . . . You look good in the picture A. J., but Frank Lyons looks too sober. Theophrastus looks good in his white shirt and little mustache. We will frame the picture—thanks again. If you haven't already,—send one to A. G. Henry,—Brothers Advertising Agency, Cleveland—he is on the picture.

Bill Richards and Charlie Morris are the boys who meet you at the Scott Co. They know the what's what in men's apparel. Charlie Scott has a dandy establishment and we want to say we admire your ads—Charlie—they do attract attention.

Sam Printz with a full page—Thanks Sam! If any of you boys like travel and excitement get Sam to relate how eight of them from various parts of the U. S. would meet yearly at a rendezvous and then circle the globe. Oh Boy!

Sooty Hogue fills prescriptions at the Madison and Fifth Ave. store for McCready Drug. Don Boland works both stores.

After the ball is over—we want

(Continued on p. 42)

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Special Lunches

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MUSIC (Continued)

results from, Music's Psychopathic and Neurotic excitement.

There is no room for argument about this. Who were the great composers, musicians, and singers of the past? Who, from Egypt's heyday up through the Middle Ages, kept the "Divine Art" alive? Eccentric and unusual gentlemen who sacrificed everything for "their art". Cultured monks, who undoubtedly seemed eccentric enough to the "wholesome" people of their time. And the eunuch sopranos, or Castrati as the Italians called them, whose influence in Church, Society, and Politics seems incredible.

What has been the mental, moral, and physical completion of the world's greatest composers and musicians? An astonishing proportion have been mental, nervous, moral, and sometimes physically bedeviled, freaks.

This is not a subject to make light of: but one which should be seriously considered by thoughtful physicians. Wicked and foolish musicians have been neither devils nor fools. They have been sick.

But how, if the affectations of mood and sentiment are mere pretense to the professional musician,

do rhythm, tempo, pitch, and volume have an effect on him as well as on his audience? The answer is that they do not—except as has been said, in inverse ratio. This partially explains why most musicians are more or less of the usual nervous and mental balance. They would not be good musicians if they were not hyper-nervous. Unfortunately for the public merely being eccentric and foolish does not guarantee proficiency.

The listener's reactions are much simpler to explain, they being either extreme nervousness or a merciful blunting of the sensibilities. Like any dissipation, the evil effects of music are not marked when not long continued. To the audience these nervous excitations are pleasurable and in the main beneficial. The audience cheers, weeps, laughs, and goes home. But one who makes his living by toying with his nervous emotions and constantly seeking greater and more fantastic reactions, may get into a delicate if not actually serious state of mind. Deep feelings are aroused, and unconsciously the lungs, heart, liver, digestion, and organs of elimination have been excited, but there has

(Continued on p. 42)

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both articular and non-articular, is helpfully treated with packs of hot Antiphlogistine.

Their application tends to improve the general metabolism, to promote absorption of the inflammatory deposits and to reduce the thickness of the synovial sacs, so that morbid articulations assume a more normal shape.

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**THE
DENVER CHEMICAL
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MUSIC (Continued)

not been normal relief in demonstration.

This hyper-nervous temperament every musical genius has inherently. Ordinary mortals who strive to be great in music must gain and maintain it after, and only by, long study. It is possible that some musicians are actually better because they have sick and maladjusted nerves, but what they must have in any case is very acutely sensitive and instantly responsive reactions. The line between normal and abnormal it may be surmised is difficult to determine.

At present there is evidence that both musicians and public can get too much of a good thing. Undoubtedly this drug to the nervous system is as beneficial as any medicine when it is properly administered, but there may be a surfeit. It is estimated that eighteen million radios blare from morning until night. Thousands upon thousands of jazz bands and crooners screech from night until morning. Every moving picture is accompanied by as thrilling a musical accompaniment as can be devised to intensify the unhappy listener's feelings. Women go about their house work with the radio howling hour after hour. Men sit down to rest—some say to think—with the radio turned on full blast. Children listen to the radio by the hour when they should be reading quietly or resting. Some of the trash children hear we may imagine has no constructive benefit. Soon every car will have its radio.

Can a barrage of such suggestive rhythms, furious tempi, and crooning, fail to result in dislocated sensibilities and occasional grave pathologies?

BREETUS (Continued)

our cars as near to us as possible. That is why the suggestion in the Central Square Garage advertisement is so timely. It is far better to walk two blocks in the morning than to walk that distance after the Banquet in the evening. Let us take the tip from Lee King and park our cars at the Official Parking Station—Central Square Garage. Have extra car washers and greasers on hand, Lee, you'll need them.

GLEANINGS (Continued)

current medical and surgical literature is to be studied and discussed.

Drs. C. R. Clark, R. R. Morrall and E. G. Baker, spent a week in New York during March, visiting the Presbyterian and Memorial Hospital clinics.

We are glad to report that Dr. W. W. Ryall is up and about again.

"First class men will waste no time on second class disagreements."

—Elbert Hubbard.

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SPEAKER'S BUREAU

Our members have been active again the past month, in promoting preventive medicine and public health education, as well as in contributing to the scientific programs of various medical organizations. Those reported to us spoke to the different groups, as follows:

Dr. A. W. Thomas, Westminster Men's Club, February 23rd, on "Hodge-Podge".

Dr. James L. Fisher, Nurses Alumni Association, March 5th, on "Century of Progress in Medicine".

Dr. A. E. Brant, Round Table Club, March 5th, on "Surgery".

Dr. W. H. Bunn, Columbiana Medical Society, March 13th, on "Practical Points in the Diagnosis of Cardiac Irregularities".

Dr. D. H. Smeltzer, Hayes Jr. High Parent-Teacher Association, March 13th, on "Nervous Problems of the Adolescent Youth"; and Medical Arts Club, March 28th, on "Tumors of the Brain".

Dr. Sidney McCurdy, Dentists Study Club, March 14th, on "Dilemma of the Profession"; and Dentists and Medical Men, at the Warren Country Club, March 15th, on "Relationship of the Medical and Dental Professions".

Dr. O. A. Axelson, Campfire Girls Meeting, March 14th, on "Practical First Aid".

WOMEN'S FEDERATION

Among our most sympathetic and loyal friends, we rate the Federation of Women's Clubs very high. Their cooperation in our efforts in behalf of public health is conspicuous for vigor and intelligence. Effort is being made to lend them one of our distinguished guests to speak to them on Postgraduate Day.

Vitamin unit determination for the fat soluble vitamins (A and D) has been confusing in recent years because of the use of several different units. Fair comparison of the results of one method with those of another was difficult.

This will be cleared up by the adoption of the International Units as the official units of Vitamins A and D of the 1934 revision of the U. S. Pharmacopoeia. These units will be designated "U.S.P. X- Revised, 1934."

Smaco Vitamin Products will be among the first to carry the new U.S.P. X-1934 revision unit designations.—Adv.

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S. Q. LAYPIUS

Many nations refuse Sam Insull admittance. Sort of insulating themselves, as it were.

Noted bishop points to Gandhi as "living model". Yes, but just barely. Superintendents of cemeteries now have an organization which, we presume, extends from ghost to ghost.

Mayor Moore is about to cut the city expense in half. If this operation is successful, we propose him for membership in the American College of Surgeons.

News items states that the "Conneaut Can Co., opens new plant". Sort of a can-opener, eh, what?

Over one hundred collegiate swimmers are holding a contest. The winner, no doubt, will be dubbed the "King-fish".

Newspaper headline states that new process ages liquor by exposing it to the same rays which produce sunburn. We have had some of that kind, as identified by the dark brown taste the next day.

Scientist asserts that man and the great apes are remote cousins. A scrutiny of the family album makes one question the word "remote".

Earthquakes are said to affect crops. Perhaps that is where this cracked wheat comes from.

Geauga County farmers are now evaporating sap. We know a few "saps" whom we should like to send them for such disposal.



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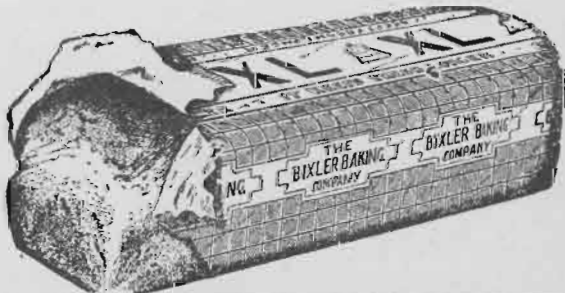
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Williams McKim Marriott, *Infant Nutrition*, 151, (1930).

“The natural food of the infant is ***human milk** characterized by the fact that its quality **changes very little**, the infant’s growth being dependent on the increase in the amount of milk secreted.”

Julius H. Hess, *Feeding and the Nutritional Disorders in Infancy and Childhood*, 7, (1930).

S. M. A. is a food for infants—derived from tuberculin tested cows’ milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar, potassium chloride and salts; altogether forming an antirachitic food.

When diluted according to directions, it is **essentially similar to human milk** in percentages of

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